

Response to Coroner RE: Peter Thompson

Thank you for the Regulation 28 Report dated 13 January 2026. We take the findings extremely seriously and are committed to implementing all necessary measures to safeguard residents and prevent future deaths. Our response addresses the concerns raised regarding handover processes and blood glucose monitoring for diabetic residents.

1. Handover Processes

Bank Close House has always operated a structured handover system between every shift. This includes:

- A face-to-face handover meeting at the end and start of each shift.
- A written daily handover sheet, completed for every shift, summarising key observations, concerns, and updates for each resident.
- An electronic handover record on PCS, which complements the written notes and provides a digital record of ongoing care needs, changes in condition, and escalation actions.

The written daily handover sheet explicitly directs staff to review digital notes on PCS, ensuring that all staff have access to a complete and up-to-date picture of each resident's condition. Samples of both the written and electronic handover formats have been provided.

It is important to note that the former manager was present at these handovers every day, participating in and overseeing the exchange of information between shifts. This ensured that concerns, changes in condition, and ongoing issues were discussed verbally in addition to being recorded.

We acknowledge the coroner's concern that the records reviewed during the inquest did not fully reflect the level of discussion or the priority of concerns during handover. In response, we have strengthened documentation expectations to ensure that all verbal handover information is consistently and accurately recorded.

2. Blood Glucose Monitoring for Diabetic Residents

The coroner's report states that Bank Close House should be carrying out blood glucose testing for diabetic residents. Historically, the home has been advised by both the Ageing Well Team and the GP Practice Advanced Nurse Practitioner that care home staff should not undertake blood glucose testing. This guidance has been consistent and shaped our practice, please see attached care plans with entries added in with instructions from ageing well team.

Following the coroner's findings:

- The Ageing Well Team has now supplied blood glucose monitoring machines for all diabetic residents.
- They remain uncertain about who will be responsible for delivering the required training and competency assessments for care home staff.
- We are awaiting formal confirmation from external healthcare professionals so that we can implement blood glucose testing safely and in line with clinical governance requirements.

Until staff are trained and signed off as competent, all concerns regarding a diabetic resident's health will continue to be escalated to external professionals, who will carry out blood glucose testing as needed.

3. Lessons Learned

The incident has highlighted several important learning points:

- Despite multiple visits and telephone conversations with District Nurses and the Advanced Nurse Practitioner in the days prior to hospital admission, no blood glucose test was taken or recommended by any external professionals until the day of admission.

As an interim measure, staff have been instructed that any concerns about a diabetic resident's health must include a request for a blood glucose test from external healthcare professionals until training and competencies are completed by care staff.

4. Actions Implemented to Prevent Recurrence

The following actions have been taken:

- GP surgeries have been asked to provide each diabetic resident's HbA1c level, ensuring staff have baseline information about long-term glucose control.
- Staff have been instructed to request a blood glucose test immediately from external professionals if a diabetic resident shows signs of illness, infection, reduced intake, or any other concerning change.
- Blood glucose monitoring equipment has been provided by the Ageing Well Team and is now on site, however We are still awaiting confirmation of:
 - who will deliver blood glucose testing training,
 - what competencies will be required,
 - and what the ongoing expectations will be for care home staff.

Training will be implemented immediately once this information is provided.

5. Outcome and Ongoing Monitoring

All staff complete diabetes awareness training, ensuring they understand the risks associated with illness, dehydration, and hyperglycaemic emergencies.

We are currently awaiting:

- formal training in blood glucose testing,
- competency assessments,
- and clear guidance from external medical professionals regarding expectations and clinical governance.

Until this is provided, we will continue to escalate all diabetic health concerns to external clinicians for blood glucose testing.

Further monitoring and review will continue until the training pathway and responsibilities are formally confirmed.