



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the announced inspection of Rehabilitation and Community Inpatient Healthcare Services at Castlecomer District Hospital.**

**Monitoring programme** against the *National Standards for Infection Prevention and Control in Community Services* during the COVID-19 pandemic

Date of inspection: 21 October 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 services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionizing 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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## 1.0 Information about this monitoring programme

Under the Health Act Section 8 (1) (c) the Health Information and Quality Authority (HIQA) has statutory responsibility for monitoring the quality and safety of healthcare among other functions. In light of the ongoing global pandemic of COVID-19 and its impact on the quality and safety of care for patients admitted to rehabilitation and community inpatient healthcare services, HIQA has developed a monitoring programme to assess compliance with the *National Standards for Infection Prevention and Control in Community Services*.<sup>1</sup>

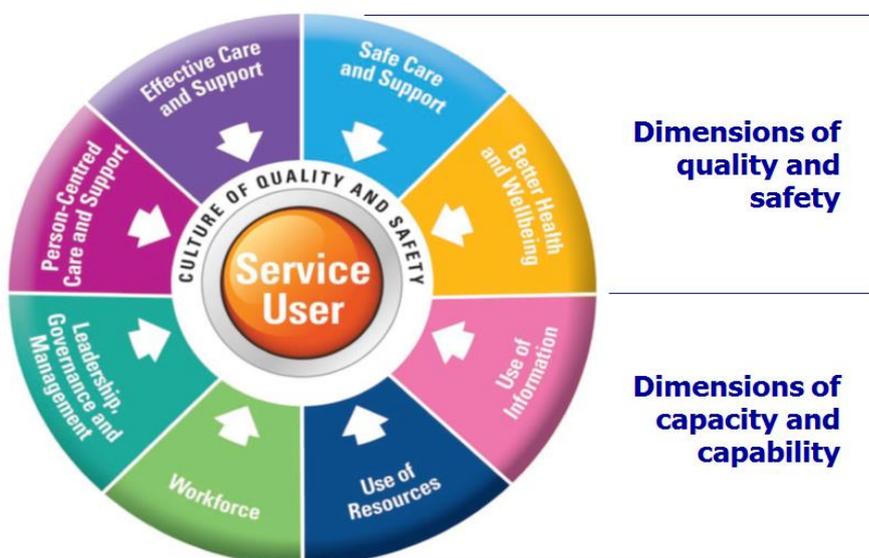
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

Inspection findings are grouped under the National Standards dimensions of:

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

Under each of these dimensions, the standards\* are organised for ease of reporting.

**Figure 1: National Standards for infection prevention and control in community services**



<sup>1</sup>National Standards for infection prevention and control in community services

## Report structure

The lines of enquiry for this monitoring programme of infection prevention and control in community services will focus on six specific national standards within four of the eight themes of the standards, spanning both the capacity and capability and quality and safety dimensions.

This monitoring programme assesses Rehabilitation and Community Inpatient Healthcare Services’ **capacity and capability** through aspects of the themes:

<b>Capacity and Capability</b>	
<b>Theme</b>	<b>Standard</b>
<b>5: Leadership, Governance and Management</b>	<p><b>Standard 5.1:</b> The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.</p> <p><b>Standard 5.2:</b> 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.</p>
<b>6: Workforce</b>	<p><b>Standard 6.1:</b> Service providers plan, organise and manage their workforce to meet the services’ infection prevention and control needs.</p>

HIQA also assesses Rehabilitation and Community Inpatient Healthcare Services’ provision under the dimensions of **quality and safety** through aspects of the themes:

<b>Quality and Safety</b>	
<b>Theme</b>	<b>Standard</b>
<b>2: Effective Care and Support</b>	<p><b>Standard 2.2:</b> Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.</p> <p><b>Standard 2.3:</b> Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.</p>
<b>3: Safe Care and Support</b>	<p><b>Standard 3.4:</b> Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.</p>

## Judgment Descriptors

The inspection team have used an assessment judgment framework to guide them in assessing and judging a service’s compliance with the National Standards. The assessment judgment framework guides service providers in their preparation for inspection and support inspectors to gather evidence when monitoring or assessing a service and to make judgments on compliance.

Following a review of the evidence gathered during the inspection a judgment has been made on how the service performed. The following judgment descriptors have been used:

<b>Compliant</b>	<b>Substantially compliant</b>	<b>Partially compliant</b>	<b>Non-compliant</b>
A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standards.	A judgment of substantially compliant means that the service met most of the requirements of the National Standards but some action is required to be fully compliant.	A judgment of partially compliant means that the service met some of the requirements of the relevant National Standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for patients over time if not addressed.	A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to patients.

## **1.1 Hospital Profile**

Castlecomer District Hospital is owned and managed by the Health Service Executive (HSE) under the governance of Community Health Organisation (CHO) 5<sup>†</sup>.

Castlecomer District Hospital has 18 beds and provides short-stay convalescence care, respite care and palliative care for patients admitted from acute hospitals and the community.

The hospital was a designated step-down unit for patients with clinical issues associated with COVID-19 from April to July 2020. During this period the admissions for convalescence, respite and palliative care ceased, but these services had now all fully resumed.

## **1.2 Information about this inspection**

This report was completed following an announced inspection carried out by Authorised Persons, HIQA; Nora O' Mahony and Siobhan Bourke on 21 October 2020 between 09:40 hrs. and 15:20hrs. The hospital manager was notified by HIQA 48 hours before the inspection.

Inspectors spoke with hospital managers, staff and patients. Inspectors also requested and reviewed documentation, data and observed practice within the clinical environment.

HIQA would like to acknowledge the cooperation of the hospital management team and staff who facilitated and contributed to this announced inspection.

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<sup>†</sup> Community Health Organisation 5 area consists of South Tipperary, Carlow/Kilkenny, Waterford and Wexford.

## 2.0 Inspection Findings

### 2.1 Capacity and Capability

This section describes arrangements for the leadership, governance and management of the service at this hospital, and HIQA's evaluation of how effective these were in ensuring that a high quality safe service was being provided. It includes how the service provider is assured that there are effective governance structures and oversight arrangements in place for clear accountability, decision-making, risk management and performance assurance. This includes how responsibility and accountability for infection prevention and control is integrated at all levels of the service. This is underpinned by effective communication among staff. Inspectors also reviewed how service providers plan, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise and have the necessary resources to meet the service's infection prevention and control needs.

#### **Theme 5: Leadership, Governance and Management**

**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.

**Judgment Standard 5.1: Compliant**

#### Corporate and clinical governance

The director of nursing was responsible for the hospital and reported to the manager of older persons services, who in turn reported to the head of service, older persons services, and upwards to the chief officer for the CHO 5 area. The director of nursing was also responsible for another service which was located some distance from the hospital.

The organisational chart outlined the reporting structures to the senior management of older persons services within the CHO 5 area. It was clear from discussions with staff during the inspection that the lines of communication and responsibility were clearly understood.

Inspectors were informed that the director of nursing was on site at the hospital one day per week. This on-site presence was temporarily suspended between March and June when there were patients with suspected or confirmed COVID-19 on either site, but regular telephone contact was maintained.

The hospital was managed on a day-to-day basis by a clinical nurse manager 2, assisted locally by a clinical nurse manager 1. Good local management with support

and governance from the director of nursing and the manager of older persons services was evident to inspectors.

Two local general practitioners were responsible for the medical care of patients admitted to the hospital. On-call medical cover was provided by CareDoc<sup>‡</sup>.

### Committee structures

Inspectors reviewed minutes from committees within the organisational management structure established to oversee the services. The meetings were attended by the director of nursing, the clinical nurse manager 2 and management from CHO 5. The meetings included:

- Clinical Nurse Managers Quality and Patient Safety Meetings; led by the director of nursing
- Management Team Meetings; led by the manager of older persons services
- Hygiene Service Committee Older Persons Services; led by the manager of older persons services
- Carlow/Kilkenny Older Persons Governance, led by the head of service, older persons services
- Head of Service's, Quality and Patient Safety Committee led by the head of service, older persons services.

Inspectors were informed that governance meetings had been replaced at the start of the COVID-19 pandemic with teleconference meetings with management from CHO 5. These Older Persons Services, South East Community Healthcare, HSE, Public Units COVID-19 teleconferences were held twice a week initially then weekly or more frequently as needed. The regular governance meetings recommenced in September 2020.

Inspectors were informed that in light of the rising rates of COVID -19 cases in the community, the COVID-19 teleconference meetings had recommenced the previous week. The plan was to hold the meeting every two weeks initially and to increase the frequency if required.

Infection prevention and control was a standing agenda item at the Clinical Nurse Managers Quality and Patient Safety Meetings, the Hygiene Service Committee and the Carlow/Kilkenny Governance Meetings. Infection prevention and control issues were raised as required at the Head of Service's, Quality and Patient Safety Committee.

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<sup>‡</sup> Care Doc is an out of hours urgent GP service part-funded by the Health Service Executive

The clinical nurse manager 2 also held regular nursing and support staff meetings where infection prevention and control issues were raised.

#### Monitoring, audit and quality assurance arrangements

The hospital had an audit plan which included monitoring of infection prevention and control. Audits of the environment, equipment and the management of waste, sharps and linen were reviewed by inspectors. Results viewed demonstrated good overall compliance with the required standards and actions taken to resolve any non-compliance identified.

The infection prevention and control nurse specialist undertook hand hygiene audits and again, good compliance was seen in the audit results reviewed by inspectors. Patient satisfaction surveys which included elements of infection prevention and control were also undertaken. Overall good satisfaction was reported by patients.

The hospital currently completed a daily COVID-19 checklist which incorporated elements such as room ventilation, staff mask use, facilities for hand hygiene, personal protective equipment and maintenance of social distancing. This was a good initiative and demonstrated staff commitment to infection prevention and control. Good compliance was seen in checklists observed by inspectors.

Audits results were reviewed and discussed at hospital staff meetings, at the Clinical Nurse Managers Quality and Patient Safety Meetings and at the Head of Service's Quality and Patient Safety Committee Meetings.

#### Antimicrobial stewardship

An antimicrobial pharmacist had recently been appointed for the CHO 5 area. The clinical nurse manager 2 had liaised with the new pharmacist with regard to the development of antimicrobial audits and the updating of antimicrobial guidance.

The hospital currently had access to the University Hospital Waterford's antimicrobial guidelines. The director of nursing and the clinical nurse manager 2 were also members of the local Drugs and Therapeutics Committee.

#### Coordination of care between hospitals

Inspectors were informed that patients were admitted for up to 12 weeks for convalescence care from St Luke's General Hospital Kilkenny, University Hospital Waterford or on occasion from other acute hospitals. Patients were also admitted from the community for respite and palliative care.

Patient assessments were undertaken prior to admission. The patient's infection control status including COVID-19 was reviewed. Referral forms and handover forms had been updated to include COVID-19 status. Screening for COVID-19 for patients

admitted to Castlecomer District Hospital was managed in line with HSE/HPSC COVID-19 guidelines.<sup>2</sup>

If patients became acutely unwell they were reviewed by a general practitioner or CareDoc out of hours, and transferred if required to St Luke's General Hospital Kilkenny.

**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.

**Judgment Standard 5.2: Substantially Compliant**

- Infrastructural design and layout which had the potential to impact on infection prevention and control measures was not included on the hospital's risk register.

The director of nursing was identified as the overall accountable person for infection prevention and control in the hospital. The clinical nurse manager 2 carried out the day-to-day management of infection prevention and control within the service, supported by the director of nursing. Issues which could not be managed locally were escalated through the defined management structures of the CHO 5 area.

Risk register

The hospital had systems in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections.

Infrastructural design and layout which had the potential to impact on infection prevention and control were identified by management as risks in the hospital. These risks included for example, multi-occupancy patient's rooms and the lack of storage facilities for equipment such as hoists, cleaner's equipment and trolleys.

However, these risks were not currently included on the hospital's risk register reviewed by inspectors. Hospital management did report this as an oversight which was rectified in consultation with the quality and patient safety advisor during the inspection.

The manager of older persons services, who was on site during the inspection, reported that the Castlecomer District Hospital's infrastructural issues were on the corporate risk register for CHO 5. This will be discussed further in section 2.2.

Other infection prevention and control risks, including COVID-19 related risks, were documented on the hospital's risk register. These risks were risk rated and the control measures in place were outlined. Risks were reviewed and escalated in line with CHO 5 organisational structures.

## Incident reporting

Hospital management informed inspectors that reported incidents were recorded on the national incident management system<sup>§</sup> and tracked and trended. Incidents were reviewed and discussed at the monthly Clinical Nurse Managers Quality and Patient Safety Meetings, and at the quarterly Head of Service's Quality and Patient Safety Committee meetings.

Inspectors were informed that infection prevention and control incidents would be reported and managed in a similar manner, but that there had been no recent infection prevention and control incidents.

## Infection and control policies

Inspectors viewed infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. Review of policies and updates on new policies was seen included in minutes of the Head of Service's Quality and Patient Safety Committee reviewed by inspectors.

## Influenza vaccination programme

Achieving a high uptake of influenza vaccination among healthcare workers is recognised as a vital infection control measure and an occupational health issue, to reduce the risk of influenza transmission between patients and healthcare workers with the potential for severe disease for both patients and staff.<sup>3</sup>

The HSE national uptake target for influenza vaccine in the 2019/2020 influenza season was 60%.<sup>4</sup> Castlecomer District Hospital achieved an 80% uptake in the influenza vaccine uptake in the 2019/2020 season. Inspectors were informed that the uptake for the influenza vaccine to date had been good.

## **Theme 6: Workforce**

**Standard 6.1:** Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

**Judgment Standard 6.1: Compliant**

### Access to specialist staff with expertise in infection prevention and control

The hospital had access to a community infection prevention and control nurse specialist from CHO 5 who provided good support to the hospital, both on site and

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<sup>§</sup> The State Claims Agency National Incident Management System is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation

by telephone. The infection prevention and control nurse specialist, provided advice and education, undertook audits and facilitated train the trainer and link nurse programmes.

The hospital's infection prevention and control link nurse programme had two trained link nurses. The link nurses provided additional infection prevention and control support and education to staff at the hospital. They also attended the Infection Prevention and Control Link Nurse's Meetings held quarterly across two sites.

### Infection prevention and control education

Infection prevention and control training records were reviewed by inspectors. All staff in the hospital had completed the required mandatory infection prevention and control training. This training included basic principles of infection control comprising of standard and transmission based precautions.

Hand hygiene is a core infection prevention and control strategy with a high impact for the prevention of healthcare-associated infections and for limiting the spread of antimicrobial resistance. All staff had received hand hygiene training, facilitated on site by the infection prevention and control nurse specialist.

Since the onset of the COVID-19 pandemic the appropriate use of personal protective equipment (PPE), the donning and doffing of PPE and COVID-19 education was also mandatory. The Infection prevention and control nurse specialist had completed practical donning and doffing training for staff and had also provided train the trainer education for hospital staff to promote further training and ensure full compliance with training requirements.

### Staff allocation

Staff were allocated to work on two separate teams for each shift-cycle. A nurse and a healthcare assistant were allocated to each team, caring for a separate cohort of patients. The staffing levels had been increased to ensure no crossover of staff between cohorted patient areas. Inspectors were also informed that regular agency staff worked in the hospital and were allocated specifically to that service.

## **2.2 Quality and Safety**

This section looks at how rehabilitation and community inpatient healthcare services ensure that infection prevention and control outbreak/s including COVID-19, are managed to protect people using the healthcare service. This includes how the services identify any work practice, equipment and environmental risks and put in place protective measures to address the risk, particularly during a pandemic.

It also focuses on how these services ensure that staff adhere to infection prevention control best practice and antimicrobial stewardship to achieve best possible outcomes for people during the ongoing COVID-19 pandemic.

## **Theme 2: Effective Care and Support**

**Standard 2.2:** Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.

### **Judgment Standard 2.2: Partially compliant**

- Infrastructural design and layout had the potential to impact on infection prevention and control measures.

### Environment and infrastructure

Overall, the general environment in clinical areas inspected were clean and a system was in place to support general maintenance issues.

However as previously mentioned, a number of infrastructural issues had the potential to impact on infection prevention and control measures in the hospital for example:

- there were two-multi occupancy rooms with eight beds in one and five beds in the other. Some of these spaces were subdivided into bays but were still used as a thoroughfare to reach other patients and areas, such as toilets, dirty utility, the nurse's station and the oratory
- there was no dedicated clean utility area for the storage and preparation of medications. This area was currently located in a dual function room within the nurses station
- some surfaces and finishes such as paintwork were worn and did not facilitate effective cleaning
- the design of some clinical hand wash sinks did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>5</sup>
- there was no dedicated cleaner's room and some cleaning equipment was stored in a bathroom or dirty utility which did not support the separation of clean and dirty processes in the hospital.

Despite the challenges posed by the hospital's infrastructure there was good local ownership in relation to infection prevention and control in the hospital. However, there were no plans to refurbish the hospital. This should be reviewed.

## Patient placement

On the day of inspection there were no patients in the hospital with suspected or confirmed COVID-19. Newly admitted patients were cared for in a single room until a COVID-19 swab result that did not detect COVID-19 was received, in line with HSE/HPSC COVID-19 guidance.<sup>2</sup>

Patients were then risk assessed and placed in cohorted areas. One area was designated for the longer stay convalescent patients, and the other area was designated for patients admitted for respite care. Patients admitted for palliative care were cared for in single rooms with direct access to the outside of the hospital to facilitate visiting on compassionate grounds.

All patients were monitored for symptoms of COVID-19 in line with guidelines.<sup>2</sup> An isolation plan was in place for patients suspected or confirmed COVID-19 or any healthcare-associate infection.

However, the size and lay out of the multi-occupancy rooms did not facilitate the recommended placement for newly admitted patients in line with guidance.<sup>2</sup> Staff were making every effort to minimise cross-transmission of infection through patient cohorting, maintaining physical distancing between occupied beds, minimising patient movement in so far as possible and additional cleaning. Inspectors were informed that the hospital had no outbreak of infection in the 12 months prior to the inspection.

## Waste management

Domestic and clinical waste management bins were appropriately placed and waste segregation systems in place in line with best practice.<sup>6</sup> There were some minor incorrect segregation of waste observed by inspector on the day of inspection which was outlined to management. This should be reviewed.

## Cleaning resources

Inspectors were informed that there was sufficient cleaning resources to meet the needs of the hospital. Cleaning and hygiene duties were undertaken by dedicated cleaning staff. Cleaning processes, including additional cleaning required during the COVID-19 pandemic, were discussed at support staff meetings and outlined to inspectors on the day of inspection. The cleaning staff levels had been increased from 1.5 to four whole time equivalents by the hospital to prevent staff crossover between patient areas and to facilitate the increased cleaning schedules.

Cleaning schedule records were well maintained with oversight by the senior nurse on duty. The cleaning checklists included areas to be cleaned, methods, frequency and products to be used.

Inspectors were informed that all new staff, including agency staff, were provided with induction training on commencement of work in the hospital. Cleaning schedules and guidelines were included in the induction training for cleaning staff.

#### Discussion with patients

Inspectors spoke with a number of patients. Patients were positive in their feedback to inspectors and were complimentary about the standard of care and the staff within the hospital. Patients indicated that they were satisfied with the standard of environmental hygiene in the hospital.

**Standard 2.3:** Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.

**Judgment Standard 2.3: Compliant**

#### Equipment hygiene

Overall, equipment inspected appeared clean and well maintained. Inspectors were informed that equipment was cleaned between patient use, and that separate equipment was available to allocate to cohorts of patients with infection. Equipment such as hoist slings were disposable and allocated for single patient use.

Inspectors were informed by management, and also observed, that storage facilities for equipment was an issue on the ward areas. For example, hoists were seen stored in patient areas and commodes were stored in bathrooms. Also used linen and cleaning textiles were placed in a bin prior to collection for laundry, this bin was located in an equipment storage areas outside the ward. This should be reviewed.

### **Theme 3: Safe Care and Support**

**Standard 3.4:** Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner

**Judgment Standard 3.4: Compliant**

#### COVID-19 outbreak preparedness

The clinical nurse manager 2, with support from the director of nursing, was the designated lead for COVID-19 preparedness and response within the hospital.

Older Persons Services, South East Community Healthcare, HSE, Public Unit COVID-19 teleconference meetings commenced in April with CHO 5 management to ensure safe procedures were in place for the management of COVID-19, and to share learning across services. The hospital had reverted back to the regular governance

meetings in September 2020. However as previously mentioned, management reported that the COVID-19 teleconference meetings had been reconvened the previous week.

The hospital had been a designated COVID-19 step-down unit from April to July 2020 and had admitted and managed a number of patients with COVID-19 related issues and COVID-19 positive patients. The hospital had not experienced any COVID-19 outbreaks, there was no evidence of cross infection to patients within the hospital and no staff members had developed COVID-19.

Hospital management stated that the unit was well supported by the Public Health Department and the infection prevention and control nurse specialist during this period. Management at the hospital and within the CHO 5 area were contactable as required for support, even out of hours.

A COVID-19 response plan was in place which outlined the role of the COVID-19 response team members, control measures in place, training required, plans for cohorting of patients, prevention of staff crossover, communication with staff and patients. Plans were in place for the management of patients who developed symptoms during their admission to the hospital. Contingency plans were also in place in the event of a shortfall in staffing levels and occupational health support was available for staff.

Inspectors observed COVID-19 related signage promoting physical distancing and infection prevention and control practices. The hospital reported that it had adequate supplies of personal protective equipment and an effective supply pathway.

A number of registered nurses within the hospital had been trained to perform the sampling for COVID-19. Inspectors were informed that COVID-19 swabs were sent to University Hospital Waterford with an average 24 hours turnaround time for results. Staff had access to test results from the acute hospital's laboratory system.

Patient assessment was performed for all patients prior to admission. The assessment process included review of infection control status and a COVID-19 swab result that did not detect COVID-19 within 72 hours of admission from an acute hospital. Arrangements were in place for COVID-19 sampling for patients admitted from the community for palliative care and respite care on admission, or if necessary prior to admission. As mentioned previously, all patients were cared for in a single room until a COVID-19 swab result that did not detect COVID-19 was received, in line with HSE/ HPSC COVID-19 guidance.<sup>2</sup>

Hospital management were knowledgeable about the requirement to report all outbreaks to the regional medical officer at the Department of Health and reported

that systems were in place to manage and control an outbreak in a timely and effect manner.

### **3.0 Conclusion**

Overall this inspection identified that Castlecomer District Hospital was compliant with four of the six *National Standards for infection prevention and control in community services* assessed. A judgment of substantially compliant was made against one standard and partially compliant against one standard.

#### Leadership, Governance and Management

Castlecomer District Hospital had effective leadership, governance and management arrangements in place for infection prevention and control of healthcare-associated infection.

Infection prevention and control was a standing agenda items on hospital and management meetings, and issues were escalated to CHO 5 through the established governance structures.

Systems were in place to identify and manage risk in relation to the prevention and control of health-care associated infection. However, infrastructural issues which were identified by management as an infection prevention and control risk were not included on the current risk register reviewed by inspectors. Inspectors were informed that this was addressed during the inspection.

#### Workforce

Staff had access to onsite and telephone specialist infection prevention and control advice and support. A link-nurse programme supported infection prevention and control practices in the hospital.

Staff were up-to-date with infection prevention and control training and had access to infection prevention and control policies, procedures and guidelines. Regular meetings provided staff with updates and guidance in their roles.

The staffing levels had been increased to support infection prevention and control measures in the hospital and there was regular agency staff.

#### Effective Care and Support

Overall, the general environment and equipment in areas inspected in the hospital were clean. Cleaning schedules were maintained and overseen.

However, infrastructural design and layout issues such as multi-occupancy rooms, the lack of cleaner's rooms, storage facilities and clean utility rooms had the potential to impact on infection prevention and control measures in the hospital. There were no current plans for refurbishment of the hospital. This should be reviewed.

There was good local ownership in relation to infection prevention and control in the hospital despite the challenges posed by the hospital's infrastructure.

### Safe Care and Support

The clinical nurse manager 2 with support from the director of nursing was the designated lead for COVID-19 preparedness and response within the hospital. The hospital reported that they had preparedness and contingency plans in place. Hospital management reported that systems were in place to manage and control outbreaks of infection in a timely and effective manner.

The hospital had been a designated COVID-19 step-down unit from April to July 2020 and had admitted and managed a number of patients with COVID-19 related issues and COVID-19 positive patients. The hospital had not experienced any COVID-19 outbreaks, there was no evidence of cross infection to patients within the hospital and no staff members have developed COVID-19.

Following this inspection the hospital needs to address the areas for improvement identified in this report to effectively address issues highlighted in order to facilitate continued compliance with the *National Standards for infection prevention and control in community services* and other existing national healthcare standards.

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