Care Quality Commission
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H.M.Senior Coroner
Mr Graeme Irvine
East London Coroner's Court
Queens Road
Walthamstow
E17 8QP

By email: [redacted]

31 May 2024

Care Quality Commission
Our Reference: [redacted]

Dear H.M. Senior Coroner Graeme Irvine,

CQC response to prevention of future deaths report in respect of Mr Sydney Piper

Thank you for naming the Care Quality Commission (CQC) as a respondent to the above report. I apologise again for the delay responding, caused by reorganisation within CQC, and I'm grateful to you for allowing an extension to the deadline for response.

At CQC, we make sure that health and care services in England provide people with safe, effective and high-quality care.

I note from section 5 of the report that your concerns are as follows:

1. **The support worker who accompanied Mr Piper on the day of his disappearance claimed that she did not constantly supervise Mr Piper as alternatively; she did not wish to crowd him, she was allergic to cigarette smoke, and finally that she needed to rest her legs. The witness accepted that she had neither read Mr Piper's support plan, nor the relevant policies and procedures relevant to her duties that day.**

I am concerned that there is no clear evidence before me that the risk of a similar incident of inadequate supervision of a vulnerable person has been effectively mitigated.

2. **Mr Piper's death was the latest in a series of deaths investigated by this court in which homeless persons have died in tents and encampments in wooded areas along the A406 and the periphery of Epping Forest due to high risk behaviours including, but not limited to, crush injuries, fire, third party assaults and drug misuse. The monitoring and policing of such encampments is, in the view of the court, lacking which increases the risk of fatal harm.**

Regarding the first concern, Mr Piper was resident at Waterside Lodge Recovery Centre, a care home run by Outlook Care. Outlook Care are registered with CQC to provide the regulated activity of 'Accommodation for persons who require nursing or personal care'. We last inspected Waterside Lodge Recovery Centre in December 2019, rating it as Good under our five domains of Safe, Effective, Caring, Responsive and Well-led. Outlook Care closed Waterside Lodge Recovery Centre on 31 March 2023.

We have reviewed whether there has been a failure by Outlook Care or the Registered Manager for Waterside Lodge (Registered Persons), to provide Mr Piper with safe care and treatment causing Mr Piper avoidable harm. CQC does not have the power to take enforcement action against individuals who are not Registered Persons, except in circumstances where individual directors or members may be held individually liable for the commission of the offence by a registered provider that is a body corporate or unincorporated association, under sections 91 or 92 of the Health and Social Care Act 2008. Those circumstances do not arise in this case. On reviewing the available evidence, we do not find that there are grounds to proceed with a criminal investigation against a Registered Person.

We have reviewed the information we hold regarding Waterside Lodge Recovery Centre and asked Outlook Care to provide us with a copy of their response to H.M Senior Coroner. We note that although Outlook Care are not able to take action at Waterside Lodge due to its closure, they have committed to changes across their remaining nine locations to prevent such a sad event as this happening again. The changes include review of missing person policy, training for staff, additional risk assessments for supporting people using the service in the community and spot checks on one to one community visit support. We further note that the majority of these changes are due to be completed by the end of June 2024. Working with the CQC team covering the area where Outlook Care's head office is located, we will request and review evidence of completion of these actions to ensure this has taken place. As part of CQC's ongoing monitoring of registered providers, we will seek further evidence from Outlook Care to assure ourselves that all the changes made have been embedded into their ways of working.

With reference to the report's second area of concern, while CQC shares this concern, I note that the Metropolitan Police Service are also a named respondent and trust that they will be best placed to address this.

I hope the above assures H.M. Senior Coroner that CQC are monitoring Outlook Care to ensure that appropriate action has been taken to prevent future deaths.

Yours sincerely,

[redacted]

[redacted]
Deputy Director, London and East of England