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02 OCT 2017

Prof. M Jennifer Leeming  
Senior Coroner  
H M Coroner's Court,  
Paderborn House,  
Howell Croft North,  
Bolton BL1 1QY

Your ref: MJL/YD/1340-2017

26th September 2017

Dear Professor Leeming,

In regard to the regulation 28 report associated with the inquest (reference above), we are writing in response to the concerns raised within your letter of the 16th August 2017. Taking each of these in turn:

1. The seeking of medical assistance associated with the client expressing that she was 'aching rather than in pain'. Presuming that a service can operate without the express requirement for a medical assessment, then within the procedures in place at the time of the lady's fall, the staff carried out an assessment of the client, and part of that assessment was to determine whether she was in pain. However it is clear from your concern that there is an ambiguity around the definition of 'pain' vs 'ache' and we agree that this could potentially blur the outcome of the evaluation. As a consequence of the concern raised, a full review has been undertaken surrounding the process of patient assessment and a 'pain assessment profile questionnaire' has been integrated within the process. This has been reviewed and agreed with the service commissioners at Wigan Council in order to seek their opinion and agreement as to its suitability. There will, as part of a service improvement process, be a continual review to ensure that the new elements will deliver the desired outcome. Further to the above introduction of the pain profile, a number of amendments have been made to the overall moving and handling process, integrating improved support documentation and an additional verification step with the 24/7 control centre. A copy of the process flowchart and the accompanying documentation associated with the assessment procedure can be made available if required. The revised processes have been disseminated to those members of staff whose responsibilities include the provision of 'moving and

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handling' services, together with dedicated training and refresher sessions and the new processes are in place. They will be reviewed for their effectiveness as part of our routine quality processes.

2. With regard to the second concern expressed, namely the thoroughness of the investigation, we acknowledge, after further review of the documentation, that the review which was carried out did not effectively address the inaccuracies in the checklist. That checklist has also been fully reviewed as part of (i) above. We have introduced 'STOP' elements to alert the responders where their answers are such that a medical assistance referral is necessary. We have also separated the checklist out into defined areas and made the layout of the checklist easier and larger which we believe will also assist the staff in completing the documentation. Additionally, the responsibility of the second responder to review the accuracy of a colleague's client assessment has been clarified with all of the staff, and the timeline of this update has been agreed with Wigan Council. This has also been reflected within the re-design of the documentation. An additional step with regard to review has also been added to the internal company process of investigation in such cases, whilst still maintaining the integrity of the procedure in line with protecting the employee's rights to an appeal following a formal investigation. We believe that this will ensure that future investigations will deliver a more rigorous and detailed result.

We are working closely with Wigan Council to adopt and monitor the new processes with a view to achieving a workable and satisfactory outcome in the future for this service.

Yours sincerely  
for and on behalf of Eldercare (UK) Ltd



Chris Hopkinson  
CEO