





Agenda Item	Discussion and Agreed Actions		Action By
	<p>24<sup>th</sup> April</p> <p>25<sup>th</sup> April</p> <p>27<sup>th</sup> April</p> <p>1<sup>st</sup> May</p>	<p>Site visit [REDACTED] (CHNST)</p> <ul style="list-style-type: none"> <li>• Spoke to manager</li> <li>• Preparation for COVID outbreak discussed</li> <li>• Need for Clinical observations requirements</li> <li>• PPE-posters/ guidance to be displayed</li> <li>• Benn Suite-spoke with care staff and RN's reiterating IPC requirements</li> <li>• Provided reassurance to anxious staff</li> <li>• No [REDACTED] within Benn</li> <li>• Spoke with [REDACTED] regarding ensuring regular communication with all staff/daily team brief</li> <li>• No staffing issues were identified</li> </ul> <p>Follow up Phone call with Regional Manager [REDACTED] from OG</p> <ul style="list-style-type: none"> <li>• Discussion re preparedness</li> <li>• PPE/Cohorting of staff and residents/AGP's/ACPs</li> </ul> <p>Site visit [REDACTED] CHNST</p> <ul style="list-style-type: none"> <li>• IPC issues addressed</li> <li>• Unit calm</li> <li>• Residents well</li> </ul> <p>Site visit [REDACTED] CHNST</p> <ul style="list-style-type: none"> <li>• Spoke with [REDACTED]</li> <li>• Sister of resident in DS had become aware of results in BS</li> <li>• Clinical obs template in place</li> <li>• Staff wearing PPE appropriately-sessional and for suspected/confirmed cases</li> <li>• Staff less anxious</li> <li>• Unit calmer</li> <li>• PPE availability checked and readily available (both Trust and Runwood supply)</li> <li>• PPE being brought to unit as required to ensure staff were remaining in unit</li> <li>• Residents all well</li> </ul> <p>Site visit from IPC – discussion with [REDACTED] did not walkaround unit [REDACTED] [REDACTED]</p> <ul style="list-style-type: none"> <li>• No issues noted</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Evidence of correct zoning and use of PPE</li> </ul> <p>2<sup>nd</sup> May</p> <ul style="list-style-type: none"> <li>• During daily call-noted that staff had gone off sick from DS including [REDACTED]. [REDACTED] was working on floor (BS), IPC visit 01/05, PPE used appropriately and sufficient in quality, Champion has been allocated on each shift to oversee supplementary charts</li> </ul> <p>5<sup>th</sup> May</p> <p>Site visit [REDACTED] CHNST</p> <ul style="list-style-type: none"> <li>• Residents in BS and DS stable. ACAH continue to review residents</li> <li>• [REDACTED] was working on floor</li> </ul> <p>7<sup>th</sup> May</p> <p>Daily calls re resident and NH update</p> <ul style="list-style-type: none"> <li>• Evidence of preparedness for call from CHNST - obs etc, residents presentation</li> <li>• Good liaison with GP's, OOH's</li> <li>• COVID centre and ACAH Team had been to NH</li> <li>• On the whole BS have had the most unwell residents-evidence of good care</li> <li>• DS-residents were mainly asymptomatic and have remained same</li> <li>• O2 appropriately used</li> <li>• Staffing 02/05-noted that [REDACTED] on floor again</li> </ul> <p>[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.</p> <p>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 failing to ask for help and expressed concern about this as a leadership failing and sought clarity on what Runwood were doing to support and develop [REDACTED] leadership skills. [REDACTED]</p>	<p>OG</p>

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	<p>acknowledged that at the time due to ■■■ being on the floor the rota oversight and need for staff was not necessarily known. ■■■ reported that ■■■ had reviewed rotas and staffing levels were sufficient to meet residents needs safely. ■■■ thanked the Trust to date for their support and advised ■■■ 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.</p> <p>CW feedback from the 8<sup>th</sup> and 9<sup>th</sup> May site visits by CHNST, discussed the email communication by CW to ■■■ following CHNST visits to raise issues that needed to be addressed by home management:</p> <ul style="list-style-type: none"> <li>• ■■■ noticeably stressed and constantly on phone to relatives whilst also on floor undertaking direct resident care. The CHNST could not address concerns directly with ■■■ as not available due to this. Whilst this may be understandable as due to staffing but meant there was no direction or leadership oversight across the home. There was a ■■■ who had not received an induction and CW suggested further management support was required in home at that point.</li> <li>• An ■■■ on Friday 8<sup>th</sup> May had not known how to get 3 prescriptions dispensed from GP OHH</li> <li>• Hand sanitiser and soaps had not been replenished in resident's rooms over the 2 days.</li> <li>• Benn were still being supplied with disposable cups/ plates despite ■■■ advising ■■■ had directed kitchen staff to stop this.</li> <li>• 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.</li> <li>• No photos of residents noted in Med Kardexes in Benn unit, staff had not been given emergency codes/numbers in case of emergencies</li> <li>• There was a family, whose relative was experiencing end of life sitting outside home and they were not being allowed in.</li> <li>• There was only one pulse oximeter in Benn as one had broken</li> <li>• There needs to be bins in each room</li> </ul>	

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	<ul style="list-style-type: none"> <li>• There is now a number of unwell residents across Ben and Donegal and staffing needs to be enhanced over and above normal as the acuity of these residents will require greater nursing needs,. ██████ had advised CW that ██████ was signing of the rotas Friday 8<sup>th</sup> May. CW asked ██████ 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</li> <li>• Need to change mattresses was raised Friday 8<sup>th</sup> May by CHNST and this was being actioned, along with need of mouth care for a number of residents</li> <li>• 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</li> <li>• The CHNST addressed additional issues at time of visits.</li> <li>• CW advised attention to above concerns will assist in mitigating virus spread, needs of those unwell being met and family facilitated for end of life visits.</li> <li>• The issue re photographs in kardexs not detailed</li> <li>• 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.</li> <li>• Assurances requested that no staff who are off with Covid absence are returning before the 7 day period and are not symptomatic.</li> </ul> <p>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.</p> <p>In response to the concerns raised by CW, ██████ stated that immediate actions had been taken and ██████ can provide assurances that crockery was now in place in all units, ██████ and ██████ were now supernumery and staff covered for following week. ██████ further advised ██████ who was presently assisting in another home was due back on Monday 18<sup>th</sup> may. ██████ 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. ██████ advised that the family did not want to visit but wished to remain outside of home, advised family dynamics that</p>	





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	<p>may require keyworker input. █████ confirmed mouth care, fluid charts and repositioning was being accurately recorded and was in place. █████ advised bins were due to be delivered that day and would be placed across home were needed. Aprons of poor quality █████ felt had been supplied by Trust, CW advised these could be returned and would be flagged with central stores.</p> <p>█████ 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. █████ confirmed staff were aligned to units and were not moving between units.</p> <p>FMcC feedback from CReST communications with families:</p> <ul style="list-style-type: none"> <li>• Families finding it difficult to get through on phone to home</li> <li>• Singer visit outside of home, on social media evidence of non-compliance with social distancing</li> <li>• Staff personal phone numbers being given to families</li> <li>• █████ resigned, families concerned by this, families reporting █████ had been very good</li> <li>• █████ not having specific information on relatives to share with families at time of calls</li> </ul> <p>█████ 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.</p> <p>█████ also advised that due to the █████ being absent family communication had been impacted as all calls were being diverted to █████ who at that time was providing direct care on the floor. FMCC confirmed a Communication strategy was now in place with the Trust and Home to support and assist in timely communications with families.</p> <p>HMCF feedback on staffing support into unit. This was facilitated after discussion with █████ 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. █████ apologised as █████ had been inducting an RN and had not known this had occurred.</p> <p>CW reviewed action plan from February meeting. █████ provided following updates;</p> <ol style="list-style-type: none"> <li>1. Management structure- █████ now supernumerary, █████ █████ returning on Monday 18<sup>th</sup> May, █████ working, further █████ due to return to work over next week.</li> </ol>	

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	<p>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.</p>	