

THE EVERGREEN SURGERY
26 High Street, Wanstead, London, E11 2AQ

Tel: [REDACTED]

Email: [REDACTED]

17 May 2024

Mr G Irvine
HM Senior Coroner
East London
Walthamstow Coroner's Court
Queens Road
Walthamstow
E17 8QP

Dear Mr Irvine,

Response to Regulation 28 Report following inquest into the death of Mark Wolfe Kinzley

We write to acknowledge receipt of the Regulation 28 report ('the Report') dated 26 March 2024 concerning the tragic death of Mr Mark Wolfe Kinzley. Firstly, we extend our deepest condolences to the family of Mr Kinzley. As a Surgery, we were shocked and saddened to learn of Mr Kinzley's death. His death has deeply affected us, and we are committed to learning to prevent such tragedies in the future.

Regarding the concerns outlined in the Report, we would like to provide the following clarifications and additional actions taken by the Surgery:

1. Appropriateness of the Nursing Home:

We acknowledge the concerns regarding the suitability of the nursing home for Mr Kinzley's needs. We understand that his care needs were assessed by the appropriate agencies and Mr Kinzley consented to the placement in Cambridge Nursing Home. We wish to clarify that the Surgery does not have authority over the placement decisions of individuals in nursing homes. Likewise, the Surgery would not be involved in the assessment of placement suitability.

On the 26 October 2023, one of our clinicians, [REDACTED], reviewed Mr Kinzley. Mr Kinzley declined any support from [REDACTED] at this time regarding his physical or mental health. After this consultation, [REDACTED] discussed with the care home nursing staff about considering whether Mr Kinzley's placement needed to be reviewed by the appropriate agencies.

We would like to take this opportunity to assure you that all our clinicians have appropriate safeguarding training and that the Surgery staff would raise safeguarding alerts if there were concerns about the care being provided by a care home.

2. Capacity Assessments:

We understand that this concern relates to Mr Kinzley not having a formal capacity assessment undertaken and documented and not having the appointment of an advocate.

Our clinical staff conducted multiple assessments of Mr Kinzley's capacity during his interactions with our Surgery. Capacity assessments are question and time specific. At the time of Mr Kinzley's assessments by our clinicians, he was deemed to have capacity. There are various decisions that Mr Kinzley made regarding his physical and mental health detailed in the medical record. We detail these below:

On 12 Jan 2023 consent was obtained from Mr Kinzley to refer him to the neurology service regarding his cerebellar ataxia. On 27 April 2023, Mr Kinzley consented to a referral to the 'first fit' (seizure) clinic. On 7 September 2023, the surgery received a request to complete a best interest decision to give Mr Kinzley the COVID-19 vaccination. This request was received as part of a request for authorisation for multiple residents of the home. One of our clinicians has commented in the medical record at the time that Mr Kinzley had previously refused this vaccination and that our clinician felt he had capacity to make decisions about this. Our clinician reviewed this with Mr Kinzley on 12 September 2023 and he then consented to receiving the COVID-19 and influenza vaccination.

Regarding his mental health, on the 16 March 2023, Mr Kinzley was assessed with regard to anxiety and agitation. He was offered medication and he declined this. Similarly, on the 1 August 2023, Mr Kinzley was assessed by [REDACTED] regarding erratic behaviour. It was felt that this behaviour could be related to anxiety. Mr Kinzley declined any medication for this. On the 26 October, he was calm but had shown erratic behaviour in the preceding days. Mr Kinzley declined any form of support from the Surgery. At the time of these consultations, there was no evidence that Mr Kinzley did not have capacity to make the decisions he did about his care.

We have noted that there is no documentation that a referral to mental health services was offered. We have reflected as a Surgery that it is important to document in the medical record all of the management options discussed with a patient.

At the Surgery's last consultation with Mr Kinzley, [REDACTED] was informed by the nursing staff (who are also capable of capacity assessments) that Mr Kinzley had capacity. During this consultation and assessment of Mr Kinzley, there was no indication that Mr Kinzley lacked capacity or needed further formal assessment of his capacity.

Independent of the Surgery assessments, Mr Kinzley had a Deprivation of Liberty safeguarding (DOLS) assessment (circa July 2023) after he was prescribed an emergency medication to be used if Mr Kinzley had a prolonged seizure. If he did have a seizure, by definition, he would not have capacity to make decisions about his care and this medication would be indicated in his best interest. It is our understanding that the DOLS assessment should include an assessment of capacity to make decisions. We remain unaware of this assessment outcome.

We do consider Mr Kinzley's past medical history to be significant and in future, we will endeavour to encourage patients to follow the medical advice whilst respecting their autonomy to make their own decisions. We recognise that Mr Kinzley was socially isolated despite living in a nursing home. We agree that support from a next of kin or advocate can often help patients make decisions about their own care. We have taken steps as a practice to identify and help patients who we identify as not having such support, which we explain in more detail later.

This case has been formally discussed with the whole clinical team at a surgery wide clinical governance meeting on the 23 April 2024. We have a weekly practice meeting as a forum to discuss cases and patient care. At the governance meeting we agreed that clinicians would bring any similar cases to the weekly meeting to discuss them with the wider team to support getting a collective opinion on the case. Individual cases could also be discussed at the monthly care home multidisciplinary team (MDT) meeting that the Surgery is a member of. The care home MDT is a meeting between local health agencies (GP, Geriatricians, Mental Health Services) and local care homes focusing on learning specific to care home patients care and also an opportunity to discuss individual cases.

We have also agreed that in any similar cases in future, we would formally document the capacity assessment. At our next practice Governance meeting (23 July 2024), we are providing an educational session to the whole clinical team on capacity assessments, with a particular focus on more complex capacity assessments.

3. Referral to Mental Health Services:

Whilst we recognise the importance of mental health assessments and referrals for individuals with a history of mental health issues, we emphasise that any referral to mental health services in this situation would have required Mr. Kinzley's consent. He was deemed to have capacity at the times he was assessed, and therefore any referral would have been contingent upon his willingness to consent to such services.

Following the inquest, our named clinician, Dr Barker, for the care home has made the care staff aware that the local mental health teams, also accept referrals from patients, carers, and other medical professionals, in addition to referrals from a GP. This may be appropriate for any future cases as it would allow the care home to make a referral without waiting for a GP assessment, such as patients with fluctuating capacity or emergency situations.

In our wider Surgery practice, we regularly share mental health crisis support details with a patient's next of kin or relative, provided we have the patient's consent. Since the inquest, we have updated our Surgery text message that we send to patients and their next of kin. Previously, it included information about talking therapy services and crisis support. Now, it offers more comprehensive details about the various mental health services available in Redbridge and how patients can access them. This updated message also serves as a readily accessible reference resource for clinicians when needed.

We would also like to take this opportunity to highlight the following further actions taken by our Surgery since the inquest:

- Any new registered patient that resides in a care home already has an initial formal comprehensive assessment by our clinician within a week of registration. We use the Comprehensive Geriatric Assessment (CGA) as a template for this. This is a holistic assessment of the health and wellbeing of an individual, with formulation of a care plan addressing any needs identified. We have agreed at the Surgery Governance meeting that all care home patients at this assessment would also be specifically assessed for social isolation. We have agreed that this would include identifying if they have a next of kin, relative or someone else they would like to be involved in their care. This will then be documented in their care plan. If there is concern around social isolation, more support could then be provided. The support can be tailored to the needs of the individual and this could include referral to befriending services (a support program that connects volunteers with individuals who are lonely or socially isolated) or more formal advocacy service.
- We have agreed that our Surgery's social prescriber could be more involved with our care home patients. We recognise that this may help to support patients in the future who are identified as being socially isolated. Our social prescriber has access to various support services including the befriending services mentioned above.
- We have contacted and arranged for VoiceAbility, who provide formal and more general advocacy services in Redbridge, to come and speak to the Surgery team about the services they offer and how they can help us with the care of our patients. VoiceAbility are running this training session for the Surgery on the 10 June 2024.
- Wider determinants of health – the wider determinants of health are a diverse range of social, economic, and environmental factors which influence people's mental and physical health. The surgery has recently started asking newly registered patients for information about this to support the care we provide them. We are looking to expand this to all our currently registered patients in the near future.
- We have asked that nursing staff at the nursing home provide the ABC behaviour chart to the clinician on the care home round if they have concerns about a patient's behaviour. The ABC behaviour chart is an observation tool that helps to detail and understand the causes of certain behaviours. It records what happened before, during and after episodes of particular behaviours. This will allow our

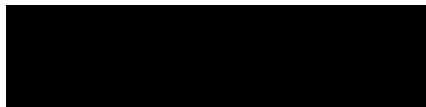
clinicians to have more detailed information about any behaviour allowing prompt assessment and appropriate intervention.

- We will be sharing this case and our learning with our Primary Care Network (the collection of 11 practices in Wanstead and Woodford) and care home multidisciplinary meeting (MDT) to support wider learning and discussion among healthcare professionals. The date of this is not yet confirmed but discussions are taking place with the appropriate individuals to facilitate this in the near future.

In conclusion, we would like to assure you that we take the concerns raised in the report seriously and are committed to patient safety and providing the best medical care to our patients.

Please do not hesitate to contact us if you require any further information or clarification about our response.

Yours sincerely,

A large black rectangular redaction box covering the signature of the sender.

 On behalf of the Partners

The Evergreen Surgery