

HM Coroner
The Town Hall
Town Hall Square
Leicester
LE1 9BG

20 February 2014

Dear Sir/ madam,

Re: Regulation 28 report –Mrs Marjorie Keogh

1. We complete a needs assessment for potential residents prior to admission to our homes which identifies how much help and support a resident requires.

A Registered Nurse would carry out the needs assessment for a resident who required nursing care. A copy of Homes policy "Residents plans of care" (appendix 1) and our pre-admission assessment pack (appendix 2) is enclosed.

If we are able to meet the needs of the potential resident and decide to accept them for admission, risk assessments are completed

We complete risk assessments to provide a means for taking the more difficult decisions arising from what the person is able or unable to do safely for themselves.

Some of what is planned to improve the residents quality of life may involve their taking some risks, for example, improving and maintaining mobility may require the resident to walk rather than use a wheelchair, which carries the risk of a fall.

For these risks we assess and put reasonable precautions put in place to minimise the risks. We try not to err on the side of risk avoidance or totally risk-averse on behalf of our residents as it can impose a loss to quality of life.

We would complete a risk assessment using a Premises Internal area risk assessment form, if there are any risks in relation to specific areas in the home, e.g. is there a risk involved for the residents occupying a bedroom in the home that may be upstairs. Premises internal area risk assessment form (appendix 3) enclosed.

CQC inspection in November 2013 shows that the care home is fully compliant with regulations under the Health and Social Care Act 2008. CQC report (appendix 4) enclosed.

2. There is no legislative prescriptive staffing level for care homes. Our staffing levels are based on needs of residents; we care for residents with residential care needs and nursing needs.

This is the shift pattern for nursing and care staff that we have in place for occupancy of 10 residential residents and 20 nursing residents (2 of these have one to one staffing periods) in February 2014:

Registered Manager/ Nurse – 40 hours per week daytime
 Registered Nurse X 1 from 7am – 7pm
 Registered Nurse X 1 from 7pm – 7am
 Residential Manager/trainer – 32 hours per week
 Senior/Care staff x 6 from 7am -2.30pm
 Care staff x 1 from 7am – 2.30pm for resident requiring one to one supervision
 Care staff x 1 from 11am -2.30pm x 1 for resident requiring one to one supervision
 Senior/Care Staff x 6 from 2.30pm-10pm
 Care staff x 2 from 2.30pm-10pm for 2 residents requiring one to one supervision
 Care staff x 2 from 10pm-7am
 Care staff x 2 from 10pm-7am for 2 residents requiring one to one supervision.

We use the staffing guidelines that the Regulation and Quality Improvement Authority (NI) have produced as guidance us in our staffing calculations.

This example is taken from the guidance, however we only have 20 nursing residents and the remaining 10 are residential residents that require lower staffing ratios, so we are overstaffed at present.

Example 1 - 30 bedded nursing home

No of beds	Time periods	Staff / Patient ratio	Total no. of staff	No. of Nurses	No. of C/A's	Total care hours
30	8am-2pm	1:5	6	2	4	36
	2pm-8pm	1:6	5	2	3	30
	8pm-8am	1:10	3	1	2	36

This provides a total of 102 available care hours with an average of 3.4 care hours per patient over 24 hour period with 35% registered nurses and 65% care assistants over the 24 hour period.

CQC Inspection in November 2013 shows that the care home is fully compliant with the regulation under the Health and Social Care Act 2008

3. Our Residents Plans of Care policy (appendix 1) outlines our objectives and strategies, in relation to risks, implementation and reviewing care plans. It outlines outlining staff's roles in care plan process.

Care plans reflect the differences between, what the person can and cannot do for themselves, what they seek to do for themselves and the daily living tasks over which they seek or need help. Each person has an individualised plan of care, which takes into account significant risks.

Our Falls Prevention and Risk Assessment Policy (appendix 5) which outlines how we aim to balance the protection of residents from risks with the promotion of independence, in accordance with Dept. of Health guidance, *Independence, Choice, and Risk: A Guide to Best Practice in Supported Decision Making*.

We use a fall risk assessment tool/care plan which is widely used in Leicester hospitals and other care homes. A copy of which is enclosed. (Appendix 6)

The tool/care plan considers the "Place" a resident is cared for, which would include consideration about which bedroom a resident occupied and where it was located. This does not only apply on admission but it is reviewed each month or the period specified on the care plan or when there is a change of care need.

Our in house moving and handling trainer has been trained by Leicestershire County Council and the documentation she uses has been supplied by them for use.

To ensure safety and to maximise residents independence and dignity we operate a minimal handling of residents whereby physical handling is or lifting of residents is minimised or avoided wherever possible.

We undertake a moving and handling assessment using the tool enclosed, (appendix 7). A risk assessment form is completed for any of the tasks identified on the moving and handling assessment form. I am enclosing copies some of the risk assessments templates (appendix 8 & 9) as examples.

We have reviewed and changed all our care home documentation over the past 3 years and we have received a lot of positive feedback from professionals.

We use a handover sheet each day to ensure that all information is passed between shifts and it highlights changes to care plans and/or medication. Staff sign to say that they have attended the handover. (appendix 10)

CQC Inspection in November 2013 demonstrates that the care home is fully compliant with regulations under of the Health and Social Care Act 2008.

4. We have not been able to confirm with Building Control at Charnwood Borough Council that the balustrade is compliant to the required standard.

They did ask us to undertake work on the balustrade after the incident at Scruptoft Court, which we did.

However, they have now come back to me and state that we must obtain a report from an independent surveyor to give us the information that you require relating to its compliance.

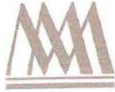
We have therefore now commissioned an independent surveyor to address this and will forward this report to you within the next 28 days.

We would therefore ask that the period for this reply to be extended by a further 28 days.

Yours faithfully,



Director



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273a Scraptoft Lane, Leicester. LE5 2HT
Tel/ fax: 0116 2431115

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The Town Hall
Town Hall Square
Leicester
LE1 9BG



Dear Sir/ madam,

Re: Regulation 28 report –Mrs Marjorie Keogh

Further to your letter dated 1 April 2014. Your letter states that I requested a further 28 day extension, can I clarify that I asked for a 21 day extension.

The information that you require to make the decision is as follows:

1. In the matter of concerns (section 5, Reg. 28 report) 4, it asks "Is the staircase at Syston Lodge compliant with the requirements referred to".

I have not been able to get this information from Charnwood Borough Council Building Control Dept., who signed the building off when the care home was completed in 1998 as I have been told they no longer have records available.

On the advice of our Solicitor we have commissioned a structural engineer to help us address this. I returned to work on the 26th March 2014, the structural engineer came out last week and I am awaiting correspondence from him after this visit.

2. [REDACTED] has been off sick since 16 February 2014. I had surgery on 5th March 2014 so was off from this date.

3. [REDACTED] sick certificate is for 2 months, it is not known if he will be able to resume work after this.

4. The outstanding matter needed to be addressed by a director; we were involved with the building and registration of the care home in 1998 and need to ensure that the question asked is answered.

Yours faithfully.

[REDACTED]

[REDACTED]
Director

MyMil Ltd



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10 April 2014

Dear Sir/ madam,

Re: Regulation 28 report –Mrs Marjorie Keogh

In relation to the remaining question (4) relating to the stairs at Syston Lodge Residential Home. [REDACTED] knows that the same company who supplied the balustrading at Scraptoft Court supplied Syston Lodge Residential Home.

The balustrading at Scraptoft Court has been found not to comply therefore we feel that the balustrading at Syston Lodge is not compliant.

We have instructed a Structural Engineer to look into this and make recommendations to ensure they comply. We will undertake these recommendations once we receive his report.

Please do not hesitate to contact me should you require any further clarification.

Yours faithfully

[REDACTED]
[REDACTED]



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19 September 2014

Dear Sir/ madam,

Re: Regulation 28 report –Mrs Marjorie Keogh
[REDACTED]

Further to my letter dated 3 July 2014.

Please find enclosed a copy of the summary of the report that was undertaken by our commissioned Structural engineer in relation to the balustrading at Syston Lodge Residential Home.

Yours faithfully,

[REDACTED]
Director