

[REDACTED]  
Personal Assistant to Senior Coroner  
Supporting Communities  
London N1C 4AG

1<sup>st</sup> May 2024

## **Prevention of future death report following inquest into the death of Rose Hollingworth**

Dear Sir,

Following the recently issued Regulation 28 Report to Prevent Future Deaths Rose Mary Hollingworth (Died 04/01/2022) on the 8<sup>th</sup> of March 2024, I write to the Coroner with actions taken to reduce the risk of a similar incident occurring.

For ease of reference, I have outlined the matters highlighted in the prevention of future death report and our responses:

### **A. The carer should have conducted a proper welfare check on her first care visit**

The carer IE did call the office in the morning to report she had met the client asleep in bed. At that time, she believed the client was having a lie-in as she was snoring. The carer has stated that if she had not heard her snoring, it may have prompted her to check further and elicited a response from the client. The sound of snoring understandably re-assured the carer IE that the client was sleeping. Carer IE did not at that point think there was anything wrong as she was aware that the client had complained before of poor sleep during the nights and not getting enough sleep. She followed protocol by calling the office to report this as she met the client asleep at her first visit. Her intention was that when she

returned for the lunch visit, she would support the client with any tasks required that the client had been unable to do, knowing that the client was fairly independent with her care.

- We now have a **sleeping protocol** in place which is discussed at the induction and the 2-day additional orientation training and initial face to face supervision, the latter, which normally happens within 2 weeks of care staff starting work. Regular supervisions follow which takes place every 3 months. The sleeping protocol is a protocol to be followed by all staff when they meet a client asleep. It covers a set of instructions to follow to ascertain that the client is gently woken up to establish that they are well and responsive.
- We have also created a Good Guidance brochure highlighting the Sleeping protocol and what to do in an emergency. This brochure has been circulated to all staff and is signed and dated to evidence their understanding of care practices highlighted.
- These matters are also discussed at their performance reviews and checked against their care note audits or if we are notified of a no reply.
- Care workers are constantly reminded by way of communication on platforms, memos, newsletters, supervisions and spot checks to always call emergency services first and not leave the client alone.
- Carers are also knowledge checked of their understanding of the sleeping protocol when spot checks and supervisions take place.
- Field care supervisors take the time to explain the sleeping protocol to new clients at initial assessments and at ongoing client reviews. If a client refuses for HomeDot Care to carry out the sleeping protocol, we will then in turn inform the local authority and seek further guidance.

**Timeline: Implemented January 2022**

**B. The carer should have been concerned that RH was not up and waiting for the arrival of her carer as she normally would have been.**

Carer in her defence had said that because Rose Hollingworth had complained of not sleeping well at nights, she did not think it alarming to find her still asleep as she had assumed she was still sleeping and as the client was making a snoring noise, she thought she was in a deep sleep.

- However, since that incident we have implemented the **sleeping protocol and insisted that they gently wake the client if they find them asleep on arrival and ascertain that they are alive and responsive.**
- This is frequently discussed during training, supervisions and spot checks.
- Carers are trained to spot changes in client's usual routines and follow the above process.
- As management we are re-assured that this is actually being carried out by our staff as we had a similar incident for another client named RH who sadly passed away. Care worker found him 'asleep' and carried out the sleeping protocol and the emergency contact procedure.

**Timeline: Implemented January 2022**

**C. The carer should have checked Rose Hollingworth's catheter bag which was later found to have 1-2 days of urine**

Rose Hollingworth was independent managing her catheter care and catheter care management was not a task on the support plan meaning that it wasn't a responsibility for the carers to do. That said, one can see reading the care notes that when carers visited and sometimes observed that the bag needed to be emptied, they assisted her with this. This belies the care assessment that Rose was able to manage her day-to-day catheter care (emptying the bag) independently.

The care notes available indicate that the catheter bag was checked the day before the serious incident.

That said, we have taken learning from this incident and the following has been put in place:

- If the client is managing their own catheter care (and not part of the support plan) care workers are still trained and instructed to observe and report any concerns such as client not managing properly and we in turn can then escalate this to Social Services or make a GP referral if this could turn medical
- Carers now receive specialist training on catheter management to indicate smell, colour, volume output and any other concerns that may be picked up. They are also trained to empty and change bags. This is a practical one to one in-house training which sits alongside their Care skills theoretical catheter training.
- We have a dedicated monitoring team who have the list of all clients with catheter care and who check the care notes and flag to the internal office team if the above parameters are not being met / reported.
- This is further discussed at supervisions and knowledge checked at spot-checks by field care supervisors who provide further guidance if needed.

- If concerns are picked, the care worker is referred to the in-house trainer to re-train them on the field.

### **Timeline: Implemented April 2022**

#### **D. The care worker should have made sure that RH took her medication**

The medication task on the support plan for Rose Hollingworth was prompt and albeit the carer IE was not using recording involvement correctly, there is no evidence of medication backing up or not being taken. None of the other care workers attending to this client noticed medication being left or not given. The field care supervisor visited on at least 2 occasions and did not see any evidence of medication being backed up.

This said, the following practices have been further re-iterated and are being monitored:

- We ensure that carers undertake full medication training and this is done in a variety of ways through their Care Certificate, Induction training, Orientation training and medication competency in the field. This is then followed at a later stage with their attendance at a refresher medication clinic to ensure that they are following good medication care practices
- The carer is also trained to know the difference between medication prompt and medication administration and act accordingly

- Our ECM Team monitor the care notes to ensure that carers use the appropriate medication terms so that it isn't conflicting with the original medication task
- There is prompt monitoring by a dedicated field care supervisor of all medication alerts and checking for changes, discrepancies or missed medication.
- We also undertake medication audits every 6 months.
- Carers are trained and instructed to always record their medication prompt and administration activities on their app which will provide evidence that they have undertaken this task
- Any concerns picked up on a daily basis are shared with the DN, GP, pharmacist

**Timeline: Implemented February 2022**

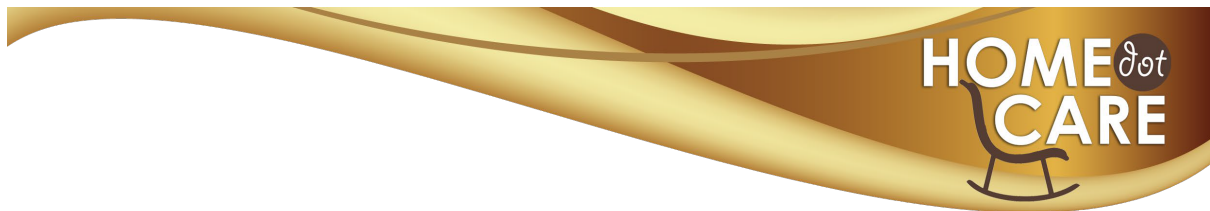
**E. The care worker should not have been told by HomeDot Care when she called to leave Rose Hollingworth and return at lunch time**

The out of hours officer had advised the carer to leave as it was known that Rose Hollingworth did not like early morning care visits and had trouble sleeping at nights and sometimes liked to have a lie-in. Carer had communicated she was asleep and snoring, so the assumption was made that she was asleep. There have been clients who would like to have a lie-in as they have had a bad night of sleep and may not want on that occasion to have an early morning visit. If they had a follow-up visit in the day, we would ensure that tasks unable to be carried out for the morning visit would be undertaken later that day. This would apply to clients independent with their care. As an organisation we have taken lessons from this and the following is now in place:

- At the back of this incident, we have introduced the sleeping protocol which would mean that no assumptions are made based on someone's routine or observations.
- The sleeping protocol allows an effective process to be followed to ensure that when a client is met asleep in bed, that they are gently woken up to ascertain that they are well and responsive.
- We have re-trained our internal and out of hours team to adhere to that process when advising care workers who may call in regarding something similar
- We further re-iterate the importance of due diligence and safe practices by way of memos and newsletters

**Timeline: Implemented January 2022**





#### **F. The carer should have provided basic first aid at the scene**

At that time our care staff were not trained to give practical first aid and it would have been the expectation for them to call the emergency services which she did.

At the back of our CQC visit in November 2022 we did discuss this with our visiting CQC inspector and as part of her recommendation we have trained all staff in **Life Support with anaphylaxis and AED.**

This is a training that every member of staff has undertaken and is certified and is part of on-going recruitment training. We have a 100% compliance with care workers now trained up and certified and this training is done before they start work.

We also check in to see if they are confident and if need be, we re-enrol them for them additional training.

**Timeline: Implemented November 2022**



**G. The carer assigned on the 3<sup>rd</sup> of January 2022 was a Somalian speaking care worker who required a Somalian translator in order for her to give evidence raising concerns that the carer lacked the ability to properly and safely communicate with Rose Hollingworth in English when attending to her care needs**

During the recruitment process and during the time she worked at HomeDot Care, the carer IE was able to communicate and understand information in English shared between the care agency and herself. All staff communicated with her in English and her standard was a reasonable to good level and therefore there were no concerns about her ability to communicate in English to clients.

The care coordinator has in her statement testified that on the two occasions she spoke to RH, the latter was complimentary about her carer IE and the service provided and raised no concerns about a language barrier.

The carer has always stated that due to it being a coroner's court hearing and legal proceedings, she felt more comfortable having an interpreter to fully understand the **nuances** of proceedings as English is not her first language.

As an equal opportunities and non-discriminatory employer, we as an organisation recruit staff from various backgrounds and ethnicities who also represent our clientele base as long as they speak reasonable to good English and can make themselves understood.

**Coroners Concerns:**

**There was a failure to provide suitably trained, experienced and competent carers for a vulnerable person depending on the package of care**

Carer IE was the care worker primarily involved with RH. We have indicated our view that training was given in accordance with our policies

at the time and were given to understand that IE had previous care experience.

As a standard ongoing practice, we now ensure that our recruitment and training process covers the following:

- Care Certificate training that needs to be completed before the induction training
- 2 full days of Orientation training which covers in-depth care operational practices, care systems, practical medication demonstration, future safety catheter care, emergency procedures, pressure sores, etc.
- 2 full days induction training
- 1 full day manual handling and First aid training with anaphylaxis and AEB
- 3 to 5 days shadowing based on experience with a senior care worker
- 1 day with a field care supervisor with feedback given to management and completion of shadowing certificate checklist, medication competency and an eventual sign-off to evidence community care competency
- This is followed by a face-to-face supervision within 2 to 3 weeks of start of work to discuss how confident they feel working in the community and above training and support received to date
- They attend a refresher medication clinic to ensure that good practices are being followed
- We provide specialist training for our staff such as Stoma Care and Tracheostomy, Epilepsy with Buccal administration, Peg Feeding, Mental Health, Mental Health First Aider, Learning Disabilities and Autism, Oral Suctioning and Dysphagia, etc.

## Timeline: Implemented April 2022

### H. There was a failure to properly supervise and manage the carers

At the time of the incident, we were in the middle of the second Corona virus wave which resulted in quite a number of staff being off sick after testing positive including RH's care worker

This meant carer IE worked for 2 weeks with the client and then went off sick to start with her again on the 3<sup>rd</sup> of January 2022 when this serious incident took place.

The following is now in place:

- 1<sup>st</sup> initial supervision 2 weeks within commencing the role

Monitoring of the carers now comprises of the following checks:

- Daily monitoring by a dedicated ECM Team to check accurate log-ins using NFC for geo-fencing
- Checking quality of care notes by using a care worker compliance audit form covering task completion tasks such:

**(visit duration, personal care, catheter management, medication, pressure sore, food preparation, leaving arrangements, etc)**

- Carers have approximately 2 weeks plus of training and are signed off before they are signed off to work in the community

- Ongoing and on demand in-house training such as 121 medication training, catheter care training
- When concerns are up by the ECM Team / Care Coordinators / clients feedback / Nok / Field Care supervisors, we carry out a response to Concern meeting and agree improvement actions to discuss / advise and check if re-training is required

**Timeline: Implemented April 2022**

**I. The care and support plan was not properly completed and contained significant errors**

We have not been made aware that there were significant errors with the care assessment completed by HomeDot Care and are not sure if the above is in reference to HomeDot Care's care assessment. However, we have continued to improve upon the care assessment planning process and we have done this by:

- Re-training of our field care supervisors to undertake more in-depth person-centred care assessments to capture any gaps that may not have been covered within the original support plan received by the local authority
- Specialist risk assessments once complex needs are identified such as clients with choking risks, breathing issues, Parkinsons, diabetes, epilepsy, etc.
- If and when we identify any additional needs or support required, we feed then back to the local authority requesting an updated support plan

**Timeline: Implemented February 2022**

**J. There was a failure to properly monitor, review and manage and check the performance of the care agency**

Whilst this is directed towards the CQC and Islington, it is to be noted that there was a challenge presented with on-site visits due to the pandemic and being in the second wave when this serious incident happened.

At the back of this incident, we have since had Islington Social Services carry out 2 comprehensive inspections, one in May 2022 and again in June 2023 with the next due later this summer of 2024.

We also have had a CQC inspection in November 2023 for which we were rated overall Good and all above concerns were looked into and addressed with lessons learnt shared.

As an organisation, we are committed to continuous improvement in providing safe and effective services and have committed to having annual Mock Inspections with a care consultancy company.

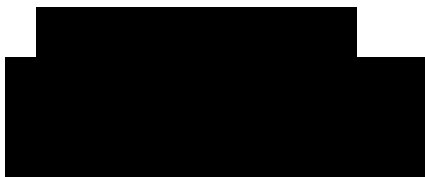
As part of our on-going governance review, we have introduced further improvement actions within the organisation which include and are not limited to:

- Internal and community staff being made clear on job roles and areas of responsibilities to effectively and safely carry out their roles
- Fully transitioning to electronic care recording systems and subsequent day to day monitoring of this
- Regular reviewing of policies and processes
- Expanding on our training offer

- Dedicated team of officers for monitoring purposes
- Ongoing sharing of lessons learnt and reviewing CQC serious incidents (for further learning and improvement actions)
- Widening our auditing scope
- Investing in annual mock inspections

We hope above actions demonstrate how serious we have taken the recommendations and have acted promptly and decisively to prevent a similar incident from happening again.

Sincere regards,



Registered Manager