

Responses to questions reference Mr. Hunter

We have extended our deepest sympathies to Mr. Hunter's relatives and we apologise sincerely for any failure on our part in his care. We appreciate the concerns of the family and we have co-operated fully with the Trust and the RQIA in respect of the issues raised.

Our procedure for emergency admission to hospital details clearly the documentation to be sent with the patient including records of medication administration. Medicine Kardexes are attached to the transfer form. The information provided on Mr. Hunter's admission to hospital included detail of his various conditions and specifically that he was epileptic and was prescribed Lamictal as treatment. The Medicine Kardex that accompanied him to hospital included that his dosage had been increased but the most recent dosage information was not made available to clinical staff at the Royal Ulster Hospital and this was due to human error, which we notified to the hospital and for which we have apologised. We understand this omission was noticed and pointed out to hospital staff by Mr. Hunter's brother in law the day before Mr. Hunter experienced his seizure.

You have suggested "*The incident in February 2009 triggered a sequence of events that would lead to a spiral of declining health for George.*" This does not accord with the case history. Mr. Hunter was considered well enough to be discharged from hospital back to the home in April 2009. Mr. Hunter had Downs, epilepsy and dementia. He had also suffered a stroke prior to his admission to Oaklands in 2008. His physical health had been deteriorating over a long period of time. Mr Hunter suffered from frequent seizure activity both prior to this admission to hospital and subsequent to his discharge, despite being correctly administered his prescribed medication.

You have also said that by the time Mr. Hunter was discharged from hospital his relatives were concerned that he was becoming "disengaged". Sadly this may have been a distressing symptom of his dementia. We cannot go into further detail for reasons of confidentiality and can only touch of points that have been raised with us.

Mr. Hunter died in Downe Hospital in December 2011. That was almost three years after the incident in question. His death occurred shortly before his 60th birthday. Although that is sadly relatively young, it considerably exceeds the average life expectancy for a Downs Syndrome patient which according to NHS data is 50 years.

The hospital passport system was intended to provide helpful information about a resident, but not as a substitute for clinical diagnosis and importantly it would not stipulate what medication is prescribed. That should be on the Medicine Kardex. Rather the passport provided complementary background information on the patient that often would not otherwise routinely be available. The passport system was discontinued at the home in favour of another form of transfer document. It is practice that a photocopy of the Medicine Kardex is attached to the transfer document. This was the same with the passport. There was not a systemic flaw in the passport system. There was an error in transfer of one piece of information on the Kardex. It was not a RQIA requirement to discontinue the passport system but rather it was the decision the new manager at Strangford Court to move to a new system.

[A requirement was made by the RQIA in July 2010 following an inspection of the home that "the registered person must ensure that when patients are transferred from nursing home to hospital accurate information must be transferred". This was implemented by the home as it would with any RQIA recommendation and refresher training provided for

staff provided if appropriate.]

Strangford Court provides specialist care for people living with dementia and learning disability. In 2011 it achieved accreditation as a PEARL specialist dementia centre after a rigorous programme and training and assessment. The PEARL programme has been recognised for its market-leading excellence by The Improvement Foundation and is studied by care providers internationally.