



**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 Fermoy Welfare Home, Co. Cork

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

Date of inspection: 1 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, Equality, Disability, Integration and Youth, 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 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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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*.¹

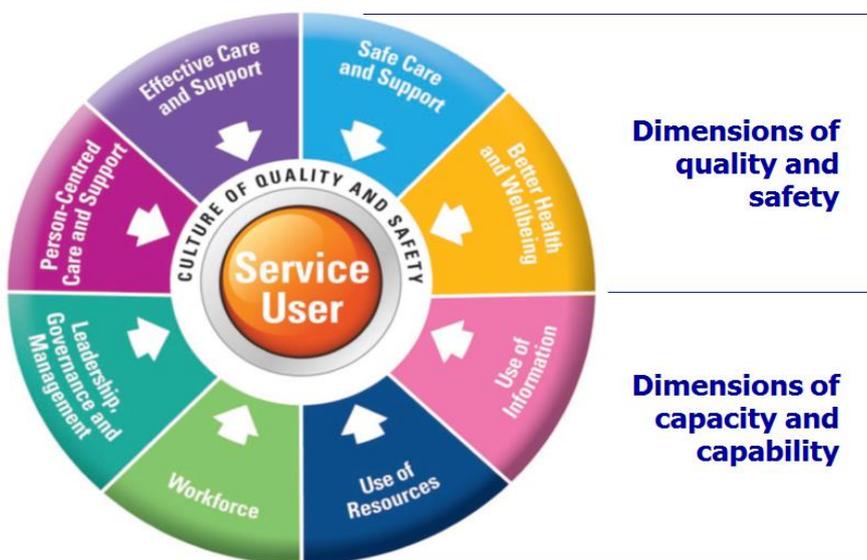
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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



* 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:

| Capacity and Capability | |
|---|--|
| Theme | Standard |
| 5: Leadership, Governance and Management | <p>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.</p> <p>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.</p> |
| 6: Workforce | <p>Standard 6.1: 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:

| Quality and Safety | |
|--|--|
| Theme | Standard |
| 2: Effective Care & Support | <p>Standard 2.2: Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.</p> <p>Standard 2.3: Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.</p> |
| 3: Safe Care and Support | <p>Standard 3.4: 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:

| Compliant | Substantially compliant | Partially compliant | Non-compliant |
|--|--|--|---|
| 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

Fermoy Welfare Home, is a statutory unit owned and managed by the Health Service Executive (HSE) under the governance of Community Health Organisation (CHO) 4.[†] Fermoy Welfare Home is known locally as St Francis Unit and will be referred to in this report as the unit.

Fermoy Welfare Home was recently refurbished and repurposed for use as a short-stay transitional care unit in May 2020 as a means to manage the COVID-19 pandemic. The hospital comprised 33 beds with 23 single rooms and accommodated patients referred for convalescent, transitional care and awaiting long-term care. Patients were admitted from a number of local hospitals including Cork University Hospital, South Infirmity Victoria University Hospital, Mallow General Hospital, Mercy University Hospital and Bon Secours Hospital, Cork.

1.2 Information about this inspection

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Dolores Dempsey Ryan and Bairbre Moynihan on 1 October 2020 between 09.30 hrs and 14.42 hrs. The manager of Fermoy Welfare Home was notified by HIQA 48 hours before the inspection.

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

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

[†] Community Health Organisation 4 consists of Kerry, North Cork, North Lee, South Lee, and West Cork Local Health Offices.

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:

- Governance oversight of antimicrobial stewardship activities, including audit, at the unit should be reviewed.

Judgment Standard 5.1:
Substantially compliant

Corporate and Clinical Governance

An organisational chart, viewed by inspectors, clearly outlined the responsibility, accountability and reporting arrangements in place between management of Fermoy Welfare Home and senior management within CHO 4.

The director of nursing was responsible for the operational management of Fermoy Welfare Home and reported to the general manager for Older Person's Services CHO 4 who in turn reported to the Head of Social Care and upwards to the chief officer of CHO 4. The director of nursing had also operational responsibility for Fermoy Community Hospital, which was a designated centre for older people located nearby.

It was clear from discussions held with staff during the inspection that they understood the lines of communication, responsibility and accountability upwards to

the CHO 4. While the director of nursing was the lead for infection prevention and control and antimicrobial stewardship in Fermoy Welfare Home, overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship rested with the chief officer of CHO 4.

Clinical care for patients was provided by two medical officers[‡] who were general practitioners from the locality and were available Monday-Friday during normal working hours. Out-of-hours medical cover was provided by SouthDoc.[§]

Committee structures

Governance oversight of Fermoy Welfare Home was provided by the general manager of Older Person's Services CHO 4 through two structures;

- the Quality and Patient Safety Committee for Cork Community Hospitals
- CHO 4 director of nursing meetings.

As Fermoy Welfare Home was recently repurposed for use as a short-stay transitional care unit in May 2020, management reported to inspectors that their first formal meeting with the Quality and Patient Safety Committee for Cork Community Hospitals was in September 2020. Inspectors were not provided with a copy of the minutes of this meeting, but inspectors reviewed a copy of the minutes of the February 2020 meeting of the Quality and Patient Safety Committee for Cork Community Hospitals, and noted that infection prevention and control was an agenda item.

Inspectors were informed that, with the onset of the COVID-19 pandemic, formal meetings of the Quality and Patient Safety Committee for Cork Community Hospitals and the directors of nursing in CHO 4 were suspended in March 2020 and were reconvened in September 2020. In the interim, CHO 4 governance oversight of infection prevention and control was facilitated through the daily status update telephone call between the director of nursing in Fermoy Welfare Home and the general manager for Older Persons Services CHO 4, and at the weekly director of nursing meetings.

The director of nursing meetings were chaired by the general manager for Older Person's Services CHO 4. The director of nursing and the acting assistant director of nursing from Fermoy Welfare Home attended these teleconference meetings. Inspectors were told that the teleconference meetings were informal and were not minuted.

[‡] Medical Officer is a grade of Medical Doctor who has been traditionally employed across the country at district and community hospitals. They are registered on the General Register with the Medical Council and the role is sometimes filled by General Practitioners in the community.

[§] SouthDoc was an out of hour's family doctor service for urgent medical needs in Cork and Kerry.

Inspectors were informed that public health doctors in CHO 4 and the community nursing infection prevention and control team provided ongoing support and advice in relation to infection prevention and control to management in the unit.

Locally, Fermoy Welfare Home had established a Quality and Patient Safety Local Committee to monitor the quality and safety of services at the unit. This committee held its first meeting in September 2020. Inspectors viewed minutes of this meeting and noted that infection prevention and control and audit were standing agenda items. However, risk management and patient safety incidents were not on the agenda.

Overall, inspectors found that there was evidence of governance oversight in relation to infection prevention and control at Fermoy Welfare Home and at CHO 4 level.

Monitoring, Audit and Quality assurance arrangements

Fermoy Welfare Home had a number of quality assurance arrangements in place. Personal protective equipment, environmental and patient equipment hygiene audits were conducted monthly by a senior nurse manager. Completed audits were discussed at meetings of the Quality and Patient Safety Local Committee. A sample of audits reviewed by inspectors indicated a high level of compliance with best practice.

Audit findings such as the findings from an infection prevention and control audit conducted in Fermoy Welfare Home prior to its opening in May 2020, were discussed and shared at the first meeting of the Quality and Patient Safety Local Committee in September 2020. This pre-opening infection prevention and control audit was conducted by a community infection prevention and control nurse from CHO 4. Inspectors viewed the audit report and noted that all areas of non-compliance were actioned with the exception of two actions. These two actions related to the installation of portable cabins to provide additional storage for personal protective equipment and the introduction of a labelling system to indicate when equipment was cleaned and by whom. The two outstanding actions were due to be completed in October 2020.

The clinical nurse manager shared audit findings with staff. In addition, inspectors were informed that all staff nurses had access to a generic electronic mail account, which also facilitated the sharing of information.

All management and nursing staff at Fermoy Welfare Home were provided with audit training. Two housekeeping staff had received training in environmental hygiene auditing related to, for example patient rooms and bathrooms. In addition, the director of nursing and the acting assistant director of nursing had received training on an electronic audit tool used to collect data on infection prevention and control.

Spot checks on environmental and hand hygiene were conducted regularly by nursing staff and healthcare assistants. Further findings related to environmental and patient equipment hygiene are discussed in section 2.2 of this report.

Antimicrobial stewardship

Antimicrobial stewardship is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions. Management at Fermoy Welfare Home informed inspectors that staff had access to online antibiotic prescribing guidelines.² Inspectors were also informed that antimicrobial stewardship activities,^{**} such as the auditing of compliance with prescribing guidelines or antimicrobial stewardship education, were not ongoing in the unit at the time of inspection. Governance oversight of antimicrobial stewardship activities, including audit, should be reviewed by the unit's management team following this inspection.

Coordination of care within and between services

Fermoy Welfare Home admitted patients from a number of local hospitals. Admissions to the unit were managed by the CHO 4 community placement coordinator and management at Fermoy Welfare Home. All patients admitted to the unit were screened for COVID-19 in line with Health Service Executive (HSE)/Health Protection Surveillance Centre (HPSC) residential care facilities guidelines.³ However, units accommodating patients requiring convalescence and traditional care are advised to use the Health Service Executive/Health Protection Surveillance Centre Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting.⁴

A patient's COVID-19 status was recorded on an inter-hospital/healthcare facility transfer form, completed prior to admission. In addition, the clinical nurse manager contacted the transferring hospital to ascertain the patient's COVID-19 status. Inspectors reviewed a patient's inter-hospital transfer form on the day of inspection and noted that the infection status, including COVID-19, was documented on the form.

If patients became acutely unwell in the unit during normal working hours, they were reviewed by the medical officer and transferred by ambulance to an acute hospital. Outside of normal working hours, acutely unwell patients were reviewed by the local on call general practitioner service (SouthDoc).

^{**} 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.

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:

- Management needs to review risk management practices and develop a local risk register to include infection prevention and control risks in line with national policy.⁵
- CHO 4 infection prevention and control guidelines 2012 were out of date and required review.

Judgment Standard 5.2:

Partially compliant

The director of nursing was the designated person assigned responsibility for infection prevention and control at Fermoy Welfare Home. The director of nursing communicated daily with the general manager for Older Person's Services CHO 4 and any issues which could not be managed locally were escalated through the defined governance structure to the chief officer of CHO 4.

Risk register

Risk management practices at Fermoy Welfare Hospital were not in line with national guidance.⁵ The unit had no risk register. The unit had conducted a number of risk assessments related to the prevention and control of healthcare-associated infections and had controls in place to mitigate identified risks. However, a number of risks identified by inspectors on the day of inspection, for example, a lack of ensuite bathroom facilities and an insufficient number of showers had not been risk assessed. The risks identified on the day of inspection are of particular concern in the context of the ongoing COVID-19 pandemic. These risks were discussed with management on the day of inspection. This will be further discussed in section 2.2 of this report.

Minutes of the February 2020 meeting of the Quality and Patient Safety Committee for Cork Community Hospitals viewed by inspectors confirmed that risk was an agenda item. Furthermore, the minutes viewed indicated that risk was also discussed at the director of nursing meetings. Management needs to review risk management practices and develop a local risk register to include infection prevention and control risks to align with national policy.⁵

Incident reporting

Inspectors were informed that incidents related to healthcare associated infections would be reported and logged on the National Incident Management System

(NIMS).^{††} No infection prevention and control patient safety incidents had been reported since the unit opened in May 2020. Nursing staff were aware of how to report an incident and described the process to inspectors.

Patient safety incidents were discussed at the unit’s daily team huddle.^{‡‡} However, patient safety incidents were not a standing agenda item for meetings of the Quality and Patient Safety Committee for Cork Community Hospitals. This should be reviewed by management at the unit.

Influenza vaccination programme

Achieving a high uptake of influenza vaccination among healthcare workers is recognised as a vital infection control measure to reduce the risk of influenza transmission between patients and healthcare workers.⁶

Fermoy Welfare Home opened as a short-stay transitional care unit in May 2020 and therefore had no data relating to the uptake of the influenza vaccine among staff in the unit for the 2019/2020 flu season. Management reported to inspectors that they were working towards meeting the HSE’s national target of 75% for 2020/2021 flu season.⁷ Vaccinations were administered by a trained peer vaccinator.^{§§}

Policies Procedures and Guidelines

Fermoy Welfare Home had guidelines relating to standard and transmission based precautions but inspectors noted that the CHO 4 infection prevention and control guidelines used by the unit were out-of-date and required review.

Fermoy Welfare Home had adopted the CHO 4 Fermoy Community Hospital Pandemic, Prevention, Recognition and Management policy developed in March 2020. This policy outlined the actions to be taken in the event of a suspected or confirmed outbreak of infection at the unit.

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

^{††} 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

^{‡‡} Safety huddles are brief and routine meetings for sharing information about potential or existing safety problems facing patients or workers. They aim to increase safety awareness among front-line staff, allow for teams to develop action plans to address identified safety issues, and foster a culture of safety.

^{§§} Peer vaccinators can be Registered Nurses (RNs) or Registered Midwives (RMs). Trained Peer to Peer Vaccinators administer the seasonal influenza vaccine under the medicine protocol through the Seasonal Influenza Peer Vaccination Programme.

Access to specialist staff with expertise in infection prevention and control

Staff in Fermoy Welfare Home had access to specialist staff with expertise in infection prevention and control. Management and nursing staff accessed advice from a community infection prevention and control nurse employed in CHO 4. Expert advice was provided via electronic mail or by telephone.

Management and nursing staff informed inspectors that while a community infection prevention and control nurse from CHO 4 had completed an onsite pre-opening infection prevention and control audit in May 2020, they had not otherwise being onsite. Management expressed how the recent appointment of an additional community infection prevention and control nurse in CHO 4 would facilitate onsite visiting and support from the community infection prevention and control nurses in CHO 4.

Expert advice in public health medicine in infection prevention and control was available from the public health doctors in CHO 4.

Fermoy Welfare Home had a COVID-19 preparedness plan that outlined staffing arrangements in the event of an outbreak of COVID-19 at the unit. On the day of inspection, management reported that Fermoy Welfare Home was sufficiently staffed to meet their current capacity level and had a contingency plan in place to source additional staff through an agency, if required. The unit had a process in place to minimise the risk of transmission of infection when using agency staff. Agency services were required to provide assurance to management at Fermoy Welfare Home that agency staff had not worked in another facility 14 days prior to working in the unit.

Infection prevention and control education

Training records reviewed by inspectors indicated that all nurses, healthcare assistants and multitask attendants in the unit had completed mandatory infection prevention and control training. Staff were required to complete the HSEland⁸ online training programmes in hand hygiene, introduction to infection prevention and control, donning and doffing of personal protective equipment and breaking the chain of infection. Hand hygiene training was facilitated by a hand hygiene assessor.*** Cleaning staff informed inspectors that they had completed online training in infection prevention and control, hand hygiene training and donning and doffing of personal protective equipment. Management also reported that a number of staff had completed HIQA's national standards online learning module.⁹

*** Hand Hygiene assessor: Resources to support the implementation of the Teaching and Assessing Hand Hygiene Programme.

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:

- Deficiencies in Fermoy Welfare Home infrastructure facilities relating to the lack of en-suite and shower facilities had the potential to impact on infection prevention and control measures particularly if the unit was operating at full capacity.

Judgment Standard 2.2:

Partially compliant

Environment and infrastructure.

Overall, the general environment in Fermoy Welfare Home was clean. The unit had recently been refurbished to a high standard with finishes and furnishings that readily facilitated cleaning. Notwithstanding the significant efforts to refurbish this unit over a short timeframe, a number of infrastructural deficiencies which had the potential to impact on infection prevention and control measures were identified during the inspection.¹ These deficiencies related to a lack of en-suite facilities and shower facilities.

The unit had 23 single rooms with no en-suite bathroom facilities. The unit had three bathrooms that all patients used. In addition, there were only two shower rooms for the 33-bedded unit. Overall, the number of en-suite bathrooms facilities and showers in the unit were insufficient for the unit.

Rooms without en-suite bathroom facilities are not ideal when isolating patients for infection prevention and control purposes.¹⁰ Fermoy Welfare Home had

implemented some measures to address the lack of en-suite bathroom facilities for patients needing isolation, for example a patient isolating within a single room was allocated a dedicated commode.¹¹ In addition, inspectors were informed that, in the event of a patient requiring isolation, it was possible to close off access to shared toilet facilities from some bedrooms so as to ensure that only one bedroom had access to the toilet. Management needs to carry out a risk assessment of this identified risk to be assured that there is sufficient en-suite bathroom and shower facilities in the unit to minimise the risk of transmission of healthcare-associated infections.

Wall-mounted alcohol based hand sanitiser dispensers were readily available throughout the unit. Inspectors noted that hand hygiene sinks throughout the unit conformed to Health Building Note 00-10 Part C: Sanitary assemblies.¹²

Patient placement

There were no patients confirmed or suspected to have COVID-19 or any other transmissible infection in the unit on the day of the inspection. Inspectors observed that personal protective equipment was readily available outside single rooms. Nursing staff informed inspectors that appropriate isolation signage was available to display outside a single bedroom in the event of a patient requiring isolation.

Waste management

Domestic and clinical waste bins were appropriately placed and waste streams were applied in line with best practice.¹¹

Cleaning resources

Cleaning and hygiene duties were undertaken by multitask assistants. Inspectors were informed that each day, one assistant was assigned to kitchen duties and a second assistant was assigned to cleaning duties. At night time, cleaning duties were carried out by a healthcare assistant. In addition, an external cleaning company was employed to provide six hours cleaning each Monday. Management informed inspectors that the cleaning resources allocated for the unit were sufficient.

The unit had a system in place to prevent cross contamination during the cleaning process.¹¹ There was a dedicated large cleaning room which was divided into two areas. Cleaning equipment, including four different coloured buckets and mops were stored in one area and cleaning products were stored in a locked storage press in the second area. Cleaning textiles such as flat mops were sent out to an external company for laundering.

The unit had devised a patient's equipment bed space cleaning booklet which provided details on how room surfaces, furniture and patient equipment were to be

cleaned on a daily and weekly basis. Inspectors viewed this booklet together with cleaning schedules in the clinical areas inspected and noted that the cleaning schedules were signed as per the unit's procedures. The unit also conducted a deep/terminal clean monthly. The director of nursing, acting assistant director of nursing and the clinical nurse manager had oversight of environmental hygiene at the unit. In an environmental hygiene audit conducted in August 2020, the unit achieved a high level (99%) of compliance with best practice. This was in keeping with the environmental hygiene observed on the day of inspection.

Linen and laundry

Segregation of infected linen was managed in line with national guidelines and clean linen was stored appropriately. All dirty linen was laundered off-site. There were two designated rooms for the storage of laundered linen.¹¹

Discussion with patients

Patients who spoke with inspectors were very positive in their feedback about Fermoy Welfare Home and expressed satisfaction about the standard of environmental hygiene and the care provided in the unit.

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, on the day of inspection, patient equipment in Fermoy Welfare Home was clean and well maintained. This included patient equipment viewed by inspectors such as commodes, a dressing trolley, sharp trays and mattresses. However, the unit did not have a labelling or tagging system to identify cleaned equipment. This system was to be introduced in October 2020.

While the unit had storage facilities for patient equipment, there was insufficient facilities to store all equipment. Inspectors observed how personal protective equipment was stored in vacant single rooms. The unit was awaiting the installation of portable cabins later in the month, which would provide additional storage space.

Monitoring equipment shared between patients was cleaned between use. Nursing staff who spoke with inspectors discussed how for example, blood pressure monitoring equipment was cleaned after each patient.

Inspectors were informed that designated care equipment such as hoist slings were available for single patient use. A recent patient equipment audit completed in September 2020, viewed by inspectors, demonstrated how Fermoy Welfare Home had achieved 100% compliance with organisational infection prevention and control decontamination guidelines.

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 assistant director of nursing was the designated lead for COVID-19 preparedness and response within the unit. The director of nursing provided daily status updates on COVID-19 and the number of patients admitted to the unit to the general manager for Older Person's Services CHO 4.

The unit had a COVID-19 preparedness plan in place that outlined the communication plan, enhanced infection prevention and control measures, staffing arrangements and the cohorting and care of patients should a COVID-19 outbreak occur in the unit. The COVID-19 preparedness plan outlined that single rooms were available and that suspected and confirmed COVID-19 patients would be placed in single isolation rooms or cohorted together.

Staff were knowledgeable about the defined zones for accommodating and segregating suspected and confirmed COVID-19 patients from non-COVID-19 patients. Contingency plans were in place to ensure that staff could be separated into two teams, those caring for suspected and confirmed COVID-19 patients and those caring for non-COVID-19 patients.

Inspectors observed COVID-19 related signage displayed throughout the unit. The unit had a large stock of personal protective equipment which inspectors viewed on the day of inspection. Management had implemented measures to ensure that physical distancing measures were applied by staff, visitors and patients. For example, it was practice for only two staff members to go to meals at a time. Staff also wore facemasks and were observed maintaining physical distancing on the day of inspection.

Staff in the unit reported that learning with regard to the management of a COVID-19 outbreak was shared informally with other community hospitals in CHO 4. In

addition, as discussed above, all staff nurses had access to a generic electronic mail account, which facilitated the sharing of information.

Staff within the unit had been trained to perform the sampling for COVID-19. Documentary evidence provided to inspectors indicated that over 80% of nurses had completed this training. Staff accessed occupational health support from the occupational health department in Cork University Hospital and through HSE helpline service outside normal working hours.

Staff and patients were monitored for symptoms of COVID-19 on a daily basis. However, national guidelines recommend that all patients should be monitored twice daily for symptoms of COVID-19.⁴ This needs to be reviewed by management at the unit.

Inspectors were informed that COVID-19 signs and symptoms check including temperature check were completed on visitors when entering the unit. All visitors were provided with a facemask and had access to hand sanitiser on entry to the unit. Visitors entered the unit through one entrance and exited through a different route. Management reported that visiting was not permitted for patients in isolation unless on compassionate grounds. Otherwise, patients were allowed two visitors a week for 30 minutes with visiting times prebooked.

Outbreak management

The assistant director of nursing was responsible for reporting outbreaks of infection to the regional Medical Officer of Health (MOH) at the Department of Public Health, general manager and CHO 4 infection prevention and control team.

Overall, Fermoy Welfare Home had a system in place to identify, manage, control and document an outbreak of infection. While the unit had not experienced an outbreak of infection, management had a Pandemic, Prevention, Recognition and Management policy, dated March 2020, in place and a preparedness plan that outlined how an outbreak was to be managed at the unit.

3.0 Conclusion

Overall, this inspection identified that Fermoy Welfare Home was compliant with three of the six of the *National Standards for infection prevention and control in community services* assessed, substantially compliant with one and partially compliant with two of these national standards.

Leadership, Governance and Management

Inspectors found that there was evidence of governance oversight in relation to infection prevention and control at Fermoy Welfare Home and at CHO 4 level. However, governance oversight of antimicrobial stewardship activities, including audit, at the unit should be reviewed.

Risk management practices at Fermoy Welfare Hospital were not in line with national guidance. The unit had no risk register in place, but management had completed a number of local risk assessments in relation to infection prevention and control of healthcare-associated infection including COVID-19. However, the lack of en-suite bathroom facilities and insufficient number of showers in the unit had not been risk assessed. These risks are of particular concern in the context of the ongoing COVID-19 pandemic and needs to be risk assessed. Management needs to review risk management practices and develop a local risk register to include infection prevention and control risks in line with national policy.

The unit had conducted a number of infection prevention and control audits in 2020. However, there was no ongoing antimicrobial stewardship activities within the unit. This needs to be reviewed after this inspection.

Fermoy Welfare Home had standard and transmission based precautions guidelines in place. However, the CHO 4 infection prevention and control guidelines needed to be updated.

Fermoy Welfare Home had set up a Quality and Patient Safety Local Committee to monitor the quality and safety of services at the unit, Inspectors viewed minutes of this meeting and found that infection prevention and control and audit were agenda items. However, the agenda needs to be reviewed to include risk management and patient safety incidents. Furthermore, the minutes should include details of actions arising from the meeting, persons responsible and timeframes for completion of such actions.

Workforce

Established communication pathways were in place in the unit including access to external expertise in infection prevention and control. Management and nursing staff accessed advice from a community infection prevention and control nurse. Expert

medical advice in infection prevention and control was available from the public health doctors in CHO 4.

On the day of inspection, management reported that Fermoy Welfare Home was sufficiently staffed to meet their current capacity level and had contingency plans in place to source additional agency staff if required. In addition, Fermoy Welfare home had a COVID-19 preparedness plan that outlined staffing arrangements in the event of an outbreak of COVID-19.

Effective Care & Support

Overall, the general environment and equipment in the unit were clean and well maintained. The unit had been refurbished to a high standard in a relatively short period of time in response to the COVID-19 pandemic. Notwithstanding this, a number of deficiencies with regard to infrastructure which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. There was a lack of en-suite bathroom facilities and an insufficient number of showers for the 33 bedded unit. Management needs to carry out a risk assessment of the identified risk to be assured that they have appropriate facilities in place to minimise the risk of transmitting a healthcare-associated infection.

Safe care and support

The assistant director of nursing was the designated lead for COVID-19 preparedness and response within the unit. While Fermoy Welfare Home had not experienced an outbreak of infection, management had a system in place to identify, manage, control and document an outbreak of infection.

Following this inspection, Fermoy Welfare Home needs to address the areas for improvement identified in this report and requires the support of the CHO 4 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

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