

Message

From: Heaney, Albert (HSS - Social Services & Integration) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=23ACE2A067A7469C93430CD18B620F58-HEANEY, ALB]
Sent: 06/04/2020 14:11:39
To: Social Care Coordination / Cydgysylltu Gofal Cymdeithasol [socialcarecoordination@gov.wales]
CC: Street, Andrea (HSS - Social Services & Integration) [andrea.street@gov.wales]
Subject: FW: official sensitive: End of life care in care homes

Importance: High

For consideration re issues raised and of response. Thanks.

Albert Heaney
Deputy Director General
Y Grŵp Iechyd a Gwasanaethau Cymdeithasol / Health and Social Services Group
Cynulliad Cymru/Welsh Government

Ffon/Tel: Irrelevant &
Ffacs/Ffôn: Sensitive

Ebost/Email: albert.heaney@gov.wales

From: Baranski, Gillian (CIW - Chief Inspector) <Gillian.Baranski@gov.wales>
Sent: 06 April 2020 13:31
To: Atherton, Frank (HSS - Chief Medical Officer) <Frank.Atherton@gov.wales>; Goodall, Andrew (HSS - DG - NHS Wales Chief Executive) <Andrew.Goodall@Gov.Wales>; White, Jean (HSS - Chief Nursing Officer) <Jean.White@gov.wales>; Heaney, Albert (HSS - Social Services & Integration) <Albert.Heaney@gov.wales>
Subject: official sensitive: End of life care in care homes
Importance: High

The urgency to keep hospitals beds available for the surge that is anticipated is well understood and accepted. However, the need to ensure appropriate palliative care is available for care homes then becomes even more important. The majority of our care homes would not usually be dealing with residents on an end of life pathway without considerable support.

I attach the email below, distressing as it is, to highlight the problems. Several issues need urgent consideration

- Many care homes do not have nurses. Of the 1,071 adult care home services , 261 (12,348 places) provide nursing care and 810(13,294 places) do not.
- Adult care homes without nursing care need support from the district nursing service to manage end of life care effectively. With the return of nurses to practice, how can we ensure support for care homes is part of the planning?
- Care homes do not have a general supply of stock medication supplies for end of life care, nor access to oxygen
- How confident are we that residents and their families understand the implications of a DNACPR?

Our staff were upset when they read this email, the care staff at the home, who may have been providing care for some time to [NR] were deeply impacted. But family members will be distraught if

they are aware of these details. In these extraordinary conditions it is imperative that people who die in care homes with Covid 19 are treated with dignity, compassion and can be made as comfortable as possible.

Regards
Gillian

Gillian Baranski
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From: NR @ Irrelevant & Sensitive
Sent: 05 April 2020 10:48
To: Rooney, Margaret (CIW - Chief Inspectors Office) <Margaret.Rooney@gov.wales>
Subject: Concerns

Hi Margaret,

I would just like to raise my concerns about a recent death at **I&S**

NR started to exhibit symptoms of COVID-19 on the 20/3 and was barrier nursed by ourselves for a week, his conditioned worsened on the 30/3 and OOH GP and paramedics were called but because **NR** had a DNACPR in place they were not admitted to hospital.

For whatever reason, perhaps because they weren't confirmed as Covid-19, or perhaps because sufferers can take a turn for the worst and death can come on quite quickly, no palliative care package was put in place by the GP and controlled drugs were not issued to try to ease them with any possible suffering. They advised TLC.

NR unfortunately passed away within 24 hours and the manner of their passing has affected some of the staff quite badly with **NR** struggling to breathe and in effect slowly suffocating to death. Nobody should have to die like this. I get the fact that these are extraordinary times and we are in the middle of a crisis, the like of which none of us have seen before. However, there appears to be race by GP's to place DNACPR on lots of individuals, which would mean automatic non-admittance to hospitals and possibly many more examples of these horrific deaths, and with no apparent thought as to how if people suddenly take a turn for the worst how they may be helped to pass in a more comfortable and humane way.

I&S is residential service that in my opinion has been asked to operate outside of our registration by becoming a nursing home but it feels that even this extraordinary fact is escalating and we are becoming an extension of the hospital and are now operating like a mini hospital ward without nursing oversight. We all know that we all have to do our bit to help the NHS save lives but they are asking too much in this instance.

We are raising our concerns with the GP, PHW and I have asked the service to raise a safeguarding, not sure if anything will come of that but I write to you Margaret because I know you have always been a champion for good care and I know you are in regular conversations with high level officials in social services and public health. Could I therefore please ask you to raise awareness of this fact so that people are enabled to die a more comfortable and dignified death in future?

Kind regards

NR

NR
Director of
Operations (Care)

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