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BY EMAIL and POST

Regulation 28 Report: Mrs Gloria Foster

Dear Mr Travers

Thank you for your letter dated 10 September 2014 in which you wrote to us under the provisions of Regulation 28 of the Coroners (Investigations) Regulations 2013 ('the Regulations') in relation to the inquest into the death of Gloria Foster.

We were extremely saddened to learn of the death of Ms Foster and of the circumstances leading to her death. We are also extremely grateful for your report in requiring us to review what actions should be taken to prevent the occurrence or continuation of such circumstances in the future.

Please treat this letter as the formal response of the Care Quality Commission ('CQC') to your report dated 10 September 2014.

We apologise for the delay in responding to your report. The delay has resulted from careful consideration being given from operational and policy perspectives of the CQC's response in operational and policy terms.

In your report and pursuant to the requirements of Regulation 29 of the Regulations you require the CQC to provide details of any actions that it intends to take, or has taken to address the concerns highlighted in your report. In particular you required the CQC to consider the concerns outlined at paragraph 5(4) of your report as follows:

"The need to ensure that when a care provider is closed, all lines of communication with that provider, including telephone and email, are managed so that anyone who uses any one of those lines to make contact with them is immediately informed of the current situation and of where to go to seek advice or help"

In drafting this response significant consideration and consultation has been given to your report by policy and operational teams. In particular we have considered what the current statutory framework empowers and obliges both the CQC and other relevant agencies to do in circumstances such as those that led to Mrs Foster's tragic death.

The current statutory and regulatory framework does not confer on the CQC the duty or power to manage the lines of communication specifically in the way that you envisage. By contrast we understand that Local Authorities and Clinical Commissioning Groups ('CCGs') do have such primary duties and powers. Accordingly, those bodies are required to have sufficiently robust arrangements and procedures in place to ensure that they meet those duties without relying on third party agencies such as the CQC.

The CQC does recognise the fundamental importance of notifying the relevant duty-holding agencies in circumstances where urgent cancellation is sought in order to avoid the possibility that circumstances such as those that led to the death of Ms Foster might arise. The CQC also recognises that such cooperation and notification is crucial. For that reason, the CQC has clear guidelines on who must be informed when we urgently cancel a provider's registration. Those guidelines were in place at the time of Ms Foster's death and were followed in this case. We attach a copy of the guidance, which includes sets out as follows in particular at paragraph 11:

“11. Do we need to inform anybody else that we have applied for an urgent cancellation of registration?”

Yes. As soon as possible after an **application** has been made, you **must** tell:

- The Clinical Commissioning Group in which area the regulated activity (RA) is being carried on, where the regulated activity to which the Order relates involves, or is connected with, the provision of health care, and to the NHS England Area Team in connection with primary medical or dental care.
- The local authority in whose area the regulated activity is being carried on, where the regulated activity to which the Order relates involves or is connected with the provision of social care.
- Monitor, where the regulated activity or service is carried on by an NHS foundation trust. Or NHS Trust Development Authority, where the service provider is not currently an NHS foundation trust.
- Any other people that we think are appropriate. For example, the Department of Health may need to know if we decide to cancel the registration of an NHS provider.

We do this by giving notice of the application by phone call, then following this up by sending the 'notifying others' letter. There are email and letter templates for this in CRM.

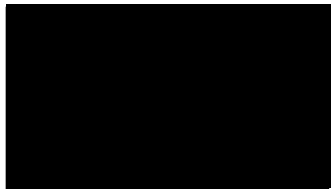
Note: For Notices of Proposal to cancel registration and Notices of Decision to cancel we would send a copy of the Notice.”

We note from its response that the Local Authority acknowledges that the responsibility for managing the lines of communication lay in this case with them. We also note that the Local Authority has undertaken to take steps to address the deficiencies that this incident highlighted. We respectfully suggest that it might be prudent for the Local Authority to seek to ensure that the same issues are addressed across all local authorities nationally by working with the Association of Directors of Adult Social Services ('ADASS').

We greatly value the intelligence provided in your report and intend to address the concern raised at paragraph 5(4) in particular. The CQC is currently also undertaking a detailed review designed to ensure that the valuable information provided by Regulation 28 reports, as well as from other sources of information, systematically and effectively into our intelligent monitoring, inspection and registration processes.

We hope that this response addresses the concerns raised in your report. Please do not hesitate to contact us if we can be of any further assistance.

Yours sincerely



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