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[redacted]

21st September 2025

ANDREW HETHERINGTON
HM Senior Coroner for Northumberland
County Hall
Morpeth
Northumberland
NE61 2EF

Dear Sir,

Re : Regulation 28 Report to Prevent Future Deaths [redacted]

In response to your report to prevent future deaths dated 29 July 2025 following the inquest of Joan Whitworth, please find below the actions taken in relation to the Matters of Concern.

1. Basic Life Support and First Aid at Work

Concerns related to a Registered General Nurse and a Senior care Assistant not being in date with their training in Basic Life Support and First Aid at Work. There was a further concern listed that meant it could not be confirmed if an agency care worker was up to date with their training in these areas.

Actions Taken:

1a. We have changed the electronic platform on which we record staff training since the death of Joan Whitworth in March 2023. The new platform offers an additional function in that it will alert the staff member when training is due to expire, meaning timely reminders and arrangements for refresher training can take place. Further to this, an automated report has been scheduled for the Home Manager to receive a compliance report at the same time each week in order that they are fully aware of training that is nearing expiry and can therefore remind staff to complete promptly.

Status – In place

1b. We have added additional checks to our governance systems meaning that Regional Managers will also check for compliance with mandatory training (that includes refresher training) as part of their role.

Status – In place

1c. With regard to the agency care worker, we have reviewed the system by which we check the skills and training credentials of agency workers. Profiles for workers are now received and checked for each care worker prior to their shift; this now includes the training they have completed and the dates of completion. Since the inquest, we have reiterated with our agency staff supplier the mandatory training that is required of their workers and that this must be kept up to date.

Status – In place

1d. We have reissued Basic Life Support and IDDSI/Dysphagia training to all staff on the electronic system and have allocated a specific timeframe in which this training is to be completed. All staff will have completed face to face emergency first aid training by 14th October 2025.

Status – In progress with a completion date of 14.10.2025

1e. We have developed and issued a competency assessment to check staff knowledge of IDDSI diets.

Status – In place and to be completed by all staff by 30.9.25

2. Training

Concerns related to a Senior Care Assistant not being able to recall having received formal training in the preparation of care plans, no training on MUST or calculating BMI, yet was completing care plans and documents. A further concern was listed regarding identification of high risk on the Nutritional Risk Assessment on three prior dates with no referral made to the GP, dietician or consideration of referral to SALT, and that in the absence of training, there was not an understanding of the assessment.

Actions Taken:

2a. We can confirm that the Senior Care Assistant had received training as she had previously undertaken a 12 week Care Home Assistant Practitioner (CHAP) course. However, we acknowledge that measures were not in place to verify knowledge, nor was a schedule of refresher training in place to ensure she felt confident to carry out assessments and develop care plans. As a result of this, we have reviewed the content of the training that we deliver and have a plan for our internal quality improvement team to deliver training on assessments to nurses and senior care assistants as a refresher and to build this into our training programme to be repeated on a 3 year cycle. We will monitor this schedule using our electronic training platform.

Status – In progress. Deadline for completion 31.10.2025

3. Agency Staff Induction

Concerns are raised that an agency member of staff remained in the dining room and was last seen standing next to the alarm bell cord. The care assistant did not intervene immediately when the deceased showed signs of choking and instead sought help. There is a further concern that it could not be confirmed if the agency staff had undergone an induction.

Actions taken:

3a. We have reviewed the induction forms for all agency roles that we use in our homes to ensure that they capture information that allows us to see that agency care assistants have up-to-date first aid training. For agency senior care assistants and nurses we have modified our form to ensure we check that mandatory training is in place and in date, and that residents modified diets are discussed and the worker is aware of the IDDSI and nutritional report that is reviewed daily.

Status – In place. New forms implemented on 11.9.25

4. Normal Diet IDDSI L7 easy chew and to avoid difficult textures

Concerns were noted that a chef in evidence at the inquest was not aware that breaded fish was not a suitable food stuff in the diet identified for the deceased. A further concern is identified in that other residents could be fed inappropriate food stuffs that are not in line with their identified diet plans.

Actions taken:

4a. A specialist IDDSI training provider has been sourced and face to face training in preparation of modified foods is being delivered to all Hill Care Cooks and Chefs between the dates 13 September 2025 and 22 October 2025. This training will give chefs and cooks the opportunity to practically prepare meals of different consistencies and further their knowledge regarding appropriate and inappropriate foods for specific IDDSI level diets. The chef and cook at The Oaks will attend on 13th September and 24th September 2025.

4b. We have developed and introduced a competency assessment to all members of the catering team.

Status – Completed

4c. We have introduced a reference sheet which highlights every residents' IDDSI level and additional nutritional needs which is available to all staff on each serving trolley. This form is reviewed at the daily 'flash' meeting to ensure that changes in need are documented without delay.

Status - Completed

4d. Following the death of Mrs Whitworth, we introduced a safety pause before meal times. This consists of the senior person on duty confirming that the team within the dining room are aware of any special diets and that the kitchen have provided the correct diet. The Regional Managers observe this to monitor practice when the visit the home.

Status - Completed

We trust that these measures are sufficient to satisfy your concerns.

Yours sincerely

[redacted]

Managing Director

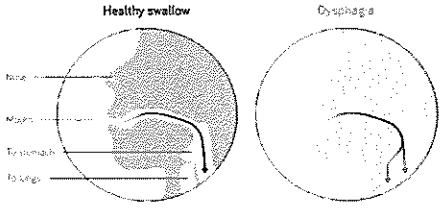
Enc

Training & Competency Workbook – Dysphagia, Speech and Language Therapy (SALT), and the IDDSI Framework

Learning Outcomes

- Define dysphagia and describe the oral, pharyngeal, and oesophageal phases of swallowing.
- Recognise red-flag signs and escalate promptly.
- Explain the role of SALT and when/how to refer.
- Prepare food and drinks to the correct IDDSI level and verify using IDDSI tests.
- Apply safe mealtime management, documentation, and escalation procedures.
- Demonstrate competence in texture preparation, Flow/Fork/Spoon tests, and patient positioning.

Dysphagia



Dysphagia is difficulty moving food/liquid/saliva safely and efficiently from mouth → throat → oesophagus → stomach. Problems may occur in any phase.

- **Oral phase: Lip seal** – keeping lips closed to stop food or drink leaking out. **Jaw movement** – opening and closing to bite and chew, **Chewing** – breaking food into small, safe pieces, **Bolus formation** – mixing food with saliva to make it moist and easy to swallow (this is called a *bolus*), **Tongue movement** – pushing the bolus to the back of the mouth ready to swallow. **Common problems in the oral phase: Poor dentition** – missing or damaged teeth, making chewing hard, **Weak tongue** – harder to move food around the mouth, **Reduced sensation** – not feeling food properly in the mouth, which can cause food to be left behind or swallowed before ready.
- **Signs to look for:** If lips can't close, food/drink may spill, If chewing or tongue movement is poor, food may not be safe to swallow ,You might see coughing, pocketing food in the cheeks, or taking a very long time to eat — these should be reported to SALT.

Pharyngeal Phase – After food or drink is pushed to the back of the mouth, the **pharyngeal phase** starts.

- The **bolus** (chewed food or drink) moves from the mouth into the throat.
- The **airway closes** so food or drink doesn't go "the wrong way" into the lungs.
- The **voice box (larynx)** lifts up to help protect the airway.

Signs to look for: Delayed swallow – food/drink sits in the throat too long before swallowing starts ,**Weak laryngeal elevation** – the voice box doesn't lift enough, making airway protection harder, **Incomplete airway closure** – food or drink can enter the airway (aspiration). These problems increase the risk of **choking** or **aspiration** (food/drink going into the lungs). You might see coughing, wet/gurgle voice, or changes in breathing after swallowing — these should be reported to SALT immediately.

After food or drink leaves the throat, it enters the **oesophagus** (food pipe).

Key parts:

- **Oesophageal phase:** The oesophagus **squeezes in a wave-like action** (called *peristalsis*) to push food or drink down into the stomach. **Common problems in the oesophageal phase: Strictures** – a narrowing of the food pipe, which can make swallowing painful or cause food to get stuck. **Reflux** – food or stomach acid comes back up into the throat. **Motility problems** – the muscles in the oesophagus don't squeeze properly, slowing or stopping food from moving to the stomach.

Signs to look for: Residents with oesophageal problems might say food feels "stuck" lower down, Resident may regurgitate food, avoid eating, or eat very slowly, report complaints of chest discomfort, frequent coughing after meals.

Swallowing Problems – Key Points

How food moves to the stomach

- The food pipe (oesophagus) squeezes in waves (*peristalsis*) to move food/drink to the stomach.
- **Problems can include:**

Strictures – narrowing of the food pipe., **Reflux** – food or acid coming back up, **Motility problems** – muscles not pushing food properly.

Possible complications if swallowing is unsafe

Food/drink entering the airway (**aspiration**), **Choking**, **Aspiration pneumonia** (lung infection from inhaled food/drink), **Malnutrition** (not getting enough food)., **Dehydration** (not enough fluid), **Emotional and social effects** – fear of eating, isolation at mealtimes.

Common causes of swallowing problems: Neurological (e.g., stroke, Parkinson's disease), **Structural** (e.g., tumours, narrowing), **Frailty** (weak muscles, poor stamina), **Medication** side effects, Other medical conditions (e.g., dementia, respiratory disease).

Red flag warning signs – report immediately: Repeated coughing during or after meals, Wet or gurgle voice, Reduced alertness or drowsiness, Recurrent chest infections, Unexplained weight loss, Food feeling stuck.

Signs of swallowing difficulty: Food left in cheeks (**pocketing**), Chewing for a long time, Food or drink spilling from the mouth, Frequent throat clearing, Coughing after a delay, Food/drink coming back up (**regurgitation**).

Safe mealtime management: Support the resident to sit the person **upright at 90°** before, during, and 30 minutes after eating, Keep the environment **calm and without distractions**, **Slow pacing** – allow time to swallow before offering more, Use **adaptive utensils** if needed, Follow **post-meal care** (upright position, check mouth is clear).

Speech & Language Therapy (SALT)

A Speech and Language Therapist is a health professional who helps people with:

- Speaking – problems with speech sounds, voice, or fluency.
- Understanding language – difficulty understanding or using words.
- Swallowing (dysphagia) – difficulty chewing or swallowing food and drink safely.

In dysphagia care:

- Assess how well a person can chew and swallow.
- Identify the safest food and drink textures for the resident.
- Recommend an IDDSI level for food and drink.
- Review progress and change recommendations if needed.

Why SALTs are important in swallowing care:

- Help prevent choking and aspiration pneumonia.
- They make sure the person still enjoys food and drink as much as possible while staying safe.
- They work closely with care staff, nurses, doctors, and dietitians.

When to contact SALT:

- If a person starts coughing more at mealtimes.
- If their voice sounds "wet" or "gurgle" after eating/drinking.
- If they have repeated chest infections.
- If they lose weight or avoid eating.
- If they have any new swallowing problems.

IDDSI Food Levels

IDDSI stands for **International Dysphagia Diet Standardisation Initiative**. It is a **global framework** created to make sure that food and drink textures for people with swallowing difficulties (**dysphagia**) are described in the same way everywhere — in care homes, hospitals, and at home.

Why it's important:

- Helps everyone — care staff, chefs, nurses, SALT, and families — speak the same "language" when talking about safe food and drink textures.
- Reduces the risk of someone getting the wrong texture and choking or aspirating.
- Makes training and testing food/drink textures consistent.

How it works:

- Food and drinks are divided into **levels** from **0 to 7**.
- Each level has **clear testing methods** so staff can check that food or drink is the correct texture.
- Levels 0–4 are for **drinks** (thin to thick) and also include **pureed food** at Level 4.
- Levels 3–7 are for **food** (liquidised to regular).

IDDSI Test

- **Fork Pressure Test** – For Levels 5–6. Checks if the food can be easily broken down or squashed with the pressure of a fork.
- **Spoon Tilt Test** – For Level 4. Sample should hold its shape on the spoon and slide off easily when tilted.
- **Fork Drip Test** – For Levels 3 and 4. Checks how the sample flows or drips through the prongs of a fork.
- **Flow Test** – For drinks and liquidised foods (Levels 0–3). Uses a 10 mL syringe to measure how much flows out in 10 seconds.

IDDSI Food Levels – Clear Guide

Level 3 – Liquidised

Description
Foods that are completely smooth and pourable, with no lumps. They drip slowly in dollops from a spoon and cannot be eaten with a fork. Used for residents who cannot chew and have severely reduced tongue control.

How to Test
- Flow Test: 10 mL syringe; after 10 seconds, 8–10 mL remains.
- Fork Drip Test: Drips slowly in dollops through prongs.
- Spoon Tilt Test: Food pours off easily, does not hold shape.

Can Have
- Fully liquidised cream soups (no lumps, seeds, or garnishes).
- Seedless smoothies thinned to Level 3 consistency.
- Liquidised porridge with no oat husks (sieved if needed).
- Liquidised main meals with thick gravy until smooth.

Cannot Have
- Any lumps, seeds, skins, fibres or husks.
- Mixed-texture soups (with noodles, rice, or chunks).
- Thin liquids below Level 3 consistency.
- Gelatin desserts that melt to a thin liquid in the mouth.
- Bread, toast, cereals, or rice (unless fully liquidised to Level 3).

Level 4 – Pureed

Description

Smooth, cohesive foods that hold shape on a spoon. No lumps, skins, or fibres. Does not require chewing; can be eaten with a spoon, not drunk from a cup.

How to Test

- Spoon Tilt Test: Holds shape on spoon, slides off easily when tilted.
- Fork Drip Test: Sits in mound on fork, little or no dripping.
- No lumps visible; smooth texture.

Can Have

- Pureed meat/fish blended with gravy or sauce until smooth.
- Smooth mashed potato blended to non-sticky puree.
- Pureed vegetables and fruits with skins/seeds removed.
- Thick yoghurt or set custard (meets Level 4 Spoon Tilt Test).

Cannot Have

- Any detectable lumps, skins, fibres, or seeds.
- Sticky, gluey spreads (e.g., thick peanut butter).
- Chunky soups or stews (not pureed).
- Raw fruits/vegetables.
- Rice, pasta, or bread (unless fully pureed to Level 4).

Level 5 – Minced & Moist

Description

Foods that are soft, moist, and minced into lumps 4 mm (adult). Requires minimal chewing. Lumps must be easy to squash with tongue.

How to Test

- Fork Pressure Test: Lumps squash easily under fork.
- Particle Size: Adult – lumps 4 mm.
- Moist, cohesive, holds shape on spoon.

Can Have

- Minced meat/poultry/fish in thick sauce (no gristle/skin).
- Finely chopped cooked vegetables in thick sauce.
- Soft tinned fruits chopped to 4 mm.
- Moist mashed banana mixed with yoghurt.

Cannot Have

- Lumps 4 mm or hard/chewy pieces.
- Dry, crumbly foods (crackers, pastry).
- Stringy/fibrous foods (celery, pineapple).
- Regular bread (unless adapted and texture-tested).
- Loose grains like rice or couscous (unless bound).

Level 6 – Soft & Bite-Sized

Description

Tender, bite-sized pieces 15 mm (adult) that require some chewing but are soft enough to be cut with the side of a fork.

How to Test

- Particle Size: Adult – pieces 15 mm.
- Fork Pressure Test: Soft enough to be cut with side of fork.
- No separate thin liquid around pieces.

Can Have

- Tender meat/poultry cut to 15 mm (no skin/gristle).
- Steamed/poached fish without bones or skin.
- Soft cooked vegetables cut to 15 mm.
- Soft ripe fruits (banana, melon, pear) cut to 15 mm.

Cannot Have

- Tough, chewy meats or meats with skin/gristle/bone.
- Hard raw vegetables.
- Fruits with tough skins/pips unless peeled.
- Thick bread crusts or chewy bread.
- Watery soups with floating pieces.

Level 7 – Regular / Easy to Chew

Description

Normal everyday foods of any texture for those without restrictions, OR softer 'Easy to Chew' foods for people with minor chewing/swallowing difficulties.

How to Test

- No specific particle size limits for regular.
- Easy to Chew: Foods should break apart easily with bite pressure.
- Avoid very hard, sticky, dry, or stringy foods if Easy to Chew.

Can Have

- Tender casseroles/stews; moist meats; soft cooked veg.
- Soft sandwiches with moist fillings.
- Moist sponge cake and soft puddings.
- Ripe, soft fruits without tough skins/seeds.

Cannot Have

- Very hard, crunchy foods (nuts, raw carrots).
- Sticky/chewy items (toffee, caramel).
- Very dry/crumbly foods.
- Stringy/fibrous foods without modification.

Safe Mealtime Practices & Emergency Response

Safety Pause

Purpose: To ensure every meal, snack, and drink given to someone with dysphagia is safe, correct for their IDDSI level, and in line with Speech and Language Therapist (SALT) recommendations.

When to Pause

- Before serving food or drink
  After any change in a person's care plan, medical condition, or SALT instructions

Step-by-Step Safety Pause – Nurse in charge, senior care assistant on duty to lead

Confirm the Residents' IDDSI Level

How to Check:

- Resident landing page on PCS
- Dietary Notification record
- Nutritional PCS report – located in the kitchen
- Prompt cards located on serving trolley
- Dietary Alert Board – Located in the kitchen
- Choking Risk Audit – Located in the kitchen
- Care Plan – PCS

Confirm Safety Pause has taken place by recording on the PCS

Seating & Positioning for Safety

Before the meal:

- Resident should be fully alert and ready to eat.
- Seated upright at a 90° angle in a well-supported chair or fully upright in bed.
- Feet should be flat on the floor or supported on a footrest.
- Head slightly forward ("chin tuck" position) — never tilted back.

REMEMBER: When serving the meal check the food label on the top of the meal if Pre-plated by the catering team is the correct IDDSI level has been provided.

During the meal:

- Maintain the upright 90° position.
- Sit close enough to provide support if needed.
  Offer small mouthfuls at a steady pace, allowing time to swallow.
  Avoid talking while chewing or swallowing.

After the meal:

- Keep the resident upright for at least 30 minutes to reduce aspiration risk.
  Check for any food residue in the mouth before they leave the table.

Check the Environment:

- Quiet, calm, and free from distractions.
- Correct utensils and aids in place.

Staff are present at ALL time in the dining room and supervision of residents at risk during mealtimes, where resident choose to eat their meals in their room and deemed to be at risk and prescribed a modified diet full supervision is required.

When to Consider Using the LifeVac Device:

LifeVac is a portable, non-invasive airway clearance device designed to help remove an obstruction from the airway during a choking emergency. It should only be used by **trained and authorised staff** and **only in specific situations**. All Hill Care Home have a LifeVac located in the dining room area including a poster displayed on its use.

Understanding the Difference Between Partial and Complete Airway Obstruction:

Partial Airway Obstruction (Mild Choking):

- The resident can still **cough, speak, or breathe**.
- Encourage them to keep coughing.
- **Do NOT use LifeVac** at this stage — let them clear the airway naturally.

Complete Airway Obstruction (Severe Choking):

- The resident **cannot breathe, speak, or cough effectively**.
- They may clutch their throat, look panicked, or turn blue.
- This is a **life-threatening emergency**.

When to Use the LifeVac :

Use **only if ALL of the following apply**:

- **The resident has a complete airway obstruction** (unable to cough, speak, or breathe).
- **Standard choking protocol** has been attempted and failed:
- 5 **back slaps**.
- 5 **abdominal thrusts** (or chest thrusts if abdominal thrusts cannot be done).
- Alternate back blows and thrusts until obstruction clears or person becomes unresponsive.
- The resident is still **conscious but choking** after these attempts.
- You have **access to the LifeVac** and you are **trained to use it**.

Do NOT use LifeVac if:

- The person is coughing strongly or can still speak/breathe.
- You are not trained or authorised.

Steps if LifeVac is Needed:

- **Call for help** and ensure 999 has being called.
- Retrieve the LifeVac device from its storage location.
- **Assemble the device** (mask attached, plunger ready).
- **Position mask over nose and mouth**, ensuring a good seal.
- **Push handle down** firmly.
- **Pull handle up sharply** to create suction and remove obstruction.
- Check the mouth and remove any dislodged object.
- Repeat if needed until airway is clear or the person becomes unresponsive.

After Use:

- The resident **must be medically assessed** even if they seem fine.
- Record the incident on PCS incident reporting record.
- Notify next of kin and follow safeguarding protocols.
- Clean or replace LifeVac components as per manufacturer instructions.
- Report use to your manager to ensure safeguarding alerts are raised and replacement equipment is arranged.

Training & Preparedness:

- All staff expected to use LifeVac must have **training which is allocated by Your Hippo**.
- LifeVac should be stored in an **easily accessible, clearly marked location** – dining rooms

DNACPR and Choking Incidents

DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) orders mean that if a person's heart stops due to a terminal or irreversible condition, CPR is not performed.

Choking is different — it is a reversible airway obstruction and requires immediate intervention.

If Choking Occurs:

- Always intervene using agreed choking response procedures (back slaps, abdominal thrusts, LifeVac if trained).
- Call emergency services immediately.

Key message for staff:

If a resident is choking, even with a DNACPR order, you must act. Choking is an acute, reversible emergency.