



Department of Health

*From Caroline Dinenage MP
Minister of State for Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU*

Mr Derek Winter DL
HM Senior Coroner, City of Sunderland
Civic Centre
Burdon Road
Sunderland
SR2 7DN

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Dear Mr Winter,

Thank you for your letter of 12 April to the Secretary of State for Health and Social Care about the death of Ms Patricia Ann Heslop. I am responding as Minister with portfolio responsibility for adult social care.

Firstly, I would like to say how saddened I was to read of the circumstances surrounding Ms Heslop's death. I appreciate how distressing this must be for Ms Heslop's family and loved ones and I would be grateful if you could pass on my sincere condolences.

I can assure you that we are totally committed to preventing and reducing the risk of harm to adults in vulnerable situations.

We have made it clear, in statutory guidance to support implementation of the Care Act¹, that we expect local authorities to ensure that the services they commission are safe, effective and of high quality. We also expect those providing the service, local authorities and the Care Quality Commission (CQC) to take swift action where anyone alleges poor care, neglect or abuse.

I am advised that following notification of the death of Ms Heslop, the CQC carried out lines of enquiry to establish if there had been a failing of Regulation 12², which concerns safe care and treatment. This included consideration of whether a registered person had failed to deliver safe care and treatment where avoidable harm had

¹ <https://www.gov.uk/government/publications/care-act-statutory-guidance>

² <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment>

resulted to a service user or where a service user had been exposed to a significant risk of harm.

The CQC carried out an investigation into the care received by Ms Heslop and the specific injury that led to her significant injury but was unable to identify a registered person failure.

An unannounced and comprehensive inspection of Hebburn Court Care Home was carried out in November 2017, with the report published in March 2018 and available on the CQC website³. Following the inspection, the rating of the service deteriorated from 'Good', to 'Requires Improvement'. In addition, a breach of Regulation 17: Good governance⁴ was identified relating to the quality and governance systems in place not being robust. In particular, the CQC identified that although processes were in place that identified shortfalls across the service, they failed to ensure that appropriate action was taken to address those shortfalls. A requirement notice was issued.

I understand that in response to your Report, the CQC has sought an action plan from HC-One as to the actions and improvements it has made following the death of Ms Heslop.

We expect all providers to take action to ensure they meet the standards of quality and safety of care and I hope this information provides assurance that the Regulator has acted to ensure HC-One complies with these standards.

I understand Hebburn Court Care Home provides nursing dementia care, in which case the following may be of relevance.

All nurses are required to meet the standards of proficiency that the Nursing and Midwifery Council (NMC) considers necessary for safe and effective practice as a nurse at the point of entry to the register.

In March 2018 the NMC published its new standards of proficiency⁵. These standards include requirements that, at the point of registration, the registered nurse will be able to:

³ <http://www.cqc.org.uk/location/1-320350652>

⁴ <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>

⁵ <https://www.nmc.org.uk/globalassets/sitedocuments/na-consultation/the-future-nurse-standards-of-proficiency-for-registered-nurses.pdf>



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- Demonstrate the ability to keep complete, clear, accurate and timely records; and
- Demonstrate the knowledge and ability to respond proactively and promptly to signs of deterioration or distress in mental, physical, cognitive and behavioural health and use this knowledge to make sound clinical decisions.

Once nurses are registered with the NMC they are required throughout their careers to uphold and act in accordance with the professional standards contained within the NMC's Code: Professional standards of practice and behaviour for nurses and midwives (2015) ('the Code')⁶. The following aspects of the Code are relevant to the concerns raised in your Report:

- Section 10 of the Code relates to the responsibility of nurses to keep clear and accurate records relevant to their practice and provides that nurses must complete all records at the time or as soon as possible after an event; identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need; complete all records accurately and without falsification, taking immediate and appropriate action if they become aware that someone has not kept to those requirements.
- Section 13 of the Codes relates to the responsibility of nurses to preserve safety. This includes nurses accurately assessing signs of normal or worsening physical and mental health in the person receiving care, then making a timely and appropriate referral to another practitioner when it is in the best interests of the individual needing any action, care or treatment.

In appropriate circumstances, the NMC enforce the standards set out in the Code through fitness to practise proceedings.

As you may be aware, in order to maintain their registration with the NMC, every nurse must 'revalidate' every three years to ensure that they practise safely and effectively. The revalidation process requires the nurse to demonstrate that they have practised for at least 450 hours, obtained at least 35 hours of continuous professional development (CPD) (including 20 hours of participatory learning), reflected on their

⁶ <https://www.nmc.org.uk/standards/code/>

practice and obtained five pieces of practice related feedback. It is for individual nurses to decide what CPD activity is most useful to their development as a professional.

I should also point out that it is the responsibility of individual employers to ensure that their staff are appropriately trained and competent to fulfil the responsibilities of the role.

On the matter of dementia training specifically, to support a consistent approach to dementia education and training, we commissioned Skills for Health and Health Education England to develop a Core Skills Education and Training Framework. Published in October 2015⁷, the Framework, which sets out the essential skills and knowledge needed for all staff working with people with dementia in health and social care settings, is structured in three tiers, or levels of training, to reflect the different levels of knowledge specific roles would require.

Tier one, which is relevant to the entire health and care workforce including ancillary staff, concerns general awareness skills and attitudes and can form part of induction training as well as foundation training for more advanced practice.

Tier two, is aimed at developing the knowledge and skills of staff that are likely to have regular contact with people affected by dementia such as care assistants working in residential or home care and personal assistants.

Tier three is aimed at enhancing the knowledge, skills and attitudes of key staff and is relevant to registered managers, social workers and other social care leaders who are managing care and support services for people with dementia.

Since April 2015, newly appointed healthcare assistants social care support workers, including those providing care and support to people with dementia and their carers', have been undergoing dementia training as part of the national implementation of the Care Certificate. The Care Certificate equips new staff with the knowledge and skills that they need to provide safe, compassionate care across a range of areas. In terms of dementia, the Care Certificate maps to Tier one of the Core Skills Framework.

There is no statutory requirement for providers to implement the Care Certificate. However, CQC inspectors have powers to enforce regulations covering staff

⁷ <http://www.skillsforhealth.org.uk/news/latest-news/item/335-new-dementia-core-skills-education-and-training-framework>



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induction and training. As such, they would expect to see induction programmes that are broadly equivalent to the Care Certificate standards.

The Dementia 2020 Challenge, which is a programme of action to deliver sustained improvements in dementia care, set the expectation that social care providers deliver appropriate training on dementia to all relevant staff by 2020 to improve the care of people with the condition. As part of the implementation of the Dementia 2020 Challenge, we are considering how best to extend Tier two training to all staff across health and care settings.

It may be helpful to point out the substantial national resources and guidance that are available to support the commissioning, delivery and inspection of safe and effective falls prevention and post-falls care for people being cared for in hospitals and other care settings.

For example, in 2017, the '*Falls and Fracture Consensus Statement and Resource Pack*'⁸ was produced by the National Falls Prevention Coordination Group which is made up of organisations involved in the prevention of falls, care for falls-related injuries and the promotion of healthy ageing. The consensus statement outlines actions and priorities to encourage and support the commissioning of services which reduce the risk of falls and fragility fracture.

The National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 161, '*Falls in older people: assessing risk and prevention*'⁹, details the multifactorial risk assessment requirement of older people who present for medical attention because of a fall, or report recurrent falls in the past year and includes multifactorial interventions to prevent falls in older people who live in the community. In addition, the NICE Quality Standard 86, '*Falls in older people*'¹⁰, sets out best practice for the assessment and management of someone who falls including guidance on safe moving and handling and medical assessment.

⁸ <https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement>


⁹ <https://www.nice.org.uk/guidance/cg161>

¹⁰ <https://www.nice.org.uk/guidance/qs86>

Furthermore, the Department of Health and Social Care is working with the adult social care sector to implement Quality Matters¹¹ – a shared commitment to take action to achieve high quality adult social care for service users, families, carers and everyone working in the sector.

Finally, this summer we will publish plans to reform our social care system to make it sustainable for the future. The consultation will set out options to put the social care system on a more secure footing and address issues to improve the quality of care and reduce variation in practice.

I hope the information I have provided is helpful. Thank you for bringing your concerns to our attention.

yours

CAROLINE DINENAGE MP

¹¹ <https://www.gov.uk/government/publications/adult-social-care-quality-matters>