HSCA Further Information
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[redacted]

Alison Mutch OBE
HM Senior Coroner
1 Mount Tabor Street
Stockport
SK1 3AG

Via email: [redacted]

18 November 2024

Our Reference: [redacted]
Your reference: [redacted]

Dear HM Senior Coroner Alison Mutch OBE,

Prevention of future death report following inquest into the death of Mr George Neville Coulthard.

Thank you for sending CQC a copy of the prevention of future death report issued following the sad death of Mr George Neville Coulthard.

We note the legal requirement upon the Care Quality Commission to respond to your report within 56 days, by the 19 November 2024.

Thank you for your clarification that the care home referred to in points 2 and 3 is Hilltop Hall Nursing Home. The registered provider of Hilltop Hall Nursing Home is Harbour Healthcare Limited. They have been registered with CQC as a service provider since 27 November 2012.

The provider's location, Hilltop Hall Nursing Home is located at Dodge Hill, Heaton Norris, Stockport, Cheshire, SK4 1RD. At the time of Mr Coulthard's residence, the provider was registered for the regulated activities: 'Accommodation for persons who require nursing or personal care' and 'Treatment of disease, disorder or injury'.

Hilltop Hall does not currently have a manager who is registered with CQC to oversee and manage the delivery of the regulated activities at this location, in contravention of the condition imposed on this provider's registration for this location, stating that they must have a registered manager in post. CQC will write to the registered provider to seek clarification on when they propose to register a manager and may take action against the provider if we are dissatisfied with the actions they have taken to meet this condition of registration.

The role of CQC and Inspection methodology

The role of the Care Quality Commission (CQC) as an independent regulator is to register health and adult social care service providers in England and to assess/inspect whether the fundamental standards set out in the Health and Social Care Act 2008, and amendments, are being met.

The regulatory approach used during previous inspections of Hilltop Hall Nursing Home considered five key questions. They asked if services were Safe; Effective; Caring; Responsive; and Well Led. Inspectors used a series of key lines of enquiry (KLOEs) and prompts to seek and corroborate evidence and reassurance of how the provider performed against characteristics of ratings and how risks to service users were identified, assessed and mitigated.

The regulatory framework includes providers being required to meet fundamental standards of care; the standards below which care must never fall. We provide guidance to providers on how they can meet these standards (Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

On 6 February 2024 CQC's Operations Network in the North region went live with our new Single Assessment Framework. This approach covers all sectors, service types and levels and the five key questions remain central to this approach. However, the previous key lines of enquiry (KLOEs) and prompts have been replaced with new 'quality statements'. The quality statements are described as 'we statements' as they have been written from a provider's perspective to help them understand what we expect of them. They draw on previous work developed with Think Local Act Personal (TLAP), National Voices and the Coalition for Collaborative Care on Making it Real. They set clear expectations of providers, based on people's experiences and the standards of care they expect. We have introduced six new evidence categories to organise information under the statements; these are feedback from people, feedback from staff and leaders, feedback from partners, our observations, processes and outcomes. This approach will allow CQC to use a range of information to assess providers flexibly and frequently, collect evidence on an ongoing basis

and update ratings at any time; tailor our assessment to different types of providers and services; score evidence to make our judgements more structured and consistent; use site visits and data and insight to gather evidence to assess quality and produce shorter and simpler reports, showing the most up-to-date assessment.

Regulatory History

Hilltop Hall was last inspected in January 2024, as part of our routine schedule of inspections (just prior to the introduction of our Single Assessment Framework). During this inspection we looked at all 5 Key Questions. We rated the key questions 'Is the service caring' and 'Is the service responsive' as requires improvement and the key questions 'Is the service safe', 'Is the service effective' and 'Is the service well-led' as inadequate, and the overall rating for the service was inadequate. The service was found to be in breach of regulations relating to safe care and treatment, fit and proper persons employed, meeting nutritional and hydration needs, need for consent, staffing, person centred care and good governance. In instances where CQC have decided to take civil or criminal enforcement action against a provider, we will publish this information on our website after any representations and/ or appeals have been concluded.

Matters of concern

1. Mr Coulthard was assessed as being suitable for discharge on 18th December. He remained in an acute hospital setting for a further 4 weeks due to challenges in identifying a suitable care home. This was due the inquest was told to a shortage of suitable places and the Christmas period. The impact of this on Mr Coulthard was that he remained in an acute setting when the inquest was told the care he required would have been better delivered in a care home /nursing home setting.

In addition, the inquest heard evidence that it meant that an acute bed required for other patients was not available creating delays in allocating beds to patients requiring admission. The inquest was told that significant delays of this nature occur on a regular basis and are often exacerbated over the Christmas period.

We have given careful consideration to this point and have concluded that this, regretfully sits outside of CQC remit. We note that this report has also been sent to the Secretary of State and Greater Manchester Integrated Care and believe they will be of greater assistance in addressing this aspect of your concerns.

2. The lack of effective communication between the discharging team and the community teams meant that it was not understood if Mr Coulthard was on End of Life Care or for rehabilitation. The staff at the first home treated him as an End of

Life patient / palliative care patient consequently even though the paperwork suggested he may be a discharge to assess patient. As a consequence he was moved to another care home for rehabilitation although the evidence was that there was little purpose in the transfer.

We are aware that the registered provider for Hilltop Hall has reflected on the circumstances surrounding this case and identified some lessons learned to mitigate the risk of such occurrences and improve the service they provide.

Prior to Mr Coulthard being accepted for admission to the home an "Assessment of Need" was completed via the hospital's "trusted assessor" route, meaning that the provider did not physically assess him before accepting him for placement. From the supported discharge referral form & Pathway 3 guidance document it is evident that Mr Coulthard was discharged on Pathway 3. Explanatory information provided within the referral form stated that Pathway 3, is often used for people who have life changing events, have been through other pathways multiple times, or are approaching the end of their life and may sadly be likely to quickly decline and will be likely to require long term bed-based care. In response to this guidance and Mr Coulthard's presentation, staff at the home did not feel Mr Coulthard would benefit from rehabilitation and have acknowledged in response to this matter raised, that there was a lack of professional dialogue to ensure clear directions and rationale for care and treatment pathways was agreed by relevant members of the multi-disciplinary team.

To ensure staff at Hilltop Hall have all the relevant facts and are fully aware of a person's health and care needs prior to admission, the registered provider has stated that they will in future carry out their own pre-admission assessments, rather than relying on trusted assessors.

We have communicated with Greater Manchester Integrated Care and are aware that they are conducting their own investigation into the circumstances of this case. When this is concluded we will engage in further dialogue to gain further understanding of any actions they believe are necessary to improve communication between the Trust and community services.

3. The inquest also heard evidence that the staff at the care home had queried what level and type of care was to be delivered to Mr Coulthard given his overall presentation. However, there was no evidence that the management team had sought to clarify the position or ensure the internal documentation reflected the correct position.

As part of our processes, we are currently conducting a further assessment (under our new Single Assessment Framework) to review all the shortfalls identified at the last inspection and consider if there has been sufficient improvement. If we do not believe the registered provider has appropriately addressed the breaches of regulation to the extent

that we can be confident that people are receiving safe care, we will continue with our enforcement activities.

During our assessment, with reference to this case we will consider the following regulations, namely: Regulation 12 (i) which requires, '*where responsibility for the care and treatment of service users is shared with, or transferred to other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users'*, and Regulation 17 (c) which requires, 's*ystems or processes must enable the registered person in particular to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided'.*

The registered provider for Hilltop Hall has reflected on the circumstances surrounding this case and identified some lessons learned to mitigate the risk of such occurrences and improve the service they provide which have been shared with HM coroner and CQC. We will consider the implementation of any lessons learned as part of the current assessment of service and in any future assessments of the quality and safety of this service.

4. The evidence before the inquest was that whilst in the community prior to his final hospital admission, the access to information and support, from tissue viability and district nursing teams, to care for and treat his wounds was very limited. Better access to wound care would have reduced the risk of further wound deterioration in the community and reduced the risk of him requiring inpatient care for his wounds. However, the demands across GM on TVN and DN services made this difficult to achieve.

We have considered this point and have concluded that, this regretfully sits outside of CQC remit. We believe the Secretary of State and Greater Manchester Integrated Care will be of greater assistance in addressing this aspect of your concerns.

We hope our response has outlined how CQC will respond to the concerns raised and how we will continue to monitor the service.

Yours sincerely,

[redacted]

[redacted]

Deputy Director of Operations

Network North, CQC