



Witness Statement Reference No. _____

WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE OUTBREAK OF
CLOSTRIDIUM DIFFICILE IN NORTHERN TRUST HOSPITALS

WITNESS NAME: MRS JACQUI GAULT

STATEMENT OF EVIDENCE

I, Mrs Jacqui Gault, say as follows:

1. My name is Mrs Jacqui Gault and I live at an address which is known to the Inquiry Team.
2. I am the daughter of Mrs Sarah Gardner who was a patient at Antrim Area Hospital and who tested positive for C difficile. My mother is 73 years of age at present.
3. I am a child minder.

Pre-existing medical history

4. Before she took a stroke on 3rd December 2007 my mother was fighting fit, driving her car every day, dancing up to five times a week and eating healthily. Then on Monday 3rd December I got a phone call from my niece to say that my mother was not well. They found her lying on the floor and so they immediately called the ambulance.
5. She was 70 years of age when she took the stroke and she lived in the house with my father who was 80 years old and my handicapped brother who was 42 years old. My mother was always in charge of the home.

Admission to Antrim Area Hospital

6. On the night of the stroke, I met the ambulance at the hospital. My mother was immediately examined by a doctor at the Accident and Emergency department who said that she had suffered a stroke and that it was severe and so the next 24 hours would be crucial.
7. They then told us that she had also suffered a heart attack at the same time as the stroke. She also suffered a more severe heart attack later that day when she was in Ward B1 and had to be taken to Intensive Care in the Cardiac Ward where she was kept for about 24 hours. She improved and was then moved to Ward A1.
8. She was in Ward A1 for a few days when she started to complain about her right leg. So my niece removed her stockings and was shocked to find that the leg was black. She immediately informed the nurses and suddenly there was lots of activity and my mother was immediately transferred to the Belfast City Hospital for a procedure to remove the clot. She initially had a dye test done there in order to locate the clot and then an operation to remove it. She was in Belfast City Hospital for two days.
9. She was then transferred back to Antrim Area Hospital and sent back to Ward A1.

Symptoms

10. When she arrived back at Antrim Area Hospital she was in a very bad state. She started to complain about feeling cold and shivery, she had severe stomach pains, she felt miserable and unwell. She then started to have diarrhoea.
11. She was initially in a six bedded ward in A1 for about 2 to 3 days but once diarrhoea started she was transferred to a single isolation room.

12. We were told that she had C difficile and to make sure that we washed our hands before going into and after leaving her room. We were not given any other information about laundry, what precautions to take or how serious the infection was.
13. She soiled herself nearly every time I went to visit her. She needed changed regularly and it took two nurses to change her.
14. She was in the isolation room for about two weeks.

Inver House at Moyle Hospital

15. She was then transferred to Inver House, Moyle Hospital for rehabilitation. She was put into a single isolation room there. She stayed in the isolation room for about six to eight weeks. Her symptoms cleared up and so she was then transferred to an open ward in Inver where she stayed for several months before she was eventually sent home on 18th August 2008.
16. She had been in Inver from January 2008 up until 18th August 2008. It should however be noted that while she was in Inver she had to be readmitted to Antrim Area Hospital on perhaps four or five separate occasions with heart problems and fluid on her lungs. I also remember that, even if she was in an isolation room in Inver, when she was admitted to Antrim Area Hospital she was not put into an isolation room there. I do however remember that there was a notice above her bed in Antrim telling you to wash your hands and presumably informing the nurses that she was a carrier of C difficile or MRSA.

Wards

17. On the day that she took the stroke (3rd December 2007) she was admitted to Antrim Area Hospital where she was examined at Accident and Emergency and then transferred to Ward B1. This was a six bedded ward with a toilet outside in the corridor.

18. She was then transferred to the Intensive Care Unit in the Cardiac Ward. It is a high dependency unit where there was one nurse for each patient. She was there for approximately 24 hours.
19. My mother was then moved to Ward A1 where she was initially put into a six bedded room with the toilet in the corridor outside. At this stage she was not capable of going to the toilet and so they were using a bedpan and hoist or sometimes a commode.
20. A transfer then took place to Belfast City Hospital because of a clot and she was admitted to the Vascular Ward. I do not know the ward number but there were four beds in the room. They were still using the bedpan as she could not get to the toilet.
21. She was then transferred back to Antrim Area Hospital and readmitted to Ward A1 but to a different bay or room where she stayed for a few days. However when her symptoms started she was then moved to an isolation room which was situated across the corridor. This room had an en suite toilet but she could not use it as she was still having to use the bedpan. She was also using pads at this stage.
22. She was next transferred to Inver House (Moyle Hospital) where she was initially put into an isolation room for about six to eight weeks but when her symptoms were clear she was moved to an open ward with two other ladies. She required to use a commode and needed lifted. She was in Inver from January 2008 up until her discharge on 18th August 2008.
23. However during this period in Inver she had to be readmitted to Antrim Area Hospital on about four or five separate occasions. She never went back to Ward A1 on any of these occasions. She always started off on Ward B1 but was then transferred to different wards in different parts of the hospital. I cannot remember which ward she was in as it kept changing but on each occasion she would have been there for between five and seven days.

Sign

24. She did exhibit symptoms but no-one ever named it or spoke about C difficile or MRSA. There was however a sign above her bed in Antrim Area Hospital which warned the staff and visitors that she was a C difficile carrier or an MRSA carrier. I cannot remember precisely when I first noticed this sign but it was on her bed at Antrim Area Hospital and I think it was during the period that she was being admitted for treatment from Inver House.

Transfers

25. At Inver House (Moyle Hospital) they would always phone me and let me know what was happening. They were very good at keeping me informed. They always told me if she was being transferred. I phoned them every day for an update on my mother's condition.
26. However at Antrim Area Hospital they were very poor at giving out any information. No-one at Antrim Area Hospital even informed me when she was being transferred to isolation. The first I knew about it was when I arrived in the hospital for a visit. No-one at Antrim ever phoned and even when she was being transferred back from Antrim to Inver I had to phone Inver in order to find out where she was.

Dye test

27. I remember one example of the poor treatment that my mother and my family received at Antrim Area Hospital.
28. My mother had been transferred from Inver to Antrim for a dye test. It was probably around February 2008. My sister was with her in the ambulance and they arrived at Antrim at about 9am. However Antrim were not ready for her and did not seem to know what was expected or what was happening. My sister had actually brought my mother's medical notes with her but nothing

was happening at the hospital. My sister was then told that she would have to get a dye test and then wait for a few hours before they could do the X-rays.

29. My mother was very tired and weak and was finding it difficult to sit and so my sister spoke to one of the staff in the X-ray department and asked them for help but was told that she could take her to the canteen for a cup of tea or if she wanted she could take her home. In any event she was left sitting in a wheelchair with no medication, food or drink. My sister then asked if a bed could be provided and eventually a trolley was brought along for her to lie on. She was left lying on a trolley in the corridor for some time.
30. I then came to the hospital to take over from my sister and when I arrived my mother needed to go to the toilet. I spoke to the nurse and explained the problem but she just shrugged her shoulders and said that they had no hoist. When I went back to my mother she had wet herself and so I had to leave the hospital, jump into my car and go to Dunnes Stores in order to buy her a new pair of pants and trousers.
31. I came back to the hospital and then asked the nurse if she could change her. They made us wait for a further 45 minutes before they turned up and changed her. My mother was very hungry at this time as no food had been provided and so I gave her a cup of soup.
32. The next thing that happened was that my mother needed a bowel movement and so I again spoke to the nurse and explained the difficulty. They just looked at me as if I had two heads and I then told them that if they did not toilet her immediately then there was going to be a problem and they would have to change her all over again. Well eventually they arrived with a bedpan and a screen. They wheeled her up the corridor, put the screen around her, put her on the bedpan and I then saw them leaving with the bedpan covered over.

33. I was disgusted by the whole episode. It was totally degrading for anyone let alone for someone with C difficile to have to do a bowel movement in the corridor. It was beyond belief.
34. She was eventually taken to the X-ray department at 4.45pm and did not get back to Inver until about 7pm. I even asked if an ambulance could be provided as soon as she was taken to the X-ray but I was told that we would have to wait until she was finished.
35. My mother did not recover from this disgraceful episode for about four days. I was totally disgusted by the whole incident.

Information

36. We always had difficulty at Antrim Area Hospital in making sure that her pads were changed and that she was getting her medication. She was sometimes in severe pain with her legs and so she needed painkillers. At Inver we knew exactly what times she was receiving her medication because everything would work like clockwork there but in Antrim Area Hospital they were always too busy and you had to go and ask the nurses whether she had received her medication.
37. In Antrim I was not even sure which ward she was in and I had to phone them to find out. No-one ever phoned me even though they had my mobile number. It has to be remembered that my mother was confused and that her communication was not good and so we needed to keep in touch with the hospital and find out what was happening.
38. The family were very happy with the care and communication at Inver House, Moyle, but not happy about the lack of information and communication at Antrim.

Visits

39. I visited every day and sometimes twice a day. Other members of the family including my father, sister, brother, children and grandchildren were also regular visitors. We normally visited during regular visiting hours but when she was ill I would have visited outside these hours.
40. I do not think that there were sufficient numbers of chairs in Antrim. On occasions I saw visitors sitting on the beds. At Inver you were not allowed to sit on beds but there was always sufficient numbers of chairs to sit on.

C difficile

41. I had never heard of C difficile and I knew nothing about it. I was never given any pamphlets or other written information by either hospital.
42. The outbreak was however just starting to filter through onto the television and newspapers. This was round about the time that my mother was being transferred to Inver which would have been in January 2008. That is really when I realised how serious the infection was. Before that time we just thought that she had diarrhoea.

Rehabilitation

43. We knew that she was going to be transferred from Antrim to either Inver (Moyle) or Braid Valley for rehabilitation. The family were very happy about this.

Laundry

44. We were only told by the nurse at Antrim Area Hospital that she had C difficile and that was when she was being transferred to isolation but we were not

given any other information about it. We were told to wash our hands but were not told about any other precautions to take.

45. I was responsible for washing her nighties but was not given any information about how to wash her laundry. I was not told what precautions to take. I just went to her bedside locker, took out her dirty laundry and put it in a carrier bag and took it home for washing.

Care at Antrim Area Hospital

46. I would describe her care in Antrim Area Hospital as not very good. Every time I called with my mother in Antrim Area Hospital I knew that she needed to be changed. While I accept that this could have been the situation on some occasions when I called, I did not expect it to be the situation on every occasion that I called. The first thing I had to do when I called to visit her was to go looking for a nurse in order to change her. Ward A1 was the worst but it happened in other wards in Antrim Area Hospital as well.
47. I think that her care was even worse when she was in the isolation room. Her whole appearance became worse at that time. I noticed dirt under her nails and I thought that this was caused by her pulling on her pads. I found this all quite disgusting. I even had to ask them to wash her hair.
48. I felt that they were understaffed in the hospital as I always had difficulty in getting a nurse. I also heard buzzers ringing and assumed that other patients were also requiring assistance and so they must have been in the same position as my mother. The nurses also looked under pressure.
49. Their attitude was that they would get there when they had time but when it is your mother and she needs attention immediately then you would like her attended to a bit quicker than that. I seldom saw a doctor.
50. When she was very ill in Antrim Area Hospital I consider the care and attention that she received at that time as poor.

51. My mother had suffered a stroke and so her ability to do things was limited. I feel that the staff overlooked this fact. For example at mealtimes I found the tray halfway down the bed so that she could not even reach the food. She only had movement in one hand and under the circumstances I think that she should have received more personal attention. It did not matter which ward she was in, it was the same throughout the hospital.
52. She was on antibiotics and I remember her being on a drip in Ward A1. She was also dehydrated and prone to having kidney infections.
53. The only doctor I remember speaking to was when she was in the isolation room in Antrim Area Hospital. This female doctor was very helpful and we discussed the vitamins she was taking and she also explained why she was more worried about the C difficile than the MRSA. I was told that she was a carrier of MRSA when she was in Inver.
54. The doctors and nurses were attending to her medical needs but the care, toileting and general attention needed improvement.
55. I actually referred to the isolation room as the death ward because I thought that she would be lucky to get out of it alive. I know that other patients were dying on the ward and the whole experience was horrendous. I even asked for an extra blanket because she was cold but did not get one and so I found a blanket somewhere else and she used it up until the date when she went back to Inver.
56. I also brought her in health drinks so that she would get some vitamins. The family also took her soup and a Christmas dinner but we did not realise that once you left something in the isolation room that you could not take it out, heat it up and bring it back in again and so she never got to eat these items of food.

Care at Inver House, Moyle Hospital

57. The care at Inver was fantastic. It was completely different. Everyone was so caring and the atmosphere was completely different. It was like going from a grotty bed and breakfast to a five star hotel. That is the only way that I can describe it.
58. My mother improved greatly at Inver and became a completely different person. There was more interaction between the staff and patients and she even got a good laugh there. The staff were fantastic and were never done talking, joking and laughing with her.
59. There was generally more staff at Inver and a better ratio of staff to patients. The care was much better from both doctors and nurses. They really kept her spirits up.

Cleanliness in Antrim

60. I never saw any actual cleaning being done in Antrim. I would describe the cleanliness of the hospital as extremely poor. On occasions I noticed that my mother's sheets were soiled and yet the sheets had not been changed. There were occasions when I also noticed urine and blood on the sheets. I noticed this more often when she was in the isolation room of Ward A1. There would also have been traces of a pad in the bin and the smell there was terrible.
61. There would also have been spillages on the floor and soiled sheets in the open ward. I noticed it in every ward that she was in Antrim. There were spillages at the bins which very often were too full with bits of tissue and other discarded items hanging out over the top.
62. I did not feel that the hospital was being properly cleaned and it did not smell like a hospital.

63. There was dust under the beds and when I wiped the top of the locker with an antibacterial wipe there was some orange sticky substance on top of it. The whole place was just not clean.
64. I even felt that the main stairs to the ward were not properly cleaned and I could nearly always guarantee that every day there would be something spilt or discarded on the stairs. The handrails were also filthy.
65. The laundry at Antrim Area Hospital was left for me in her locker on the bottom shelf but they were in the same locker as her clean clothes. They were not even put inside a laundry bag. I never received any of the biodegradable bags for her laundry.
66. I was not given any advice regarding her laundry and I was in fact washing her clothes along with my own. I am extremely cross that no advice was given as I work in a children's nursery and I could have been washing some of their clothes along with my mother's clothes. Someone in the hospital should have taken the time to explain the laundry precautions to me. After all it would only have taken them between two or three minutes to explain the procedures. I now realise that her laundry should have been washed separately and at a high temperature but this should have been told to me at the time.
67. The nurses wore aprons and gloves in Antrim. I remember that they definitely wore them in the isolation room and also in the open ward. However the visitors did not wear any protective clothing and were never advised to do so. There may have been gloves available that we could have worn but no-one advised or told us to do so.
68. There was a complete lack of communication. They knew that the grandchildren were visiting but at no time was any advice given to us.

69. There were gel dispensers but sometimes they were not always full. There were gel dispensers at the end of the bed, on the wall and at the door. There were also wash hand basins and paper towels.
70. Some visitors washed their hands and used the gel but some of them did not do so. Some staff were also better than others at cleaning and washing their hands and changing their gloves.
71. I also noticed spillages in the hospital and in particular in the isolation rooms. I am not saying that it was anything bad but there were spillages on occasions on the floors.
72. I feel that a good matron on the wards would soon improve the situation.

Cleanliness at Inver House, Moyle Hospital

73. Inver was very clean. It was fantastic. They were cleaning all the time. It did not matter whether she was in the isolation room or in an open ward they were all clean. In the open ward the patients were moved out every few weeks so that the ward could be thoroughly cleaned. Inver smelt like a hospital.
74. My mother also mentioned the difference to me. She told me that it was much cleaner in Inver than in Antrim. She saw them cleaning under the beds, rails, windowsills, door handles and everything else. They were doing a thorough job in Inver.
75. I think that it is very sad that they are going to close Inver. It is a traditional hospital with very good standards. It makes me very sad to think that they are going to close the doors. I would much prefer to go to Inver for treatment than to Antrim.

Communication

76. I never received any written notices or leaflets about C difficile from either hospital.
77. The only oral communication I got at Antrim was that my mother had C difficile and that we should wash our hands but in Inver they explained everything to us more thoroughly.
78. When she arrived at Inver we were told about how to launder her clothes and that we should not take anything except the clothes out of her room.
79. We were also advised about cross-contamination. They were much stricter at Inver and had proper policies and procedures in place that you had to comply with.
80. I also noticed a notice on the notice board at Inver advising you to wash your hands but I did not see any similar notices in Antrim.
81. They spent a lot more time at Inver explaining everything to us. They also phoned me to the house on a number of occasions and always kept me informed of what was happening. Whereas at Antrim they never contacted us even if my mother was being moved to a different ward in the hospital.
82. The occupational therapist at Inver was fantastic. They were there every day and were very good and supportive.
83. At Antrim you always had to go looking for people and the doctors were always too busy. We never received any regular updates at Antrim but in Inver they always kept us fully informed. Inver were much more proactive.
84. I used to phone Inver for an update and they were brilliant. They told me how she was that day and whether she was eating. If you needed to speak to someone at Inver then they were always available. I found them very open

and helpful. I was not however happy or satisfied with the communication and information at Antrim.

85. Once again I would suggest that Antrim should bring back the matrons.

Food

86. After the stroke my mother did not have the same reach as a normal person and so this should have been taken into consideration by the staff when leaving food in the patient's room as it should be left close enough for them to reach it.
87. I used to go in and feed her at lunch and teatime as she needed help after the stroke.
88. At Inver they encouraged her to eat and sometimes the auxiliaries would stay behind and help her.

Generally

89. They also encouraged her to mobilise at Inver. They worked with her on a personal basis and took her as far as she could go.
90. I think that Antrim Area Hospital need to clean up their act. I just feel that they could have done a lot more for my mother. She never comments on her time at Antrim Area Hospital but I know that she would never like to go back there.
91. I certify that the contents of this statement are true and correct to the best of my knowledge and belief.

Dated 3/9/10

Signed



Mrs Jacqui Gault