



Comfort Call

Passion for Independence. Respect for Choice

2nd Floor
Olympic House
3 Olympic Way
Wembley, HA9 0NP

T: 020 8795 6500

F: 020 8900 0277

W: www.candhealthcare.co.uk

Christopher Morris
HM Area Coroner
Manchester South
1 Mottram St
Mount Tabor
Stockport
SK1 3PA

7 February 2018

Dear Mr Morris

Doreen Wilkins

You wrote to our Chief Executive, James Thorburn, on 16th November 2017 enclosing a Regulation 28 report arising from the inquest into the very sad death of a user of our services, Doreen Wilkins. Our thoughts remain with Mrs Wilkins's family at this difficult time and we would like to thank you for affording us the opportunity to take valuable learning from the incident for the benefit of those that use our services now and in the future.

We are also grateful for your agreement to grant an extension to the deadline for our response. Amongst my duties, I have oversight of health and safety, insurance and range of legal matters and I have accordingly been asked to respond to your report on behalf of Mr Thorburn. I have addressed the substantive matters below.

A clarification

Firstly, however, as a point of clarification, we would like to draw your attention to the registration requirement identified in your report that Comfort Call was required to submit monthly reports to the CQC showing *"the actions that have been taken to ensure staff rotas are meeting the needs of service users including time critical calls and travel time between visits"*.

The requirement above was extracted from Comfort Call's certificate of registration with the CQC. The way in which the certificate was formatted in its original version was misleading in that it appeared to present the above requirement as relating to Comfort Call as a whole, whereas it was in fact a requirement related specifically to the Bristol office (now closed) alone.

Having realised this, we raised the matter with the CQC, who have since amended the certificate such that it is now clear that the requirement was not in respect of

Comfort Call as a whole (and therefore not of our office in Tameside to which the inquest is related). A copy of the corrected certificate is attached for reference.

This is not to say, of course, that the duty of Comfort Call's Tameside office to provide safe services (in accordance with reg.12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) does not remain entirely pertinent and we therefore address the matters of concern in the context of that duty rather than in relation to any specific requirement of registration.

Matters of concern

Inadequate travel time is only one reason why a critical care visit might be late and it is appropriate therefore that we explain the general policies and processes that are in place to guard against critical care visits being missed (or late) to the extent that an individual's safety is compromised.

When a referral is made to us by the local authority, any care needs will be identified. These would include time-critical elements of the care, such as the need to provide medication or food.

These critical needs will be included in the care plan loaded on to our roster system and communicated to any care worker attending to the service user. It is therefore clear to those coordinating as well as those delivering the services that the timeliness of a particular call is of critical importance.

At present, if a care worker in the field were to find themselves running sufficiently late for a critical care visit that the service user's safety might be put at risk (which could happen for a variety of reasons), they would be expected to notify the local office. The local management team would then take appropriate action, sending an alternative care worker if necessary to ensure that the required care is delivered on time.

To further reinforce the robustness of these policies and processes, we are also introducing (during the coming weeks) new technology at the Tameside office that will track care worker activity in real time. The Road Runner app is a mobile-based technology which (amongst other things) allows care coordinators to flag critical care visits. The system will then alert the coordinating team in the local office (or, outside normal office hours, the out of hours coordinator) if a care worker fails to arrive for a critical call. This in turn allows the coordinator to make alternative arrangements as necessary in the manner already described above.

In summary, whilst a lack of rostered travel time would be a potential reason for a critical care visit to be late, our systems are such that if a critical care visit *were* likely not to be delivered on time (for whatever reason), alternative arrangements could and would be made, mitigating the risk of harm. Furthermore, these failsafes are about to become more robust through the introduction of new technology.

As well as the concerns around the delivery of critical care, your report also raised the issue of inadequate travel time and the related issue of care workers leaving assignments early to get to the next visit.

It would of course be a concern were any individual's care needs not met on any particular occasion, but we would caution against assuming that the duration of call commissioned in Tameside is necessarily precisely aligned with the amount of care required in each instance. This is because care visits are commissioned by the Council in blocks of fifteen minutes. Very few calls of *just* fifteen minutes are commissioned, and where they are, these would tend to be for medication checks

only. Any call entailing personal care (washing, providing food etc.) would therefore be likely to be commissioned for thirty minutes, even if the care tasks took, say, only twenty minutes to complete. It should be clear from this, then, that in any given instance, the fact that a call might have been curtailed by a few minutes is not inherently inconsistent with the delivery of adequate care.

That said, this fact does not *preclude* the possibility that inadequate travel time in care worker rotas could risk an individual not having as much contact time with the care worker as they need. This fact had already been recognised by Tameside Borough Council and I am very pleased to report that following discussions with them, it has now been agreed that they will pay an *additional* sum for time spent travelling between care assignments under their contract, thereby allowing us to include travel time as a *separate and discrete* element in staff rotas, which we have now done. This effectively increases the amount of time care workers will be able to spend in direct contact with their service users, improving the quality of the service.

We trust that these new arrangements will satisfy your expectations in relation to the prevention of future deaths, but if you do require further information, please do let me know.

Yours sincerely




Director of Policy and Communications