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26 March 2024

Care Quality Commission

Dear HM Coroner Sean Horstead

CQC response to prevention of future death report Michael Brian Waite

Thank you for naming the Care Quality Commission (CQC) as a respondent in the prevention of future death report issued following the death of Michael Brian Waite on 19 August 2022.

The CQC is the independent regulator of health and social care in England. We gather and analyse data from people who use services, providers, and our system partners and stakeholders to help us to monitor the quality of care and to be more targeted with what we look at during our inspections. This forms the basis of our intelligence-driven approach to inspection. We take enforcement action if providers are not meeting the regulations. We encourage all services to improve, whatever their level of performance.

The relevant regulation concerning this matter is the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 18: staffing.

The intention of this regulation is to make sure that providers deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements described in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. To meet the regulation, providers must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times and the other regulatory requirements set out in this part of the above regulations. Staff must receive the

support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities. They should be supported to obtain further qualifications and provide evidence, where required, to the appropriate regulator to show that they meet the professional standards needed to continue to practise.

Following receipt of your prevention of future deaths report, the CQC commenced a responsive assessment to assess the service on training and learning culture; and on 27 February 2024, requested that the provider forward details on the actions taken since Mr. Waite's death, including the investigation report and lessons learnt by the provider in their effort to reduce the risk of a similar incident occurring. We also requested information on any additional actions the provider intended to take, in response to the prevention of future death report (including clear timescales).

On 11 March 2024, the provider submitted copies of the accident and incident reporting form and investigation review report produced following Mr. Waite's death. We also received associated care plan and staff training documentation. On 19 March 2024, we met with the provider to discuss this submission and to identity any proposed additional actions in response to your prevention of future death report.

The above took place to enable us to respond to the concerns raised in your Regulation 28 prevention of future deaths report and to make an assessment as to whether we needed to take further action. We deal with each of your concerns as follows:

1. Although the support worker involved in this case had received Basic Life Support training, the evidence of senior witnesses for Peabody, including the Assistant Head of Service and the Director of Care, confirmed that there is presently no requirement for Support Workers, employed by Peabody to provide 24-hour solo support to clients in supported living accommodation, to undergo certificated First Aid Training including Basic Life Support training, prior to assuming their role.

The provider has confirmed that their protocols have now been revised; such that enhanced emergency first aid training (incorporating basic life support) is now a mandatory part of training for all new support workers. The provider has also confirmed they are in the process of ensuring that all existing support workers complete this enhanced training within 12 months.

2. Whilst it is recognised that residents in supported living accommodation have varying capabilities and varying abilities to care for themselves, as in this case, many will require help and support and, as such, will have varying - including significant - degrees of vulnerability. In my view, for those who are solo providers of support in such circumstances (i.e. are working alone in providing the support required) to not have received formal, certificated First Aid training, including Basic Life Support training, prior to assuming their duties gives rise to the risk of future deaths.

The provider has confirmed that protocols have now been revised so that no support worker across the organisation is allowed to lone work without having undertaken enhanced training (comprised of emergency first aid and basic life support training).

However, as highlighted above, we have been advised that the entire existing support worker workforce will not have completed their enhanced training for 12 months. This risk is partially mitigated by a new provider requirement that, where support workers are working together, one must have completed enhanced training.

To conclude, Peabody have mitigated the risk of future occurrence by ensuring enhanced emergency first aid training is available to all new and existing staff. Whilst existing staff are trained, Peabody are ensuring that there will be appropriately trained personnel on every shift.

Since 1 April 2015 CQC has assumed enforcement responsibility for health and safety incidents where patients and service users have died or sustained avoidable harm or have been exposed to a significant risk of avoidable harm as a result of a failure by the registered person to provide safe care or treatment. As a result of the information you have shared in this case, CQC will be considering Mr Waite's case under this framework.

Yours Sincerely,



Interim Operations Manager