



**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 Gorey District Hospital**

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

Date of inspection: 16 September 2020



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

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting 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>

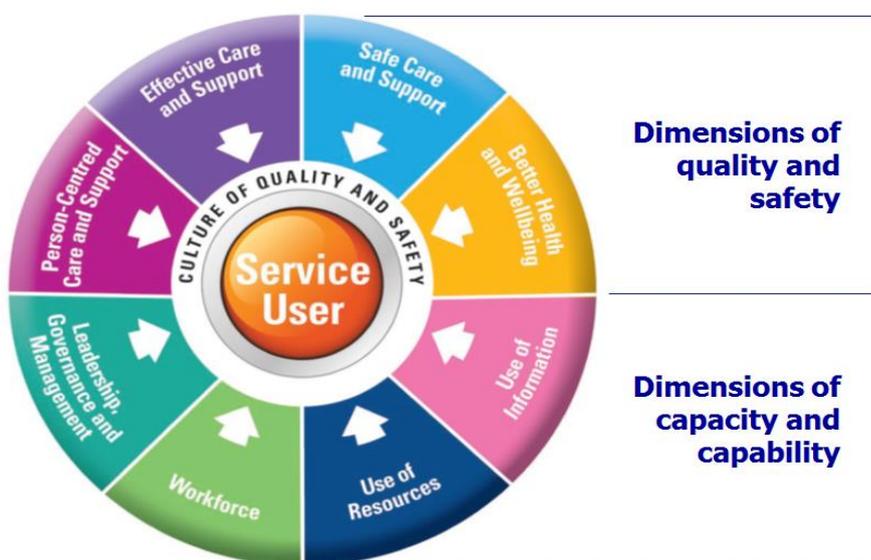
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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**



\* 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 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**

Gorey District Hospital, is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 5.<sup>†</sup> Gorey District Hospital comprised 21 beds.

The hospital was a designated step-down COVID-19 hospital for Co. Wexford from April to July 2020. At the time of the inspection the hospital had resumed normal activity and accommodated eight convalescence beds and or step-down beds, three palliative care beds, three assessment beds, five respite beds and two isolation beds.

## **1.2 Information about this inspection**

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Bairbre Moynihan and Dolores Dempsey Ryan, on 16 September 2020 between 0930 hours and 1530 hours. 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 in a sample of clinical areas which included:

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 5 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.

**Findings:**

- Auditing, monitoring and assurance arrangements relating to infection prevention and control practices was not comprehensive.
- Ongoing antimicrobial stewardship activities were not evident.

**Judgment Standard 5.1:**  
**Substantially Compliant**

#### Corporate and Clinical Governance

An organisational chart viewed by inspectors outlined responsibility, accountability and authority arrangements and reporting relationships for staff within the organisation.

The hospital was managed on a day-to-day basis by an acting director of nursing who had overall responsibility for the hospital. The acting director of nursing reported to the manager for older person services, who in turn reported to the head of service, older person services, and upwards to the chief officer of CHO5. It was clear from discussions held with staff that lines of communication and responsibility were understood locally. Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the chief officer of CHO5.

A number of local general practitioners provided clinical care to the patients and attended the hospital, Monday to Friday 9am-6pm and Saturday until 12 midday. Outside of these hours cover was provided by CareDoc.<sup>‡</sup>

The acting director of nursing held regular conference calls with the infection prevention and control nurse from Wexford General Hospital during the COVID-19 outbreak amongst staff in the hospital.

The acting director of nursing attended a director of nursing meeting at CHO5. Three times weekly teleconference calls were held during the early stages of the pandemic with the directors of nursing and the head of service, older persons and public health infection prevention and control on occasion. These were reduced to weekly meetings as the number of people with COVID-19 declined. Minutes reviewed showed items discussed included COVID-19 testing and personal protective equipment. The acting director of nursing attended the CHO5 quality and safety executive meeting.

#### Monitoring, Audit and Quality assurance arrangements

A number of infection prevention and control audits undertaken in March, June, July and September 2020 were reviewed by inspectors. The audits included laundry and sharps audits in March and environmental audits of the kitchen and patient areas in June and September. Corrective actions were documented on the audits reviewed but overall percentage compliance levels was not evident. However, hand hygiene compliance audits had been completed in January and July with results ranging from 89%-93% compliance respectively. Local management stated that each nurse had responsibility for an audit. The acting director of nursing had oversight of the actions from the audits.

Inspectors found that compliance with elements assessed were generally good overall. However, during the recent outbreak of COVID-19 among staff environmental auditing was not increased. Furthermore, there was scope to improve and expand the monitoring of other aspects of infection prevention and control such as standard and transmission-based precautions and antimicrobial stewardship.

Local management informed inspectors that there were no antimicrobial stewardship activities in Gorey District Hospital at present; however, an antimicrobial pharmacist had been appointed to CHO5 and had met with the acting director of nursing.

#### Coordination of care within and between services

Admission of patients to Gorey District Hospital were not accepted without the patient having a COVID-19 test three days prior to transfer which is in line with national guidance.<sup>2</sup> In addition, patients admitted from the community had a COVID-

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<sup>‡</sup> CareDoc is a general practitioner out of hour's service part funded by the Health Service Executive.

19 test prior to admission with their general practitioner. This was outlined in the hospital's admission policy.

Inspectors were informed that if patients were acutely unwell they were transferred by ambulance to an acute hospital. The transfer form was reviewed by an inspector. The form included if a patient had a COVID-19 test, the date of the test and whether screening for COVID-19 using a COVID screening tool had taken place.

The personal assessment form used for the admission of patients to Gorey District Hospital did include known infections, but there is scope for improvement in the form to include COVID-19 and multi-drug resistant organisms.

**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:**

- Infrastructure risks were not on the risk register.
- Infection prevention and control incidents and learning from incidents were not a standing agenda item at local hospital meetings.
- A number of local policies had not been approved at CHO level.

**Judgment Standard 5.2:**  
**Substantially Compliant**

The acting director of nursing was the designated person with responsibility for infection prevention and control at the hospital for day-to-day operations. Issues which could not be managed locally were escalated through the defined management structure to the chief officer of CHO5.

Risk and incident management

Inspectors found that there were systems and processes in place to identify and manage risks relating to infection prevention and control at the hospital. Inspectors reviewed the hospital risk register. There were three infection prevention and control risks on the risk register including the lack of a designated infection prevention and control nurse. The risk register had existing controls in place, a risk rating, actions required, an action owner and a due date for the actions. The risk register did not include infrastructure risks identified on the day of inspection such as lack of en-suite facilities in single rooms and lack of designated hand hygiene sinks. These will be further discussed in Theme 2: Effective Care and Support. Risks that could not be mitigated at local level were escalated within the management structures of the CHO. The acting director of nursing reviewed the risk register with the head of service, older person services and the quality and risk manager and attended a specific risk register meeting twice yearly in the CHO.

Management stated that infection prevention and control incidents were reported on the National Incident Management System (NIMS).<sup>§</sup> Local management reported that the hospital had not reported any infection prevention and control incidents. In addition, it was reported that if a patient developed a newly acquired healthcare associated infection that it would be reported on NIMS. It is recommended that management educate staff on the identification of infection prevention and control incidents, encourage staff to report them, track and trend the incidents and share the learning.

Risk management, incidents and learning from incidents were not an agenda item at the nurses' or multi-task attendants' staff meetings. This should be reviewed.

### Staff meetings

Local management reported that only two staff meetings were held in 2020 due to the COVID-19 pandemic. Infection prevention and control was a standing agenda item at these meetings. However, the acting director of nursing held daily briefings with the staff since the beginning of the COVID-19 outbreak. The agenda items at these briefings included infection prevention and control and personal protective equipment.

### 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> Overall, Gorey District Hospital achieved a 96% uptake in the 2019/2020 season. Management reported that the hospital received an award for this achievement.

### Policies Procedures and Guidelines

Inspectors reviewed a number of infection prevention and control policies, procedures, protocols and guidelines (PPPG) which covered aspects of standard precautions, transmission-based precautions and outbreak management. The majority of policies were up to date or were due for review. The hospital was using the outbreak management policy from an acute hospital. Local management must be assured that the outbreak management policy is applicable to their service.

A local standard operating procedure had been developed for the management of risk of transmission of COVID-19. Furthermore, national guidelines advise that

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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

facilities such as community hospitals apply the acute hospital COVID-19 guidelines.<sup>2</sup> However, the standard operating procedure advised implementing the residential care facility guidelines<sup>5</sup> which is not in line with what is recommended. In addition, the admission policy had not been approved with the governance structures of the CHO. Final policies, procedures, protocols and guideline documents should be signed off by senior management and or relevant governance process, confirming the PPPG meets the standard required for a robust PPPG.<sup>6</sup>

## **Theme 6: Workforce**

<b>Standard 6.1:</b> Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.
<b>Findings:</b> <ul style="list-style-type: none"><li>• Greater onsite infection prevention and control support was required.</li><li>• Oversight of infection prevention and control education requires improvement.</li></ul>
<b>Judgment Standard 6.1:</b> <b>Substantially Complaint</b>

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

Inspectors were informed that there was no infection prevention and control nurse in post in CHO5 at the time of the inspection and this had been entered on the hospital risk register. However, management stated that a person had been appointed to this role and was awaiting commencement. In addition, documentation indicated that the hospital had a 0.2 WTE\*\* infection prevention and control nurse who had a joint appointment with an acute hospital. Local management reported having ease of access to public health advice if required. The hours of accessing public health had been reduced as COVID-19 numbers reduced.

The hospital had an infection prevention and control link nurse whose role was to increase awareness of infection control issues in the hospital and motivate staff to improve practice.

### Infection Prevention and Control Education

Gorey District Hospital developed an infection prevention and control newsletter for patients and staff. The newsletter included the latest hand hygiene results, information on COVID-19 including hand hygiene and cough etiquette and patients

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\*\* Whole-time equivalent (WTE): allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

could provide comments and feedback on the newsletter. This is an example of good practice.

Local management stated that it was mandatory for staff to complete HSEland<sup>7</sup> online hand hygiene training programme yearly. Training records reviewed and managements stated that 100% of staff had completed hand hygiene training within the last year.

The hospital had two personal protective equipment trainers onsite. Onsite training was limited to training in the use of personal protective equipment and hand hygiene. No onsite training in the broader principles of standard and transmission based precautions by infection prevention and control personnel had been provided. Online HSEland<sup>7</sup> breaking the chain of infection was not mandatory for staff at the time of inspection although 88% of nursing staff and 25% of multi-task attendants had completed it within the last two years. Inspectors were informed that a small number of staff had completed HIQA's National Standards online learning module.<sup>8</sup>

Some cleaning staff had received training from a private company supplying materials and chemicals to the hospital. Local management stated that both nursing staff and multi-task attendants had received this training.

Overall, there is potential for management to have better oversight of infection prevention and control education. Management needs to review the onsite training needs of staff, while not mandatory in Gorey District Hospital management should strive to improve the uptake of HSEland<sup>7</sup> breaking the chain of infection, and review the training provided to cleaning staff to ensure they had received adequate training on the principles of cleaning.

## **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:**

- Hand hygiene sinks in all rooms did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>9</sup>
- Two of the single rooms, designated isolation room and multi-occupancy rooms did not have en-suite toilet and or shower facilities.
- Doors to some rooms of patients requiring transmission-based precautions were noted by inspectors to be open.
- Management need to review the cleaning products in use in the hospital.
- Inspectors noted inappropriate placement of clinical waste bins.

### **Judgment Standard 2.2:**

### **Substantially Compliant**

#### Environment and infrastructure

Overall the general environment was clean with few exceptions. Inspectors noted that there was general wear and tear throughout the hospital for example chipped paint, doors were chipped and damaged. Exposed piping which was rusted was noted throughout the hospital. This did not aid effective cleaning.

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 hospital had five single rooms. Three of which were en-suite. However, two of these single rooms and the designated isolation room had no en-suite facilities. Management reported that toilet and shower facilities across a corridor and been allocated specifically for the isolation room.

The multi-occupancy rooms had contained six beds, but at the onset of the COVID-19 pandemic the rooms were reduced to five-bedded bays. The reduced numbers of beds allowed for adequate spacing between beds. However, multi-occupancy rooms did not have ensuite toilet and or shower facilities.

Inspectors were informed that maintenance issues were addressed promptly when required.

#### Hand hygiene facilities

Hand hygiene sinks throughout the ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>9</sup>

#### Patient placement

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. However, there were inpatients with known multi-drug

resistant organisms. The patients were appropriately placed in single en-suite rooms however doors to some rooms of patients requiring transmission-based precautions were noted by inspectors to be open. Signage to communicate isolation precautions was in place. Management must ensure that the signage used within the hospital is understood by everyone including visiting clinicians.

The hospital had been divided in to two zones <sup>††</sup> for patients who had been transferred from an acute hospital and patients who had been admitted from the community. Additionally, staff nurses and multi-task assistants had been divided into two teams. One team for each zone. One multi-task attendant who was allocated to caring duties only was on duty from 6pm-8am and worked between both zones.

### Cleaning resources

Cleaning and hygiene duties were undertaken by multi-task attendants. The multi-task attendant was allocated on a weekly basis to cleaning only. The cleaners were not allocated to a zone. Cleaning staff were rostered from 8am to 5pm. Outside of these hours cleaning duties were carried out by a multi-task attendant with caring duties.

Cleaning schedules reviewed outlined the daily, weekly and monthly cleaning required. However, they did not detail the products to be used in each area. Inspectors were informed that staff routinely used a disinfectant in a clinical area. Management need to review this practice.

The hospital increased the cleaning frequency of frequently touched areas to five times daily at the beginning of the COVID-19 pandemic in line with guidelines.<sup>10</sup>

The hospital used a flat mop system. Inspectors were informed that mops were reprocessed onsite. Cleaners used colour coded disposal cloths.

### Waste management

Inspectors noted inappropriate placement of a clinical waste bin in the treatment room. Furthermore, clinical waste bins were placed in patient areas, but contained non-clinical waste bags. This was brought to management's attention on the day. Extensive rust was noted on a domestic waste bin.

### Linen Management

Inspectors were informed that segregation of infected linen was managed in line with national guidelines.<sup>10</sup>

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<sup>††</sup> Zoning means that staff and equipment are dedicated to a specific area and are not rotated from other areas.

## Discussion with patients

Inspectors spoke with a number of patients. Patients expressed satisfaction 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.

### **Findings:**

- General wear and tear of patient equipment.
- Inappropriate storage of urinalysis machine in the treatment room.

### **Judgment Standard 2.3:**

**Substantially Compliant**

## Equipment hygiene

Overall, equipment in Gorey District Hospital was generally clean with few exceptions. However, rust was noted on a number of items of equipment such as a dressing trolley and a shower chair. This was brought to management's attention on the day. A number of patient chairs were also noted to be poorly maintained.

Inspectors noted the inappropriate storage of a urinalysis machine in the treatment room. This should be reviewed. Furthermore, inspectors were informed that items such as washbowls were decontaminated in a washer disinfectant in the 'dirty' utility<sup>\*\*</sup> room after use. This led to the potential for recontamination of these items as soon as they were removed from the machine.

While there was a good level of equipment hygiene on the day of inspection, equipment hygiene audits were requested but not submitted for inspectors to review.

Inspectors were informed that there was sufficient supply of patient monitoring equipment.

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<sup>\*\*</sup> A room equipped for the disposal of body fluids and the decontamination of reusable equipment such as bedpans, urinals, commodes and body fluid measuring jugs.

### **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

The acting director of nursing was the designated lead for COVID-19 preparedness and response within the hospital. Local management informed inspectors that COVID-19 preparedness plans were in place and described the planning for cohorting of patients (patients with COVID-19 separated from patients without COVID-19), enhanced infection prevention and control, resource and consumables management, visiting restrictions, staff and workflow management and promoting patient and family communication.

A number of staff were trained to carry out sampling for COVID-19. Turnaround time for results were reported to be 24-36 hours.

Staff did twice daily temperature checks in line with national guidelines.<sup>2</sup> A designated room had been assigned for this purpose in the hospital with separate stations identified for each team. Serial testing of staff for COVID-19 was routinely completed on a fortnightly basis and management reported a good uptake from staff. Staff were required to adopt physical distancing measures during their break and meal times. Occupational health supports were available to staff.

Patients were monitored twice daily for symptoms of COVID-19 using a COVID-19 screening tool. Management reported that patients were isolated immediately if they displayed any symptoms consistent with COVID-19.

#### Outbreak Management

The hospital declared an outbreak of COVID-19 among staff in May 2020. Inspectors were informed that the outbreak was reported to the regional medical officer of health (MOH) at the department of public health. Local management reported that daily telephone calls took place with a member of the regional department of public health. Minutes or a personal log of these meetings were not recorded in line with national guidance.<sup>11</sup>

The outbreak was declared over on 19 June 2020. An outbreak report had not been received by the hospital at the time of inspection. Final outbreak reports should provide a valuable summation of lessons learnt and should be completed within 12 weeks of the formal closure of an outbreak.<sup>11</sup> An infection prevention and control nurse attended onsite during the outbreak to try and identify the source of the

outbreak and advise management on additional infection prevention and control measures to implement. Discussions with staff demonstrated overall satisfaction with the manner in which the outbreak was managed and the support received from CHO5 at that time.

### **3.0 Conclusion**

Overall this inspection identified that Gorey District Hospital was compliant with one of the *National Standards for infection prevention and control in community services* assessed and substantially compliant with five.

#### Leadership, Governance and Management

Effective leadership, governance and management arrangements were evident around the prevention and control of healthcare-associated infection at the hospital. Lines of accountability responsibility and authority for infection prevention and control were clearly articulated to inspectors.

The hospital conducted a number of infection prevention and control audits in 2020. However, an increase in environmental auditing was not evident during the recent outbreak. Inspectors identified scope to broaden the current auditing programme to include other aspects of infection prevention and control such as standard and transmission-based precautions and antimicrobial stewardship.

Inspectors found there was systems in place at the hospital to identify and manage risks in relation to the prevention and control of healthcare-associated infection. However, infrastructure risks which had the potential to impact on infection prevention and control measures were not on the risk register.

#### Workforce

Inspectors were informed that there was access to infection prevention and control advice. However there was limited onsite presence and onsite training in infection prevention and control. Inspectors identified that improvement was required in the oversight of infection prevention and control training.

#### Effective Care & Support

Overall the general environment and equipment was clean. However, a number of infrastructural issues were identified on the day of inspection. Furthermore, management must ensure that equipment is maintained in line with national standards.<sup>1</sup>

A number of areas for improvement were identified including reviewing the appropriate disposal of waste, management need to review the cleaning products used routinely in the hospital and doors to the rooms of patients requiring transmission based precautions were open.

### Safe care and support

The acting director of nursing was the designated lead for COVID-19 preparedness and response within the hospital. The hospital had implemented a number of measures to aid in the prevention and early detection of COVID-19 in the hospital.

The hospital had an outbreak of COVID-19 among staff in May 2020. Local management informed inspectors that regular calls to the local department of health took place throughout the outbreak however minutes or a log of the calls was not recorded. An outbreak report had not yet been received by the hospital. When received, learning needs to be disseminated to all staff.

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*<sup>1</sup> and other existing national healthcare standards.

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