



The voice of technology
enabled care

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HM Assistant Coroner Sarah Bourke
Inner North London
Poplar Coroner's Court
127 Poplar High Street
London
E14 OAE

Date: 4th December 2022

Ref: Mr Reginald Cauthery – Regulation 28 Report to Prevent Future Deaths.

Dear Ms Bourke,

I am writing in response to the above Regulation 28 Report to Prevent Future Deaths, where you have asked the TEC Services Association C.I.C. (TSA) to provide details of action taken, or proposed to be taken, following the sad death of Mr Cauthery.

About the TSA

TSA is the industry body that works to drive the transformation of the TEC sector through strengthening Partnerships, Data and People, whilst recognising and responding to demand, scope and opportunities in Technology Enabled Care.

We endeavour to ensure the Quality and safety of TEC by setting and developing standards and providing independent and trusted audit and certification, which is managed by our wholly owned subsidiary company, TEC Quality Ltd, a United Kingdom Accreditation Service (UKAS) accredited certification body.

We provide support and knowledge-share to members looking to improve the delivery of TEC services, grow their business or strengthen their impact on the TEC sector.

Introduction

I have read and noted the circumstances and the points you have highlighted regarding the incident provided in your report and requested that TEC Quality Ltd (mentioned above) investigate this matter,

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in their capacity as our quality and safety standards body. This investigation was necessary, to fully understand the circumstances of the incident and to take the views of the main parties involved in the incident into account before we were able to make recommendations on actions to be taken.

The organisations we were able to discuss the case with were:

- London Fire Brigade (LFB)
- Millbrook Healthcare (MH)
- Appello Monitoring (AM)

It has not been possible to arrange discussions with the other parties listed in your report.

The details of these discussions that took place are documented below:


Discussion with London Fire Brigade

TSA and TEC Quality have had a working relationship with the National Fire Chiefs Council (NFCC) for many years and already work collaboratively with them. The same can be said for TSA and LFB and clearly, we will continue this relationship.

With regard to this particular incident, TEC Quality met with two representatives from LFB, who were responsible for investigating fire deaths in the London Boroughs and one member of staff who has knowledge of TEC.

This discussion highlighted the following:

- LFB confirmed that the TEC solution provided, consisted of an alarm unit and pendant trigger and that no linked smoke detection had been provided.
- There had been at least two incidents where LFB had been required to intervene at Mr Cautherys home and a Safeguarding referral was also made.
- As a result of the incidents, LFB did conduct home fire safety assessments, which noted that Mr Cautherys mobility had become limited and installed battery-operated smoke detection because of the incidents. However, these were stand-alone detectors and not linked to a monitoring centre.
- In addition, they recommended fire retardant bedding.
- In this instance, the only point of referral has been to LBH.
- Often, LFB does not know which TEC services are contracted to provide the TEC services in the areas they cover; therefore, it is unclear to whom these types of incidents should be reported, other than the local authority Adult Social Care service.
- During the discussion we pointed out to LFB, that following an incident like this, Fire Services utilise “Fire Industry Experts” to provide independent advice. However, TSA are never informed



of such incidents and we believe that where TEC is involved and potentially contributed to a death, or injury that TSA should be advised, so that we can investigate the circumstances from a TEC perspective.

We also advised LFB of an initiative we are currently working on with Ambulance Services, where we have developed a national call-handling Pathway Decision Support Tool, which will provide consistency and guidance for TEC operators, to determine the correct health response for their service users, should this be Ambulance, Urgent Community Response (UCR), or other NHS pathway. Colleagues from LFB thought this was a good idea and said they would be supportive of a similar approach for Fire Services.


All parties on the call felt that the meeting had been beneficial and have committed to further, regular meetings every quarter, to help with liaison and support to try to eliminate similar occurrences.

Discussion with Millbrook Healthcare (MH)

With any TEC installation, the solution must be reviewed at least annually, to ensure that it still meets the service users' needs, which may have declined since the first installation.

TEC Quality met with three members of staff from MH, who included the Head of Governance and two managers from the TEC team. The following main points were noted from these discussions:

- MH had conducted the original assessment for TEC for Mr Cauthery, but at the time, he was able-bodied and assessed as having the ability to leave the property unaided in the event of a fire. It was assessed that he would also understand what actions needed to be taken, in the event of a fire being discovered. Therefore, he was assessed as not requiring any form of linked fire detection.
- Since the original assessment, it would appear that Mr Cauthery's condition deteriorated to such an extent, that he became bedbound.
- MH confirmed that the contract with Hackney did not include any reassessment and therefore there were no opportunities for them to revise the TEC solution provided to Mr Cauthery.
- MH also confirmed they had not been informed of the incidents reported by LFB.
- At the time of the incident, MH did not conduct the "Monitoring" element of the contract and this was in transition to their monitoring centre. Under these circumstances, alarm units need to be reprogrammed to alert the new centre in the event of an alarm, but MH stated they had been unable to contact Mr Cauthery, to conduct the reprogramming exercise. MH advised that the monitoring company at the time of the incident was Appello Monitoring (AM). TEC Quality contacted Appello and the details of the discussion with them can be seen in the next section.

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- MH stated that they have since written to LBH, to offer their Occupational Therapy services to conduct reassessments of the TEC customers, if LBH is unable to conduct them.
 - MH confirmed that they had no contact with Best Choice Global Limited, who provided direct care for Mr Cauthery.

Discussion with Appello Monitoring

Your report indicated that there was a six-minute delay from the alarm unit is activated until a response was made by an operator at AM. A meeting was requested with AM, to understand the circumstances of the call and to ascertain if there had been an inordinate delay in response.

At the meeting, we discussed an investigation that had already taken place into the circumstances of the call. These are summarised below:

- An alarm call was received at AM which had been triggered by the pendant and not a smoke detector, as has already been established.
- The operator found it difficult to establish clear communication with Mr Cauthery and made several attempts to ascertain the circumstances of the call.
- They tried to contact the resident on their mobile phone to see if this was any clearer, but could not get the resident to answer.
- Trying to make contact the operator thought they heard the resident saying, “I am boiling”, but did not associate this with a possible fire. This was repeated several times.
- The operator also tried to contact the nominated contacts for Mr Cauthery, but without success.
- When we asked, AM advised that an alarm could be heard in the background, but the operator could not be certain that this was from a smoke detector, or another form of alarm, such as a burglar alarm, or car alarm. This is a similar statement to that of the neighbour, who thought it was a car alarm that had been activated.
- Upon trying all avenues available to them, the operator contacted the Ambulance service and requested attendance, surmising that this was a medical emergency, rather than a fire.
- The Ambulance Service then confirmed that they had already been contacted by another source and that the Fire Service were also en route to the property, due to the fire.

We discussed learning opportunities with AM, who agreed that in hindsight and considering that an alarm could be heard and with the resident’s comments, a better response for Mr Cauthery may have been to contact the fire service, rather than the ambulance.



AM are now amending their procedures for operators, to say that if future calls are received, where an alarm can be heard in the background and there is no clear information from the resident, or a carer on-site, that the noise is from something other than a smoke alarm, they are to contact the fire service immediately.

Conclusions

From the details of your report and the discussions we have had with service providers involved in the service delivery for Mr Cauthery, I can make the following conclusions:

- The TEC solution installed was functioning and the trigger device was being worn, evidenced by the trigger alarm received by the alarm receiving centre.
- No reassessment of the TEC requirements was conducted following the incidents reported by LFB and it is possible that none were conducted since the first installation.
- His carers recommended that Mr Cauthery needed to be supervised at night, but Mr Cauthery did not agree.
- As you have pointed out in your report, despite indicators and opportunities to install linked smoked detection, these opportunities were missed.
- LFB identified in their investigation that this was a smouldering fire, which would have generated smoke for some time. It is likely that if linked smoke detection had been installed, this could have enabled a much quicker response by the alarm receiving centre in alerting the fire situation to LFB.
- There was little and possibly no communication between the various agencies as a collective who had a role to play in the solution provided to Mr Cauthery.
- Each agency appears to have been working in accordance with its own individual contractual requirements, but not as a collective of care. I consider that depending on the contractual relationships, this should have been coordinated by LBH as the commissioner of the TEC service and is likely to have assisted in determining the care provision prescribed.

TSA Comments and Actions

On this occasion and from our discussions, we could not see any evidence that the TEC services involved, were at fault in any specific way, but we do feel that the disjointed way of working between agencies is a significant factor in this case. However, we do believe that lessons can be learnt.

TSA already has a set of standards called the Quality Standards Framework (QSF), which we audit service providers against, utilising our Certification Body, TEC Quality Limited. This framework is designed to ensure that these kinds of errors are minimised. We try to encourage commissioners to



specify the QSF in tenders and that procurement bodies do the same. However, this is not a mandatory scheme for the sector and is voluntary in nature.

The QSF modules cover assessment and reassessment and our auditors check that processes are in place to ensure that service providers conduct risk assessments and re-evaluate service user needs, especially after any incidents.

Commissioners need to understand that the assessment of the need for TEC is an iterative process and needs the correct level of funding and service provision. This is an important element of any TEC solution.

TSA will continue to promote that the QSF is cited by commissioners and will continue to ongoing work to raise the profile of the QSF and why it is so important that these standards are followed and to minimise the risk of incidents such as Mr Cauthery happening in the future.

In addition, TSA represents the TEC sector on British Standards Institute (BSI) working committees, to develop standards in public safety in TEC. We are currently working on a new British Standard with one of these committees, which will be called “*BS 8684 - Technology enabled care – Assessment of user needs and risks, system design, installation and maintenance – Code of practice*” and is aimed to specifically reduce the risks identified in this case. This development work will likely continue into 2023, but when it is complete, we will also be implementing this requirement within our QSF, which our auditors will then audit against to ensure it is implemented by certified TEC installation companies. This inclusion will most likely be achieved in our programmed review in September of next year.

There is also an existing British Standard called, “*BS 5839: Fire Detection and Fire Alarm Systems for Buildings*” which we quote as a normative reference within the QSF, to ensure that appropriate smoke/fire detection is assessed for and installed and in line with the fire risk assessment.

As mentioned earlier in this response, TEC Quality will now arrange for quarterly meetings with LFB, so that incidents are made known and so that we can support the investigation, to advise on corrective and preventative action. The collaboration with NFCC will also continue as a standing arrangement.

As stated in the discussion with AM, they are amending their operational procedures should alarms be heard in the background of a call, but we will also be issuing guidance to the same effect for all our certified monitoring organisations. This guidance will be issued by the end of November this year.

Once our work on the Ambulance Pathway Decision Support Tool is complete, we will commence work on a similar tool for Fire Call Handling, with the support of NFCC and LFB if they are willing to do so. It must be recognised that it is likely that such a tool would not be available for use by service providers

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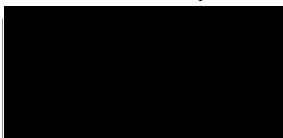
until 2024. This is because of the development requirements, testing, training, evaluation and documentation development that will be required for such a project, which is our experience with the Ambulance tool.

The Pathway Decision Support Tool forms part of our national work with NHS leaders, where TEC Responders are now a pivotal part of the NHS Going Further for Winter plans. NHS chief executive Amanda Pritchard has written to all Integrated Care Boards (ICBs) urging them to commission QSF-certified TEC Responder Services to work with Urgent Community Response teams and free up around 55,000 ambulance trips each year.

A similar initiative to that of the NHS, driven by Coroners like yourself, Directors of Adult Social Care and the Home Office, needs to demand that TEC Services are verified for quality and safety through audit and the endorsement of the TSA Quality Standards Framework. This will help to avoid similar situations to that of Mr Cauthery.

I hope this demonstrates that we are doing all we can to learn and change behaviours following such sad incidents, and that you can also help us. If you require further information, please do not hesitate to contact me.

Yours faithfully,



Chief Executive Officer

TEC Services Association C.I.C.