

15 AUG 2019

Your Ref: 01109-2017  
14<sup>th</sup> August 2019

Karen Harrold  
Assistant Coroner for West Sussex  
Coroner's Service  
County Record Office  
Orchard Street  
Chichester  
West Sussex  
PO19 1DD

Dear Madam

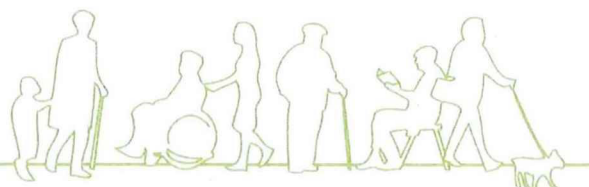
**Prevention of Future Death Report - Your Ref: 01109-2019 - Deerswood Lodge, West Sussex**

We are responding in receipt of your Regulation 28 Report to Future Deaths Report and covering letters addressed to Shaw healthcare Ltd namely Jeremy Nixey (Chief Executive) and [REDACTED] (Director of Nursing and Health and Safety) of 20<sup>th</sup> June 2019. I am writing to you on behalf of Shaw healthcare.

Firstly I would like to record again our condolences and on-going thoughts to the later Mr Francis's family and to confirm that both locally at Deerswood Lodge residential care home and within the Shaw healthcare Group we have learned significantly, completed a number of revisions and actions both locally and nationally which within this letter I will clarify details on actions we have taken and salient timescales.

Within your report you raised six specific matters of concern where actions were required.

- 1) *Effectiveness of shift handover meetings*
- 2) *Monitoring & management checks*
- 3) *Delay in calling a GP or making a 111 call for advice & information given to GP when requesting Home visit*
- 4) *Sufficiency of information given to paramedics & position of patient on the floor*
- 5) *Staff training*
- 6) *Adequacy of NICE guidelines* - which do not apply to ourselves, we note that a response is required from the Chief Executive of NICE. We will of course fully work to any revised set of NICE guidelines.



**Registered Office**

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- EAC Housing  
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Our responses and actions to areas 1) to 5) are as follows: -

## 1. Effectiveness of shift handover meetings

Prior to your inquest we had already recognised a need to improve our handover arrangements at Deerswood and in March 2018 we had set up the attached "Shift Handover Form".

In addition we expect the following process to be completed at every handover at every service:-

- a) *Identify the personnel who need to attend the handover, ensuring cover is available.*
- b) *Person in Charge on outgoing shift must handover to Person in Charge on incoming shift.*
- c) *Conduct handover in a detailed concise manner using the corporate Handover Form.*
- d) *Record start time and end time of handover.*
- e) *Provide verbal and written information regarding:*
  - a. *All Service Users (Names)*
  - b. *A brief summary against Service User's names*
  - c. *Complete the tick boxes where relevant*
- f) *All written and verbal communication to maintain Service User confidentiality and comply with good practice and data protection legislation and guidance.*
- g) *Confirm those who are receiving the handover have understood the information provided and clarify any resulting queries or concerns.*
- h) *The Handover form must be signed by the Person in Charge on the out going shift and the Person in Charge on the incoming shift.*
- i) *Incoming Person in Charge must allocate staff to locations, Service User, key-worker groups.*
- j) *Incoming Person in Charge to allocate keys, pagers, DECT phones etc where appropriate.*
- k) *Within 30 minutes of taking handover the incoming Person in Charge must check all service users in the building i.e. walkabout and headcount - and must undertake a visual check on those identified as deteriorating or poorly. The incoming Person in Charge must sign the Handover Sheet to confirm. To include a security check of the building.*
- l) *The completed handover sheets are to be filed in the designated folder in the Unit Office and remain accessible for future reference.*

This action has been completed and will be reviewed on an on-going basis.

## 2. Monitoring & management checks

In November 2017 we had implemented a completely revised "Prevention and Management of Falls" Policy which I have also attached for verification.

The objectives of this policy are to ensure Service Users who are at risk of falls are identified on admission to the service; Multi-factorial falls risk assessments identifies person centred risk factors for falls; Effective management, treatment and safe care of the Service User is delivered immediately after a fall; the risks of further falls is minimised through the implementation of effective, person centred interventions. And we seek that all staff should read the policy in conjunction with the Head Injuries policy and the Bed Rails Policy.



Each Service User has a Falls Risk Assessment (and also attached) which we require the newly admitted person to be assessed and completed within 4 hours of their admission to any Shaw care home. Re-assessments should be completed following any fall and/or as appropriate.

Each service has an IPRO Falls Risk Tracker in place where the home manager will be completing on-going assessments, analysis and review within their service.

This action has been completed and will be reviewed on an on-going basis.

### **3. Delay in calling a GP or making a 111 call for advice & information given to GP when requesting Home visit**

We have all learned from the regrettable circumstances surrounding the deterioration in Mr Francis's condition during the latter part of the day of his fall.

All care staff now receive training on "Recognising a Deteriorating Service User" and in addition they also all receive first aid training.

I also refer to the attached "Request for attendance of GP" policy which states that if a Service User develops a health problem or if the Service User requests to see their GP, the senior person on duty will assess the situation and contact the surgery, before the medication round commences. In assessing the urgency of the situation, the GP Surgery can be approached for advice or otherwise to liaise with the District Nursing service as appropriate it goes on to set very clear expectations in referring to the NHS 111 service also and the importance of clear communications.

We expect every service manager to monitor this within their service and our auditing systems at local level check the application of this.

This action has been completed and will be reviewed on an on-going basis.

### **4. Sufficiency of information given to paramedics & position of patient on the floor**

Care planning, daily records from assessments and evaluations continue to be improved at Deerswood. For our 12 care homes in West Sussex we have recruited two Quality Improvement Managers where their primary function is to ensure improvements in service provision including the completion of care records - along with mentoring, supervising and role-modelling to care and nursing staff.

I also note that paramedic referred to the Hospital Passport. We have adapted the Hospital Passport - Transport Traffic Light System within all our West Sussex care homes initially and through the wider company. This is to provide the paramedic and hospital staff the most helpful information that isn't only about illness and health. This accompanies the Service User to inform and support. It is implemented within our Care Plan systems.

In addition the increase in training including the "Recognising a Deteriorating Service User" and first aid training reported in 3 above and in our response to area 5 covers the necessary need to improve communication not just to GPs and paramedics but to all relevant professionals.

This action has been completed and will be reviewed on an on-going basis.

## 5. Staff training

We have covered the very necessary responses required by you throughout this report. We have significantly increased training and awareness, every service has a completed Training Metrics where we expect 90% of all staff at any one time to have completed all mandatory training.

All Shaw healthcare employees caring/working with any Service Users who is at risk of falling will be up to date in their Manual Handling training and their competency assessed by a senior staff member who has been accredited by the Company. They must attend a first aid training course and ensure that this certification remains current throughout their employment.


And we require all First Aiders to respond to any first aid situations by following the correct first aid procedure. There is at least one First Aider on duty at every shift.

This action has been completed and will be reviewed on an on-going basis.

In conclusion, we respectfully regret the events surrounding Mr Francis's fall at Deerswood, we all - that is the management and staff at Deerswood Lodge, the wider regional management and nationally of Shaw healthcare have learned from this incident. We have taken some tough and very necessary actions and we have changed our practice, training and policies.


If you require any further information or detailing please do not hesitate to contact me.

Yours sincerely

A handwritten signature in blue ink, appearing to be "D. [unclear]", written over a black rectangular redaction box.

Director of Compliance & Governance

Cc. Jeremy Nixey, Chief Executive, Shaw healthcare Ltd

A black rectangular redaction box covering a name.

Director of Nursing and Health and Safety, Shaw healthcare Ltd