Department of Health & Social Care

[redacted]
Minister of State for Care

39 Victoria Street
London
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[redacted]

Andrew Bridgman
HM Assistant Coroner
1 Mount Tabor Street
Stockport
SK1 3AG

23rd December 2025

[redacted]

Dear Mr Bridgman,

Thank you for the Regulation 28 report of 3 September 2025 sent to the Secretary of State of the Department of Health and Social Care about the death of Mrs Margaret Bailey**.** I am replying as the Minister with responsibility for Adult Social Care (ASC).

Firstly, I would like to say how saddened I was to read of the circumstances of Margaret Bailey's death and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. Please accept my sincere apologies for the delay in responding to this matter. Thank you for the additional time provided to the department to provide a response to the concerns raised in the report.

Your report raises concerns over there being *"no algorithm for the call handler to follow to triage the client, setting out why the client appears unwell and to then determine a course of action*" and highlights that the call handler *"tends to be an assistant manager/manager but with no medical background"* and that the *"direction of the conversation is simply left to the 'office'"*. Additionally, your report states that the carer reporting that Margaret was unwell had *"no ability to carry out any basic observations, neither before the call to the office nor after it, in order that Margaret could be monitored as per the advice given or to at least provide a baseline for monitoring."*

In preparing this response, my officials have made enquiries with the Care Quality Commission (CQC) to ensure we adequately address your concerns. I am aware that CQC has also provided you a response on this matter.

Matters of concern:

1. **On the 'office' receiving a call from a carer reporting, as here, that a client appears to be unwell there is no algorithm for the call handler (who tends to be an assistant manager/manager but with no medical background) to follow to triage the client, setting out why the client appears unwell and to then determine a course of action. The direction of the conversation is simply left to the 'office'.**

The Care Quality Commission (CQC) requires all providers to have, at a minimum, baseline training and policies in place for staff to follow in the event a person in receipt of care experiences a deterioration in health or change in their condition or needs. This includes ensuring appropriate escalation channels are in place for staff to follow. Where a provider does use an algorithm to support the triage of phone calls, in instances such as these, CQC may review algorithms, alongside a provider's general operating systems and day-to-day processes.

Having looked at Mrs Bailey's case, we understand CQC consider the initial guidance given by the staff in the office to be reasonable based on the symptoms observed, and presence of a live-in carer. Based on this assessment, and CQC's existing regulation of providers, we do not consider further action would prevent a similar instance.

2. **There was no ability for the carer reporting that Margaret was unwell to carry out any basic observations, neither before the call to the office nor after it, in order that Margaret could be monitored as per the advice given or to at least provide a baseline for monitoring, not even a temperature reading. Most family homes, caring for children or physically vulnerable adults, would have at least a thermometer, and perhaps a pulse oximeter, maybe even a blood pressure machine.**

As set out in CQC's scope of registration, any service offering care and treatment provided by or under the supervision of a healthcare professional would need to register for the regulated activity Treatment for disease, disorder or injury (TDDI), or have delegated healthcare arrangements in place, neither of which apply in this case.

As noted in the response from CQC, the domiciliary care organisation providing care for Maragaret Bailey is registered to provide the regulated activity Personal care, which includes physical assistance with tasks such as personal hygiene, continence care and eating. The personal care regulated activity does not require staff to be clinically trained to perform tasks such as taking and monitoring temperature readings.

We recognise that the circumstances of Margaret Bailey's death, where a reduced gag reflex and inability to protect the airway led to fatal aspiration, highlight the significant risks posed

by choking hazards for individuals with complex care needs. To address this, we will ask NICE to consider, through its established topic selection process, the development of a national standard on the prevention and management of choking hazards in domiciliary and residential care settings. Clear guidance would help ensure carers are better equipped to identify and respond to choking risks, ultimately improving safety for vulnerable adults.

Thank you for bringing these concerns to my attention.

Yours sincerely,

MINISTER OF STATE FOR CARE