



**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 Lisdarn Centre, Cavan.**

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

Date of inspection: 23 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.



## Table of Contents

<b>1.0 Information about this monitoring programme</b> .....	<b>6</b>
1.1 Hospital Profile .....	9
1.2 Information about this inspection .....	9
<b>2.0 Inspection Findings</b> .....	<b>10</b>
2.1 Capacity and Capability.....	10
2.2 Quality and Safety .....	17
<b>3.0 Conclusion</b> .....	<b>22</b>
<b>4.0 References</b> .....	<b>24</b>

## 1.0 Information about this monitoring programme

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

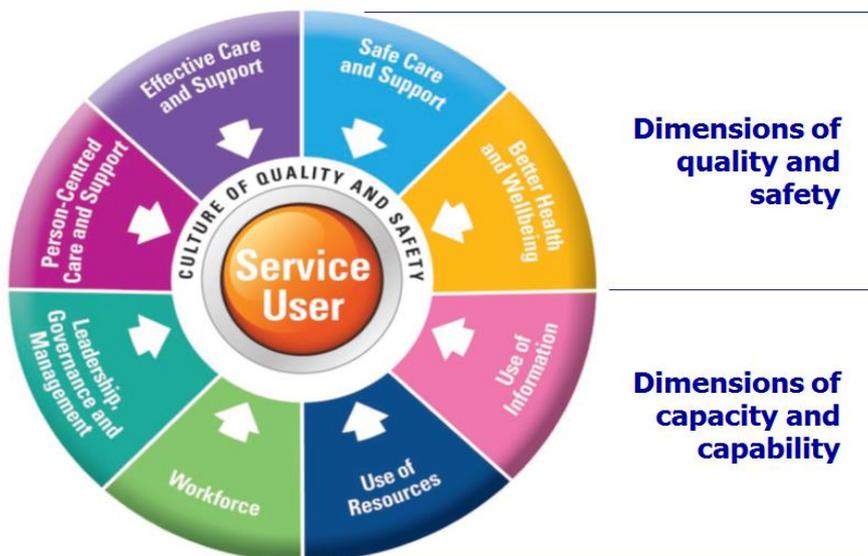
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

Inspection findings are grouped under the National Standards dimensions of:

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

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

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



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

## Report structure

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

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

<b>Capacity and Capability</b>	
<b>Theme</b>	<b>Standard</b>
<b>5: Leadership, Governance and Management</b>	<p><b>Standard 5.1:</b> The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.</p> <p><b>Standard 5.2:</b> There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.</p>
<b>6: Workforce</b>	<b>Standard 6.1:</b> 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:

<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>	<b>Standard 3.4:</b> 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 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

Lisdarn Centre is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 1.<sup>†</sup> Lisdarn Centre is located on the grounds of Cavan General Hospital.

Lisdarn Centre comprised 32 beds, 23 of which were operational at the time of this inspection. The majority of patients were admitted from Cavan General Hospital for transitional care. The centre also accommodated reablement care<sup>‡</sup>beds and palliative care beds.

The centre admitted patients directly from Cavan General Hospital and from the community.

## 1.2 Information about this inspection

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Emma Cooke and Bairbre Moynihan on 23 September 2020 between 09:45hrs. and 15:18hrs. The service manager was notified by HIQA 48 hours before the inspection.

Inspectors spoke with service 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:

- Unit 2

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

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<sup>†</sup> Community Health Organisation 1 area consists of Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan.

<sup>‡</sup> Temporary care after illness or hospital discharge

## 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.

- Governance arrangements did not provide adequate oversight of the quality and safety by those who are ultimately accountable and responsible for the service.
- Infection prevention and control was not a standing agenda item at local governance meetings
- Records of local governance meetings did not provide assurances in relation to all infection prevention and control activities within the unit.
- Actions from the previous infection prevention and control meetings meeting were not evident on the minutes reviewed.

**Judgment Standard 5.1:**  
**Partially 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 assistant director of nursing was responsible for the operational management of the centre and reported directly to the director of nursing. The director of nursing was accountable to the service manager for older person services Cavan/Monaghan, who in turn reported to the general manager for older persons service for Cavan/Monaghan and upwards to the chief officer of CHO1. Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the chief officer of CHO1.

Inspectors were informed that the director of nursing was the accountable person with overall responsibility and accountability for the service and had delegated responsibility to the assistant director of nursing for the day-to-day management of the centre. However, inspectors noted that in addition to being responsible for Lisdarn Centre, the director of nursing was also the person in charge of a designated centre for older persons and was also responsible for another two services within Cavan. Furthermore, it was reported that the director of nursing's office was located off site at approximately 40 kilometres from the Lisdarn Centre. The director of nursing attended weekly local governance meetings onsite.

Inspectors found that current governance arrangements did not enable or support the director of nursing to maintain adequate oversight of the centre given the geographical distance from the centre and the added responsibilities of being in charge of and responsible for a number of services.

HIQA recommends that this arrangement be reviewed.

#### Committee structures

The centre had convened a local senior management governance committee, chaired by the assistant director of nursing and operationally accountable to the service manager for older persons. Membership of the committee included the service manager for older person services Cavan/Monaghan, operations manager/deputy general manager for Cavan General Hospital (CGH), medical director, head of bed management (CGH), integrated care programmer for older persons (ICPOP) steering group member, consultant/clinical lead, director of nursing for older person services Cavan, chief pharmacist (CGH) and infection control specialist nurse.

The committee was responsible for providing clear governance and accountability to the integrated post-acute service for older persons at Lisdarn Centre. While it was reported that infection prevention and control was a standing item agenda at these weekly meetings, minutes reviewed did not reflect this. This needs to be addressed.

The centre had recently established a multi-disciplinary local infection prevention and control committee which was chaired by a clinical nurse manager. The first

meeting was held in August 2020. The committee was directly accountable to the senior management team for Cavan/Monaghan and CHO1 infection prevention and control team. Terms of reference reviewed indicated that the committee would initially meet fortnightly. Two sets of minutes from 2020 were available for inspectors to review. It was noted that actions from the previous meeting were not evident on the minutes reviewed. Furthermore a date for completion of the actions was not identified. Minutes from meetings must clearly outline actions arising from the meetings and timeframes afforded to actions identified.

Inspectors were informed that a senior antimicrobial pharmacist had recently been appointed to the CHO1 Older Persons Services.

A consultant physician from Cavan General Hospital provided clinical care to the patients and attended the centre daily, Monday to Friday and also attended weekly multi-disciplinary meetings. A registrar attended onsite Monday to Friday from 9am-5pm. Outside of these hours and at weekends cover was provided by the senior house officer and/or registrar on call from Cavan General Hospital.

Inspectors were informed that out-of-hours nursing support was either available from the assistant director of nursing or from the out-of-hours assistant director of nursing at Cavan General Hospital.

#### Monitoring, Audit and Quality assurance arrangements

The unit had implemented a number of assurance processes in relation to infection prevention and control.

Monthly hygiene audits were completed by a clinical nurse manager. Audit reports showed that the unit achieved, on average, greater than 97% for hygiene audit results. However, results did not detail if these were related to equipment or environment. Findings in relation to the environment and equipment in the clinical areas will be presented in section 2.2 of this report.

Quality improvement plans were developed in response to audit findings, however, it was not clear where progress with these plans were discussed and persons responsible for addressing identified actions. Notwithstanding this, a sample of quality improvement plans reviewed by inspectors outlined progress achieved against actions identified. Inspectors were informed that audit results were communicated back to staff through daily safety pauses.

Inspectors were informed that audit results were discussed at local governance management meetings and infection control committee meetings however, records of minutes reviewed from both committees did not reflect this. Inspectors noted review and discussion around antimicrobial stewardship activities only.

Infection prevention and control was a standing item agenda at monthly governance senior management team meetings for Cavan/Monaghan. Minutes of meetings reviewed outlined review and discussion around learning from services that experienced large outbreaks, on call arrangements for infection control advice, supplies and stocks and continuous review of COVID preparedness and contingency plans.

Documentation reviewed outlined that the centre had completed a self-assessment against checklists set out in the framework for Interim HSE Guidance on Infection Prevention and Control (IPC)<sup>2</sup> which enables a service to review their infection prevention and control processes under a number of areas such as social distancing, education and training and environmental hygiene. This is good practice and is commendable.

The centre had commenced the administration of intravenous antibiotics in the week prior to this inspection with ongoing support and training from pharmacy. An agreed list of intravenous antibiotics that could be administered at the centre had been identified and developed in conjunction with pharmacy, a consultant physician and nursing staff and was available to staff in the clinical area. In addition an antimicrobial resource folder and information on antimicrobial prescribing and antimicrobial stewardship<sup>§</sup> was available to staff.

#### Coordination of care within and between services

Good communication and information sharing underpins safe and effective transfers of care. The majority of patients were admitted to the centre from Cavan General Hospital.

Inspectors found that there was an effective communication process in place with the acute hospital service to ensure information relating to patients' infection status was available prior to admission. Admissions to the centre were managed in line with HSE/ HPSC COVID-19 guidelines.<sup>3</sup> Patients admitted to the centre from acute hospitals were routinely tested for COVID-19 within three days before admission. Patients admitted from the community were isolated and tested on admission.

A pre admission checklist was required to be completed for all patients referred to the centre. The checklist reviewed by inspectors included information on infection prevention and control status as well as a dedicated section on COVID-19 status including details of swabs taken, test results and relevant COVID-19 criteria to be met. A comprehensive discharge checklist had also been developed for patients who

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<sup>§</sup> 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.

have tested positive for COVID-19 or identified as a close contact of a known case of COVID-19 to assist staff with discharging patients safely.

Inspectors reviewed the centre's Admission, Discharge and Transfer Policy. The policy had been continuously reviewed in 2020 to include updates in relation to COVID-19.

Inspectors were informed that if patients were acutely unwell, they were transferred via ambulance to Cavan General Hospital.

**Standard 5.2:** There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.

**Findings:**

- Risks related to the infrastructure of the unit and lack of ensuite facilities and showering facilities for isolation rooms were not on the risk register.
- Oversight of identified risks by those who are ultimately responsible and accountable to the service require improvement.

**Judgment Standard 5.2:**

- **Substantially compliant**

While the centre had systems in place to identify and manage risks in relation to infection prevention and control of healthcare-associated infection, arrangements for adequate oversight at a senior management level required improvement.

Risk and incident management

The assistant director of nursing was the designated person with responsibility for infection prevention and control in the centre. Issues which could not be managed locally were escalated through the defined management structure to the chief officer of CHO1.

Inspectors reviewed the hospital risk register. Nine infection prevention and control risks were on the risk register including risks associated with COVID-19, hospital acquired infections and incorrect waste management. Nursing management had undertaken local risk assessments in relation to the risks on the risk register. Inspectors noted that the risk register did not include infrastructure risks such as lack of ensuite facilities and showering facilities for isolation rooms in the centre.

It was reported that risks were discussed at local weekly governance meetings, however, there was no documented evidence of this in records of meetings reviewed by inspectors. Inspectors noted that risk registers and incident reports were a

standard item agenda at monthly senior management team meetings for Cavan/Monaghan.

Management informed inspectors that it was policy to report incidents of healthcare-associated infection on the National Incident Management System (NIMS).\*\* A total of three infection and prevention control incidents had occurred from January 2020 to August 2020. Inspectors were informed that newly acquired healthcare associated infections were reported as an incident and poor infection prevention and control practices were identified but were not always reported on a form.

Infection prevention and control incidents and learning from incidents were not discussed at the infection prevention and control committee meeting however, it was reported that feedback was provided by the clinical nurse manager at daily safety pauses with the emphasis on learning and improvement.<sup>4</sup>

Infection prevention and control incidents were tracked and feedback provided to staff at safety pauses. However, reports reviewed did not detail trends in relation types and categories of incidents. Incidents should be tracked and trended and feedback provided to staff with the emphasis on learning and improvement.<sup>4</sup>

#### Influenza vaccination programme

The HSE national uptake target for influenza vaccine in the 2019/2020 influenza season was 60%.<sup>5</sup> Lisdarn Centre achieved 98.2% amongst all grades of staff in the 2019/2020 influenza season. Local management informed inspectors that this was amongst the highest uptake for a hospital nationally and had been achieved in response to a flu vaccine awareness campaign that had been implemented within the centre. It was reported that the uptake of the influenza vaccine prior to this campaign was 56%. This is commendable and demonstrates innovation and a commitment to achieving improved influenza uptake among healthcare workers.

A clinical nurse manager and a staff nurse had been trained as peer flu vaccinators. A nurse and a health care assistant had also been delegated as 'influenza champions.'

#### Policies Procedures and Guidelines

National guidelines advise that facilities such as community hospitals apply the acute hospital COVID-19 guidelines.<sup>3</sup> Inspectors reviewed a number of infection prevention and control policies, procedures, protocols and guidelines which covered aspects of

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\*\* The State Claims Agency National Incident Management System is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation.

standard precautions, transmission-based precautions and outbreak management. These policies were found to be up-to-date and recently revised or developed.

## **Theme 6: Workforce**

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

**Judgment Standard 6.1: Compliant**

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

Staff had access to an infection prevention and control nurse within CHO1. A clinical nurse manager had recently begun the post graduate infection prevention and control course and was also a resource for all services within CHO1.

Inspectors were informed that public health medical advice was readily available and the centre had 24 hour access to public health advice. Staff in the clinical area articulated how to access infection prevention and control advice if required.

The centre had recently appointed three staff nurses as local infection prevention and control link nurses for the clinical area. The nurses had attended a five day competency based infection prevention and control programme at an acute hospital. Each of the infection control link nurses had been assigned a particular area of responsibility to provide enhanced oversight of infection prevention and control within the clinical area. Records reviewed within the clinical area showed daily oversight checks of cleaning schedules and equipment. Any issues identified were escalated to the clinical nurse by the clinical area infection prevention and control link nurses.

### Infection Prevention and Control Education

Local management stated that it was mandatory for staff to complete the HSElanD<sup>6</sup> online hand hygiene training programme, breaking the chain of infection, standard and transmission based precaution training and donning and doffing of personal protective training (PPE).

Training records provided outlined that 100% of staff completed hand hygiene training and standard based precautions training in the previous 24 months. Onsite hand hygiene training was facilitated by the infection prevention and control link nurse for CHO1 and the local infection prevention and control link nurse. Other training such as donning and doffing of personal protective equipment (PPE) and standard and transmission based precautions had been facilitated through tutorials by video link from infection prevention and control link nurses and public health.

Management informed inspectors that weekly training sessions for infection and prevention and control had been set out in a training plan.

Cleaning staff informed inspectors that they had received formal infection prevention and control training.

## 2.2 Quality and Safety

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

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

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

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

#### **Findings**

- The infrastructure had the potential to impact on infection prevention and control measures.
- Not all hand hygiene sinks conformed to Health Building Note 00-10 Part C: Sanitary assemblies.
- Multi-occupancy rooms did not have ensuite toilet and or shower facilities.

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

**Substantially Compliant**

### Environment and infrastructure

Overall the general environment was clean with few exceptions. The centre could accommodate up to 32 beds but at the time of inspection only 23 beds were operational. The centre was split into two separate units and inspectors visited one unit during this inspection.

Inspectors found that the hospital's infrastructure was dated. The environment had not been managed and maintained in line with national standards.<sup>1</sup> The centre had a total of four single rooms, however none of these rooms had ensuite toilet facilities. In addition multi-occupancy rooms did not have ensuite toilet and or shower facilities. Patients had access to toilets and showers located on the corridor within unit two. A number of maintenance issues were identified during the inspection. There was damage to paintwork on walls and some doors were noted to be chipped and damaged. Patient wardrobes and bedside lockers were in a state of disrepair which did not aid effective cleaning, however, inspectors were informed that new wardrobes had been ordered and were due to be in place in the coming weeks.

The centre had a process in place to address infrastructural and maintenance issues. Inspectors were informed that response times for maintenance issues varied depending of the level of work required but in general response times were good. Inspectors were informed that maintenance issues that could not be managed locally were escalated to senior management.

Inspectors were informed that a designated isolation room was identified in unit one for patients who required isolation for transmission based precautions or with COVID-19 or suspected COVID-19.

The reduced numbers of beds from six beds to four beds in the multi-occupancy rooms allowed for adequate spacing between beds, however inspectors observed that patients were not always adequately physical distancing at times. This was brought to the attention of the clinical nurse manager at the time.

Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. The number of cleaning hours had recently been increased in the centre in response to COVID-19.

#### Hand hygiene facilities

Wall-mounted alcohol hand-rub was readily available. Hand hygiene signage was evident in the centre. Not all hand hygiene sinks throughout the centre conformed to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>7</sup>

#### Patient placement

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. Patients admitted from the community were isolated and tested on admission.

#### Cleaning resources

The centre had two cleaners allocated which equated to 14 hours cleaning Monday to Friday and 10 hours cleaning Saturday and Sunday. Cleaning equipment was

stored in a designated room. Cleaning consumables were stored in locked storage. Cleaning staff had their allocated cleaning trolley with a flat mop system. Flat mops were reprocessed onsite at Cavan General Hospital and staff clearly described the process to an inspector.

Outside of these hours cleaning was undertaken by a health care assistant. Staff could also contact the on call cleaner at Cavan General Hospital out of hours if required.

Cleaning schedules reviewed outlined areas to be cleaned daily, nightly weekly and areas for deep cleaning. The link infection prevention and control nurse with responsibility for cleaning schedules was responsible for ensuring cleaning schedules were completed with added oversight by the clinical nurse manager.

### Waste management

Overall, domestic and clinical waste bins were appropriately placed and waste streams were applied in line with best practice.

### Linen Management

Inspectors were informed that segregation of infected linen was managed in line with national guidelines.<sup>2</sup> However, inspectors observed clean towels being stored inappropriately within an unclean storage room. This was brought to the attention of the nurse manager at the time of the inspection.

### Discussion with patients

Inspectors spoke with a number of patients. Patients were complimentary in their feedback and expressed satisfaction about the standard of environmental hygiene in the ward.

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

#### **Findings**

- Frequently used patient equipment such as commodes and blood glucose monitoring equipment were unclean.
- Some patient equipment was stored inappropriately.

**Judgment Standard 2.3:**

**Substantially compliant**

## Equipment hygiene

Overall, inspectors found that there was a need to improve the management and oversight of patient equipment hygiene. During the inspection it was noted that some equipment was clean for example patient monitoring equipment. However items such as commodes and blood glucose monitoring equipment were unclean. Heavy dust was noted on patient equipment stored in a designated storage area such as hoists, weighing scales and wheelchairs. Management should have appropriate oversight of patient equipment so that all equipment is safe to use and is cleaned appropriately.

Inspectors viewed daily and weekly equipment cleaning checklists and schedules and noted they were consistently completed and monitored by the infection control link nurse with responsibility for cleaning schedules with additional oversight by the clinical nurse manager. However, inspectors found examples of equipment that were on the list to be unclean at the time of the inspection such as medication fridges.

Audit reports showed that the centre achieved, on average, greater than 97% for hygiene audit results. However, results did not detail if these were related to equipment or environment. It was clear that audit findings were used to inform cleaning schedules. For example, quality improvement plans highlighted equipment and environmental items that required to be added on to cleaning schedules.

Inspectors were informed that equipment which was required to be shared between patients such as monitoring equipment was cleaned in between each patient.

Inspectors observed that patient urine bottles were inappropriately stored in rigid waste containers in the dirty utility room. Bedpans and urine bottles should be stored dry and inverted between uses.<sup>8</sup> Management informed inspectors that an appropriate storage unit for these had been requested but this was still outstanding on the day of inspection. Management must ensure that all equipment is stored appropriately following cleaning.

Designated care equipment such as disposable hoist slings were available for patients in the centre, which was good practice.

### **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 assistant director of nursing was the designated lead for COVID-19 preparedness and response in the centre. Management reported that the centre had contingency plans in place which included contingency arrangements for staffing, zoning and cohorting of patients (patients with COVID-19 separated from patients without COVID-19) and a communication plan for communicating with public health and families.

Personal protective equipment supplies were stored in a dedicated locked storage room. Personal protective equipment was monitored to ensure the availability of adequate supplies and inspectors were informed that the centre had access to supplies from the HSE.

Sampling of staff for COVID-19 was in place for staff who have not previously tested positive. A number of staff had been trained or were in the process of being trained in taking the samples. Testing was processed in Cavan General Hospital and turnaround times for staff was reported to be 24 hours and maximum four hours for patients.

Inspectors were informed that twice daily temperature checks and symptom checks were carried out on staff and patients.

The hospital had implemented measures to ensure that physical distancing was implemented by staff. For example, group meetings and social interactions among staff were restricted or held in a room where physical distancing could be maintained.

### Outbreak Management

Inspectors were informed that there had been no recent outbreak of infection at the centre. The assistant director of nursing was the person responsible for notifying the regional medical officer of health and the regional department public health of an outbreak. Management described the links in place with the regional department of public health and the ease of access to these links if required.

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. Management reported that systems were in place to manage and control infection outbreaks in a timely and effective manner.

Nursing management outlined shared learning in response to an outbreak which had occurred within another Cavan/Monaghan Service.

### 3.0 Conclusion

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

#### Leadership, Governance and Management

Inspectors found that there were lines of accountability responsibility and authority for infection prevention and control and antimicrobial stewardship within the service. However, current governance structures and arrangements did not enable those who were ultimately accountable and responsible for the service to maintain adequate oversight of the centre. Those accountable for the service should have adequate oversight of all aspects of the service including risk, infection prevention and control arrangements and staff training.

Inspectors acknowledge that governance structures and processes were evolving within the centre at the time of the inspection and the centre should continue with implementing the responsibilities and activities detailed in terms of reference reviewed for the local senior governance committee and the infection prevention and control committee.

#### Workforce

Established communication pathways were in place including access to external expertise in infection prevention and control. Furthermore, the centre had up skilled and trained three staff to provide additional oversight of specific infection prevention and control practices.

All staff were up-to-date with mandatory training requirements in infection prevention and control and the unit should progress with the weekly training plan as outlined to inspectors.

#### Effective Care & Support

A number of infrastructural issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. The open plan layout of the multi-occupancy rooms and lack of showering and toilet facilities need to be addressed. Inspectors acknowledge that the reduction in the number of beds in the multi-occupancy rooms resulted in better physical distancing between beds. Despite the infrastructural issues, the general environment in the unit inspected was clean.

While some items of patient equipment were clean, inspectors found that there was scope for improvement.

Safe care and support

The assistant director of nursing was the designated lead for COVID-19 preparedness and response within the centre. The centre reported that they had preparedness plans and contingency plans in place. While the centre did not have any recent outbreaks, a number of measures had been implemented to aid in the prevention and early detection of COVID-19 within the service.

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

## 4.0 References

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