WESTMORLAND HEALTHCARE LIMITED
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Dr Nicholas Shaw
HM Assistant Coroner for Cumbria
Fairfield
Station Road
Cockermouth
Cumbria
CA13 9PT

Case reference: [redacted] – Re Inquest touching the death of Mr James Reginald Capstick

26 September 2024

Dear Sir

Westmorland Court Nursing and Residential Home provides the following response to the Regulation 28 Prevention of Future Death Report issued by HM Assistant Coroner, Dr Nicholas Shaw.

As was identified within live evidence during the inquest, a number of improvements had taken place by the time of the inquest and since the sad death of Mr James Reginald ("Reg") Capstick. Improvements have been further and embedded in the intervening period between the Inquest conclusion and the date of this letter. This letter seeks to set out those improvements in care quality for the attention of the Coroner and provides a formal response to those concerns.

Quality Improvement Plan

One of the key components to the improvement in the quality of our care has been the use of the quality improvement programme. A Quality Improvement Plan ("QIP") was in place in conjunction with Lancashire South Cumbria ICB ("ICB") and Westmorland and Furness Council from 1 May 2024.

The QIP and ongoing monitoring process consisted of regular meetings with colleagues from the ICB and Westmorland and Furness County Council. The purpose of the meetings was to

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assess our improvements and compliance with the QIP, to obtain updates from quality colleagues including the CQC.

By way of update to the Coroner, the QIP identified that the following improvements/ actions were in place and ongoing at the meeting held on 24 July 2024. The meeting held on 23 September 2024, marked the conclusion of our meetings. The ICB and Westmorland and Furness Council recognised the significant improvements observed following their visit to the care home on September 3, 2024. Furthermore, they acknowledged the improvements in both the quality and content of the care plans. We are currently awaiting the minutes from this meeting.

- A new role of Deputy Manager was created to increase resilience, review of the workforce culture, and generally ensuring a high level of service within the home. The Deputy Manager also supports with ongoing governance, management and running of the Home. The Deputy Manager has been in post since the 30th of July 2024.

- An external consultant has been reviewing the Home's training matrix with the Registered Manager and recommended some adaptations including adding a clear training due date to ensure staff are pro-actively allocated to training courses on an ongoing basis. These recommendations have been accepted and completed.

- Health and safety audits have been completed independently and no asbestos or structural issues have been noted. Four staff have been enrolled on level 4 food hygiene. A COSSH folder is in place with an additional risk assessment and a legionella survey was completed last year with no concerns raised. Furthermore, fire risk assessments have been updated.

- The Registered Manager has enrolled staff with "Skills for Care" so they can attend further person-centred care planning training.

- There has been a change in the way care plans are being written, with the intention of making them more person centred, to ensure that members of care staff are able to better proactively consider health concerns or any deterioration in health.

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- A Home "Newsletter", WhatsApp group and Facebook pages are in place and working well to assist in smoother communication within the staff group and/ or dissemination of updated guidance/ policies; and/ or engaging family and friends to enhance communications between home and family/ friends; greater involvement of residents re person-centred care and celebrating their activities. The CQC has provided guidance regarding consent and the need for a social media policy which is ongoing.

- A family survey has been sent out and feedback has been obtained – please see further comments below about the positive feedback obtained and the compliments log.

- The Clinical Lead has enrolled and currently undertaking the NVQ Level 5 in Leadership and Management course.

- The Community Mental Health Team has provided challenging behaviour training to staff.

- There have been good improvements noted by the ICB following submission of the IPC audit.

- A range of environmental matters have been attended to: The dishwasher is now working and the fly zapper has been fixed; there are new stair and corridor carpets now in place which is further evidence of the comprehensive audits/ assessments of and actions taken to embed improvements into the home environment; a new fridge has been bought and is in place; work has been completed on the roof; more than 12 rooms and corridors are being updated; the top floor has been completely refurbished; some windows have been replaced; there has been the installation of 3 brand new boilers with one more to be changed; the Home's lift has been upgraded; a new fire alarm system is in place; and the staff room and some other areas of the Home have been refurbished.

- Two hourly UCR information is now discussed at staff handover to ensure staff confidence in utilising the service and that any changes in a person's health

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presentation is appropriately handed over to staff and that there is a continued drive to sustain and embed improvement to care quality.

- Provider led audit and checks are now being completed and clearly documented to ensure that there is suitable oversight in respect of care quality and to maintain ongoing provider assurance of good governance of the service.

Compliments log

The improvements in relation to care quality have been feedback to the Home by relatives and residents. A range of very positive comments are included within the compliments log from August/ September 2024 – please see attached document (**Appendix 1**).

Lessons learned

As a Home, we are keen to drive "lessons learned" improvements across our care quality and practice. Ongoing discussions have been taking place and have been had with all staff about the case and understandably the concerns outlined by the Coroner in relation to basic life support and accuracy of record keeping. All senior staff and registered nurses now have the appropriate training in place for basic life support.

DNAR's are now located on the inside front page of the resident files for ease of access, which they were not prior to regulation 28. All staff have access to a safety checklist which details which residents have DNAR's, allergies, cognitive impairments and other pivotal information.

Daily walk round audits are conducted which include testing staffs' knowledge of the ABCDE assessment process to competently assess a resident and identify whether a person is in cardiac arrest.

Monthly mattress audits are in place and staff now have increased awareness and understanding of the importance of checking the air-flow mattresses after each intervention for those that are using air-flow mattresses.

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We have implemented safety huddles with staff daily to improve resident safety and care. The safety huddles will improve situational awareness, create an environment where staff feel safe to raise concerns and integrate information to develop a comprehensive picture of the status of residents in our care at a particular time.

We have initiated further and more prompt advanced care planning discussions with residents (as appropriate) and their families and loved ones.

Further supervisions have taken place with care staff to cover care quality matters such as respect and dignity, oral hygiene, choice, infection control, health and safety, safety checks, COSHH, safeguarding, amongst other matters. Please see **Appendix 2** for an example copy of the supervisions undertaken with care staff.

[redacted]

Action was taken in relation to [redacted] and, following the incident with Mr Capstick, she was immediately taken off front line nursing duties. [redacted] was investigated in line with the Company's employment procedures. A formal disciplinary meeting was held, and no disciplinary action was taken against her, however a range of actions were required and undertaken before [redacted] could return to nursing duties. Basic life support training was refreshed and updated. This has been consistently refreshed – please see **Appendix 3**. [redacted] was required to work on day shifts only and undermine or the Clinical Lead's supervision until her competency had been appropriately and satisfactorily assessed as being suitable to provide nursing care safely to residents.

As the Coroner was aware, a referral was made to the NMC, and this was acknowledged. Beyond that acknowledgement, it is not known to us the exact status of the NMC's investigation post-triage, however [redacted] currently has a live PIN and is not subject to any NMC conditions on her nursing registration. The NMC has confirmed to us that it will contact us to confirm the outcome of the investigation. In the meantime, [redacted] remains under our supervision and, as above, has undertaken further training and will continue to do so on the required basis.

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The Coroner will no doubt be receiving an update from the NMC direct, as recipients of the Regulation 28 report. We understand that [redacted] has completed a reflective account of the incident relating to Mr Capstick and that this has been submitted to the NMC.

Ongoing monitoring

We trust that the above information provides the Coroner with reassurance that action has been taken over a period of time in relation to a range of care quality matters including staff training, leadership and governance, staff competence, environmental and auditing matters.

We also remain engaged with the ICB and Westmorland and Furness Council, having made the notable and vast improvements which led to the cessation of the quality improvement process, together with regulation by our overarching regulators, including as the CQC and the NMC for nursing staff.

Yours sincerely

[redacted]

[redacted]
Registered Manager (RGN)