



Department
of Health &
Social Care

From Gillian Keegan MP
Minister of State for Care and Mental Health

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Mr Nigel Parsley
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26 October 2021

Dear Mr Parsley

Thank you for your letter of 17 August 2021 to Sajid Javid about the death of Roland Stannard. I am replying as Minister with responsibility for adult social care and I am grateful for the additional time in which to do so.

Firstly, I would like to say how saddened I was to read of the death of Mr Stannard. I can appreciate how deeply upsetting the circumstances of Mr Stannard's death must be for his family and loved ones and I offer my most heartfelt condolences to them.

In preparing this response, Departmental officials have made enquiries with NHS England and NHS Improvement (NHSEI) and the independent regulator for quality, the Care Quality Commission (the CQC).

It is the responsibility of the CQC registered provider of care to make sure that staff have the skills, knowledge and experience to deliver safe, effective care that meets people's needs. If, for example, a resident is at risk of pressure ulcers, the provider is required to ensure that the staff have the appropriate training to look after the person effectively. These responsibilities are set out in *The Health and Social Care Act 2008 (Regulated activities) Regulations 2014* (particularly in this instance, regulations 12; 15 and 18)¹.

The CQC uses the information it holds about a service to plan what it looks at in an inspection. The CQC would not always look in detail at staff training in the use of a specific piece of equipment. However, if the CQC had received information which suggests concerns in this area, or its observations on inspection indicate an issue with staff training, the CQC would follow this up, speaking with staff and the registered manager, as well as sampling training records. Should the CQC identify shortfalls, it would apply its normal decision-making processes to determine the appropriate regulatory or enforcement response. This would depend on the circumstances and the seriousness of the concerns.

¹ [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2008/30/section/12)

I am advised that the CQC conducted an inspection of Chilton Meadows Care Home in March 2021, the report of which is published on the CQC's website². The Care Home was rated 'Inadequate' and is now in special measures, being monitored closely by the CQC to ensure improvements are made or that the appropriate regulatory action is taken if this is not the case.

In relation to your concern about the point at which an assessment of nursing care needs should be made, it may be helpful to note that how and when a person should be assessed for NHS-Funded Nursing Care and NHS Continuing Healthcare is explained in the National Framework³, published in 2018. It is the responsibility of the relevant clinical commissioning group (CCG) to ensure that an assessment for NHS-Funded Nursing Care is carried out where it appears that a person may have a need for nursing care and that eligibility for NHS Continuing Healthcare is considered prior to any decision on eligibility for NHS-Funded Nursing Care.

NHS-Funded Nursing Care is the funding provided by the NHS to nursing homes to support the provision of nursing care for those assessed as eligible. An individual is eligible for NHS-Funded Nursing Care if they have been assessed and it has been determined that they have a need for care from a registered nurse, and that their overall needs would be most appropriately met in a care home with nursing.

CCGs should work closely with their local partners and develop agreed protocols so that individuals can be referred via the appropriate local process to arrange for an assessment of needs for health and social care to be undertaken.

The East Suffolk and North Essex NHS Foundation Trust has advised that the prescribing of specialist equipment, such as pressure relieving devices, would not normally trigger the need for a nursing needs assessment as this equipment is commonplace in community and residential care settings. Community nurses visiting patients would check at each visit the appropriateness and use of the equipment and if concerned, would make a safeguarding referral. A nursing needs assessment is more likely to be triggered by other factors such as a significant deterioration in the patient's condition or complex care needs.

The *NHS Continuing Healthcare Checklist*, published in 2018⁴, is a tool which can be used to help identify individuals who may require a full assessment of eligibility for NHS Continuing Healthcare.

You explain in your report that district nurses did not attend the Chiltern Meadows Care Home on a daily basis and because of measures relating to the Covid-19 pandemic, consultations were sometimes conducted online. You may wish to note that the *Framework for Enhanced Health in Care Homes*⁵ is used as guidance for visiting professionals. This means that a clinical decision will have been made regarding the

² [Chilton Meadows Care Home \(cqc.org.uk\)](https://www.cqc.org.uk)

³ [National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

⁴ [NHS continuing healthcare checklist - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁵ [the-framework-for-enhanced-health-in-care-homes-v2-0.pdf \(england.nhs.uk\)](https://www.england.nhs.uk)

frequency of in-person visits to Mr Stannard. There is nothing in the *Enhanced Health in Care Homes Framework* that would restrict visiting healthcare professionals, including district nurses, from undertaking important appointments in care homes.

On 1 May 2020, NHSEI wrote to all CCGs, GPs, and community services providers requesting that clinical support for care homes be put in place as a priority, including the delivery of weekly 'check ins' and the establishment of a named clinical lead for each care home. The latest NHS clinical support offer was outlined in the *Adult Social Care Winter Plan* on 18 September 2020⁶. Throughout the pandemic, the NHS has extended support to the social care sector and ensured close working across health and social care.

The support offer includes, but is not limited to, support for care homes and social care through primary care and community services and the rollout of the Enhanced Health in Care Homes model⁷, which includes professional leadership and expert advice on infection prevention and control where needed, and testing before discharge from hospital to a care home.

The Enhanced Health in Care Homes service requires Primary Care Networks to be aligned with care homes in their area, with care homes having a named clinical lead and, from 1 October 2020: to deliver a weekly home round for care home residents prioritised for review; make use of multidisciplinary teams to develop and refresh personalised care and support plans; and, support a patient's discharge from hospital and transfers of care between settings.

Finally, it is vitally important that local organisations and system-level leaders reflect carefully on, and take learnings from, the circumstances of deaths related to the Covid-19 pandemic, such as that of Mr Stannard, and I am grateful to you for bringing these concerns to my attention. It is right that there is an active and continuous process of learning, adapting and responding to the challenges of the Covid-19 pandemic and you will know that the Prime Minister has announced that there will be a full statutory inquiry into the Government's response to the Covid-19 pandemic, beginning in Spring 2022, to identify national learnings.

I hope this response is helpful.



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⁶ [Adult social care: our COVID-19 winter plan 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/adult-social-care-our-covid-19-winter-plan-2020-to-2021)

⁷ [NHS England » Enhanced Health in Care Homes Framework](https://www.nhs.uk/england/enhanced-health-in-care-homes-framework)