Belfast Health and Social Care Trust

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BHSCT Skype Call with Management Team of Clifton Nursing Home

Monday 11th May 2020 @ 10am

Attendees:

[redacted] Runwood Homes

[redacted], Runwood Homes

[redacted], Runwood Homes

Natalie Magee - Interim Co- Director Adult Community Older People's Service (ACOPS)

Christine Wilkinson – Interim Divisional Social Care Lead ACOPS,

Fionnuala McClelland – ASM Care Review and Support Team

Oonagh Galway, Lead Nurse, Care Home Nurse Support Team

Heather McFarlane, ASM Care Home Staffing Response Team

Tracy Reid – Divisional Social Work ACOPS

[redacted] RQIA

Agenda Item	Discussion and Agreed Actions	Action By
Purpose of Meeting	CW opened the meeting by thanking everyone for attending. CW explained the purpose of meeting was to review the action plan that was in place following the Trust meeting with Clifton management on Monday 10th February 2020. This was developed as a result of areas of concern being identified over Clifton NH's ability to sustain change to ensure positive lived experience of residents despite significant levels of Trust support, interactions and agreed action plans. It was also required to provide assurances that the Home has their own internal governance and quality assurance processes in place that identify at an early stage processes slipping and action accordingly, without the Trust having to convene support management meetings to highlight these with the home. This meeting had been scheduled to take place to review updates against the agreed actions. Due to the concerns raised over the weekend of the 8th May following a home visit by CHNST it was also opportune to discuss these in more detail and the immediate actions required. OG provided a summary of the CHNST involvement from the first suspected case in [redacted] on 24th April: 23rd April — Site visit [redacted] (CHNST) • Spoke to staff from all units • Swabbing undertaken • PPE training-donning doffing, appropriate use • IPC measures to ensure in place	

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	24th April Site visit [redacted] (CHNST) • Spoke to [redacted] • Preparation for COVID outbreak discussed • Need for Clinical observations requirements • PPE-posters/ guidance to be displayed • [redacted] spoke with care staff and RN's reiterating IPC requirements • Provided reassurance to anxious staff • No [redacted] within [redacted] • Spoke with [redacted] regarding ensuring regular communication with all staff/daily team brief • No staffing issues were identified Follow up Phone call with [redacted] from OG • Discussion re preparedness • PPE/Cohorting of staff and residents/AGP's/ACPs 25th April Site visit [redacted] CHNST • IPC issues addressed • Unit calm • Residents well 27th April Site visit [redacted] CHNST • Spoke with [redacted] • [redacted] • Clinical obs template in place • Staff wearing PPE appropriately-sessional and for suspected/confirmed cases • Staff less anxious • Unit calmer • PPE availability checked and readily available (both Trust and Runwood supply) • PPE being brought to unit as required to ensure staff were remaining in unit • Residents all well 1st May Site visit from IPC – discussion with [redacted] did not walkaround unit [redacted] • No issues noted	

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	• Evidence of correct zoning and use of PPE	
	2nd May • During daily call-noted that staff had gone off sick from [redacted] including [redacted]. [redacted] was working on floor [redacted] IPC visit 01/05, PPE used appropriately and sufficient in quality, Champion has been allocated on each shift to oversee supplementary charts	
	5th May Site visit [redacted] CHNST • Residents in [redacted] and [redacted] stable. ACAH continue to review residents • [redacted] was working on floor	
	7th May Daily calls re resident and NH update • Evidence of preparedness for call from CHNST - obs etc, residents presentation • Good liaison with GP's, OOH's • COVID centre and ACAH Team had been to NH • On the whole [redacted] have had the most unwell residents-evidence of good care • [redacted] residents were mainly asymptomatic and have remained same • O2 appropriately used • Staffing 02/05-noted that [redacted] on floor again	
	[redacted] thanked OG for her measured feedback and requested a one point of contact from Trust for communications to prevent multiple contacts when the home was under pressure. CW agreed this would not be a problem and OG would act as the one point of contact. [redacted] reported that both [redacted] and [redacted] were on site and providing leadership support and that the issues raised had been addressed. NM reported her concern that [redacted] had not accepted Trust staffing support and only when [redacted] was contacted this support was accepted and Trust staff were redeployed to the home. NM expressed concern that [redacted] had advised the Trust that [redacted] saw it as a falling to ask for help and expressed concern about this as a leadership falling and sought clarity on what Runwood were doing to support and develop [redacted] leadership skills. [redacted]	OG

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	acknowledged that at the time due to [redacted] being on the floor the rota oversight and need for staff was not necessarily known. [redacted] reported that [redacted] had reviewed rotas and staffing levels were sufficient to meet residents needs safely. [redacted] thanked the Trust to date for their support and advised [redacted] had to leave the call early to attend a department call. NM also advised that she had to leave the call also for another meeting. CW feedback from the 8th and 9th May site visits by CHNST, discussed the email communication by CW to [redacted] following CHNST visits to raise issues that needed to be addressed by home management: • [redacted] • An [redacted] on Friday 8th May had not known how to get 3 prescriptions dispensed from GP OHH • Hand sanitiser and soaps had not been replenished in resident's rooms over the 2 days. • [redacted] were still being supplied with disposable cups/ plates despite [redacted] advising [redacted] had directed kitchen staff to stop this. • The aprons were of poor quality- clarify if Trust or Home supplied so this could be addressed. Noted CHNST brought further quality aprons to Home. • No photos of residents noted in Med Kardexes in [redacted] unit, staff had not been given emergency codes/numbers in case of emergencies • [redacted] • There was only one pulse oximeter in [redacted] as one had broken • There needs to be bins in each room	

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	• There is now a number of unwell residents across [redacted] and [redacted] and staffing needs to be enhanced over and above normal as the acuity of these residents will require greater nursing needs,. [redacted] had advised CW that [redacted] was signing of the rotas Friday 8th May. CW asked [redacted] to provide assurances that own staff/ agency and trust staff enabled enhanced nursing in these 2 units to ensure the increased nursing needs of these residents are being met • Need to change mattresses was raised Friday 8th May by CHNST and this was being actioned, along with need of mouth care for a number of residents • Repositioning charts were not being completed appropriately with two residents - one had been completed up to 5pm, when checked at 4pm another had not been completed at all. Management asked to ensure all staff in units are fully aware of need to check for pressure damage, Correct mattresses in use and repositioning charts being completed appropriately • The CHNST addressed additional issues at time of visits. • CW advised attention to above concerns will assist in mitigating virus spread, needs of those unwell being met [redacted] • The issue re photographs in kardexs not detailed • Further request to home included systems to ensure staff and residents temperature checks are being carried out twice daily and for staff before shift as per latest guidance. • Assurances requested that no staff who are off with Covid absence are returning before the 7 day period and are not symptomatic. Assurances given that CHNST and ACAH and GPs from COVId Primary Care Centre would continue to be involved to support care home staff and residents. In response to the concerns raised by CW, [redacted] stated that immediate actions had been taken and [redacted] can provide assurances that crockery was now in place in all units, [redacted] and [redacted] were now supernumery and staff covered for following week. [redacted] further advised [redacted] who was presently assisting in another home was due back on Monday 18th may. [redacted] had been on the floor over the week due to NS numbers having to go off after testing positive. All hand sanisters were filled and checks in place on each shift to ensure these were kept replenished. [redacted]	

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	[redacted] confirmed mouth care, fluid charts and repositioning was being accurately recorded and was in place. [redacted] advised bins were due to be delivered that day and would be placed across home were needed. Aprons of poor quality [redacted] felt had been supplied by Trust, CW advised these could be returned and would be flagged with central stores. [redacted] confirmed inductions would be in place for all new staff and phone numbers and process for contacting OH GPs were displayed in offices for all staff to refer to. Medical kardexes were presently being updated along with ACPs in discussion with families and GPs. [redacted] confirmed staff were aligned to units and were not moving between units. FMcC feedback from CReST communications with families: • Families finding it difficult to get through on phone to home • Singer visit outside of home, on social media evidence of non-compliance with social distancing • Staff personal phone numbers being given to families • [redacted] • [redacted] not having specific information on relatives to share with families at time of calls [redacted] reported there had been a singer from the Voice visit from outside the home to show support to the home. Families had been concerned on seeing this that the community were not adhering to social distancing. [redacted] FMcC confirmed a Communication strategy was now in place with the Trust and Home to support and assist in timely communications with families. HMcF feedback on staffing support into unit. This was facilitated after discussion with [redacted] and would continue as needed. Reiterated that staff were there to support permanent staffing and must have induction to home and Trust nursing staff must not be nurse in charge. Need for staffing support can be reviewed daily. Issue with Trust domestic support being turned away on the Saturday discussed. [redacted] apologised as [redacted] had been inducting an RN and had not known this had occurred. CW reviewed action plan from February meeting. [redacted] provided following updates; [redacted]	

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	2. Magnetic locks were ordered and due to Covid delays in fitting, this is to be completed ASAP as still a risk of residents leaving unit. 3. [redacted] 4. Safeguarding referrals now checked by internal compliance to ensure full information provided. 5. Care plans continue to be updated to reflect current needs, this is being prioritised by [redacted] 6. Trackers in place for tissue viability 7. Supervision matrix in place for staff 8. Staff morale- waiting results of staff survey, HR in contact with individual staff for support 9. Internal Governance procedures- audits in place to ensure compliance, Compliance officers ensure actions each month addressed, quality assured by [redacted]. 10. [redacted] are ensuring activity provision in each unit with 1:1 activities in place and forget me not in each room to engage residents in. [redacted] reported that the home continued to report incidents and the inspection report on 3rd March 2020 had been positive. [redacted] advised [redacted] would discuss with [redacted] following meeting the need for an RQIA support visit or an inspection visit.	[redacted]
	CW thanked all for calling in, acknowledged assurances provided and reiterated the Trust will continue to work in partnership with the home to provide required support as part of the Covid response.	

BHSCT Microsoft Teams Call with Management Team of Clifton Nursing Home

Saturday 16th May 2020 @ 2.30pm

Attendees:

[redacted] Runwood Homes

[redacted] Runwood Homes

Natalie Magee - Interim Co- Director Adult Community Older People's Service (ACOPS)

Christine Wilkinson – Interim Divisional Social Care Lead ACOPS,

Roberta Myers – ASM Adult Gateway Protection Team

Tracy Reid – Divisional Social Work ACOPS

Agenda Item	Discussion and Agreed Actions	Action By
Purpose of Meeting	NM opened the meeting by thanking everyone for attending at short notice. She explained the purpose of meeting was to discuss the feedback provided by RQIA following their unannounced inspection on Friday 15th May 2020 during which they identified significant concerns in relation to the management of Infection Prevention and Control (IPC) and Leadership, Management and Governance oversight. NM advised the RQIA feedback identified issues that had already been raised and discussed during the meeting with the management team in Clifton Nursing Home (CNH) 4 days earlier on Monday 11th May 2020. During which [redacted] had advised the issues specific to the management arrangements and IPC had been addressed. NM outlined the IPC concerns reported by RQIA included: • Absences of bins within the home • Areas of the home being dusty, cluttered in disarray • Cleanliness of kitchen areas • PPE being stored on a fish tank • Clinical waste bags being tied to chest of drawers in bedrooms • [redacted] NM advised it was her understanding RQIA would be issuing two Failure to Comply Notices. NM further advised due to the repeated IPC concerns, the Trust would be screening the IPC non-compliance under ASG Procedures. NM advised that the issues identified by RQIA	

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	indicated that the required stringent adherence to IPC requirement has not been met. Furthermore, that the Trust must consider as to whether the IPC failings are associated with an increase in spread of the virus. It was highlighted that CNH had a significant COVID outbreak that had resulted in a high infection rate and the death of nine residents living in the home. [redacted] advised [redacted] was disappointed to be in this position. [redacted] advised that [redacted] was not aware of the intention of RQIA to issue failure to comply notices in relation to (a) Management and Governance (b) Infection and Prevention Control and this decision having already been made would not be in line with the Regularity Framework. As [redacted] understood, Runwood were to attend an Intentions meeting with RQIA on Tuesday 19th May 2020. [redacted] advised that [redacted] had formally notified RQIA of communication from the Trust and was seeking further clarification. NM offered apologies for any misunderstanding on her part and for any confusion or concern that may have arisen related to due process.	
Management and Governance	[redacted] [redacted] advised the following interim management arrangements were in place: • [redacted] is now onsite and in Clifton today to provide management oversight and support • [redacted] would provide management oversight in CNH in [redacted] absence. That [redacted] would be based in CNH for the next few weeks and had been freed up from responsibilities in other homes • One [redacted] was available on site today to oversee direct patient care. • A [redacted] who was supernumerary was always available at weekends to provide management and clinical leadership • Supervision of the clinical team was taking place today with an emphasis on the importance of providing leadership and correcting poor practice at point observed. [redacted] provided the example of addressing the issue of a staff member wearing two masks.	CNH

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Infection Prevention and Control	[redacted] confirmed that the IPC issues outlined by NM was also [redacted] understanding. [redacted] advised that that there had been no concerns in relation to residents rooms and RQIA had commended the home in relation to the cleaning of touch points. [redacted] advised that the company had bins on order but they had been difficult to source due to supply issues and the provision of bins within the home was being prioritised. [redacted] advised they had been attempting to purchase bins locally. [redacted] had advised that • Deep Cleaning had commenced on Friday evening and continued today and in particular, the kitchenettes had been deep cleaned. • Additional PPE stations had been set up throughout the home to make PPE more accessible to staff along with additional shelving to store PPE • Guidance re donning and doffing PPE was available at PPE stations. • A team of additional 6 staff are in the home and currently working to address issues of concern.	CNH
Toby Hurst	[redacted] clarified measures in place to prevent the spread of infection [redacted]. These included: • Staff are aligned to work only in [redacted] • No transfer of personnel across between units • Robust IPC measures including barrier nursing • Enhanced cleaning of touch points in [redacted] • Unit closed to admissions • Residents Isolated in bedrooms • Staff in [redacted] entering building via a side door	CNH
Adult Safeguarding	TR raised queries in relation to the preparatory work that the home had done for the pandemic from March, as she was concerned that at this stage of the pandemic, the home did not have sufficient bins available to ensure appropriate waste management and there was a lack of availability of hand gel /soap in the home, as dispensers were not being consistently. Furthermore, that ready access to appropriately stocked PPE stations across the units were not all in place [redacted] advised that as a group Runwood had set up a number of robust mechanisms to prepare for COVID 19 including • Sourcing additional PPE	

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	• Developing a COVID 19 training module of which 93% of staff in Clifton had undertaken. • Infection control audits • Training in donning and doffing PPE with notices on how to do so available at PPE stations. [redacted] affirmed that the organisation had adequately prepared for COVID and advised the Belfast Trust's IPC report of 1st May 2020 positively reflected the IPC measures the home had in place. NM advised that it was her understanding that the IPC visit on the 1st May 2020 was a face-to-face discussion with [redacted] and reflected [redacted] feedback rather than being an IPC walkaround the home. [redacted] advised this was not indicated in the report. TR advised that under ASG procedures the Trust would require assurance that: • Residents could continue to be safely cared for in CNH • Appropriate levels of PPE and robust IPC measures were in place and sustained to the required consistent standards Furthermore CNH management would need to: • Understand and articulate the risks to residents within the environment, particularly in minimising the risk of spread to those not already affected by COVID 19. • The Trust may have to consider the need to transfer residents out of CNH for their safety and protection from the risk of getting infected, if they can not be assured that sufficient IPC compliance is not maintained. TR advised that it would be the intention of the Trust to be open and transparent in communication with families regarding any action taken by RQIA. TR confirmed that Trust would inform Runwood Management prior to undertaking direct communication with families. **Action** NM to clarify the mechanism of the IPC visit of 1st May2020.	Belfast Trust CNH Belfast Trust Belfast Trust
Staff	[redacted] advised the staffing in the home was now stabilised with home staff returning to work and with Trust staffing support	

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	[redacted] advised alignment of staff to specific units had been arranged as part of the organisations pandemic planning and confirmed staffs living arrangements outside of work had been considered as part of the planning process. [redacted] confirmed all staff had compiled with testing but clarified this was symptomatic staff. CW advised that it was her understanding that a number of staff had refused testing when the screening of all staff and residents had taken place earlier in week. CW to forward details of staff tested to date from [redacted] to identify and address with those staff yet to be tested	CW [redacted]
Residents	[redacted] was unable to update the Trust in relation to the numbers of residents who were seriously ill or the numbers of residents Covid positive. However, [redacted] reassured the Trust that this information would be available and recorded on an organisational matrix. The cohorting of residents into COVID and non-COVID zones was discussed. [redacted] confirmed this was not happening and referenced prior discussion with [redacted] from the Care Review and Support Team as being a factor in this decision. NM advised she was not aware of this and suggested the advice provided was at a point in time and it may be timely to review in order to prevent further spread of infection.	[redacted]
Trust Assurance	NM thanks [redacted] for all the information [redacted] had provided and advised [redacted] representatives from the Trust would be undertaking on site visits to seek assurance the action detailed during this meeting was operationally evident in the home. NM advised a further meeting would be required with the management team of CNH following the Intentions meeting with RQIA on Tuesday 19th May and a strategy for communication with families would be agreed at this meeting if required. The time of meeting could not be agreed, as the time of the Intentions meeting with RQIA had not been confirmed.	Belfast Trust Representatives NM

Belfast Health and Social Care Trust
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Trust Headquarters
A-Floor, Belfast City Hospital
Lisburn Road
Belfast
BT9 7AB

18th May 2020

Dear [redacted]

Thank you for meeting with representatives from the Belfast Trust on Saturday 16th May to discuss concerns communicated to the Trust by RQIA on the evening of Friday 15th May, in relation to the Infection Prevention and Control and Leadership practices and Governance Oversight arrangements in Clifton Nursing Home (CNH). We appreciate you taking the time to meet with us at short notice. As discussed, the Belfast Trust will be screening the Infection Prevention and Control issues discussed at our meetings on the 16th May 2020 to determine of thresholds have been reached under Adult Safeguarding Policy and Procedures

Attached for your information are the following documents:

1. Minutes of the meeting held with the Management Team in CNH on 11/05/20
2. Minutes of the meeting held with the Management Team in CNH on 16/05/20
3. Agreed Protection Plan for the Management of Infection Prevention and Control with CNH.

As agreed during our meeting on 16th May 2020, the Adult Safeguarding representatives from the Trust would be undertaking on site visits commencing on 16th May 2020. The purpose of these visits is to seek assurance that the measures agreed as part of the ASG Protection Plan ~~were~~ are operationalised within the home.

Unfortunately despite the assurances provided by you during our meeting, the Trust are not assured that the Infection Prevention Control improvement measures articulated, during the aforementioned meetings, have been fully and consistently implemented. The finding of visits from the staff who went on site are concerning to the Belfast Health and Social Care Trust. Outlined below are the concerns identified with repeated consistency by each team that visited the home. It is disappointing and concerning that the assurances offered during meeting where not all evidenced in practice.

[redacted] (Palliative Care Nurse Specialist/ Investigating Officer) visited [redacted] Unit on 16th May 2020 at 3.30pm. [redacted] (Belfast Trust Staff Support Team) facilitated this visit and the following observations were made:

- No evidence of enhanced cleaning, staff report they did not observe extra cleaning being undertaken on 16th May 2020.
- Poor availability of bins for PPE, many of the bathrooms had no bins.
- The four bathrooms and sluice visited all required further cleaning.
- PPE was available on entrance to unit, but sparse throughout rest of the unit

- Staff reported a shortage of B/P cuffs and pulse oximeters and that these are being shared between floors.
- [redacted]
- A Trust staff member reported that she had been asked to work on different units within the homes on different days.

A further visit by [redacted] on 17th May 2020 confirmed that:

- The posters provided by IPC on 1 May have not been put up. They seem to have been interpreted (use amber/green and red), as a mechanism to reflect dependency and not as a zoning mechanism- zoning posters are not present in the building

- [redacted] staff only using staff door to mitigate staff all coming through the one main entrance. [redacted] staff are still coming through the main front door. This is contrary to the assurances provided to the Trust on Saturday 16 May 2020, when Senior Managers were advised that access to [redacted] was only through the side door.

[redacted] (Adult Safeguarding Nurse) visited [redacted] Units on 16th May 2020 at 3.15pm. The [redacted] on duty facilitated his visit. The following observations were made during his visit and the following concerns were reported to [redacted]

[redacted]

- [redacted] stated [redacted] had been in the process of making signs for the PPE station about correct procedures re PPE when called to facilitate the visit. At our 2.30pm call (of the same day) you had provided an assurance this guidance material for donning and doffing PPE was available at work stations
- It was noted that [redacted] works across both sides of the unit during [redacted] shift and consequently will be working with COVID positive and negative patients. Furthermore, while Care Assistants are allocated to one side of the unit, there is no guarantee they would not help on the other side, again indicating care staff can work with both COVID positive and negative residents. Such practice creates a risk of cross infection to residents not affected by the virus.
- [redacted] stated that PPE is changed between residents and is doffed in the resident's room. With the exception of one there were no clinical bins in the resident's rooms. [redacted] stated staff take a yellow clinical bag with them into the room, put the discarded PPE into this, and take it with them to discard. Handling clinical waste without PPE creates a risk of cross infection.

[redacted]

- A number of the residents communal toilets had no hand soap

- PPE stations were setup in the shower rooms on each side; one side had no aprons, the other no bin – there was no bin in the bathroom beside this shower room, so it was unclear where staff would put paper towels after drying their hands. Neither stations had visors. [redacted] advised the process was to hand wash in one of the communal resident's toilets and then walk to the shower room to get PPE.
- The staff toilet and nurses office on 1-20 side had PPE in open wastepaper bins (the same side as the shower room with no bin)
- Doors to the staff toilet (21-40 side) and one of the fire doors into the central courtyard wedged open. [redacted] was unable to say why this may have been. This is a matter of urgent concern as this creates a health and safety risk.
- COVID positive residents with Dementia were observed walking around the unit. Whilst residents are reportedly encouraged to distance from other, one female resident was observed locking her door, as a COVID positive resident was attempting to come in. This would raise the question if COVID positive residents could go into the bedrooms of bedbound COVID negative residents.
- [redacted] advised IPC that rainbows were being used on resident's doors to identify those who are COVID positive. [redacted] is of the view that most doors had rainbows and when [redacted] asked why they were on the doors, it was to remind people to put on PPE and therefore being used wide scale in the unit.

[redacted] (Assistant Services Manager, Care Home Support Team) and [redacted], (BHSCT IPC Specialist) visited the unit 16th May 2020 at 4pm and undertook an IPC walk through [redacted] units. They identified the following issues that that are likely to be contributing to the continued transmission of COVID 19 in the resident population.

- Staff are working with both COVID positive and negative patients
- Agency and recently appointed staff on duty reported they had not received specific training relevant to CoVid 19 containment ~~in particular~~ nor PPE usage. This is contrary to the information received in our meeting.
- The level of available onsite cleaning staff was Inadequate. They are recommending that a dedicated cleaning staff should be available in each unit from 08:00 to 20:00.
- The frequency of residents with dementia being supported to wash their hands is inadequate.
- Not all waste bins had a foot operating mechanism
- Uncleanable items were available in environments
- Not all PPE was stored appropriately
- PPE was not always stored as close to point of use as it should be

A follow up visit on Sunday 17th May took place with [redacted] and [redacted] (Care Home Nursing Support Team) and [redacted] (Palliative Care Nurse Specialist/ Investigating Officer) who visited all three units late afternoon of the 17th May.

The following feedback was received:

- Improvements across home in relation to cleaning, bins in place, PPE stations and signage.

[redacted]

- 1 nurse and 4 carers for 24 residents
- 2 bins foot pedal broken
- [redacted] no deep cleaning had taken place, 1 shower room required cleaning
- [redacted] 1 sluice room cleaner then yesterday however laundry across the floor
- Floor in shower room needed enhanced cleaning
- 1 resident lying on mattress in bed with no bed sheet- no rationale given by staff as adequate laundry on site, addressed at time with staff
- 2 soap dispensers in [redacted] not filled, hand towels on window sill not in dispensers.
- [redacted] confirmed checklist regarding checking soap and towel dispensers was drawn up but had not been implemented as yet.
- Domestic staff had been secured to cover up to 8pm- clarity required that this is for each unit.

[redacted]

- All dispensers had soap and hand towels
- Furniture/ chairs in lounge/communal areas removed and decluttered
- Some planning as to cohorting positive residents to one end- 3 at end of 1 corridor. [redacted]
- Seven staff to 25 residents- 4 nurses 3 CAs were meeting resident's needs, with 2 nurses and 1 carer aligned to positive resident end.
- Bins were in place on both sides.
- 2-3 residents mobile but were being distracted and not entering positive end.
- 1 resident in [redacted] under review of CHNST stable and needs being met with dietitian referral made

[redacted]

- [redacted]
- 1 nurse and 2 carers (1 carer phoned in sick) to 17 residents
- PPE stations in place
- 1 toilet area hand towels on window sill not in dispenser
- 1 toilet area no hand towels no soap (reason given this toilet was not used regularly)
- Evidence of cleaning
- 1 bin broken in toilet area
- [redacted] was supernumerary

I want to acknowledge fully the improvement noted in IPC measures from the 16th to 17th May however there remains inconsistency in standards across the home. The Trust's primary concern is the safety and well-being of all Residents placed within the home and given the risks detailed above, the Trust requires assurance that the home has the necessary arrangements in place to protect those Residents. The Trust requires by Wednesday 20th May 2020 clarity that the following IPC measures have been put in place:

1. The arrangements for support services staff within individual units such as cleaning, laundry and kitchen staff have been reviewed. Please confirm that staff are aligned to specific units and the hours of working for cleaning staff.
2. Increased availability of adequate BP cuffs and pulse oximeters in all units and confirmation that the practice of sharing this equipment between units has ceased. If additional equipment required please alert the Trust.
3. Assurances that all residents are shielding within the building.
4. That access/ egress arrangements are reviewed and a separate entrance to [redacted] is operational and consistent in [redacted] staff use
5. All PPE stations have guidance available on the appropriate donning and doffing of PPE.
6. That staff are wearing appropriate PPE when handling clinical waste.
7. That specific staff are identified on each shift to work with COVID positive residents only and the practice of staff working with positive and negative residents has ceased.
8. An hourly cleaning schedule has been implemented in all units.
9. That unused chairs and furniture are removed from the environment to reduce touch points.
10. Formal advice on cleaning management and the cleaning of floor covering in client's rooms has been sought from [redacted] PCSS Manager BHSCT.
11. A system has been established to support residents with dementia to wash their hands on a minimum of an hourly basis.
12. All waste bins now have a foot operating mechanism for lid opening with non-touch by hands and there is adequate bins available across the home.
13. Uncleanable items have been removed from general circulation e.g. Jigsaws/ Wool items.
14. Smock aprons have been removed from stock.
15. The locations of PPE has been reviewed and is now stored as close to point of use as possible
16. All PPE is now stored in enclosed settings like Danni Stations to reduce risk of environmental contamination.
17. That there is a system in place to ensure that all hand sanitisers are filled regularly.
18. No fire doors are wedged open

To support the home with staff training the Trust will provide an IPC PPE Trainer to deliver training on hand hygiene, PPE, cleaning and decontamination. This training will be hosted in Fairview PCSS Training Room and will be delivered in 30-minute sessions. Staff can attend in either very small groups or 1:1 The training will be delivered on Monday 18th, Tuesday 19th and Wednesday 20th May 2020 and will be

facilitated by [redacted]. It is the responsibility of the management team in Clifton Nursing Home to ensure all staff attend this training.

As discussed the Trust as part of Adult Safeguarding procedures will be seeking assurance of the ability of Clifton Nursing Home to deliver safe and effective care to residents. Specifically that the home can effectively manage Infection Prevention and Control within the environment to minimise the risk of transmission of COVID 19 to unaffected residents. Furthermore, the Trust will require an assurance of appropriate management oversight arrangements and the sustainability of the implementation of IPC measures.

Following Clifton Nursing Home's Intentions meeting with RQIA on Tuesday 19th May 2020, the Trust will seek a further risk management meeting with key stakeholders to discuss any further escalation which may be needed and what factors would trigger this.

In the interim, support will continue to be provided to the home in the management of COVID 19 by the Care Home Nursing and MDT Support Team, the Acute Care at Home Team and the mutual aid staffing support.
Please do not hesitate to contact me if you wish to further discuss the content of this correspondence.

Yours sincerely

[redacted]

Natalie Magee
Interim Co-Director Adult Community Older People's Services

Cc [redacted] RQIA
Marie Heaney, Director of Adult Community Older People's Services, Belfast Health and Social Care Trust
Brenda Creaney, Director of Nursing, Belfast Health and Social Care Trust
Covid 19 Oversight Team, Belfast Health and Social Care Trust

[redacted]

From: Magee, Natalie
Sent: 19 May 2020 10:42
To: [redacted]
Cc: [redacted] Heaney, Marieb; Creaney, Brenda; Covid19-SM; Reid, Tracy; Wilkinson, Christine
Subject: CNH
Attachments: Interim Protection Plan.docx

Dear [redacted]

Thank you for meeting with the Trust on Saturday 16th May. Following on from the this meeting please find attached

- Minutes of meeting on 11th and 16th of May.
- Interim Protection Plan
- Correspondence of Trust Concerns

Please do not hesitate to contact me if you would like to further discuss
Regards Natalie

Natalie Magee
Interim Co-Director ACOPS
Older People's Services
151-157 Shankill Road
Belfast

Telephone: 95046710 / [redacted]
Email: natalie.magee@belfasttrust.hscni.net

Belfast Health and Social Care Trust
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Interim Adult Safeguarding Protection Plan Re. Clifton Nursing Home

As agreed on 16 May 2020 during with meeting with [redacted] Runwood Homes and Belfast Health and Social Care Trust

Risk area	*Current Controls in place by Care Home Provider as advised [redacted] and [redacted] on 16 May 2020*	Further Action Required	Responsible Person	Timescale
Management and Governance Arrangements	CNH have advised that the current manager is on a period of sick leave. **Interim arrangements (as advised by CNH):** Senior Manager oversight is being provided by [redacted] Operational Oversight and Management is being provided by [redacted] Trust provided with assurances by CNH that is sufficient managerial oversight during this time	Trust requests written confirmation from CNH of the detail of the management arrangements for each shift over the next week Trust requests details of the Senior Manager oversight arrangements for the home and the level of input being provided Trust requests details of the Operational Management and Oversight arrangements for the home and the level of input being provided. Trust requests details of who will undertake regular spot checks and audit of care environments to ensure	[redacted]	**5pm 18 May 2020**

		appropriate governance oversight of care delivered within home		
Infection control measures	CNH are urgently acting to address the recommendations that RQIA have made in relation to Infection Control arrangements in CNH A team of an additional 6 people are onsite this weekend to address urgently the issues that have been raised Storage of PPE has been moved from the top of fish tank and additional PPE station has been set up for appropriate storage and easy access. No issues reported in relation to available quantities of PPE and positioned throughout the units to ensure easy access A deep clean has occurred in the home today (16 and 17/5/20) and the kitchenettes have been cleared and cleaned CNH have systems in place to maintain barrier nursing for areas which have positive and negative residents There is no cross working of staff between green zone and red zone. No staff working in Toby Hurst are working in Donegall or Benn Access to [redacted] is restricted to side door only and away from Red Zone Contamination arrangements in place for catering equipment and this is not shared across units	Trust requests confirmation of the provision of bins in each bedroom and - An explanation of why bins are not provided in each bedroom - When the additional bins were ordered and proof of same - Expected delivery date of new bins - Confirmation of interim arrangements Trust requests confirmation of the areas of the home cleaned during the deep clean Trust requests confirmation of the decontamination arrangements for all catering and nursing equipment and confirmation that these are not shared between units. The Trust requests copies of CNH staff training records for IPC and COVID preparedness. The Trust requires a copy of the COVID training module delivered by Runwood	[redacted]	**5pm 18 May 2020**

	93% of staff have completed required Public Health Training Managers have full access to all relevant Protocols and Guidance			
Testing of staff	All symptomatic staff have availed of testing Not all asymptomatic staff have been tested	Trust requires assurance in relation to return to work arrangements for staff who test negative but remain symptomatic Trust to provide CNH of the names of the staff who have refused testing		
Adult Safeguarding Assurance Visits	CNH have agreed to Adult Safeguarding assurance visits by 2 Nursing staff commencing 16/5/20		T Reid/ [redacted]	16/5/20
Support for Care	The Belfast Trust will continue to provide staffing support, advice and guidance to support the home to meet the care needs of service users	Trust requesting staff rotas per unit for weeks commencing: 11 May 2020 18 May 2020	[redacted]	**10am 20/05/20**

Tracy Reid

Divisional Social Worker

Adult, Community and Older People's Services

[redacted]

From: [redacted]
Sent: 28 May 2020 16:19
To: [redacted]@runwoodhomes.co.uk
Cc: [redacted]@runwoodhomes.co.uk; [redacted]@runwoodhomes.co.uk
Subject: Runwood Homes Limited - Clifton Nursing Home Performance Notice 28th May 2020
Attachments: Clifton Nursing Home Performance Notice Letter.pdf; Clifton Nursing Home Performance Notice May 2020.pdf

Importance: High
Sensitivity: Confidential

Hi [redacted]

Please see attached Letter and Performance notice issued by the Belfast Trust in respect of Clifton Nursing Home.

I would appreciate if you could respond to confirm receipt of this email.

Regards,

[redacted]
Assistant Planning & Performance Manager
Planning and Contracts
Knockbracken Health Care Park
2nd Floor, Administration Building
[redacted]@belfasttrust.hscni.net
[redacted]

Belfast Health and Social Care Trust

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Our open tender opportunities are now available at https://etendersni.gov.uk/epps/home.do

Belfast Health and Social Care Trust

Admin Building
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
Tel 028 95040171

Our ref: AW

28 May 2020

[redacted]
Responsible Person
Runwood Homes Limited
107 London Road
Essex
SS7 2QL

Dear [redacted]

Re: Issue of Performance Notice to Runwood Homes Limited (Company Number NI00731250), 107 London Road, Essex, SS7 2QL in respect of Clifton Nursing Home, 2a Hopewell Avenue, Belfast, BT13 1DR

Following review of the Home by RQIA on 15 May 2020 I understand concerns have been identified and evidenced in a number of areas relating to governance within the Home.

Please find enclosed the Performance Notice within which is detailed the areas for concern that the Trust considers constitutes unsatisfactory performance of the Residential and Nursing Home Contract, and the actions which the Home is required to undertake.

The Belfast Trust will continue to provide the current staffing support in place to the Home until compliance is achieved as per the enclosed Performance Notice. The Trust will also liaise with RQIA regarding this matter.

If you have any comments or queries in relation to the details contained in this letter, please contact me at the address or the telephone number above.

Yours sincerely,

[redacted]

Clare McMahon

Senior Manager – Planning & Contracts

Belfast Health and Social Care Trust

BELFAST HEALTH AND SOCIAL CARE TRUST

PERFORMANCE NOTICE

TO

RUNWOOD HOMES LIMITED (PROVIDER)

IN RESPECT OF THE REGIONAL RESIDENTIAL & NURSING PROVIDER SPECIFICATION AND CONTRACT FOR CLIFTON NURSING HOME (HOME)

PERFORMANCE NOTICE (1)

Reference:

The Belfast Health and Social Care Trust received notification of concerns resulting from the RQIA inspection on 15 May 2020 resulting in receipt of one Failure to Comply Notices issued to the Provider in respect of the Home in relation to:

- Regulation 10(1) of The Nursing Home Regulations (Northern Ireland) 2005 (FTC000095)

DATE OF PERFORMANCE NOTICE

This Performance Notice dated 28th May 2020 is issued by the Belfast Health & Social Care Trust to Runwood Homes Limited (Provider) in respect of Clifton Nursing Home (Home) under Section 8 (Unsatisfactory Performance) of the Regional Contract for the provision of Residential and Nursing Home Services.

THE PREFORMANCE NOTICE HAS BEEN ISSUED FOR THE FOLLOWING REASONS:

Runwood Homes Limited (Provider) in respect of Clifton Nursing Home (Home) failed to fulfill the terms of the Contract as set out below.

General Terms and Conditions of Contract:

6.1 *The Provider shall employ sufficient Staff to ensure that the Services are provided at all times and in all respects in accordance with the Specification and RQIA staffing guidelines. The Provider shall ensure that a sufficient reserve of Staff is available to meet the Specification during holidays or absences.*

6.2 *The Provider shall employ for the purposes of this Contract only such persons as are skilled and experienced in the duties required of them and must ensure that every such person is properly and sufficiently trained and competent to perform the Services, has satisfied the applicable DHSS&PS health clearance requirements and shall be fully compliant with RQIA and any other Guidance.*

Special Terms and Conditions of Contract:

3. *PROVIDER COMPLIANCE*

(A) Nursing Home Providers shall comply with:

- *The Nursing Homes Regulations (Northern Ireland) 2005, and*
- *Care Standards for Nursing Homes 2015 issued by DHSSPS, and*
- *Any subsequent and/or relevant legislation or DHSSPS guidance.*

ACTION REQUIRED BY RUNWOOD HOMES LIMITED:

The Belfast Health & Social Care Trust considers that the above demonstrates a material failure by Runwood Homes Limited to meet the requirements of the Contract and hence the following is required within the stated time scales:

1. As set out under clause 8A.1 of the Contract the Trust requires the Home to suspend admissions of any new Residents which may referred to the Home by the Trust. The duration of this suspension will be reviewed in conjunction of ongoing work with RQIA.
2. The Trust requires the Home to progress the issues as set out within the RQIA Failure to Comply Notice within the compliance date of 3rd June 2020 as set out by RQIA. The Home will notify the Trust regarding any further issues arising as a result of further RQIA inspections.
3. The Trust requires written confirmation with supporting information which demonstrates that the required skill mix of Staff to effectively deliver Services to Residents is in place as set out within clause 6.1 of the Contract by close of play on 3rd June 2020.
4. The Trust requires written confirmation with supporting information which demonstrates that the Staff delivering the Services to Residents meet the requirements of clause 6.2 of the Contract by close of play on 3rd June 2020.

Runwood Homes Limited is reminded that under Clause 8.0 of the Contract, failure to rectify the performance to which this notice relates within the time period specified in this Performance Notice, may result in the activation of the clauses as set out between 8.1.2.2 and 8.1.4.

8.1.2.2 If the Provider's remedial action fails to remedy the Unsatisfactory Performance to the satisfaction of the Trust, and that Performance Notice is not in respect of a material breach, the Trust may issue a further Performance Notice.

8.1.2.3 Accumulation of 3 (three) non-material Performance Notices within any consecutive rolling 12 Month period may be considered by the Trust as a material breach of the Provider's obligations. In exceptional circumstances where the Unsatisfactory Performance relates to very serious significant harm and remedial action has failed to provide the required improvement this may be considered by the Trust as a material breach of the Provider's obligation under the terms of the Contract.

8.1.2.4 If the Provider has committed any material breach of its obligations under the Contract and has not remedied that material breach within the timescale given within the Performance Notice then one or more of the following may occur:-

8.1.2.4.1 Up to 20% of the Monthly sums payable under the Contract in each Month may be withheld until the remedies specified in the Performance Notice and/or remedial action plan have been implemented, and no interest shall be payable to the Provider on any sum withheld under this clause 8.1.2.4.1 unless it can be established that the money was withheld unjustifiably; or

8.1.2.4.2 The Contract may be terminated or suspended in whole or in part.

8.1.2.5 Where the Trust has already made payment to the Provider with respect to the Service which constituted Unsatisfactory Performance, whether material or non-material, the Trust may request that such payments be reimbursed to the Trust within 21 days from request and the Provider must comply with any such request and/or the Trust may deduct the payment from future payments which may be payable to the Provider by the Trust, including from any existing or future contract(s) between the Trust and the Provider.

8.1.3 Suspend part or all of the Contract.

8.1.4 Terminate part or all of the Contract either immediately or on a date as notified by the Trust if the Unsatisfactory Performance is in the opinion of the Trust of a serious nature to warrant same.

[redacted]

From: [redacted]
Sent: 17 June 2020 14:41
To: [redacted]@runwoodhomes.co.uk; [redacted]
Cc: Traub, Gillian
Subject: Runwood Homes Meeting Notes V2

Sensitivity: Confidential

Dear all

I hope you are well. Please find attached the draft minutes of the meeting between BHSCT and Runwood Homes on 28th May 2020 for your consideration and comments.

Many thanks

[redacted]

[redacted]
Personal Secretary to Gillian Traub
Interim Director, Adult Social & Primary Care

Belfast Health and Social Care Trust
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Level 9 Headquarters | A Floor | Belfast City Hospital | Lisburn Road | Belfast | BT9 7AB | Tel: 02095040835 | email: [redacted]@belfasttrust.hscni.net

HSC Values

INVESTORS IN PEOPLE

Belfast Health and Social Care Trust

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BHSCT & Runwood Homes

Thursday 28th May 2020 at 12:30pm
TEAMS Online Conferencing

Meeting Notes

Attendees:

Marie Heaney, Director of Adult Social & Primary Care BHSCT (Chair)
Jennifer Thompson, Co-Director of Performance, Planning and Informatics BHSCT
Clare McMahon, Contracts Manager BHSCT
[redacted], Acting Chief Legal Advisor DLS (legal representation for BHSCT)
[redacted] Runwood Homes Ltd
[redacted] legal representation for Runwood Homes Ltd)
[redacted], Minute Taker

1.0	**Opening Remarks** Mrs Heaney thanked colleagues for their attendance at this meeting and acknowledged it had been a difficult few weeks.
2.0	**Update on Status of Clifton House** [redacted] updated that [redacted] had met with RQIA on Tuesday 26th May 2020 during which [redacted] outlined that [redacted] would be assuming management responsibilities however Runwood Homes Ltd would still be contracted as the Provider for a transitional period of approximately 6 weeks. [redacted] noted that [redacted] were physically present in the Home from today, 28th May, and were meeting with colleagues. [redacted] confirmed that RQIA did not proceed with their intention to issue a Notice of Proposal Mrs Heaney enquired if RQIA's decision not to proceed was because of [redacted] involvement. [redacted] responded that RQIA would need to respond to that, however stated that [redacted] felt Runwood Homes had no other choice than to put the [redacted] proposal forward, as the Trust were intending to start decanting residents from the Home. [redacted] noted that the preference of Runwood would have been to work through the non-compliance notices and

escalation process, which [redacted] did not consider had been followed.

[redacted] raised a concern that an interview given by a BHSCT Executive member to both radio and TV stated that RQIA had said Clifton Nursing Home had to close. [redacted] believes this to be an inaccurate statement and stated the closure of the Home was not a foregone conclusion. [redacted] commented that [redacted] felt the statement made portrayed an incorrect message to the public. Mrs Heaney responded that members of the Belfast Trust local team had provided significant support to the Home over recent weeks but the standard of the Home was still inadequate. [redacted] acknowledged that some very good interface work had been done with key Belfast Trust personnel however stated that as a provider Runwood Homes has concerns with planning and communication both pre and post pandemic.

[redacted] stated that this was a very useful conversation for all parties to have however noted the Belfast Trust would not be accepting [redacted] comments at this meeting. [redacted] agreed that the fact that any comments made by any party during this meeting were not challenged during the meeting did not mean the point made was being conceded by other parties

Mrs Thompson sought clarity over the relationship with [redacted] during the transitional period. [redacted] responded that governance and management arrangements lay with [redacted] but regulatory responsibility remained with Runwood. [redacted] noted that RQIA have been informed and are content with this arrangement. [redacted] explained the transitional period was required to enable the [redacted] to do their own due diligence as they are the [redacted]

Mrs Thompson highlighted that the BHSCT's contract is with Runwood Homes and [redacted] noted that the Trust is required to consent to any sub-contracting and requested that [redacted] informs the Trust formally of the arrangements.

ACTION: [redacted]

Mrs Heaney asked for confirmation of a timeframe. [redacted] responded that as far as Runwood Homes are concerned they would be looking to transition as soon as possible, however noted this now sits with [redacted]

2.0	**Transition** Mrs Heaney stated that BHSCT representatives have been working with the home and are due to meet with [redacted] today as the new [redacted] within the home. Mrs Heaney stated that BHSCT representatives working within the home and providing support will remain in place until the Trust is satisfied that significant and evidential improvements have been made. Mrs Heaney stated that RQIA have scheduled a further inspection for 03rd June and that the Trust will await the outcome of that inspection
3.0	**SAI** Mrs Heaney stated that the Trust was considering initiating a Serious Adverse Incident (SAI) investigation into the circumstances surrounding the home with regard to those residents placed by the Trust, but that a final decision had not yet been taken. Any SAI would include identifying any learnings . Mrs Heaney requested participation from Runwood Homes Ltd in any planned investigation. [redacted] responded confirming that Runwood Homes would participate in any investigation to be carried out by the Trust and stated that Runwood Homes Ltd plan to carry out a Root Cause Analysis (RCA) of the circumstances and will request Trust participation in carrying out that RCA.
	Improvement Notice Ms McMahon stated that an Improvement notice would be issued this afternoon to Runwood Homes. It was stated that the performance notice will be issued following on from the concerns previously raised with Runwood Homes in respect of the home by BHSCT Interim Co-Director, Natalie Magee and the Failure to Comply (FTC) issued to the home by RQIA.
4.0	**Communication** Mrs Heaney stated that regular communication between representatives from BHSCT and Runwood Homes Ltd would be necessary until the Trust is satisfied that compliance with the contract performance notice issued by the Trust and the FTC issued by RQIA are achieved.