

Ms. N.J. Mundy
HM Senior Coroner for South Yorkshire (East District)
Coroner's Court and Office
Crown Court
College Road
Doncaster
DN1 3HS



Dear Madam

Mrs Jane Bulloch Wilson Stables (Deceased)
DOB: 30 March 1946; DOD: 02 April 2016

I write to provide a response, insofar as I am able to do so, to each of the concerns raised within your Regulation 28 Report to Prevent Future Deaths dated 15 December 2016; which was issued following the conclusion of your investigation into the death of Jane Bulloch Wilson Stables.

Taking each of your concerns in turn:-

1. Ineffective communication between the carers and general practitioner regarding ongoing significant pain levels which were impeding the care provided.

At the commencement of Allied Healthcare's care package (14 March 2016), Mrs Stables was noted to be suffering from rheumatoid arthritis; contractures to her hands, fingers, feet and toes; and pre-existing pressure areas/inflammation to both shoulders, her coccyx and right foot. It was also noted that she did not like having carers and/or being moved as she was suffering from a high degree of pain.

As HM Senior Coroner is aware, the care provided to Mrs Stables by Allied Healthcare comprised 4 x 30 minute visits per day, with 2 carers attending during each visit.

In addition to the above, Mrs Stables was also visited daily by District Nurses from her GP Centre (who, for the avoidance of doubt, were not and are not employees of Allied Healthcare). The District Nurses were primarily responsible for care/treatment of Mrs Stables' pressure sores; and it was for this purpose that they were attending.

Mrs Stables' local authority care plan provided for her pain medication to be administered prior to the arrival of Allied Healthcare's carers; in order to minimise, insofar as possible, the pain experienced by Mrs Stables when being washed/dressed/repositioned. Mrs Stables' husband retained responsibility for administering her medication.

Allied Healthcare's attending carers were aware of, and were reporting to their local Allied Healthcare branch, Mrs Stables' ongoing pain/condition, utilising a standardised Early Warning Score assessment tool ("EWS"). However, it was, and still is, the responsibility of the attending District Nurses to escalate any concerns to the patient's GP (particularly when, as was the case here, they operate out of the patient's GP Practice). On that basis, it was not considered necessary for Allied Healthcare's staff to contact Mrs Stables' GP directly.

For the avoidance of doubt, if District Nurses are not in attendance, Allied Healthcare staff would of course communicate directly with a GP should that be considered necessary.

I can confirm that Allied Healthcare has, however, introduced a new system in which:-

- a. As above, carers report any substantive EWS change to their local Allied Healthcare branch (this was already in place at the time of Mrs Stables' death).
- b. Each local branch now has access to an Allied Healthcare Lead Nurse; who will, following a referral from the branch staff, either: (i) contact a patient's GP if considered necessary; or (ii) provide advice/guidance.
- c. The Lead Nurse will also perform a review of the patient's documentation, including care plans, to ensure that appropriate care is being delivered to a high standard. Where necessary, the Lead Nurse will suggest amendments to a patient's care plan.

Training as to the above system was initially provided to carers at the end of 2015; and has since been discussed regularly at branch/team meetings throughout the year (which occur every 3-months). The system is also discussed as necessary with individual staff during 1:1 supervision sessions.

Please note that the above system is intended to operate in addition to the primary role of the District Nurses; and is not intended to replace their involvement.

2. Failure of staff to follow care plans which were in place leading to development and progression of pressure sores.

As stated above, it is recorded within Mrs Stables' records that she has pre-existing pressure sores at the commencement of Allied Healthcare's care package (14 March 2016) to both of her shoulders; her coccyx and also her right foot. District Nurses were attending on a daily basis in order to treat these sores.

Mrs Stables was being regularly repositioned by Allied Healthcare's carers in accordance with her care plan; however, it is recorded that Mrs Stables was able to turn from her side to her back and therefore would regularly not stay in the same position.

Concerns regarding Mrs Stables' pressure sores deteriorating were reported by carers on Allied Healthcare's Complaints, Incidents, Accidents, Monitoring system ("CIAMs") on Monday 28th March (a Bank Holiday). The concern raised was that Mrs Stables' pressure sores had 'burst'. Mrs Stables' husband had already called the District Nurse; who had confirmed that they would attend as soon as possible. Later that day, Mr Stables confirmed that the District Nurse had indeed attended and re-dressed the sores. Due to the attendance of the District Nurse (who, as stated above, had responsibility at that time for escalation to the GP) the CIAMs report was closed the day after it had been opened.

I can confirm that the following changes to practice/policy have been implemented since Mrs Stables' death:-

- a. The care plan document has been amended so that it is simpler; more accessible; and easier to follow. This includes a visual front page which provides an overview/summary of the patient.

Further, a tool has been built into the care plan which generates questions regarding the patient's condition (for example, skin integrity); and depending upon the responses to the questions, flags that a referral to the local branch/Lead Nurse is mandated (see above in this respect).

All Field Care Supervisors have been trained in the process of how to write a care plan using the amended template document. A guidance document was also created to support their use of the new plan. Allied Healthcare's carers (who follow, but do not write, the care plans) were informed of the changes; and shown the new format of care plan in team meetings following roll-out in September 2016

The effectiveness of the amended care plan will be reviewed on an ongoing basis.

- b. A care coach/buddy system has been introduced. This is a system in which senior and experienced carers support/mentor less experienced carers; to ensure that they are delivering excellent standards of care at all times. This includes ensuring compliance with care plans and maintaining high standards of record-keeping. Care coaches/buddies initially support carers for 20 hours during the first few weeks of their employment; and if any issues are highlighted then the care coaching will be extended as needed. Following completion of the care coaching period, the carer receives ongoing support from the local branch Field Care Supervisor.
- c. Regular reviews of records/documentation are also performed by the senior and experienced carers. This will be undertaken at least once in every six months or more frequently if there are any concerns identified with a particular carer or customer. These reviews are known as "field assessments".
- d. All reports recorded on CIAMs regarding any form of mark on a patient's body will now automatically be referred to Allied Healthcare's customer service team; who will ensure that all appropriate/necessary referrals have been made prior to a report being closed on the system. This includes, in respect of pressure sores, a safeguarding referral to the local authority.

Finally, I can confirm that Allied Healthcare has policies/procedures in place in respect of tissue viability and assisting with pressure sore care; which are monitored/reviewed by the clinical governance team, who will also make any amendments considered necessary. This is undertaken at a minimum of every two years but more frequently if guidelines change (for example, NICE guidelines).

3. Failure to adequately document care that had been provided with regard to key matters.

An account of care provided has been included within Mrs Stables' records following each attendance by an Allied Healthcare carer.

I can confirm that training is provided to all carers during their induction as to how and what to write in a client's records. The new system of field assessment checks will also ensure that high standards of record-keeping are maintained; and also that where any issues are identified, immediate action is taken.

Finally, I can confirm that Allied Healthcare has policies/procedures in place in respect of record-keeping; which are monitored/reviewed by the clinical governance team, who will also make any amendments considered necessary. As stated above, all policies are reviewed every two years or should guidelines change

4. Lack of a clear understanding regarding slide sheets: when they should be used and how they should be used.

I can confirm that HM Senior Coroner's concerns in this respect are acknowledged by Allied Healthcare; and that a review of practices/policies/procedures relating to the use of slide sheets will be performed as soon as possible. An update as to the outcome of this review will then be provided to HM Senior Coroner.

5. Despite carers saying they had training on movement and handling and were aware of the importance of record-keeping; it would appear that they are not implementing that training and thus the training needs to be scrutinised and reviewed and also effectiveness of such training audited.

I confirm that all of Allied Healthcare's training documents are currently being reviewed; and that this process is undertaken every two years – or sooner, if guidelines change.

I can also confirm that a new system has now been introduced in which any clinical training material will be overseen/approved by a qualified clinician.

Finally, and as stated above, the standard of care provided to patients during movement/handling is now regularly monitored by way of the care coach/buddy and field assessment system.

Should you require any further information please do not hesitate to contact me.

Yours faithfully



Chief Financial Officer