

Edith Kirkham – Regulation 28 Response & Chronology of Care

Concern	Response
<p>The intermediate care arrangements at Darnton House, I was informed, was a joint venue between L and M Healthcare and Tameside Hospital, but there seems to have been inadequate planning and unclear rules as to the level and type of management required for the patient/resident's. Was the required standard that of a hospital or that of a care home. No-one seemed to know and this led to general uncertainty.</p>	<ul style="list-style-type: none"> • The Transitional Care Unit was a service commissioned by Tameside Hospital NHS Foundation Trust (TGHFT - the Commissioner). The contract and Service Specification provides a clear indication as to the requirements and scope of the service. • Patients transferred from the hospital were assessed as being medically fit for transfer to the Transitional Care Unit from the hospital ward. • Darnton House was (and continues to be) registered as a Care Home with Nursing for up to 96 residents and the TCU should have been operated within the scope of this registration criteria. • Following the operationalization of the service it became evident that the scope of the service being delivered was falling outside of the original contract leading to a lack of clarity regarding roles and responsibilities between provider and commissioner – this subsequently resulted in CQC visiting the home to carry out an inspection and highlighting that the home was technically breaching its registration.
<p>Perhaps as a result of the problems highlighted at (1) above, the ward appears to have been inadequately staffed, both as to numbers of staff and the level of expertise thereof.</p>	<ul style="list-style-type: none"> • Staffing levels were agreed in accordance with the Contract and Specification and were deemed to be acceptable. • L&M Healthcare reviewed and adjusted staffing levels during the period when the contract was operating to take account of fluctuations within the service. • The visit by CQC and subsequent action taken by same meant that L&M Healthcare could not fully review the operation of the service as was intended in accordance with the Contract. As a result of the inspection completed by CQC the company took the decision to place a voluntary embargo on the unit – this continues to remain in place. • L&M Healthcare has subsequently undertaken a comprehensive review of the service model to take account of 'lessons learned' in accordance with the Change Control mechanism which forms part of the standing contractual arrangement with Tameside Hospital NHS Foundation Trust. • The revised service model will be fully agreed TGHFT and wider stakeholders prior to the service re-opening.
<p>The staff, or some of them, who gave evidence at the Inquest, had either failed to read the medical/nursing notes, or if they had so read them, they had failed to understand them. The Consultant Surgeon clearly indicated that the patient was to mobilise and was able to fully weight-bear, however for the whole of the week she spent in this ward she was nursed in bed and not mobilised at all.</p>	<ul style="list-style-type: none"> • The Registered Nurse who attended Coroner's Court on behalf of L&M Healthcare had only worked on the unit for a six hour period and therefore was providing evidence on the basis of a very limited professional exposure. In view of this the Company cannot completely accept the conclusion drawn that those who attended had failed to read and (or) understand the medical/nursing notes.

<p>There was no apparent handover from the Hospital to this ward, as to the individual needs of the patient, and the staff were therefore placed in an impossible position.</p>	<ul style="list-style-type: none"> • The Contract requires that there was an agreed assessment and handover process to take place prior to the transfer of patients from the hospital ward to the Transitional Care Unit. • All handovers were conducted in accordance with the requirements of the contract and in conjunction with TGHFT. • The medical/nursing notes indicate that handovers were taking place.
<p>Mrs Kirkham was moved to the intermediate care ward on a Friday preceding a bank-holiday weekend, and despite the clear indication that she was to have physiotherapy, none was arranged for four days after her arrival.</p>	<ul style="list-style-type: none"> • Physiotherapy was provided by Tameside General Hospital
<p>Despite the request from me as HM Senior Coroner, it appears that no records were available relating to the whole of her stay in this ward.</p>	<ul style="list-style-type: none"> • An received an Email dated 10/02/16 from Weightmans, the Trusts legal team asking that L and M Staff take the deceased medical notes to the Inquest. This was requested by the Coroner's office. The notes were not requested during the hearing.

