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27 April 2015

Dear Ms Alam,

Re Inquest touching the death of Alison Dawn Evers (deceased)

Thank you for your letter dated 2nd March 2015 enclosing a Regulation 28 Report to Prevent Future Deaths addressed to [REDACTED] Director of Adult Social Care of Leeds City Council. This was issued to the Council as a result of the Inquest touching the tragic death of Alison Evers.

The Report details three matters of concern as follows:

- (i) The lack of a written "no treats" policy;
- (ii) The lack of a policy ensuring a first aid trained member of staff is on duty for each shift;
- (iii) The level of first aid training of health support workers, particularly if working with service users who suffer from cognitive and/or physical impairment and are dependent on carers to meet their personal and dietary needs.

I will address each recommendation in turn but believe that before doing so it is necessary to set out the scope of the services that the Learning Disability Community Support Service provides; the highly divergent customer group that it serves; and the vast number of bases from which it operates at any given time.

The Learning Disability Community Support Service

This Service exists for the purpose of serving the social care needs of people with learning disabilities and their carers. The defining purpose of this individualised and person centred service is to promote the best interests of each of its customers. It does this by:

1. enhancing the quality of their lives and experiences;

2. by maximising their independence and reducing the need for institutional care;
3. by helping them to have a positive experience of care and support; and
4. by safeguarding and protecting them from avoidable harm.

This Service provides support to over 800 customers who present a very wide range of different needs and requirements. This Service does not provide health care *per se*; its focus is to provide social care to customers with learning disabilities. The individual needs of each prospective customer are assessed prior to being accepted by this Service, and on an on-going basis if appropriate. If the medical needs of a customer are or become complex or severe then that person's needs are met by other more appropriate Services.

The needs of the Learning Disability Community Support Service customers are met by three distinct and different sub-services as follows:

The Supported Living Service

This Service provides support for over 300 people who are able to live their lives in their own homes or in small group settings with varying degrees of independence. The focus of the Service is to support and promote the customers' autonomy and independent living. This service is provided at over 90 separate properties within the community and the level of support may range from just a couple of hours each week right up to full time support 24 hours a day for 7 days a week.

The autonomy of the individuals using this service and their right of self-determination and freedom of choice is promoted, protected and respected. Customers are frequently supported with daily living activities, such as using public transport, visiting shopping centres and supermarkets, visiting cafes, accessing community groups and public places, participating in exercise, drama and workshop groups compatible with their individual interests and skills.

Most of the customers that this Service supports do not have any significant health needs. They typically include individuals affected by conditions such as Autism or Downs Syndrome and whilst they do need social support they are no more likely to need first aid than any other member of the public. The care staff that this Service retains are all First Aid trained, and I believe that the arrangements that are currently in place (details of which are provided below) are appropriate.

In relation to a "no treats" policy the customers using this service usually have clear wishes about the items that they purchase (with varying levels of assistance of staff members) whilst out in the community, such as a cake or confectionary "treat" at a café or from a shop. It would be inappropriate, undesirable and detrimental for staff to be unable to support this appropriate expression of their wishes.

Respite Care and Crisis Service

This service offers an opportunity for more than 200 customers each year to have short stays away from their families. It also gives family carers a break from their caring responsibilities.

The Crisis Service provides services to customers whose circumstances have changed or who have been affected by an emergency and provides them with care whilst more permanent arrangements are made.

The range of customers and their needs from us as Service providers varies tremendously. Many, if not most, of these customers do not have complex health needs. By definition, our respite customers are cared for in ordinary domestic family settings where first aid experience or the refusal of treats does not form any part. The purpose of the respite service is to offer to our customers an enjoyable change from their normal routines; it is also designed to offer families peace of mind that their loved one is being well cared for, and having an enjoyable "holiday away" while they too benefit from a break from their caring responsibilities. In these circumstances to introduce and impose a "no treats" policy would present a negative experience for our customers and would amount to an inappropriate and potentially oppressive fetter on their free expression of wishes and desires. It would be inimical to the purpose of the service and would undermine its function.

Therefore, again, for these reasons, the introduction of a written mandatory "no treats policy" would not appear to be an appropriate or a desirable development, nor does there appear to be a need for additional first aid training for staff over and above that which they are already given as a matter of course (see below).

Fulfilling Lives Service

This Service provides support to over 800 customers some of whom have more significant learning disabilities and who need a high level of support.

The focus of the service provided to these customers is to provide socially enjoyable, healthy, safe, fulfilling and enriching activities during the daytime. Services are provided at the Council's own buildings and facilities and through partnership working with over 20 Third Sector service provider organisations.

Currently services are provided to customers from 23 specialist buildings and bases co-located in sports and community centres across Leeds. The aim of the Service is to maximise opportunities for social inclusion and to promote community access and participation.

This service has recently undergone a modernisation programme to enable it to move from an old "one size fits all approach" where services were provided at designated centres which were isolated from their wider communities and which were only accessed by customers and their families. The Council now provides far more flexible personalised services with new community bases being opened across Leeds within existing facilities, such as Leisure Centres, which provide services to all sectors of the community. In addition existing buildings are being refurbished and a new centre is being built. In line with this modernisation programme, customers generally participate in smaller group activities over a wide and diverse range of bases across the City.

Just over half of the customers who access this Service live at home with family carers. Therefore, as in the case of our respite customers, by definition, the needs of these customers do not necessitate a high level of first aid/medicalised training. Nor do the normal lives of our customers include "no treat" rules.

In relation to the Areas of Concern specifically raised by the Coroner, the Council's position is set out below.

The lack of a written "No Treats Policy"

The ethos of the Council's Social Care Services is to provide in all cases the best and most appropriate person centred care that it can for each individual that it serves. The customers of the Learning Disability Community Support Service have vastly divergent and highly individualised needs and wishes. We aim to meet them all. To achieve this we have created a range of highly personalised risk assessment tools and Individual Support Plans which are bespoke to each of our customers.

Prior to entry into our Service, each customer's individual needs are assessed in detail with the support and assistance of appropriate professionals such as (in the case of feeding and choking risks) Dieticians and Speech and Language Therapists who advise upon the types of suitable foods and in the optimal manner of preparation and presentation to our customers. These assessments cover all aspects of our customers' individual needs, and lead to the preparation of their Individual Risk Assessments, and Individual Support Plans.

We organise staff teams so that our staff work with small groups of customers on a consistent basis and are very familiar with their individual needs, and are knowledgeable in how to appropriately meet and respond to them.

In the case of feeding, each customer who has a need for a modified diet has a "placemat" plan prepared for them. This placemat goes with the customer on all outings and is therefore visible and in use at all times when the consumption of food or drink is being planned and is taking place.

The Council notes the matter of concern that has been raised in relation to a lack of a written treats policy. However, in the case of a customer who has been assessed as being at risk of choking due to an impaired ability to ingest a normal diet, the risk of choking is presented not just by "treats", but by all foods which are presented to that person in an unsuitable form. The Council therefore believes that the current practice that it has in place, which addresses all foods that an individual is to be offered is a more appropriate measure to protect its customers from a choking risk.

The Council fully accepts and deeply regrets that Alison's death was contributed to by neglect on the part of a member of its care staff who failed to comply with the Individual Support Plan and Risk Assessment that had been prepared for, and which was tailored to, Alison's needs. Alison's Individual Support Plan was created by care staff working in conjunction with appropriate specialist professionals. It contained specific advice that Alison was at risk of choking and that the action necessary to manage that risk was to ensure that her food was liquidized/finely chopped before it was served to her.

All risk assessments are kept under regular review. In the case of Alison, all staff working with her were very familiar with it. The practice of the Learning Disability Community Support Service is that all new staff (whether they be agency or permanent staff) receive a full induction and training before working directly with customers. Having first read the care plans, all new staff are gradually introduced to the customers with whom they will be working whilst working alongside and shadowing established workers. In this way they gain customer specific knowledge of each customer's individual care plans, risk assessments and needs and gain insight and experience of best practice. Only after this process has taken place are new staff permitted to work directly with customers.

Had Alison's well documented care plan been adhered to (as it always had been previously), this dreadful event would not have occurred.

First Aid Training

As previously mentioned, the customers that are served by the Learning Disability Community Support Service do not generally present with complex and additional medical needs. There is therefore no need for the service to engage the services of "health support workers" as mentioned in the Coroner's report.

The Service's customers do however suffer from a range of cognitive and physical impairments which can on occasions mean that they could be at greater risk of suffering harm without adequate and appropriate supervision. This risk is assessed and met in determining appropriate staff: customer ratios. On 20th April 2012, there were 61 customers using the Learning Disability Community Support Service at Horsforth Fulfilling Lives Centre, and their needs were being met by 20 staff. Alison received care in her distress from a member of staff who was fully trained in First Aid.

The Council provides staff with First Aid Training as part of its on-going programme of continuing professional development. The courses which are provided are First Aid in Work and Fundamental First Aid.

All new staff working within the Learning Disability Community Support Service receive training on Fundamental First Aid as part of their induction programme. The course content for the Fundamental First Aid (or Emergency First Aid) course is as follows:

Objectives by the end of the course – you will be able to:

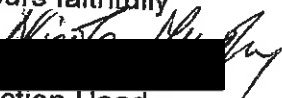
- *Act safely, promptly and effectively in an emergency;*
- *Treat an unconscious casualty (including seizure)*
- *Prevent cross infection*
- *Perform effective Adult CPR*
- *Understand the differences between Adult, Child and Baby CPR*
- *Recognise and treat the following:*
 - *Choking; Bleeding; Shock*

The First Aid training regime is a rolling programme. Both the First Aid at Work and the Fundamental First Aid training qualifications last for 3 years after which they should be renewed. In the three years prior to Alison's death 26 members of care staff were accredited with having achieved the requisite standard in relation to the First Aid at Work course, and 144 staff were trained in Fundamental First Aid. In the 3 years since Alison's death, 68 staff have been accredited following the successful completion of the First Aid at Work course, and 547 staff have successfully completed the Fundamental First Aid/Emergency First Aid course.

I therefore believe that the Council's current training regime meets the concern that the Assistant Coroner expressed in her report.

Finally, on behalf of the Council and the staff who worked with and cared for Alison, I wish to again express sincere and heartfelt condolences to Alison's family and loved ones for her tragic loss.

Yours faithfully



Section Head
Civil Litigation