



**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 Clifden District Hospital, Clifden, Co. Galway.**

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

Dates of inspection: August 13 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>

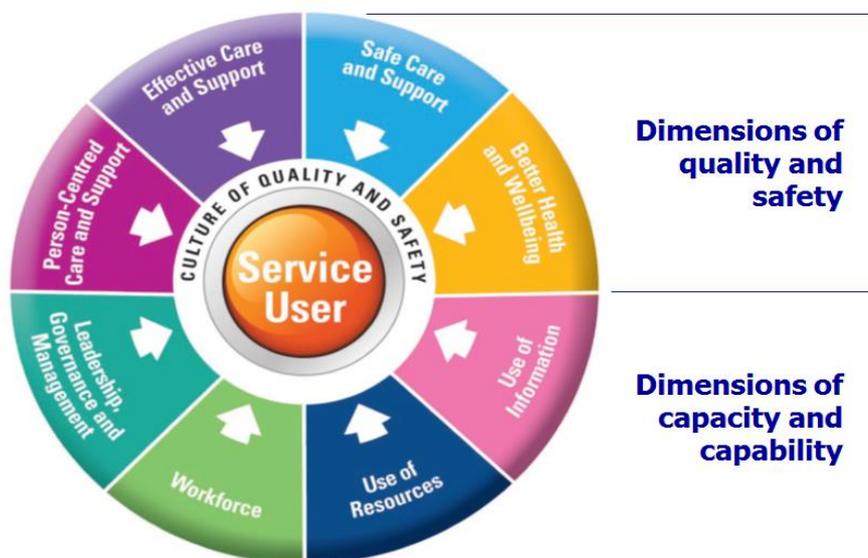
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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 &amp; 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 judgement 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**

Clifden District Hospital is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO)<sup>2</sup>.<sup>†</sup> Clifden District Hospital comprised 21 beds. The hospital was divided into a male and female ward over the ground floor of the hospital.

The hospital accommodated patients requiring rehabilitation, convalescent and palliative care. Patients were admitted to Clifden District Hospital from University Hospital Galway. Inspectors were informed that admissions direct from the community to the hospital were stopped in response to the COVID-19 pandemic.

## **1.2 Information about this inspection**

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Siobhan Bourke and Kathryn Hanly on 13 August 2020 between 09.45 hrs and 15.00 hrs. Inspectors informed the hospital manager of the inspection 48 hours prior to the onsite inspection.

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

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

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<sup>†</sup> Community Health Organisation 2 area consists of the three counties of Galway, Mayo and Roscommon.

## 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.

**Findings:**

- Environmental and patient equipment audits were not trended and did not have quality improvement plans developed to drive improvement.
- Ongoing antimicrobial stewardship activities were not evident.

**Judgment Standard 5.1:**  
**Substantially compliant**

#### Corporate and Clinical Governance

The Director of Nursing was responsible for the operational management of the hospital and reported directly to the Older People's Services Manager for CHO 2 who in turn reported to the General Manager for Social Care, and upwards to the Chief Officer of CHO2. It was clear from discussions held with staff that lines of communication and responsibility were understood locally.

The organisational chart viewed by inspectors clearly outlined reporting relationships for staff within the organisation. The Director of Nursing attended a directors of nursing meeting and a standards meeting where managers from CHO 2 were in

attendance. Minutes from these meetings indicated that they enabled sharing of policies, procedures and practices for example in relation to infection prevention and control across the residential facilities and community hospitals in CHO 2. However, infection prevention and control was not a standing agenda item at either of these meetings.

Hospital management reported that they had both telephone support and regular onsite visits from the Older People's Services Manager for CHO 2.

There was evidence of support and advice regarding infection prevention and control provided to the hospital from CHO2. For example, the Director of Nursing requested a site visit from an infection prevention and control nurse from CHO 2 to provide advice and training for staff at Clifden District Hospital. A report of this visit in May 2020 was provided to inspectors. Recommendations from this site visit such as decluttering of clinical areas to improve optimal cleaning and removal of open shelving was addressed following the visit. Other areas identified for improvement such as separation of cleaning and catering duties for staff were also addressed.

At hospital level, the Director of Nursing held staff meetings with nursing and care staff, cleaning and kitchen staff. Inspectors noted that practices to improve infection prevention and control were discussed and actioned at these meetings.

Two local general practitioners were contracted by the HSE to provide clinical care to the patients and attended the hospital each weekday. These general practitioners were also on call for medical care on week nights and weekends and when they were unavailable, medical cover was provided by WestDoc.<sup>‡</sup> Nursing staff at the hospital were provided with a rota to outline these on call arrangements.

#### Monitoring, Audit and Quality assurance arrangements

The hospital had a number of assurance processes in place in relation to the standard of hospital hygiene. An audit schedule was in place whereby environmental and patient equipment hygiene was monitored at the hospital every three months. However, overall compliance scores were not calculated and results of these audits were not tracked and trended by management. Hospital management need to ensure that findings from these audits are trended and associated quality improvement plans developed to drive improvement.

Nursing staff at the hospital also conducted peer to peer monitoring of compliance with hand hygiene and this practice was monitored by the clinical nurse manager at the hospital which was good practice.

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

Hospital managers regularly surveyed patients to ascertain their experience of the hospital. The survey tool used sought patients views on the standards of cleanliness at the hospital. Findings in relation to the environment and equipment in the clinical areas will be presented in section 2.2 of this report.

High levels of antimicrobial usage increases the number of patients who are colonised or infected with resistant organisms, both in healthcare facilities and in the community.<sup>2</sup> The volume of antimicrobial use was monitored. However there were no other ongoing antimicrobial stewardship activities<sup>5</sup> at the hospital, for example audit of compliance against the prescribing guidelines. This should be reviewed.

#### Coordination of care within and between services

Clifden District Hospital admitted patients from University Hospital Galway. Inspectors found that there was an effective communication process in place with the acute hospital service to ensure that information relating to patients' infection status was available prior to admission. Patient placement and screening for COVID - 19 for patients admitted to Clifden District Hospital were managed in line with HSE/HPSC COVID-19 guidelines.<sup>3</sup>

If patients were acutely unwell, they were reviewed by the on call general practitioner and transferred by ambulance to University Hospital Galway.

**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.

**Findings:** Risks related to the infrastructure of the hospital and lack of hand hygiene sinks had not been addressed.

**Judgment Standard 5.2:**  
**Substantially compliant**

The Director of Nursing was the designated person with responsibility for infection prevention and control at the hospital. While the hospital had systems in place to identify and manage risks in relation to the prevention and control of healthcare-associated infection, they required review. Risk registers need to be managed, reviewed and escalated in line with national policy.<sup>4</sup> Nursing management had undertaken local risk assessments in relation to

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<sup>5</sup> Antimicrobial stewardship refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobials by promoting the selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration.

infection prevention and control of COVID-19 at the hospital. There was evidence that these risks were reviewed regularly by the Director of Nursing since her appointment in February 2020.

Inspectors were informed that risks associated with the outdated infrastructure, open plan multi-occupancy rooms and the lack of hand hygiene sinks had been escalated through the management structures of CHO2 in years prior to the inspection. These risks are of particular concern in the context of an ongoing pandemic. Current controls to mitigate these risks were reduction in patient occupancy and a plan to develop a 50 bed community unit that would combine the designated centre for older persons and the district hospital in Clifden. Inspectors were informed that the building of the new unit remained at a planning stage. Given the ongoing need to address infrastructural deficits previously identified, it will be important following this inspection that the hospital is supported with necessary investment to address these issues.

Hospital management informed inspectors that it was hospital policy to report incidents of healthcare-associated infection on the National Incident Management System (NIMs).\*\* It was noted that there were no infection prevention and control related incidents reported at the hospital in the 12 months prior to the date of inspection.

It was reported that uptake rates for influenza vaccine amongst staff did not reach the national uptake target of 65% in 2019/2020 influenza season.<sup>5</sup> Uptake of the seasonal influenza vaccine in the 2020/ 2021 influenza season needs to be a focus for improvement to meet the 2020/ 2021 target of 75%. The Director of Nursing informed inspectors that the hospital was in communication with CHO 2 to develop a strategic approach to increase these rates for 2020/2021.

#### Policies, procedures and guidelines

The hospital had an up-to-date suite of infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management.

Management had developed procedures for the management of patients with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and patients.

A COVID-19 resource folder was available in the staff room and nurse's office within the hospital. This contained up-to-date national guidelines. A desktop folder was also

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\*\* 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.

developed on the ward computer that contained access to up-to-date resources for infection prevention and control pertinent to COVID-19 for staff.

## **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

Inspectors were informed that an infection prevention and control (IPC) nurse from Saolta University Healthcare Group was redeployed to CHO2 to provide additional infection prevention and control support to community hospitals including Clifden District Hospital.

Hospital management reported that they had good support from the Infection Prevention and Control Lead for CHO 2 and had access to telephone and onsite support when required.

Discussions with staff working in the service confirmed that they had a clear understanding of their roles and responsibilities in working to prevent and control infection.

Inspectors were informed that maximum occupancy at the hospital was 19 patients due to staffing shortages. Hospital management informed inspectors that recruitment of staff was an ongoing challenge at the hospital. However, due to reduced occupancy, the hospital was able to ensure that safe staffing levels were maintained to meet the hospital's infection prevention and control needs. Management within CHO 2 should be assured that sustainable and safe staffing levels are provided within the hospital going forward.

The hospitals COVID-19 preparedness plan identified the minimum staffing needs, contingency plans for staffing shortages, and a communication plan for escalation of concerns regarding staffing levels.

### Infection Prevention and Control Education

HIQA found that it was mandatory for staff to complete HSElanD<sup>6</sup> online hand hygiene training programme and breaking the chain of infection training programme every two years. It was reported and documents reviewed indicated that 100% of staff had completed both on the day of inspection.

As part of the hospital's preparedness plan for managing the COVID-19 pandemic, two members of staff attended a train the trainers programme on donning and

doffing personal protective equipment(PPE) and hand hygiene in March 2020 external to the hospital. Staff reported that this approach was successful in ensuring that all grades and disciplines of staff working at the hospital had access to this training onsite.

## 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.

#### **Findings:**

- The infrastructure and layout of the multi-occupancy rooms had the potential to impact on infection prevention and control measures.
- There were a limited number of hand hygiene sinks and those that were available did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.
- Shower and sanitary facilities in the hospital required upgrading.
- There was no dedicated room for storing of cleaning equipment.
- Hand hygiene signage required improvement.

#### **Judgment: Standard 2.2:**

**Partially compliant**

### Environment and infrastructure

Overall, the general environment in the unit was clean with few exceptions. Some of the furnishings such as flooring and foot rests in patient rooms were worn and therefore could not be effectively cleaned. This was brought to the attention of management during the inspection for review.

The hospital had three single rooms with ensuite toilets dedicated for patients who required isolation for transmission based precautions. However a number of infrastructural issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example, the layout of the open plan multi-occupancy rooms and the limited number of showering and toilet facilities. The reduced occupancy at the hospital facilitated physical distancing between patient beds. There was no dedicated shower in the

female ward and patients had to use a reclining bath with a shower head attached. Shower and sanitary facilities in the hospital required upgrading.

There was no dedicated cleaning room on either ward resulting in inappropriate storage of cleaning equipment in the dirty utility<sup>††</sup> room. This requires review.

The hospital employed maintenance staff who dealt with maintenance and required refurbishments for Clifden District Hospital. Patient accommodation areas were freshly painted and the reception area was under refurbishment during the inspection. In the interim of the proposed new development, the hospital should continue to address infrastructural and maintenance issues at the hospital.

### Hand hygiene facilities

Hand hygiene compliance and the appropriate use of hand hygiene products are very dependent on appropriate product placement. Wall-mounted alcohol hand-rub was readily available throughout the hospital. However there was a lack of signage to guide staff and visitors on its use. Inspectors were informed that signage was removed in the days prior to inspection to facilitate redecorating of some of the clinical areas and this would be addressed following the inspection. There was a limited number of hand wash sinks in the hospital and the design of these clinical hand wash sinks in the unit did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>7</sup> This needs to be addressed. The availability of moisturiser at hand wash sinks in the dirty utility rooms should be reviewed.

### Patient Placement

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. Three patients who were recently admitted from acute hospitals were cared for in the single rooms with ensuite toilets in line with guidelines. Protective personal equipment was readily available outside the isolation rooms. However signage required improvement to remind staff of the requirement to use PPE before entering these rooms.

Inspectors spoke with a number of patients. Patients were very positive in their feedback to inspectors and expressed satisfaction about the standard of environmental hygiene within the hospital and the care provided.

### Cleaning resources

Cleaning and hygiene duties were undertaken by multi-task assistants. Following advices from the onsite visit of the infection prevention and control nurse catering and cleaning duties were performed by separate staff at the time of inspection. One

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<sup>††</sup> Rooms equipped for the disposal of body fluids and the decontamination of reusable equipment such as bedpans, urinals, commodes and body fluid measuring jugs. Waste, used linen and contaminated instruments may also be temporarily stored in this room prior to collection for disposal, laundering or decontamination

multitask assistant was assigned to the male and female ward respectively each day. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the hospital.

The hospital cleaning policy and procedure provided guidance on cleaning techniques and best practice advice on environmental hygiene. A regular cleaning checklist, deep clean checklist and additional cleaning checklist for nurses/healthcare assistants/ multi-task attendants were in use and were monitored by the clinical nurse manager on the unit.

Staff were able to clearly describe cleaning processes to inspectors. The current mop system in use was reprocessed onsite and required frequent replacement. Inspectors were informed that hospital management were in the process of sourcing a new cleaning system. This should be progressed. Cleaning records were maintained with few exceptions and completion of these records was monitored by the ward manager.

#### Waste management

Overall, domestic and clinical waste bin signage and placement required review. For example there was no clinical waste bin in the dirty utility room. This was brought to the attention of hospital management on the day of inspection.

#### Linen Management

Segregation of infected linen was managed in line with national guidelines and clean linen was stored appropriately.

**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 in the hospital was clean and well maintained with few exceptions. Where there were exceptions, these were brought to the attention of the ward manager for resolution.

Designated care equipment such as disposable hoist slings were available for patients in the hospital, which is good practice. Patient monitoring equipment that was shared between patients was cleaned between use.

Inspectors viewed daily equipment cleaning checklists and schedules and noted they were consistently completed and were monitored by the Clinical Nurse Manager on an ongoing basis.

### **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 Preparedness

There were no patients confirmed or suspected to have COVID-19 in the District Hospital on the day of the inspection.

The Director of Nursing was the designated lead for COVID-19 preparedness and response within the hospital. COVID-19 preparedness plans were in place and included planning for cohorting of patients (COVID-19 separate from non-COVID-19), enhanced infection prevention and control, resource and consumables management, visiting restrictions, staff and workflow management (including staff training), establishing surge capacity and promoting patient and family communication.

The hospital used national guidelines on infection prevention and control measures for the management of possible and confirmed cases of COVID-19 infection.<sup>3</sup>

A risk assessment of admissions to the hospital had been undertaken and measures were in place to manage the risk of COVID-19 transmission from patients admitted from the acute settings. Patients admitted to the hospital from acute hospitals were routinely tested for COVID-19 within the three days before admission.

Patients were monitored for symptoms compatible with COVID-19 on a daily basis. Information about atypical presentation of COVID-19 infection had been highlighted.

A number of registered nurses with the hospital had been trained to perform the sampling for COVID-19. Inspectors were informed that tests were processed in University Hospital Galway and had an average turnaround time of 24-48 hours.

The hospital had put measures in place to eliminate crossover of staff between the male and female ward. Due to the likelihood of SARS-CoV-2 transmission by persons with few or no symptoms, the hospital had implemented measures to ensure that physical distancing measures are implemented by staff, visitors and patients. For example group meetings and social interaction among staff were restricted or held in a room where physical distancing could be maintained. Staff members were also required to adopt social distancing measures during their break and meal times.

Occupational health supports including psycho-social supports were available to staff.

### Outbreak management

Hospital management reported that systems were in place to manage and control infection outbreaks in a timely and effective manner. Hospital management were knowledgeable about the requirement to report all outbreaks reported to the regional Medical Officer of Health (MOH) at the Department of Public Health.

Inspectors were informed that there had been no outbreaks of infection within the hospital in the past year.

### **3.0 Conclusion**

Overall, this inspection identified that Clifden District Hospital was compliant with three, substantially compliant with two and partially compliant with one of the six of the *National Standards for infection prevention and control in community services* assessed.

#### Leadership, Governance and Management

Effective leadership, governance and management arrangements were evident around the prevention and control of healthcare-associated infection at the hospital. Inspectors found that there were lines of accountability, responsibility and authority for infection prevention and control within the service. However, inspectors found that there was room for improvement in relation to the audits of environmental and patient equipment hygiene audits and antimicrobial stewardship at the hospital.

The hospital had an up-to-date suite of infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. Efforts to integrate infection prevention and control guidelines into practice were underpinned by education and training.

The hospital had systems in place to identify and manage risks in relation to the prevention and control of healthcare-associated infection. However, longstanding risks, related to the infrastructure of the hospital and lack of hand hygiene sinks, which had been escalated to CHO 2, had not been addressed.

#### Workforce

Established communication pathways were in place including access to external expertise in infection prevention and control. Two staff at the hospital were up skilled as train the trainers in response to the COVID-19 pandemic to support infection prevention and control training within the hospital. The roles and responsibilities of staff were clearly defined in COVID-19 preparedness plans and the service supervised, monitored and reviewed the provision of care to ensure all members of the workforce understand their responsibilities. Hospital management informed inspectors that recruitment of staff was an ongoing challenge at the hospital. Management within CHO 2 should be assured that sustainable and safe staffing levels are provided within the hospital going forward.

#### Effective Care & Support

A number of infrastructural issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. The open plan layout of the multi-occupancy rooms, the lack of hand hygiene sinks and showering and toilet facilities required upgrading. The reduced occupancy at the

hospital facilitated physical distancing between patient beds. Despite the infrastructural issues, the general environment and equipment in the hospital wards inspected were clean. Signage pertinent to hand hygiene, waste bins and COVID-19 needed to be improved throughout the hospital.

#### Safe care and support

The Director of Nursing was the designated lead for COVID-19 preparedness and response within the hospital. The hospital had developed COVID-19 preparedness plans. COVID-19 preparedness plans in the hospital were based on contingency planning, early recognition, isolation, care and prevention of onward spread.

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

## 4.0 References

1 Health Information and Quality Authority. National Standards for infection prevention and control in community services. Dublin: Health Information and Quality Authority; 2018. Available online from:

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**For further information please contact:**

**Health Information and Quality Authority  
Dublin Regional Office  
George's Court  
George's Lane  
Smithfield  
Dublin 7**

**Phone: +353 (0) 1 814 7400**

**Email: [qualityandsafety@hqa.ie](mailto:qualityandsafety@hqa.ie)**

**URL: [www.hqa.ie](http://www.hqa.ie)**

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