



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Regulation of  
Health and Social  
Care Services

## COVID 19

An assurance framework for registered  
providers - preparedness planning and  
Infection prevention and control measures

September 2020

## About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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## Section 1. Overview of this guidance

### Introduction

The Chief Inspector of Social Services within the Regulation Directorate of the Health Information and Quality Authority (HIQA) has produced this guidance to support registered providers to assure themselves that there are effective infection prevention and control practices in the designated centre.

This assurance framework aims to assist registered providers and staff to identify good practice and areas of improvement in this crucial aspect of care, and take the necessary actions to effect changes in line with the *National Standards for infection prevention and control in community services* (referred to in this guidance as the national standards).

Prior to this, we have inspected infection prevention and control in designated centres against the minimum requirements of the regulations. This new assurance framework is part of a series of measures introduced by the Chief Inspector in response to COVID-19. We continue to respond to this public health emergency by checking that people who use services are safe and that the providers have the necessary tools to promote and sustain ongoing improvement in the quality and safety of their services.

The Chief Inspector recognises the challenges that the COVID-19 pandemic is presenting to residents, their families and friends and to providers and staff. This framework has been developed in the context of this ongoing public health emergency. However, this guidance will also assist providers to develop better overall infection prevention and control skills and capacity within their services and help them to prepare for the possibility of further outbreaks of COVID-19 in designated centres.

### Scope

Regulation 27\* requires all registered providers to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. Consequently, this assurance framework has been developed to promote quality improvement in infection prevention and control against the National Standards for Infection Prevention and Control in Community Services (2018). The registered provider must have a governance framework in place, that sets out the authority and accountability for infection prevention and control within the designated centre. This assurance framework will then provide registered providers with the confidence that infection prevention and control is effective in order to deliver its intended benefits for residents, staff and the designated centre. The national standards provide a framework for providers to assess and improve their

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\* Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013  
Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

services, particularly during any outbreak of infection, including during the COVID-19 pandemic.

The Guidance is not designed to be a checklist for compliance with the national standards. Providers may choose different approaches to meeting the standards in order to achieve safer better care and support for residents. Additionally, the matters and examples of how to achieve good care which are set out in this framework should not be seen as an exhaustive list of all infection prevention and control requirements for a designated centre.

### **The purpose of this assurance framework**

Providers are required to comply with the minimum requirements of the regulations which in the area of infection prevention and control mandate compliance with the National Standards for Infection Prevention and Control in Community Services (2018). Therefore, this framework will focus on the national standards to ensure that each designated centres has effective preparedness and contingency plans and infection prevention and control measures in place.

This assurance framework endeavours to focus the attention of providers and staff on critical aspects of safe and good quality care. The framework includes this guidance document, a self-assessment tool and quality improvement form. These documents are intended to be used together when providers are assessing their infection prevention and control arrangements in designated centres.

When providers, through use of the self-assessment tool, identify deficiencies in their infection prevention and control arrangements, preparedness and contingency<sup>†</sup> plans, they are required to take prompt action to address and manage these issues in order to protect the health and welfare of residents. We may also undertake inspections as part of this programme where inspectors will ask to see evidence of improvement actions taken by providers to address any deficits arising from their self-assessment. There is no requirement to submit the self-assessment until specifically requested to do so.

Inspectors may ask to review the providers completed self-assessment during routine or risk inspections.

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<sup>†</sup> All reference to contingency plans includes preparedness plans also

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## Section 2. Capacity and capability

This section focuses on the overall delivery of the service and how well the provider is prepared for and can manage outbreaks of infection and public health emergencies, such as COVID-19.

<b>Theme 5: Leadership, Governance and Management</b>	
Standard 5.1	The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.
Standard 5.2	There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.
Standard 5.3	There are formalised support arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship.
Standard 5.4	Staff are empowered to exercise their professional and personal responsibility for safe and effective infection, prevention and control practices and antimicrobial stewardship practices
Standard 5.5	Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.
<b>Note:</b> When assessing the above standards on leadership, governance and management, it is also recommended that you reference Standards 2.4, 3.4 and 8.2 and <b>Regulation 23.</b> <sup>‡</sup>	

### **What meeting this standard in a service striving for effective leadership, governance and management looks like?**

Residents are protected by infection prevention and control measures being prioritised by the provider and the highest level of management within the organisation. There are structures and arrangements in place to measure and oversee performance in this area. All managers and employees consider infection prevention and control as central to their role and an integral component of providing safe and effective care and support for people living in the centre.

While the governance structures and arrangements will differ depending on the nature and size of each service, the principles of good governance apply irrespective of the setting. This means that, while services vary from small individualised services for one

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<sup>‡</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

person to larger congregated settings<sup>‡</sup> or nursing homes, in all cases there will be clear and accountable structures in place to oversee effective infection prevention and control.

In meeting this standard:

- The provider has governance structures that can assure it as to the effectiveness and quality of infection prevention and control practices. These governance structures include effective and ongoing oversight, feedback from staff, residents and relatives of each centre under its control.
- The provider has clear lines of accountability. All members of the workforce are aware of their infection prevention and control responsibilities, national guidance and public health advice, and to whom they are accountable.
- The provider is confident that all employees support the persons in charge to discharge their responsibilities, which include effective infection prevention and control procedures and practices.
- The provider has sufficient staffing resources (numbers and skill-mix) in place to support and sustain the effective delivery of quality care and support to residents and their families.
- The provider is confident staff are informed, knowledgeable and have the skills to protect residents from the risk of infection, including timely access to appropriate clinical expertise where appropriate.
- The provider has a dynamic organisational risk strategy to reflect infection prevention and control risks and associated control measures.
- The provider has adequate resources in each centre under its control with established supply chains for hygiene and infection prevention and control products, equipment and personal protective equipment.
- The provider uses information as a resource for planning, delivering, monitoring, managing and improving care.
- The provider has well prepared contingency arrangements in place to respond to an outbreak of infection or other emergencies.
- The provider has an infection prevention and control committee (if appropriate).

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<sup>‡</sup> Large institutions or clusters of accommodation on the grounds of institutions.

- The provider ensures that the most up-to-date national guidelines on infection prevention and control in residential care settings are easily accessible to staff, and are implemented and adhered to by staff.
- The provider has established and clear communication pathways for routine infection control advice and for communicating risk information or statutory notifications with the local HPSC public health department or Chief Inspector.

### **COVID-19 contingency and outbreak plan**

In the case of all types of designated centre, the provider has in place a contingency and outbreak management plan. This plan must be specific to the centre, understood by and accessible to all managers and staff.

HIQA has published a *Regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak*. This outlines how the Chief Inspector expects nursing homes to prepare for an outbreak of COVID-19 and advises providers to put in place the necessary contingency plans. While this document was developed for nursing homes, it can be used as a resource in all designated centres. This document is available on our website by clicking [here](#).

The provider should ensure that their contingency plan is based on national guidance from the HSE, HPSC and Government and that it is reviewed regularly to include:

- clear contingency arrangements to establish surge capacity
- arrangements and contact details of staff to address potential staffing shortages
- governance oversight arrangements, with details of all management deputising arrangements
- clear referral pathways, to include contact names and phone numbers of the public health teams, HSE outbreak management teams, specialist advice, and residents' general practitioners (GPs).
- when, how and where cohorting and or isolation of residents will happen (COVID-19 separate from non-COVID-19)
- details of enhanced infection control measures to be actioned
- access to personal protective equipment
- details of enhanced staff training to include the responsible training person, their deputy and the training tools to be used
- internal and external communication pathways for residents, staff, relatives, the local community in which the centre is located and general public.



## **Infection control lead**

In each centre, the provider will have a nominated person or people with the appropriate knowledge and skills to lead on, manage and ensure good infection prevention and control practices. Where this is not a feasible option, for example in smaller centres, the provider must identify clear pathways of responsibility and accountability for these functions.

Where there are concerns about a potential or actual outbreak of infection, every centre will have a defined escalation pathway which is known to all staff and implemented when required. In addition, where required, staff should have access to external expertise in infection prevention and control precautions and practices.

## **Provider assurance — examples of information and evidence**

### **Observation**

Observing staff and the centre during walk around confirms:

- Sufficient resources are available to ensure safe infection prevention and control practices.
- Sufficient numbers of staff are on site to allow time to adhere to the necessary infection prevention and control precautions, in particular to adhere to hand hygiene and the safe putting on and taking off (donning and doffing) of personal protective equipment (PPE).
- Staff are adhering to the national, public health and provider's policies on infection prevention and control, and in particular in relation to standard/transmission based precautions and or transmission-based precautions.
- The care environment is conducive to effective infection prevention and control in terms of its design, layout, space and available resources.

### **Communication**

Speaking with staff confirms:

- Staff know and understand their roles and responsibilities in relation to the prevention and control of infection.
- Provider, senior management, Persons in charge or other designated staff members responsible for infection prevention and control

- Monitor and review compliance with infection prevention and control standards and guidelines.

Speaking with residents confirms:

- Residents know who is in charge.
- Residents understand why infection prevention and control is important.
- Residents feel they are kept informed and are happy that their families know what is going on.

## **Review of documentation**

Reviewing easily accessible clear records confirms the following:

- Centres' strategic objectives and operational plans for infection prevention and control are easily accessible and clear. They adopt a person-centred approach, which is based on consultation with residents, those close to them and staff.
- There is a clear organogram for each centre's infection prevention and control governance and reporting structure, which includes any supporting committees, and which is available and understood by staff.
- There are appropriate records available of governance and management meetings to show how the provider monitors the effectiveness of infection prevention and control practices and actions to address any identified deficiencies.
- There is an effective documented escalation pathway for infection prevention and control concerns, outbreak management plans and associated contingency arrangements for outbreaks. Cohorting arrangements are described in detailed format.
- There are easily accessible and up-to-date policies, including infection control procedures, standard precautions and transmission-based precautions, risk management processes, human resources and staff training and development.
- There is an up-to-date risk register, risk assessments and aligned time bound actions.
- There are easily accessible and clearly documented infection prevention and control audits and associated quality improvement plans.
- There is evidence of contracts with external agencies and or providers which are relevant to infection prevention and control requirements.
- There is a clear process for surveillance for infection and antimicrobial usage.

<b>Theme 6: Workforce</b>	
Standard 6.1	Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.
Standard 6.2	Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.
<b>Note:</b> When assessing the above standards on workforce, it is also recommended that you also reference Standard 2.1 and <b>Regulations 15 and 16.</b> <sup>§</sup>	

### **What meeting this standard looks like.**

The provider has effective workforce planning processes that analyse the current workforce, determine future workforce needs, and identify the gap between the current workforce and the future workforce needs, and implements solutions so that an organisation can accomplish its mission, goals and strategic plan.

In planning its workforce, the provider must also consider its contingency and outbreak management plans. The provider ensures that these plans address the potential for severe staff shortages at short notice and at all levels in the organisation. Additionally, specific consideration is given to the deployment of staff during an outbreak and the operation of discreet staffing units in line with the need for cohorting of staff and residents during an outbreak.

Residents are cared for, supported and safeguarded by a sufficient number of suitably skilled and qualified staff. The provider knows that not all staff will have specific infection prevention and control-related expertise or qualifications. Therefore, the provider must ensure there is an infection prevention lead and ensure that staff have access to expert specialist advice when and where required.

### **Training strategy**

The provider will have a training strategy that is designed to achieve the educational goals of the centre. There is focused infection prevention and control training and information available for all staff (including agency and contract staff) that informs good quality care to residents, improves the skill set of staff, better prepares staff for dealing with outbreaks, and develops and further enhances staff competencies in infection prevention and control.

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<sup>§</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The provider's training strategy clearly describes the minimum infection prevention and control training requirements which are mandatory for different roles at all levels of the organisation and are in line with the national *Core Infection Prevention and Control Knowledge and Skills Framework Document*. The frequency of training and updates are defined and recorded included the scope of training provided.

### **Occupational health**

The provider will have a system in place to support staff and manage their occupational health requirements. During this public health emergency, the provider will have systems for taking and recording staff members' temperature and their health status. In the event of members of staff not being able to work due to the requirements for self-isolation or restricted movements (also known as self-quarantine), the provider has a contingency plan.

Providers have networks in place to support staff to manage the emotional impact of working during and after outbreak situations. Staff know how to access these supports and assistance, and the provider re-evaluates the adequacy of these supports on an ongoing basis.

## **Provider assurance — examples of information and evidence**

### **Observation**

Observing staff and the centre during walk around confirms:

- Staff are confidently carrying out their specified roles in a safe manner that reduces the risk of infection.
- Staff adhere to standard and transmission-based precautions.
- The centre is visibly clean and well maintained.
- All equipment is working.
- There are sufficient numbers of suitably qualified staff with the appropriate skill-mix on duty.
- Staff use PPE appropriately and adhere to standard precautions.

### **Communication**

Speaking with staff confirms:

- Staff know the provider's infection prevention and control arrangements.
- Staff have access to specialist infection prevention and control advice.
- Staff have had training appropriate to their role in infection prevention and control appropriate to their role, and have training in outbreak management, putting on and taking off (donning and doffing) Personal protective equipment.
- Staff are confident in reporting concerns about staff members' and or residents' health or reporting their concerns about infection prevention and control deficiencies.
- Staff understand the provider's arrangements for staff redeployment and changes to working arrangements during an outbreak.

Speaking with persons in charge and or managers confirm:

- They have the appropriate level of access to specialist infection prevention and control and public health advice.
- The out-of-hours medical cover arrangements are easily accessible, responsive and appropriate.
- They are confident that the workforce contingency and succession planning for staff shortages are effective and can be accessed in a timely manner.
- There are adequate numbers of staff in place to adhere to the necessary infection prevention and control precautions, in particular hand hygiene and safe putting on and taking off (donning and doffing) of personal protective equipment (PPE).
- There are appropriate measures in place to manage agency or locum staff during a COVID-19 pandemic.

### **Review of documentation**

Reviewing easily accessible and clear records confirm:

- Infection prevention and control training and any competency assessment records are contemporaneous.
- There are appropriate staff rotas confirming sufficient planned staffing and or actual staffing and or out-of-hours staffing arrangements.
- Dependency levels of residents are assessed on an ongoing basis — if there is a requirement for additional support for residents, this is reflected in the staff rota.
- There is a clear outbreak management plan (which includes contingency arrangements for COVID-19).

- There are easily accessible outbreak reports which identify, if appropriate, what worked well and what areas required improvement.
- Contingency staffing arrangements are defined and available to guide in the event of an outbreak.
- Annual leave policies are updated to reflect national guidance with regard to the requirement for staff returning from another country to self-isolate.

<b>Theme 7: Use of Resources</b>	
Standard 7.1	Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs.
<b>Note:</b> When assessing the above standards on use of resources, it is also recommended that you reference Theme 5 on leadership, governance and management and <b>Regulation 17.</b> **	

### **What meeting this standard looks like.**

The timely and adequate allocation of resources for infection prevention and control is an integral part of providing safe, high-quality care and support. The provider has a proactive approach which includes planning, resourcing, managing and reviewing the available resources. Staff at the appropriate level in the organisation have the delegated authority to release additional resources for infection prevention and control measures when as required. These resources includes adequate staff, premises, equipment and finance. This means staff have continued access to good quality, well-maintained equipment and the products and supplies they need to adhere to standard and transmission-based precautions.

The provider ensures that appropriate resources are available to develop and sustain infection prevention and control and also to respond when additional capacity is required, for example, in the case of an outbreak. In the allocation of resources, the provider will also take into account the monitoring of predefined infection prevention and control performance indicators.

The design, layout and use of the building facilitates effective infection prevention and control measures. The environment is maintained in a clean and hygienic condition.

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\*\* Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

When the physical environment is being upgraded or where new facilities are being designed, the provider has arrangements in place to ensure infection prevention and control measures are taken into consideration during the planning stage and during the implementation of works.

## Provider assurance — examples of information and evidence

### Observation

Observations during walk around confirms the following:

- The premises and equipment look clean and well maintained.
- Stocks of hand hygiene products, cleaning supplies and personal protective equipment (PPE) are available for use by staff.
- There is sufficient time available for staff to adhere to infection prevention and control precautions.

### Communication

Speaking with staff confirms the following:

- There are adequate numbers of staff in place to allow time to adhere to the necessary infection prevention and control precautions, in particular hand hygiene and safe putting on and taking off of personal protective equipment (PPE).
- Staff have access to adequate supplies to apply safe infection prevention and control best practices.
- Staff know how to clean equipment in the care environment, including assistive equipment which residents use and which may be shared, such as hoists.

Communication with residents confirms they:

- feel the centre is clean and well maintained
- are satisfied with the laundry facilities
- are not waiting long for staff to respond
- understand the importance of infection control procedures
- are being listened to when they have concerns.

## Review of documentation

Reviewing easily accessible clear records confirms the following:

- There is an outbreak management plan (which includes contingency arrangements for COVID-19) which details how additional resources will be deployed.
- Records are maintained and resources effectively managed and replaced as required.
- Cleaning records are maintained.
- Maintenance records are maintained, and repairs are completed in a timely manner.

<b>Theme 8: Use of Information</b>	
Standard 8.1	Information is used to plan, manage and deliver care that is in line with safe and effective infection prevention and control and antimicrobial stewardship practices.
Standard 8.2	Service providers have effective arrangements in place for information governance for infection prevention and control-related information
<b>Note:</b> When assessing the above standards on use of information, it is also recommended that you also reference Theme 5 (Leadership, Governance and Management).	

### What meeting this standards looks like

The provider has systems in place to gather and use information — which includes feedback from residents, families and members of staff — to assess and improve the quality of its services.

As part of infection prevention and control, the provider has a schedule of audits to monitor and review activities that include:

- compliance with hand hygiene
- standard precaution practices
- environmental cleaning
- attendance at mandatory training
- compliance with national staff screening programmes



- adherence to key national guidance and recommendations on infection prevention and control.

Relevant information also includes microbiology reports, testing results, resident and staff health data, outbreak reports and infection prevention and control audit data.

In line with the provider's strategic objectives for the centre, the provider will have a quality improvement plans to address any infection prevention and control deficiencies. This includes providers measuring their infection prevention and control performance indicators at defined intervals to determine progress and where appropriate to benchmark against other centres being operated by the same providers. This approach facilitates the provider to identify trends, areas for improvement as well as recognising where the services is performing well.

### **Information governance**

The provider has good information governance systems in place. Identifiable personal information is not disclosed without the resident's consent or in a manner which contravenes data protection legislation. Staff understand their information governance responsibilities when communicating infection prevention and control-related information.

## **Provider assurance — examples of information and evidence**

### **Observation**

- Information relating to residents and staff is securely stored.

### **Communication**

Speaking with staff confirms staff:

- know what information they must collect in order to monitor effective infection prevention and control practices
- know where to get the correct information to support care decisions
- understand information governance requirements.

### **Review of documentation**

Reviewing easily accessible clear records confirm the following:

- Residents' records include resident-specific risk assessments and care plans.
- The correct source of information and detail is used to inform treatment decisions.

- There is clearly available information on strategic objectives in relation to infection prevention and control and the monitoring of performance indicators set against the strategic objectives. These should be related to internal controls, management systems, care interventions, training, and communication.
- There is clear infection prevention and control audit findings with an action plan to address any deficits identified.

## Section 4. Quality and safety

The focus of this section is on the assurances a provider has in place in order to provide high-quality care and support for residents on a day-to-day basis. This includes how the best possible outcomes are achieved for residents and how residents are involved in the decisions about their care. This is in the context of infection prevention and control and antimicrobial stewardship, and it means that there is easily available information and support to residents provided by qualified, trained and skilled staff.

Residents live in a safe, comfortable and clean environment, where infection prevention and control is seen as everybody's job. Staff are clear on what they do and who they report to. Contingency plans are developed to deal with any outbreaks or emerging changes. Learning is an integral part of the service, and the provider is constantly monitoring and auditing care practices, including obtaining feedback from staff and residents, to further enhance the service.

Effective communication processes are in place for staff, residents, relatives and the general public.

<b>Theme 1: Person-centred care and support</b>	
<b>Standard 1.1</b>	People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.
<b>Note:</b> When assessing the above standards on person-centred care and support, it is also recommended that you reference Standards 2.1 and 4.1 and <b>Regulations 5, 7, 8, 9, 10, 11 and 34.</b> <sup>††</sup>	

### **What a service meeting this standard looks like**

A service will provide person-centred care and support in which, effective infection prevention and control is integral.

Staff always maintain and respect the rights of all residents and ensure they are supported to continue to access care and support during an outbreak and at all other times.

Information is available which is clearly visible and easily understood, directing residents to who they can contact if they have any concerns about their care, infection prevention

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<sup>††</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

and control in the centre, and general hygiene in the centre. There is a culture which facilitates and encourages residents and their families to ask questions, raise concerns and provide feedback about their care and support. The provider has a system in place to ensure all issues are responded to and addressed in a timely and open manner.

There are clear and transparent decision-making processes, including referral pathways, to facilitate residents' access to healthcare services. Residents, if they wish, have access to an advocate of their choice during discussions about their care, and any decisions about their ongoing treatment and end-of-life care plans.

Protecting residents, staff and members of the public from infection may require the imposition of necessary temporary restrictions and targeted infection control measures. Any restriction is informed by public health advice, national guidance and best practice. Service-wide restrictions which impact on the residents' quality of day-to-day life, access to activities, access to visitors, social engagement and which restricts the freedom of residents and freedoms in a centre must be discussed with the residents. The reasons for the restrictions should be explained and residents consulted with about how long the restrictions will remain in place. In these scenarios, the provider also ensures that residents' families and relatives are consulted and updated to the greatest extent possible in relation to any operational changes they have to make.

Providers ensure that restrictions to individual liberty and the measures taken to protect individuals from infection do not exceed what is considered necessary to protect people from the actual level of risk concerned.

## Provider assurance — examples of information and evidence

### Observation

Observations during walk around confirms:

- Staff are adhering to infection prevention and control practices.
- The centre is clean and well maintained, and corridors are clear and free from clutter.
- The equipment is clean, works, is well maintained and safely stored.
- Hand sanitisers and other PPE is easily accessible.
- Residents know what precautions they must take.
- Staff show residents how to maintain good infection control practices.
- Staff interactions and delivery of care respect residents' privacy and dignity.

## **Communication**

Speaking with residents and their families confirm:

- Residents have timely access to their GP and or specialist services.
- Resident know about and have access to infection prevention and control information and education.
- Residents and their families know who is in charge and who to ask questions of and are responded to by the provider or service.

Speaking with staff confirms:

- Staff confidently promote and maximise good infection prevention and control practices.
- Staff hand over infection prevention and control information to the person in charge at the change of each shift and to other healthcare visitors in an organised, timely (discreet and secure) manner.

## **Review of documentation**

Reviewing easily accessible clear records to confirm the availability of:

- contemporaneous, well-documented and recorded individual care records, including infection prevention and control risk assessments and associated care planning records
- communication strategy exists for infection prevention and control measures, with specific provision for communications during an outbreak
- comprehensive recording of all residents' referrals and reviews
- clear and comprehensive residents' admission and transfer documentation
- an up-to-date admissions policy is in place
- timed and completed residents' satisfaction surveys
- contemporaneous complaints log with records detailing the complaint, the time it was made, the date, person dealing with it, when it was responded to and any reciprocal actions required
- clear up-to-date visitors' log, detailing the visitors' name and contact details.

<b>Theme: Effective care and support</b>	
Standard 2.1	Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.
Standard 2.2	Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.
Standard 2.3	Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.
Standard 2.4	Service providers measure, assess and report the effectiveness of infection prevention and control practices to support improvements in infection prevention and control and antimicrobial stewardship.
<b>Note:</b> When assessing the above standards on effective care and support, it is also recommended that you reference Standards 1.1, 5.1, 5.2, 5.3, 5.4, 6.1 and 7.1, and <b>Regulation 17.</b> **	

### **What a service meeting this standard looks like**

The provider has an effective infection prevention and control strategy that reflects national standards, guidelines, guidance and best practice. This strategy is under regular review and is modified in line with national updates and public health guidance.

The provider ensures that all local infection prevention and control policies, procedures and guidelines are up to date, clear, well written and easily accessible to all staff. The provider verifies staff understanding of and adherence to these policies, procedures and guidelines.

In doing so, the provider ensures that all staff are supported, qualified, trained and skilled to deliver safe and effective infection prevention and control measures. Training programmes are tailored specifically to the centre, staff members' roles and responsibilities. The provider may have educational programmes to support residents and their families on infection prevention and control.

Infection prevention and control is an integral component of the centre's risk assessment and management arrangements. The provider is assured through daily monitoring and scheduled audits of staff practices and the environment that infection prevention and control practices are integrated into practice and adhered to.

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\*\* Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The physical environment<sup>§§</sup> is clean and well maintained. Corridors are free of clutter, bright and clean, and well-maintained equipment is stored securely. Residents' bedrooms, sitting rooms and dining facilities are bright and homely. Residents, if they wish to, have personalised their bedrooms. Fresh air is circulating, and windows and garden doors are opened as appropriate.

Facilities have documented cleaning schedules that outline clear responsibilities of staff, roster of duties and the frequency of cleaning required and the products that should be used to clean specific areas. Cleaning regimes include both periodic and deep-clean<sup>\*\*\*</sup> schedules.

The provider has a scheduled refurbishment plan to ensure the upkeep of the centre and that it is comfortable. Fixtures and fittings are replaced as needed, and the physical environment is maintained to the highest standards.

There are a variety of systems in place to ensure that environmental and equipment cleaning standards are met. These include cleaning specifications and checklists, and colour coding of cleaning equipment to reduce the chance of cross infection. There is also infection prevention and control guidance and audits of equipment and environmental cleanliness.

All reusable equipment is safely and effectively decontaminated. Staff undertaking environmental and equipment decontamination processes understand their role and are supported with the necessary training. Waste, including healthcare risk waste is managed in line with national waste management guidelines and legislation. Arrangements are in place for linen and laundry management, appropriate to the setting, including handling, segregation of clean and used linen, washing, drying and storage in line with national guidelines.

The provider through their monitoring systems will use data including observation and communication to measure and assess how effective the infection prevention and control measures are. Any deficits or deviations from good infection prevention and control measures will be rectified.

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<sup>§§</sup> The physical environment refers to premises and facilities, including buildings, vehicles and all their fixtures, fittings and furnishings, whether owned or contracted by the service provider.

<sup>\*\*\*</sup> Periodic cleaning is cleaning at different times throughout the day. Periodic cleaning can include cleaning items immediately after use as well as cleaning surfaces on a regular basis throughout a single day. Deep cleaning is a thorough clean of all frequently touched surfaces at least once per day.

## Provider assurance — examples of information and evidence

### Observation

Observations during walk arounds confirms:

- The centre is clean and well maintained.
- The laundry is well run, and contaminated linen is managed in line with best practice. Residents' personal laundry is safely and respectfully cleaned and returned.
- The cleaners' storage rooms are clean, and cleaning agents and equipment are safely secured and labelled with appropriate shelving units as required.
- Clean and contaminated waste is being managed in line with best practice and in line with the centre's policies.
- Equipment is safely stored, clean and well maintained. There is no broken equipment awaiting maintenance being stored on corridors or in day areas.
- Signage is clear and up to date.
- Isolation, zoning and cohorting arrangements are clearly signposted and only the staff assigned to these areas are working there.
- PPE is readily assessable when providing residents' care.
- Staff are removing their PPE before they leave the isolation or zoned or cohorted area so as to reduce the risk of spreading infection.

### Communication

Speaking with staff to confirms:

- Staff understand the importance and relevance of maintaining a clean and hygienic environment.
- Staff understand the importance of ensuring all equipment is clean and stored securely.
- Staff know and understand the importance of:
  - segregating the linen
  - adhering to infection prevention practices
  - washing linen at the correct temperatures and



- carefully handling residents' clean personal laundry.
- Household staff know what cleaning agents are available and when and where to use them.
- Staff understand the relevance of how to safely store and dispose of waste and how to manage spills.
- Staff know the most recent infection prevention and control audit results and are working with the person in charge to further improve processes.

## **Review of documentation**

Reviewing easily accessible clear records confirm:

- The centre's infection prevention and control strategies includes outbreak management, standard and transmission-based precautions, which are aligned to National, HSE and HPSC guidelines.
- The risk register and assessment are up to date. Remedial actions are completed and if not, have a date for completion.
- Cleaning schedule outlines clear responsibilities of staff, roster of duties and the frequency of cleaning required
- The cleaning schedules for environmental cleaning are easily accessible, up to date, appropriate and monitored.
- Staff training records are up to date and clear. Where staff have not had training, there is a clear schedule for them to attend training.
- The patient equipment cleaning records are easily accessible, up to date, appropriate and monitored.
- The environmental hygiene and equipment audit schedules and results are easily accessible, up to date and appropriate. Corrective actions have been completed.
- All audits of compliance in relation to infection prevention and control, including legionella risk and standard and transmission-based precautions, are completed on time, easily accessible and communicated to staff. Where corrective actions are required, there is evidence that these have been addressed.
- The guidelines for the prevention of Nosocomial Invasive Aspergillosis during Construction or Renovation is up to date.

<b>Theme 3: Safe Care and Support</b>	
Standard 3.1	Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.
Standard 3.2	Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.
Standard 3.3	Arrangements are in place to protect staff from the occupational risk of acquiring an infection.
Standard 3.4	Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.
<b>Note:</b> When assessing the above standards on effective care and support it is also recommended that you reference Standards 1.1, 2.4, 4.1, 5.1, 5.2, 5.3 and <b>Regulation 10<sup>+++</sup></b>	

### **What a service meeting this standard looks like**

The provider is assured that residents are protected by quality care delivered by skilled and qualified staff in line with the most up-to-date best practice.

Staff adhere to the 'Your 5 moments for hand hygiene' developed by the World Health Organization. Hand hygiene facilities are appropriate to the setting, easily accessible and in line with best infection prevention and control advice. Residents and visitors are always supported and encouraged to engage in effective hand hygiene practices.

Effective arrangements are in place to identify and mitigate against, where possible, any potential risk factors associated with staff acquiring or transmitting an infection.

There are a well-documented outbreak management and contingency plans, appropriate to the services provided. All staff are aware of their individual and collective responsibilities under both these plans. These include services:

- having a defined escalation procedure
- testing residents and staff for infections
- placing residents preferably in single rooms or in line with public health advice
- using enhanced environmental hygiene measures and
- ensuring good communications with residents, relatives and on- and off-duty staff.

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<sup>+++</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Regular updates are provided to families about the wellbeing of the residents, with the residents' permission.

Suspected or confirmed outbreaks of infection are promptly notified to the medical officer of health in the local Department of Public Health and the Chief Inspector, in line with the relevant legislation. The nominated person from the centre liaises with specialist staff, such as the community infection prevention and control nurse and the local Department of Public Health, and provides all information necessary to assess and control outbreaks.

The provider has clearly defined arrangements in place to ensure antimicrobial stewardship strategies are implemented and monitored in parallel with local infection prevention and control strategies. This includes prescribers having access to and following local antimicrobial prescribing guidelines to ensure that residents are prescribed antimicrobial medication appropriately.

The provider has arrangements in place to ensure after any outbreak that there is a comprehensive investigation, the findings of the investigation are recorded, corrective actions are implemented and learning is shared between all staff, and, if appropriate, to all residents and their families.

The provider actively engages with the Health and Safety Authority (HSA) when it has any concerns about workplace legislation and aligned public health measures. All staff are offered timely access to recommended vaccines in line with national immunisation guidelines.

## Provider assurance — examples of information and evidence

### Observation

Observations during walk around confirms:

- There are adequate and appropriate hand hygiene facilities and products.
- There is easy-to-read and accessible hand hygiene and infection prevention and control signage.
- Staff are maintaining and encouraging social distancing when appropriate.
- Appropriate levels of PPE are available and stored appropriately where staff can readily assess them.

### Communication

Speaking with staff confirms:

- Staff know when and how to report to their line manager of any signs or

symptoms of infection in individuals or groups of people.

- Staff know who to contact for advice in the event of a suspected or confirmed outbreak.
- Staff know how to access specialist advice from colleagues, such as a community infection prevention and control nurse, the local Department of Public Health and or a consultant microbiologist, if they are uncertain about the best course of action.
- Staff know if there are confirmed or suspected residents with COVID-19 and what measures to take to ensure staff do not work with or tend to residents with COVID-19 and those without COVID-19.

Speaking with residents confirms:

- Residents understand why infection prevention and control measures are happening.

## **Review of documentation**

Reviewing easily accessible clear records confirm the following:

- The hand hygiene guidelines are easy to read, easily accessible and visible to staff, residents and visitors.
- The training records for all infection prevention and control (to include hand hygiene training records) are up to date and well maintained.
- Antimicrobial stewardship guidelines are available.
- Outbreak management reports and follow-up investigations are completed, and learning has been incorporated into practice and in training materials.
- The visiting guidelines are up to date and in line with public health advice and have been communicated to residents, their families and staff.
- There are clear up-to-date vaccination records for staff.
- There evidence that staff are encouraged to take part in a vaccination programme.
- The provider has a KPIs for staff vaccinations programmes.

## Theme 4: Better health and wellbeing

Standard 4.1

People are empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance.

**Note:** When assessing the above standards on effective care and support, it is also recommended that you consult Standards 1.1, 2.1, 3.4 and **Regulation 11.**<sup>\*\*\*</sup>

### What a service meeting this standard looks like

The provider is assured that every opportunity is used to promote effective infection prevention and control practices and appropriate antibiotic usage among all staff, externally contracted staff, residents and families.

Residents are supported to receive vaccinations in line with the national immunisation guidelines.

There are well-thought out arrangements in place to protect residents, staff and visitors from exposure to infection, and national guidance and public health advice informs these controls.

## Provider assurance — examples of information and evidence

### Observation

Observations during walk around confirms:

- There is good infection prevention and control signage on display.
- Information leaflets, brochures and guidance are easily available to staff, residents and visitors.
- Infection prevention and control policies and procedures are accessible and up to date.

### Communication

Speaking with residents confirms:

- They are informed, educated and supported to protect themselves and others from the risk of healthcare-associated infections.

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<sup>\*\*\*</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

- They have timely access to clear, easy-to-understand and accurate information on infection prevention.
- They have been informed and understand the reasons for implementing public health measures such as restricted visiting, staff wearing additional PPE and social distancing measures in the centre.
- They are being encouraged to check with staff if they have washed their hands and if not, to ask them to do so.

Speaking with visitors confirms:

- They understand what is happening and know what they can do to help in controlling the spread of infection.

### **Review of documentation**

Reviewing easily accessible and clear records confirm:

- There are clear up-to-date vaccination records for residents. If a resident has refused vaccination, this is clearly documented and their care plan has been reviewed to reflect what care revisions may be required as a result.
- There evidence that residents are encouraged to take part in a vaccination programme.
- The provider has a KPIs for resident vaccinations programmes.

## Appendix 1 Additional guidance

### National guidance during the public health emergency

Dealing with the public health emergency continues to challenge the health and social care sector globally. People living in residential care facilities are identified by the World Health Organization (WHO) as a group particularly vulnerable to COVID-19<sup>§§§</sup>. Therefore, ongoing national guidance and support is required for people caring for and supporting people who are at an increased risk of acquiring this disease.

Throughout this public health emergency, there have been frequent updates to the relevant national guidance. The national guidance developed by the Health Protection Surveillance Centre (HPSC) is called *Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*. The guidance is available [on the HPSC website](#).

Providers should be mindful that as we learn more about COVID-19, further national guidance and updates will become available. Therefore, providers must remain up to date on national recommendations and guidelines applicable to residential care and which are issued by the Government, HSE and the HPSC.

### Supporting evidence and resources

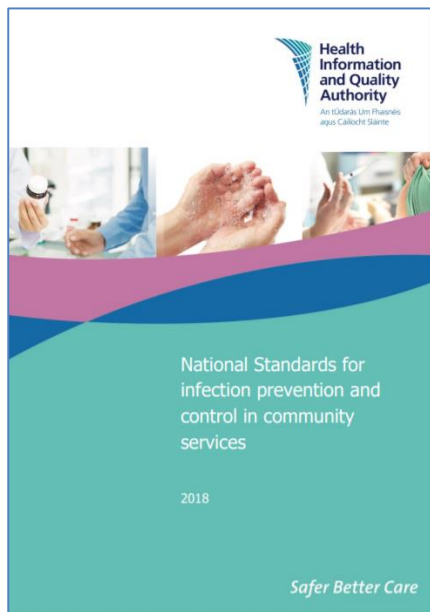
This assurance framework has been designed to reflect the *Interim Guidance on Infection Prevention and Control for the Health Service Executive 2020*, (Click [here](#) to view the guidance) and the recommendations of the *COVID-19 Nursing Home Expert Panel Examination of measures to 2021*. This guidance is evidence-based and addresses the practical application of infection prevention and control arrangements in health and social care settings. Providers should be familiar with the following document and should use it as a resource to determine what effective infection prevention and control practices look like in their services:

HIQA has developed an online module to support front-line staff working in community services to implement the *National Standards for infection prevention and control in community services*. The online course is available on our website [here](#). The training highlights the importance of effective infection prevention and control arrangements, good communication between people and services, and the importance of ensuring standard precautions are in place at all times.

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<sup>§§§</sup> Source World Health Organisation, Preventing and managing COVID-19 across long-term care services, Policy Brief, 24th July 2020, [https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy\\_Brief-Long-term\\_Care-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1)

## Appendix 2 The national standards



This section of the guidance briefly reviews the *National Standards for infection prevention and control in community services* (pictured). The standards are organised into two overarching sections which we term 'dimensions'. These are:

1. Capacity and capability.
2. Quality and safety.

The dimension of capacity and capability deals with providers' ability to sustainably manage and oversee infection prevention and control in their services, and be aware of what is going on in their services.

The dimension of quality and safety reviews the experiences of people using services on a day-to-day basis and whether they are benefiting from good infection prevention and control practices.

Within each dimension are 'themes', or aspects of care, such as 'Theme 5: Leadership, Governance and Management'. Under each theme, there will be a description of what good infection prevention and control in a designated centres looks like.

When reading this guidance, providers should also be aware of other relevant legislation and national guidance.

This guidance document should be used in conjunction with the following:

- *National Standards for infection prevention and control in community services* (2018)



- Assessment-Judgment Framework for monitoring compliance against the *National Standards for infection prevention and control in community services*
- The Self-Assessment Framework for the *National Standards for infection prevention and control in community services*
- The Health Act 2007 (as amended).

Additionally, registered providers and staff of designated centres for older people should use this guidance document with the following documents:

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016
- *National Standards for Residential Care Settings for Older People in Ireland (2016)*
- *COVID-19 Nursing Home Expert Panel Examination of measures to 2021.*

Registered providers and staff of designated centres for people with a disability should use this guidance document with the following documents:

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- *National Standards for Residential Services for Children and Adults with Disabilities (2013).*

## Appendix 3 – Compliance indicators

### Leadership, Governance and Management — compliance indicators

#### **Demonstrates a commitment to quality improvement - indicators include:**

- Infection prevention and control is prioritised at the highest levels of the organisation and this is reflected in the strategic objectives of the organisation, governance and leadership arrangements, resource allocation, supports for staff and IPC monitoring and review activities.
- Governance structures are in place that can assure the provider as to the effectiveness and quality of infection prevention and control practices in each centre under its control. These governance structures include effective and ongoing oversight, feedback from staff, residents and relatives.
- A person-centred approach informs the provider’s approach to infection prevention and control.
- There is an identified person who has overall responsibility for infection prevention and control and antimicrobial stewardship of the service.
- Staff working in the service have a clear understanding of their roles and responsibilities in working to prevent and control infection.
- The service reviews how it is performing to identify how it can improve its delivery of safe and effective infection prevention and control and antimicrobial stewardship. This is done so that it can provide a better and safer service.
- The registered provider regularly reviews specific policies and procedures related to COVID-19 and ensures that staff are following the most up-to-date guidance.
- The registered provider demonstrates a high degree of preparedness for an outbreak of infection. This is reflected in comprehensive contingency and outbreak management plans which have been validated.
- Infection prevention and control risk assessments have been undertaken and are reflected in the safety statement.
- Infection prevention and control risks and deficiencies have been identified, managed and escalated where appropriate.
- Audits of how national infection prevention and control guidelines are being adhered to are routinely undertaken and are used to encourage improvement.

- There are established communication pathways, including access to external expertise in infection prevention and control, whenever providers need additional support and advice.
- Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.

**Working towards meeting the standard - indicators include:**

- While there is proactive consideration of infection prevention and control, it is not fully integrated with the strategic aims of the organisation and is not consistently considered in governance and leadership arrangements, resource allocation, supports for staff and monitoring and review activities.
- Infection prevention and control is only discussed at senior management team level for a specific purpose or occasion.
- The person identified with overall responsibility for infection prevention and control does not have full oversight of key areas within this remit.
- Staff do not fully understand their infection prevention and control roles.
- The service does not comprehensively review its performance in infection prevention and control.
- Some identified infection prevention and control risks and deficiencies are not proactively followed up and addressed.
- Infection prevention control audits are not fully completed and miss opportunities to drive forward improvements.

**Significant opportunities for improvement - indicators include:**

- There is evidence that infection prevention and control is not prioritised by the senior management team and is not reflected in the governance and leadership arrangements and roles and responsibilities of senior managers and leaders. Lines of responsibility and accountability in this area are not defined and understood.
- There is no identified person with overall responsibility for infection prevention and control of the service.
- Staff working in the service do not have a clear understanding of their roles and responsibilities in working to prevent and control infection.
- The service does not effectively review how it is performing so that it can identify how it can improve its delivery of safe and effective infection prevention and control and antimicrobial stewardship.

- Adequate resources have not been allocated to support effective infection prevention and control arrangements.
- Specific policies and procedures related to COVID-19 are neither regularly reviewed nor kept up to date.
- Staff are unaware of or are not adhering to the most up-to-date infection control guidance.
- Infection prevention and control risk assessments have not been undertaken and are not reflected in the safety statement.
- Infection prevention and control risks and deficiencies have not been identified, managed and reported to senior levels where appropriate.
- Infection prevention control audits are not routinely undertaken and are used to promote improvement.

### **Workforce — compliance indicators**

#### **Demonstrates a commitment to quality improvement - indicators include:**

- Established staffing levels, staff qualifications and skill-mix support the integration of infection prevention and control best practices with the provision of safe, high-quality care.
- There are sufficient staff numbers to enable adherence to the necessary standard and transmission-based precautions and integrate them with safe high-quality care
- The contingency and outbreak management plans detail the arrangements for staffing in the event of an outbreak, including a COVID-19 outbreak.
- Staff have been provided with training in infection prevention and control appropriate to their roles.
- Staff can describe their day-to-day infection prevention and control responsibilities and altered working arrangements if an outbreak occurs.
- Staff know who to contact for support and advice in infection prevention and control practices when they need it.
- Staff support resources and structures are in place to address the impact of working under outbreak conditions.

### **Working towards meeting the standard - indicators include:**

- There are times when established staffing levels and skill-mix to support effective infection prevention and control are not maintained.
- There are gaps in the infection prevention and control training provided to staff.
- There are gaps in staff members' knowledge regarding their infection prevention and control responsibilities.
- Staff rosters have some gaps and do not always show who was working in the centre.

### **Significant opportunities for improvement - indicators include:**

- Established staffing levels, staff qualifications and skill-mix do not support the integration of infection prevention and control best practices with the provision of safe high-quality care.
- The outbreak management plan does not detail the contingency arrangements for staffing in the event of an outbreak.
- The centre does not have access to specialist infection prevention and control advice.
- An up-to-date record of all staff working in the centre is not maintained.
- The same staff are caring for healthy residents and those residents with possible or confirmed COVID-19.
- Staff working in the centre regularly work in different settings.
- Staff who are deemed to be close contacts of COVID-19 cases are not required to restrict their movements in accordance with national guidance and health and social care worker derogation guidance has not been appropriately followed.

### **Use of Resources — compliance indicators**

#### **Demonstrates a commitment to quality improvement - indicators include:**

- The provider makes the best use of available resources to manage the risk of infection.
- There are regular reviews of the resources that are required to meet the centre's infection prevention and control needs.
- Additional resources are available to respond to an outbreak.

- There are sufficient staff to allow time to adhere to standard and transmission-based precautions and to integrate them with safe and high-quality care and support.
- The provider stores sufficient stocks of hand hygiene products, cleaning supplies and personal protective equipment (PPE), which take account of normal operation of the centre and sudden surge in demand due to an outbreak.
- In the event of any building or upgrade works in the centre, the provider has considered the infection prevention and control requirements from the beginning of the upgrade works.

**Working towards meeting the standard - indicators include:**

- Some infection prevention and control interventions are not consistently resourced.
- Stocks of hand hygiene products, hygiene supplies and PPE do not take account of sudden surge in demand.

**Significant opportunities for improvement - indicators include:**

- The provider does not make the best use of available resources.
- Regular reviews of the resources required to meet the centre's infection prevention and control needs do not take place.
- Additional resources are not available to respond to an outbreak.
- There are insufficient staff to allow time to adhere to standard and transmission-based precautions and to integrate them with safe and high-quality care and support.
- There are insufficient supplies and equipment to allow staff to adhere to standard and transmission-based precautions and to integrate them with safe and high-quality care and support
- In the event of any building of upgrade works in the centre, the provider has not considered the infection prevention and control requirements from the onset of upgrade works.

**Use of Information — compliance indicators****Demonstrates a commitment to quality improvement - indicators include:**

- The provider collects, uses and shares information to inform clinical decision-making, identification of trends and improvements to infection prevention and control performance.
- The principles of good information governance are followed when sharing infection prevention and control-related information.

**Working towards meeting the standard - indicators include:**

- The provider gathers information; however, it is not consistently shared or used by the relevant people to inform clinical decision-making, identify trends and improve infection prevention and control performance in the centre.
- There are some gaps in the information governance arrangements for sharing infection prevention and control-related information.

**Significant opportunities for improvement - indicators include:**

- The provider does not collect, use or share information in a way which informs clinical decision-making, identifies trends and improves infection prevention and control performance.

- The provider does not use reliable information to measure their performance in relation to infection prevention and control and identify areas for improvement.
- The principles of good information governance are not followed when sharing infection prevention and control-related information.

## **Person-centred Care and Support – compliance indicators**

### **Demonstrates a commitment to quality improvement - indicators include:**

- There is evidence of the prevention, control and management of infection being discussed with residents at appropriate points in their care.
- Residents are provided with easy-to-read information and are supported to understand information about infection prevention and control. Residents are supported to use this information to make informed choices about their care.
- Residents are informed of any infections or outbreaks that directly affect them or their life in the centre.
- Residents who are high risk or who are particularly vulnerable to infection are provided with specific information and support from staff to help them understand and manage those risks.
- Residents have timely access to healthcare services based on their assessed needs.
- Residents are informed of their right to advocacy services.
- Regular updates about the wellbeing of residents is, with the residents' consent, provided to families and or next of kin.
- Residents know who is responsible for infection prevention and control in the centre. They are supported and encouraged to ask questions, raise concerns and provide feedback about their care and support.
- Complaints and concerns relating to infection prevention and control are responded to promptly, openly and effectively.

### **Working towards meeting the standard - indicators include:**

- While it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, these gaps do not result in a medium or high risk to residents.
- While efforts are made by the person in charge and staff, not all residents have access to a general practitioner (GP) of their choice, for example, due to the location of the designated centre.



- While information is provided to residents about how to prevent the spread of infection and keep themselves infection-free, this is not documented in their notes or care plans.

**Significant opportunities for improvement - indicators include:**

- The infection prevention and control care practices observed do not reflect the assessed individualised health, personal or social care needs of the person.
- Practices observed are task-orientated and institutionalised, rather than person-centred.
- The importance of the prevention, control and management of infection is not discussed with residents at appropriate points in their care.
- Residents are neither provided with easy-to-read material nor supported to understand information about infection prevention.
- Residents are not informed of any infections or outbreaks that directly affect them or their life in the centre.
- Residents who are high risk or who are particularly vulnerable to infection are not provided with specific information and support from staff about managing those risks.
- Residents do not have access to healthcare services based on their assessed needs.
- Residents are not informed of their right to advocacy services.
- Regular updates about the wellbeing of the residents is not provided to families and or next of kin.
- Residents do not know who is responsible for infection prevention and control in the centre and are not supported and encouraged to ask questions, raise concerns and provide feedback about their care and support.
- Complaints and concerns relating to infection prevention and control are not responded to promptly, openly or effectively.

**Effective Care and Support — compliance indicators**

**Demonstrates a commitment to quality improvement - indicators include:**

- The registered provider is assured that staff are following the most up-to-date infection prevention and control guidance.
- Staff are trained in and adhere to standard and transmission-based precautions.

- Information about a resident's colonisation or infection status is documented in the resident's care record.
- The environment is clean and well maintained.
- Single rooms are available; while in shared rooms, bed spacing is planned and managed in a way that minimises the risk of spread of healthcare-associated infections.
- Linen and laundry is managed in line with national guidelines.
- Reusable or disposable cleaning textiles are managed in line with best practice.
- Clinical and household waste is managed in line with national guidelines.
- The possible spread of healthcare-associated infections is minimised during construction, renovation, demolition, repair or maintenance by having clear policies and procedures in place, and deploying these policies and procedures.
- All equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained according to national guidelines and best available evidence.
- Staff who are undertaking decontamination processes have the necessary training and skills to do so.
- Healthcare-associated infection incidents are identified, managed and reported in a timely manner in line with legislation, national policy, national standards and guidelines.
- Environmental and equipment hygiene audits are regularly undertaken, and learnings from this data is used to improve the safety and quality of the care provided.

**Working towards meeting the standard - indicators include:**

- While infection prevention and control guidelines were in place, some were overdue for review. However, delay in documentation review did not result in a medium or high risk to residents.
- While it is evident that equipment and the environment are clean and well maintained, gaps are identified in the documentation; for example, cleaning checklists. However, these do not result in a medium or high risk to residents.
- There are minor maintenance issues within the clinical areas; however, this did not result in a medium or high risk to residents.

**Significant opportunities for improvement - indicators include:**

- The registered provider is not assured that staff are following the most up-to-date infection prevention and control guidance.
- Staff are neither trained in nor adhere to standard and transmission-based precautions.
- Information about a resident's colonisation or infection status is not documented in the resident's care record.
- The environment is unclean and poorly maintained.
- Linen and laundry are not managed in line with national guidelines.
- Reusable or disposable cleaning textiles are not managed in line with best practice.
- Clinical and household waste are not managed in line with national guidelines.
- There are no guidelines regarding how possible spread of healthcare-associated infections is minimised during construction, renovation, demolition, repair or maintenance.
- Equipment, medical and non-medical, including cleaning devices, are unclean.
- Staff who are undertaking decontamination processes do not have the necessary training and skills to do so.
- Healthcare-associated infection incidents are not reported by staff.

### **Safe Care and Support — compliance indicators**

#### **Demonstrates a commitment to quality improvement - indicators include:**

- Staff receive hand hygiene training at a minimum every two years, and compliance with local hand hygiene guidelines is monitored.
- Hand-hygiene facilities are accessible and well designed.
- Alcohol hand rub is readily assessable at the point of care and support in all residential care facilities.
- Antimicrobial use is monitored to ensure prescribers have access to and follow local antimicrobial prescribing guidelines.
- The registered provider has a system in place to manage the occupational health needs of staff in relation to healthcare-associated infections.
- Staff are offered, and receive if they wish, the annual influenza vaccine.

- Appropriate personal protective equipment is provided and is widely available to all staff in line with national guidelines.
- Staff are routinely monitored for signs and symptoms of infection, including COVID-19, in line with national guidelines.
- There is a nominated lead for COVID-19 preparedness and response in the designated centre.
- Outbreak preparedness and management plans are in place.
- Outbreak reports are prepared after outbreaks and include a review of the management of outbreaks and any lessons learned for future use.

**Working towards meeting the standard - indicators include:**

- The design and location of hand wash sinks promotes effective and safe hand hygiene practices, but residents are unable to use them.
- Staff are offered the annual influenza vaccine, but uptake has failed to meet the Health Service Executive's (HSE's) national uptake target.
- Outbreak preparedness and management plans are in place but have not been reviewed in light of the COVID-19 pandemic.
- Some antimicrobial stewardship measures are in place, but they require improvement. However, this does not result in a medium or high risk to residents.

**Significant opportunities for improvement - indicators include:**

- Staff do not receive hand hygiene training at a minimum every two years, and compliance with local hand hygiene guidelines is not monitored.
- Hand-hygiene facilities are not accessible or well-designed.
- Antimicrobial stewardship measures are not in place.
- Antimicrobial use is not monitored to ensure prescribers have access to and are following local antimicrobial prescribing guidelines.
- Staff do not have access to occupational health support.
- Influenza vaccinations are not offered or provided to staff.
- Appropriate personal protective equipment is not available.
- Staff are not monitored for signs and symptoms of infection, including COVID-19, in line with national guidelines.

- There is no nominated lead for COVID-19 preparedness and response in the designated centre.
- Outbreak preparedness and management plans are not in place.
- Outbreak reports are not prepared after outbreaks.

### **Better Health and Wellbeing — compliance indicators**

#### **Demonstrates a commitment to quality improvement - indicators include:**

- Residents are informed, educated and supported to protect themselves and others from the risk of healthcare-associated infections.
- Visitors are informed on what they can do to prevent the spread of infection and keep themselves infection-free.
- Residents are offered the recommended vaccines, in line with the national immunisation guidelines.
- Signage, instructional information and educational material relating to infection prevention and control and antimicrobial stewardship are available within the centre.

#### **Working towards meeting the standard - indicators include:**

- While it is evident that care is delivered to a high standard, gaps are identified in the documentation. However, these gaps do not result in a medium or high risk to residents.
- Infection prevention and control signage is available in some areas only.

#### **Significant opportunities for improvement - indicators include**

- Residents are not informed, educated and supported to protect themselves and others from the risk of healthcare-associated infections.
- Visitors are not informed on what they can do to help prevent the spread of infection and keep themselves and others infection-free.
- Signage relating to the prevention and control of infection is not in place.





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