Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection of Rehabilitation and Community Inpatient Healthcare Services at Grove House, Cork

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

Dates of inspection: 18 August 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.*

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

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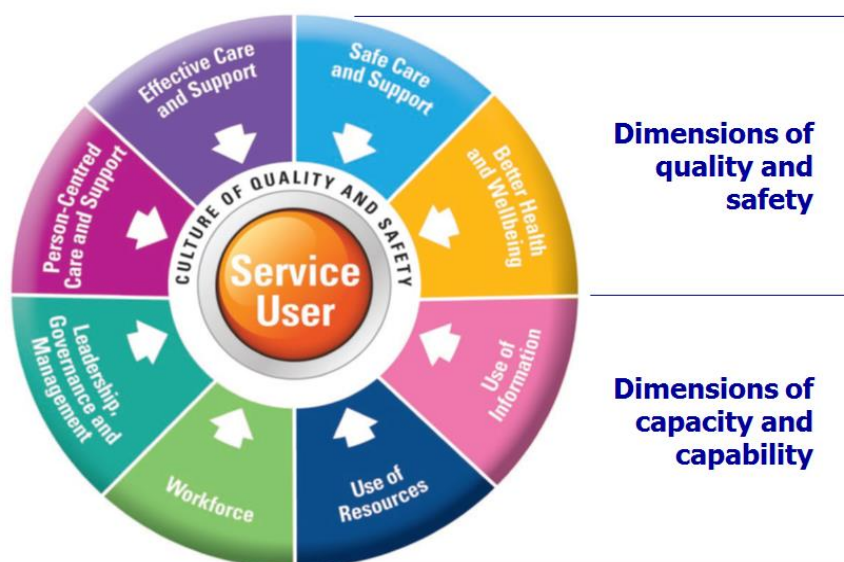
National Standards for infection prevention and control in community services

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	**Standard 5.1:** The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. **Standard 5.2:** There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.
6: Workforce	**Standard 6.1:** Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

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	**Standard 2.2:** Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. **Standard 2.3:** Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.
3: Safe Care and Support	**Standard 3.4:** Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner

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 judgement 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

Grove House, is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 4.[†] Grove House comprised 23 beds.

The transitional care unit admitted patients from referring hospitals including Cork University Hospital, Mercy University Hospital and the South Infirmary Victoria University Hospital. Patients were also referred and admitted directly from the community via the integrated care team.

The transitional care unit provided inpatient accommodation and care for patients during the transitional period post medical discharge from the acute service. The unit opened on March 23rd 2020 having been repurposed and fully refurbished to a high standard in response to the COVID-19 pandemic.

1.2 Information about this inspection

This inspection report was completed following an unannounced inspection carried out by Authorised Persons, HIQA; Kathryn Hanly and Sean Egan on 18 August 2020 between 09:20 hrs. and 11:55 hrs.

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

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

[†] Community Health Organisation 4 area consists of Cork and Kerry Counties.

2.0 Inspection Findings

2.1 Capacity and Capability

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

Theme 5: Leadership, Governance and Management

Standard 5.1: The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Judgment Standard 5.1: Partially Compliant

- Governance arrangements need to be further developed and fully formalised.
- There were insufficient local assurance mechanisms in place to ensure that the environment and patient equipment was cleaned in accordance with national standards.
- Assurances in relation to infection prevention and control within the unit were not routinely provided to CHO 4.
- Ongoing antimicrobial stewardship activities were not evident.

Corporate and Clinical Governance

The Clinical Nurse Manager (CNM) 2 was responsible for operational management of Grove House and reported directly to the General Manager for Older Persons Services in CHO 4.

The organisational chart on display at the entrance to the unit clearly outlined responsibility, accountability and authority arrangements and reporting relationships for staff within the organisation.

Grove House opened as a transitional care unit early on in response to the COVID-19 pandemic. Staff had been redeployed to the unit in March 2020 from positions within the HSE that were curtailed or temporarily suspended due to COVID-19. Inspectors were informed that patient occupancy levels had remained low and that current staffing levels were sufficient to meet the needs of the patients within the unit. However staff were unsure about the proposed length of their redeployment and about future staffing arrangements within Grove House. Management within CHO4 should be assured that sustainable and safe staffing levels are maintained within the unit going forward. Subsequent to this inspection inspectors were informed that the HSE has recently conducted interviews to obtain dedicated staffing for this unit.

Two local General Practitioners were contracted by the HSE to share the Medical Officer[‡] position in the hospital. There were well established relationships between the Medical Officers and staff in the hospital and staff reported that they could contact Medical Officers for information and advice. If a patient in the unit required medical review outside of normal working hours[§], nursing staff contacted the local on call general practitioner services (SOUTHDOC[**]) to review patients.

Reporting arrangements in relation to committees

Governance structures and processes were evolving within the unit at the time of the inspection. Inspectors were informed that there were no local committees or formalised management meetings held within the unit. In its absence inspectors were informed that staff communicated information about patient safety issues including infection prevention and control at a daily safety pause[1] at shift handover to ensure open discussions in relation to improvements required or observed. While a standalone infection prevention and control committee may not be required within a unit of this size, it would be appropriate to have infection prevention and control as a standing agenda item on the local management team meetings, especially given the presence of an ongoing COVID-19 pandemic.

The CNM 2 reported positive and supportive engagement from and with management in CHO 4. Inspectors were informed that the monthly CHO 4 Quality and Patient Safety Committee had been suspended since the onset of the COVID-19 pandemic. However in the interim the CNM 2 attended regular teleconferences to discuss the management of COVID-19 within CHO 4 Social Care Division. However,

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[‡] 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.
[§] Whole-time equivalent: one whole-time equivalent employee is an employee who works the total number of hours possible for their grade. WTEs are not the same as staff numbers as many staff work reduced hours.
[§] For the purpose of this monitoring programme core working hours are considered to be 09.00am-05.00pm.
[**] Southdoc is an out of hours urgent GP service part-funded by the Health Service Executive.

content of these discussions could not be verified by inspectors as records of these meetings were not recorded or circulated to attendees.

Monitoring, Audit and Quality assurance arrangements

Inspectors identified gaps in the assurance process which must be addressed as a priority. Subsequent to the inspection an audit schedule was provided to inspectors whereby infection prevention and control audits were scheduled to be undertaken monthly. However there were no audits available to view on the day of the inspection and management were not aware of the audit schedule. Audits should be performed in a standardised manner so that results can be compared over time to ensure continued high standards of environmental and equipment hygiene. Findings in relation to the clinical area visited on this inspection will be presented in section 2.2.

The community infection prevention and control nurse had recently carried out an infection prevention and control walk-round. The report of this was pending at the time of the inspection.

Assurances in relation to infection prevention and control within the unit were not routinely provided to CHO 4. Performance updates on the service's rates of infection and on the effectiveness of activities undertaken to prevent and control healthcare associated infections should be collected and reported to the CHO.

An antimicrobial resource folder was available to staff and contained information on antimicrobial prescribing and Antimicrobial Stewardship. However, inspectors were informed at the time of the inspection that there were no specific ongoing antimicrobial stewardship[††] activities within the unit, for example audit of compliance against the prescribing guidelines or antimicrobial stewardship education. Whilst there may be barriers to implementing antimicrobial stewardship programs in rehabilitation and community inpatient healthcare services including resourcing issues and limited laboratory data, antimicrobial stewardship activities that are tailored to this setting can be very effective.[2] This should be reviewed following this inspection.

Coordination of care within and between services

Good communication and information sharing underpins safe and effective transfers of care. It was reported that the majority of patients were admitted from acute hospitals within the Cork city. Inspectors were informed that patient's infection

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[††] Antimicrobial stewardship is a suite of coordinated strategies which together aim to promote the appropriate use of antimicrobial agents to maximise their benefit while causing the least harm.

status was included in standardized interfacility transfer documentation which had been developed in response to COVID-19.

Admissions to the unit were managed in line with HSE/ HPSC COVID-19 guidelines.[3] Patients admitted to the unit from acute hospitals were routinely tested for COVID-19 within the three days before admission. Patients admitted from the community were isolated and tested on admission in line with national guidelines.

> **Standard 5.2**: There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.
>
> **Judgment Standard 5.2: Substantially Compliant**
>
> ▪ The hospital's risk register was not managed, reviewed and escalated in line with national policy.[4]

The CNM 2 was the designated person with responsibility for infection prevention and control in the unit.

The unit had systems in place to identify and manage risks in relation to the prevention and control of healthcare-associated infection. Nursing management had undertaken local risk assessments in relation to infection prevention and control of COVID-19 in the unit. Risk were escalated to CHO level where necessary. However a local risk register had not been developed to include infection prevention and control risks.

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 from the unit since it opened in March 2020.

Inspectors were informed that the HSE in Cork and Kerry community healthcare had established a regional influenza management/ vaccination campaign steering group to promote the uptake of the vaccine among staff. Management informed inspectors that local peer vaccinators had been trained to administer flu vaccinations to staff.

[‡‡] 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.

Policies, procedures and guidelines

The unit had a suite of infection prevention and control guidelines which were developed for use by CHO 4 community hospitals. Guidelines were approved through the Cork and Kerry Infection Prevention and Control Committee. Routine monitoring of the implementation of these guidelines had not been undertaken at the time of this inspection.[5]

A COVID-19 resource folder was available to staff within the unit. This included up-to-date national guidelines and the Grove House COVID-19 Preparedness Plan.

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: Substantially Compliant

- Cleaning staff had not received any formal infection prevention and control training.

Access to specialist staff with expertise in infection prevention and control

The infection prevention and control assistant director of nursing for Cork and Kerry community hospitals advised on all aspects of infection prevention and control, provided education and assistance in outbreak management and attended onsite periodically and as required.[6]

Infection Prevention and Control Education

Infection prevention and control training including was delivered to staff, inclusive of agency staff, by the community infection prevention and control nurse and a staff member from an adjoining unit on the campus with a formal qualification in infection prevention and control. Documentation reviewed indicated that 77% staff had completed training in donning and doffing of personal protective equipment (PPE). Hand hygiene training was delivered by a local hand hygiene trainer within the unit. The figures showed that 85% of staff had attended hand hygiene training.

Inspectors were informed that staff had completed HSElanD[7] online standard and transmission based precautions training. Issues in quantifying the number of staff that had completed this training were reported as staff training files were not transferred when staff were redeployed to the unit.

Cleaning staff informed inspectors that they had not received any formal infection prevention and control training. Inspectors were informed that on the job training related to cleaning processes had been provided and that hand hygiene had been discussed. In addition a HSE/ infection prevention and control staff information booklet on environmental cleaning for the prevention and control of infections has also been introduced to Grove House. Irrespective of whether cleaning services are provided in-house or whether an external contractor is engaged, the accountability for all aspects of cleaning and staff training lies with the management of the unit.

While staffing levels were appropriate on the day of inspection, management within CHO4 should be assured that sustainable and safe staffing levels are maintained within the unit going forward.

2.2 Quality and Safety

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

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

Theme 2: Effective Care and Support

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

Judgment Standard 2.2: Substantially Compliant

- Due to underlying structural challenges posed by the footprint of an old building, the infrastructure of the unit was not optimal from an infection prevention and control perspective.
- Management should ensure that an independent audit of the *Legionella* risk assessment has been carried out.

Environment and infrastructure

Overall the general environment was clean with few exceptions. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the unit.

The unit had recently been refurbished to a high standard with finishes and furnishings that readily facilitated cleaning. In addition the unit had appropriate

ancillary facilities for the storage and management of supplies and equipment. The design of clinical hand wash sinks in the unit conformed to Health Building Note 00-10 Part C: Sanitary assemblies.[8]

Notwithstanding the very significant efforts employed over a very short timeframe to refurbish this building in response to the COVID-19 pandemic, a number of underlying infrastructural issues which had the potential to impact on infection prevention and control measures were highlighted to inspectors during the course of the inspection. For example, the design and proportion of single rooms was not in compliance with best practice guidelines and patient rooms did not have ensuite toilet/shower facilities. Rooms without en-suite facilities are not ideal for isolating patients for infection prevention and control purposes. Staff therefore described how these challenges were or would be addressed in the unit in the management of patients who required isolation for infection prevention and control purposes.

Environmental monitoring

Inspectors were informed that legionella controls including outlet flushing, water sampling and temperature monitoring were in place. However management were unable to confirm whether an independent audit of the *Legionella* risk assessment had been carried out. National guidelines[9] recommend that every risk assessment be reviewed on an annual basis and independently reviewed every two years. This should be reviewed following this inspection.

Discussion with patients

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 unit and the care provided.

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 unit appeared clean and well maintained with few exceptions. Equipment cleaning checklists and schedules were completed and were monitored by the Clinical Nurse Manager on an ongoing basis. However the cleaning checklist was not comprehensive. This should be reviewed in line with national guidelines.[2]

A mobile fan was observed in the patient dayroom. This was not included in the equipment cleaning schedule. Following this inspection an assessment of the risks associated with the use of fans in clinical areas should be undertaken.

Inspectors observed tubs of alcohol wipes throughout the unit and were informed these were used for cleaning frequently used items of equipment. Disinfectant-only wipes (such as alcohol) have no cleaning action.[10] Furthermore alcohol wipes are not sporicidal and can damage equipment with prolonged use. Cleaning agents should therefore be reviewed to ensure they are effective and appropriate for their intended use.

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 CNM2 was the designated lead for COVID-19 preparedness and response within the hospital. COVID-19 preparedness plans were in place and included enhanced infection prevention and control measures, communication plans, patient placement plans and staff contingency plans.

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.

Staff and patients were monitored for symptoms compatible with COVID-19 on a daily basis.

Routine weekly sampling of all staff for detection of COVID-19 had commenced. Two staff members within the unit had been trained to perform the sampling for COVID-19 testing. Inspectors were informed that tests had an average turnaround time of 48-72 hours, and that SARS-CoV-2 had not been detected in any samples to date.

The unit had implemented measures to ensure that physical distancing were implemented by staff, visitors and patients. COVID-19 signage on preventing the spread of infection was prominently displayed throughout the unit.

Indoor visits for patients were facilitated with appropriate infection prevention and control precautions to manage the risk of introduction of COVID-19. Outdoor visiting was also encouraged where appropriate to the needs of the patients and subject to weather.

The unit had plans in place for the management of patients who developed symptoms during their admission this included planning for isolation with transmission based precautions should the need arise.

Outbreak management

Inspectors were informed that there had been no outbreaks of infection within the unit since it opened. While it may not always be possible to prevent an outbreak, careful management can mitigate spread of infectious agents and limit the impact of such infection on the delivery of normal healthcare services. Hospital management reported that systems were in place to manage and control infection outbreaks in a timely and effective manner. Access to specialist expertise within the CHO and the local Public Health department were also described. The CNM 2 was responsible for reporting outbreaks within the unit to the regional Medical Officer of Health (MOH) at the Department of Public Health.

3.0   Conclusion

Overall this inspection identified that Grove House was compliant with two of the six of the *National Standards for infection prevention and control in community services* assessed.[6] A judgment of substantially complaint was made against two standards. One standard was found to be partially compliant.

Leadership, Governance and Management

Effective clinical governance is necessary to support improvements in infection control. There was a clearly defined management structure with identified lines of accountability and responsibility for the service.

However overall, inspectors found that governance arrangements for infection prevention and control at the unit were evolving and could be strengthened to include infection prevention and control strategic objectives and operational plans. The antimicrobial stewardship programme also needs to be further developed, strengthened, resourced and supported at a community level.

In building sustainability with respect to governance oversight, infection prevention and control monitoring arrangements should be further strengthened and formalised to regularly provide assurance to the CHO 4 about infection prevention and control practices within the unit.

Management should review the mechanisms in place to assure itself that the physical environment, facilities and equipment are developed and managed to minimise the risk of service users, staff and visitors acquiring a healthcare associated infections in line with National Standards.[6]

The CNM 2 is responsible for checking that the risk register in their area of responsibility is compliant with the HSE Integrated Risk Management Policy and supporting Guidance. Risk registers need to be managed, reviewed and escalated in line with national policy.[4]

Workforce

Established communication pathways were in place including access to external expertise in infection prevention and control.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by education and training.

Management should be assured that sustainable and safe staffing levels are maintained within the unit going forward.

Effective Care and 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. This was commendable. However a number of infrastructural issues were outstanding from the original building which had the potential to impact on infection prevention and control measures were identified during the course of the inspection.

Safe care and support

Hospital management reported that systems were in place to manage and control outbreaks of infection in a timely and effective manner. The hospital had developed COVID-19 preparedness plans.

Following this inspection the hospital needs to address the areas for improvement identified in this report and requires the support of the CHO4 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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