

Melanie Coghlan

From: [REDACTED]
Sent: Thursday 2 April 2020 19:45
To: S.mckevitt@hiqa.ie; 'A.wallace@hiqa.ie'
Cc: [REDACTED]; Notify; [REDACTED]
Subject: Feedback over Concerns- [REDACTED] - Attention Sheila Mc Kevitt

Dear Sheila,

Thank you for taking my call today.

As discussed I had addressed some of the concerns raised by family members to the Authority today. I have taken the following actions.

1. The [REDACTED] re nails, staff not wearing a mask, medication left on locker- I have addressed this with the [REDACTED] on duty and she will investigate further re the medication as this was a new concern which had not been raised with us. The nails as I said earlier were addressed by the [REDACTED] immediately on the day the [REDACTED] raised the concern. It was not faecal matter it was food. The [REDACTED] tried to cut clean nails but [REDACTED] [REDACTED] I had spoken to the [REDACTED] at 2 o'clock today to address her concerns immediately.
2. The second complaint re the resident in bed – we have risk assessed the resident- the resident cannot be left alone [REDACTED] and at this present time during the pandemic we do not have the staffing to provide one to one care to the resident. The staff are aware of the concerns and will do their best to [REDACTED] [REDACTED] [REDACTED] [REDACTED] I will address separately with [REDACTED] and communicate directly with them moving forward.
3. The 3rd complaint which is from a [REDACTED] had been addressed last week where [REDACTED] had reported that [REDACTED] was told that there were staff shortages and agency staff on the unit. I agree this is unacceptable and I have asked staff to ensure that this is not communicated to the resident at this present time which will raise anxieties for residents and their families.

We welcome feedback from families. All of the above concerns have been raised and we have been communicating with the families on a regular basis even in these unprecedented times.

In further news we had a visit from [REDACTED] [REDACTED]

He did say he had learnt more than he had to say to us and that" it is amazing that you have look after people as well as you have in the circumstances"

He did make the following suggestions around the house- he did say that one size does not fit all for example we will design infection prevention and control flows for each unit.

- Clear zoning : Contaminated areas verses safe spaces – Clean/ safe zones.
 - (a) For staff eating areas to doff all PPE before entering the zone and to maintain social distancing
 - (b) By doing so it will alleviate staff stress thinking they are feeling contaminated unit for a full shift-
 - (c) Dining area's are clean zones- Residents eat in rooms (already in place) but suggested an extra kitchen assistant in each unit –
 - (d) To try and keep nurses station as a clean zone but may be difficult e.g- nurses at station and called to an emergency sick resident. Staff must not leave the safe zone without PPE and must not enter with PPE/

- (e) Inappropriate use of PPE is unacceptable ie staff wandering into safe zones with contaminated PPE
- (f) Unnecessary use of PPE is the price you have to pay in order for staff to feel safe at work
- (g) Delay in results, leading to delay in clinical diagnosis, need to start working on the basis no lab result back, highly symptomatic, highly probable, “we are just going to have go ahead with people have it and that’s it”
- (h) One or two positive tests first per unit and then treat everyone symptomatic as positive
- (i) Trouble with coroner and families – will need to be addressed at a National level.
- (j) “you fit the pattern, treat as positive, Public Health notifiable make clinical diagnosis”
- (k) Change of case definition becoming difficult to stick to laboratory confirmations when results aren’t coming back in 10 days
- (l) Webinar tomorrow send link to all staff to watch at night
- (m) Treatment pathways be the same, try not to be person who answer every question, listen to suggestions calm and structure, shift finishes tomorrow and new shift tomorrow identify clinical lead who will be brought up to speed on how things have changed and handover to them
- (n) Only easy way flow chart PPE don and doff after each intervention, infected resident to infected resident staff member can use the same PPE; Never wear PPE into staff area or clean areas or non-infected residents after being with infected resident
- (o) Yellow marks on floor to be visual – [REDACTED]
- (p) Big worry for the rest of NH community as [REDACTED] is a very good practice, right staff right training lucky here that all are well trained and experienced in palliative care; in future NH be coming to [REDACTED] for advice

[REDACTED] and I will be working on the flows tomorrow and other measures are being put in place.

Regards,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]