

Ms Lydia Brown
West London Coroners Office
25 Bagleys Lane
Fulham
London
SW6 2QA

Date: 8th June 2026

Dear Ms Brown,

Re: Regulation 28 Report to Prevent Future Deaths – Jake Daniel Taylor who died on 20th January 2025.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 8th May 2026 concerning the death of Jake Taylor.

In advance of responding to the specific concerns raised in your Report, I would like to reiterate our condolences to Jake’s family.

Your Report raises concerns with the following:

No planning for this foreseeable emergency.

Inadequate staff training (to always conduct CPR if no decision to the contrary)

No defibrillator on site and staff misunderstanding of the function of a defibrillator.

No airway training and equipment although Registered Nursing staff have this within their competencies.

Choice Support acknowledges the concerns raised by the Coroner and recognises the critical importance of embedding learning across the organisation to minimise the risk of future harm.

Following an internal investigation and a lessons learned process, we have identified a number of actions that have already been implemented, alongside further measures that we propose to take, to address the concerns identified.

1. Individualised emergency planning

We acknowledge the absence of a clearly documented, individualised first aid response plan for Jake, particularly in relation to CPR and adaptations required due to his complex physical presentation. In response, we have strengthened our approach to person-centred emergency planning.

Action	Timescales
All people who have a DNACPR decision is clearly displayed on the persons profile page on our digital planning system Nourish so that it is visible by any staff who support the person.	Completed
<p>All people currently supported at (5 people) Roy Kinnear House will now have a clearly documented first aid support plan. The steps to fulfil this are as follows:</p> <ul style="list-style-type: none"> - Draft plans to be developed through multidisciplinary team involvement and best interests decision-making. As the support provider we will liaise with medical professionals who are best placed to make decisions around the type of support and equipment people will need in emergency interventions. - Detail the level of support and interventions required during medical emergencies - Detail the type of equipment needed, which may include airway equipment - Staff will have relevant training on the first aid support plan and on the necessary equipment. - Final plans to be uploaded onto each person's profile 	<p>For 3 people we are waiting for feedback on the draft plans for final sign off.</p> <p>For 2 people, the process is taking longer this work is ongoing as engagement from some family members has taken longer than anticipated.</p> <p>To be completed by 30th July 2026</p>
<p>In line with our First Aid Policy (last updated May 2026) all people we support across Choice Support will be supported to have a First Aid Support Plan that details the support they may need for various medical emergencies.</p> <p>This Plan will be visible on Nourish and updated as and when needs change, but yearly as a minimum.</p>	31 st August 2026

**2. Inadequate staff training (to always conduct CPR if no decision to the contrary).
No airway training and equipment although Registered Nursing staff have this within their competencies.**

Our First Aid Policy sets out staff responsibilities in emergency situations, including immediate escalation to emergency services, delivery of basic life support and guidance on the use of AEDs, and the requirement for each person supported to have an individualised first aid support plan.

Staff are required to complete:

- First Aid e-learning to establish core knowledge and understanding
- Complete practical First Aid training. Practical First Aid training then assesses staff competency.
- For some services, additional First Aid training is provided for people with complex or atypical body types to ensure staff can safely adapt emergency responses. In

the training, staff are introduced to possible equipment, including airway supports. The use of such equipment will then be based on the needs of the person supported, their health needs and in best interests discussions with the family and health professionals. The health professionals will guide on the most appropriate interventions for each individual and training requirements to support their use.

Our Practical First Aid training is supported by demonstration of and use of practical equipment to support learning and confidence. This includes CPR manikins to assess chest compressions and rescue breaths, demonstration for recovery position and secondary survey, choking vests and bandaging equipment. Training also includes the use of an AED on a mannikin. Training content is reviewed and enhanced in response to national and organisational learning and emerging risks. Practical training includes structured competency assessment, which covers primary and secondary survey, CPR, recovery position, choking, falls and head injury, burns, epilepsy, bleeding and shock.

We note the concern regarding airway management and equipment. In this service model, clinical equipment such as oxygen therapy and suctioning is provided where clinically indicated, prescribed and documented within an individual's care plan. The nursing team is supported to undertake clinical observations, including monitoring of blood pressure, oxygen saturation and temperature, to identify deterioration and escalate appropriately. Where a person requires additional medical equipment as part of a planned emergency response, this will be agreed through multidisciplinary team discussion and appropriate equipment and training will be put in place to ensure staff have the skills and confidence to deliver care safely and effectively.

Action	Timescales
All staff at Roy Kinnear House to be supported through a debrief meeting with Management and Learning and Development to focus on lessons learned following the Coroners' Inquest Enhanced discussions will take place to include medical emergency scenarios involving complex support needs.	30 st June 2026
All Registered Nurses will be supported to have a Clinical Supervision to carry out a skills gap analysis of their skills and training. Any gaps identified, they will be supported to attend relevant training or refreshers.	30 th June 2026
All staff at Roy Kinnear House will re-complete First Aid Training and Practical Competency, with the understanding that staff should always conduct CPR if there is no decision to the contrary.	31 st July 2026
Circulate a briefing reminding all staff at Choice Support that CPR must be performed where no DNACPR exists, alongside updated CPR practice guidance in line with our First Aid Policy	30 th June 2026

3. Defibrillator availability and understanding

We recognise the concern regarding the absence of an on-site AED. Choice Support does not routinely install defibrillators unless determined through risk assessment and governance processes. We will be taking actions against this.

First Aid training already includes training and practical competency of CPR and safe use of AEDs in line with national guidance. This will be reinforced for the staff at Roy Kinnear House.

Action	Timescales
Choice Support will purchase an AED to be installed at Roy Kinnear House. We are liaising with Quality Assurance Commissioners and the ICB.	Completed and delivered on 8 th June 2026
As part of risk planning for contingencies, whilst we await an AED at Roy Kinnear House, we have mapped out the 3 local AEDs nearest to Roy Kinnear House. We have also completed “drills” with the staff so they are aware of the location of the AEDs in the community and the time it would take to get the AED.	Completed
As an organisation, we will complete a risk assessment to determine if an AED is required at all of our registered care services.	31 st July 2026
As an organisation, we will complete a risk assessment to determine if an AED is required at our supported living services. If one is not required, we will ensure clear visible signs to identify the location of the nearest AED.	31 st July 2026

4. Clarity of support and expectations

Roy Kinnear House is commissioned as a residential nursing service within a community setting. Our learning has highlighted the need to ensure that this scope is clearly understood and consistently applied. We are therefore strengthening:

- Engagement with commissioners to ensure a shared understanding of service support and to better inform the referral process for new admissions.
- Communication with families and representatives during assessment, admission and review regarding the care support provided.
- Discussion with families and representatives at assessment and admission to Roy Kinnear House on expression of wishes and life planning and how emergencies will be managed and where responsibility transfers to emergency services

Action	Timescales
Introduce a mandatory step in assessment/admission (for residential and complex care support houses) to confirm DNACPR status, document clearly, and follow up with the GP where unclear.	Completed on 29 th May 2026

<p>As part of risk planning for contingencies, whilst we await an AED at Roy Kinnear House, we have mapped out the 3 local AEDs nearest to Roy Kinnear House.</p> <p>We have also completed “drills” with the staff so they are aware of the location of the AEDs in the community and the time it would take to get the AED.</p>	<p>Completed</p>
<p>As an organisation, we will complete a risk assessment to determine if an AED is required at all of our registered care services.</p>	<p>31st July 2026</p>
<p>As an organisation, we will complete a risk assessment to determine if an AED is required at our supported living services. If one is not required, we will ensure clear visible signs to identify the location of the nearest AED.</p>	<p>31st July 2026</p>

Choice Support recognises that this case has identified areas where systems could be strengthened, particularly in relation to individualised emergency planning, clarity of guidance and staff confidence in emergency response.

We have recently appointed a Chief Quality, Engagement and Impact Officer and a Director of Quality, who are leading the development of a new quality framework and overseeing the review of our Serious Incident Policy.

Our actions focus on strengthening policy, training, planning and governance, ensuring staff are supported with clear, consistent guidance and that emergency responses are appropriately tailored to individual needs.

Sincerely,




Regional Operations Manager
Choice Support