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 Peamount Healthcare: Rehabilitation Services.

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

Dates of inspection: 26 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.*

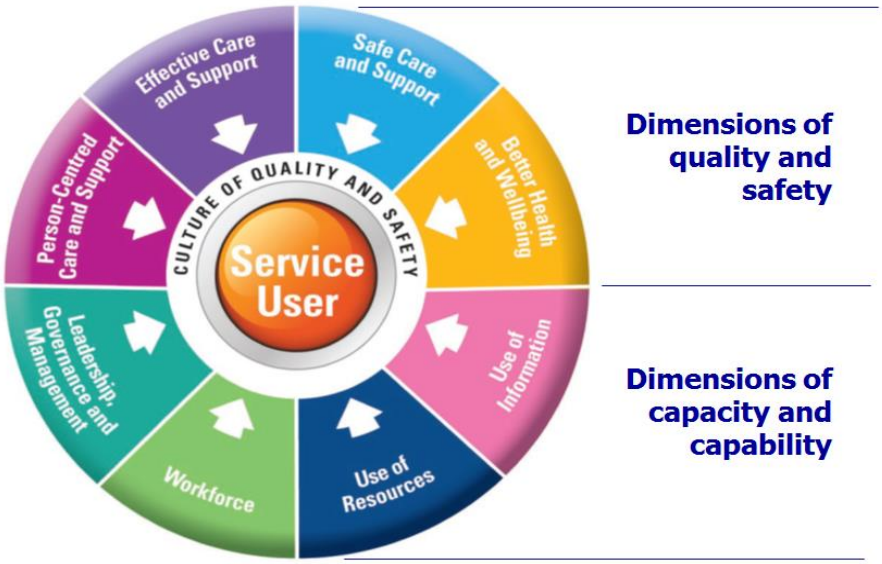
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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



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

Peamount Healthcare is an independent voluntary organisation that operated in partnership with the Health Service Executive (HSE) to provide a range of health and social care services for the Community Health Organisation (CHO) 7[†] and the Dublin Midlands Hospitals Group - predominantly Tallaght University Hospital, Naas General Hospital and primary care in the region.

Peamount Healthcare provides specialist rehabilitation and residential services to adults.

The specialist rehabilitation service comprises 85 inpatient rehabilitation beds split between four units. Referrals are received from the acute hospitals in the region and community. The consultant led interdisciplinary post-acute rehabilitation includes:

- age-related rehabilitation
- respiratory rehabilitation
- neurological rehabilitation.

1.2 Information about this inspection

This report was completed following an announced inspection of the specialist rehabilitation services carried out by Authorised Persons, HIQA; Kathryn Hanly and Kay Sugrue on 26 August 2020 between 09:20 hrs. and 14:30 hrs.

Inspectors spoke with hospital managers, members of the specialist team, 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 3 (Age Related Rehabilitation Services)
- Respiratory Unit (Respiratory Rehabilitation)

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

[†] Community Health Organisation 7 area consists of South Dublin, Kildare and West Wicklow.

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: **Compliant**

Corporate and clinical governance

Peamount Healthcare was a voluntary organisation governed by a Board of Directors with a Chief Executive Officer (CEO) appointed by the Board to manage hospital services.

Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the CEO.[1] Operationally the infection prevention and control service at the hospital was overseen by the infection prevention and control nurse manager in Peamount Healthcare and the consultant microbiologist based in Tallaght University Hospital.

A Medical Lead provided overall clinical leadership for clinical services within the hospital. Consultant geriatricians and consultants in respiratory medicine and rehabilitation medicine who had shared appointments between Tallaght Hospital and Peamount Healthcare had clinical responsibility for all patients admitted to the inpatient rehabilitation services.

Microbiology advice was available from Tallaght University Hospital 24 hours a day, seven days a week.

Medical cover was provided by registrars and senior house officers on site. Outside of normal working hours, cover was rotated between the medical registrars from the geriatric and respiratory medicine teams.

Patient care and treatment were delivered by consultant-led interdisciplinary (medical, nursing, health and social care) teams. Ward rounds were held by consultants and the interdisciplinary team members on a weekly basis.

Governance arrangements and organisational structures were outlined in an organogram provided to HIQA showing lines of communication for infection prevention and control at the hospital (Appendix 1).

Committee structures

Hospital management had established several hospital committees through which to govern services and address quality and safety issues.

The Quality and Safety Committee reviewed quarterly reports from a range of hospital committees including the Infection Prevention and Control Committee. The Quality and Safety Committee was chaired by a member of the Hospital Board and reported directly to the Executive Committee, who in turn reported to the Board of Directors.

The minutes of the August 2020 Quality and Safety Committee meeting indicated that quality and safety metrics, policy and procedure development, risk management, mandatory training and infection prevention and control were considered.

The Infection Prevention and Control Committee was chaired by the Director of Nursing. Inspectors were informed that quarterly Infection Prevention and Control Committee meetings had been temporarily replaced by a COVID-19 steering group meetings at the onset of the COVID-19 pandemic. This group was tasked with overseeing the management of COVID-19 outbreaks and for making recommendations for the prevention of future outbreaks. Outbreak management will be further discussed in section 2.2 of this report.

Coordination of care within and between services

Hospital management informed inspectors that the majority of patients were transferred from Tallaght University Hospital following an episode of care for an acute illness. The nursing and support staff were provided by Peamount while consultants had shared appointments between Tallaght Hospital and Peamount Healthcare, creating a cohesive link between a patient's care in Tallaght and Peamount. Nursing and medical staff had electronic access to laboratory and radiology reports from Tallaght Hospital.

Monitoring, Audit and Quality assurance arrangements

The infection prevention and control surveillance programme in rehabilitation services included targeted surveillance of:

- 'alert' organism[‡] and 'alert' conditions
- multidrug-resistant organisms including Carbapenemase Producing *Enterobacteriales* (CPE)[§] and meticillin-resistant *Staphylococcus aureus* (MRSA)

Incident reporting

Hospital management informed inspectors that it was hospital policy to report incidents of healthcare-associated infection on the hospital incident management system.[**] Incidents of healthcare associated infection reported were tracked and trended. Local team leaders and local management reviewed monthly trending analysis and discussed learning at team meetings.

Environmental and equipment hygiene

Environmental hygiene standards were monitored at the hospital. Unannounced hygiene audits were performed by the infection prevention and control nurse manager and the household services manager. Action plans were developed and agreed with clinical nurse managers and issues raised were escalated to the Quality and Safety Committee. Results of these audits were tracked and trended and this information was used to identify and address any deficiencies.

In addition, local managers monitored hygiene standards in clinical areas on a monthly basis. Findings in this regard will be discussed in section 2.2 of this report.

Hand hygiene

Hand hygiene audits were carried out by the infection prevention and control nurse manager. An audit of hand hygiene compliance undertaken in February 2020 achieved 90% compliance. However variation in performance among disciplines was noted.

[‡] Alert organisms are micro-organisms that pose a significant risk of transmission to non-infected patients or staff, resulting in colonisation or healthcare-associated infection, or that pose a significant risk of transmission to non-infected people in the wider population or community.
[§] Carbapenemase-Producing *Enterobacteriales* (CPE), are Gram-negative bacteria that have acquired resistance to nearly all of the antibiotics that would have historically worked against them. They are therefore much more difficult to treat.
[**] 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

Antimicrobial stewardship

Antimicrobial stewardship was standing agenda item at infection prevention and control committee meetings. Training in relation to antimicrobial stewardship was provided by the pharmacist to non-consultant hospital doctors at induction.

Online access to Tallaght University Hospital's antimicrobial prescribing guidelines was available to prescribers on each unit. The hospital operated a policy of restricted access to certain antimicrobials which should not be prescribed without prior consultation with a consultant microbiologist in Tallaght University Hospital.[2]

The consultant microbiologist and pharmacist commenced regular antimicrobial stewardship rounds with the medical team in the Respiratory Unit in 2019 (these had been suspended in light of the ongoing COVID-19 pandemic). Pharmacy reviewed all antimicrobial usage on a monthly basis with a view to identifying unusual trends.

Patient assessment

Good communication and information sharing underpins safe and effective transfers of care. Inspectors were informed that a COVID-19 risk assessment was performed on all patients being transferred to rehabilitation services from acute hospitals prior to admission. The rehabilitation service application form had been revised and included a comprehensive infection control assessment. However the infection control assessment included in the neuro-rehabilitation form was less comprehensive and did not include COVID-19 screening results.

Admissions were managed in line with HSE/ HPSC COVID-19 guidelines.[3]

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: Compliant

The hospital had systems in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections.

Risk registers

Risks identified in clinical areas were addressed at clinical area level or were documented and escalated to directorate level or higher as required. Inspectors were informed by management that high risks were escalated in line with HSE risk management processes.[4]

Infection prevention and control risks on the corporate risk register included for example:

- the risk of outbreak of influenza or influenza like illness
- antimicrobial stewardship
- the environment and infrastructure of older parts of the hospital
- the risk of a Carbapenemase Producing *Enterobacteriales* (CPE) outbreak.

The infection prevention and control risks included on the corporate risk register were comprehensive and included controls, additional controls, a risk rating and had been recently reviewed by the Executive Management Team. The corporate risk register was regularly reviewed and updated in consultation with the Executive Management Team.

A COVID-19 specific corporate risk register had also been developed to enable identification of all risks and to put in place mitigating measures to address these.

Infection prevention and control policies

The hospital had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and outbreak management. A suite of COVID-19 specific infection control policies and also been developed. Infection prevention and control policies, procedures and guidelines were made available to staff in hard copy and in electronic format on the hospital intranet.

Influenza vaccination

It was reported that uptake rates for influenza vaccine amongst staff failed to reach the national uptake target of 60% in the last influenza season.[5]

Achieving a high uptake of influenza vaccination among healthcare workers is recognised as a vital infection control measure to reduce the risk of dual outbreaks of influenza and Covid-19. Improved uptake of flu vaccination may also ease pressure on Covid-19 testing, due to similarity of the symptoms of both infections.

Management informed inspectors that local peer vaccinators had been trained to administer flu vaccinations to staff. Influenza information sessions had also been planned. The hospital should continue with measures to promote healthcare worker uptake of seasonal influenza vaccine.

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

The infection prevention and control team consisted of 0.1 whole time equivalent (WTE) [††] consultant microbiologist based in Tallaght University Hospital and one WTE infection prevention and control nurse manager. The infection prevention and control team were responsible for monitoring and advising on the implementation of the annual infection prevention and control programme. The infection prevention and control team produced an annual report and plan.

It was reported that management of COVID-19 coupled with the additional bed capacity within the new building had severely restricted the implementation of the wider infection prevention and control programme throughout 2020. Inspectors were informed that a business case for an additional 0.5WTE infection prevention and control nurse had been submitted to the HSE.

A link-nurse program supported infection prevention and control practices within the rehabilitation services inpatient units.

Infection prevention and control education

The infection prevention and control nurse manager provided a range of both formal and informal ongoing educational sessions to staff on infection prevention and control procedures and practices. A mandatory training tracker was overseen by the human resources department.

Hand hygiene is a core infection prevention and control strategy with a high impact for the prevention of healthcare-associated infections and for limiting the spread of antimicrobial resistance. Hand hygiene training was mandatory for staff at induction and annually thereafter. Thirteen staff across the campus had been trained to deliver hand hygiene training to colleagues within their service. At the time of this inspection it was reported to inspectors that 100% of staff working within rehabilitation services were up-to-date with mandatory hand hygiene training.

Basic principles of infection control training was also mandatory for all staff every two years. This comprised standard and transmission based precautions and was

[††] 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.

delivered by the infection prevention and control nurse manager. At the time of this inspection it was reported to inspectors that 100% of staff working within rehabilitation services were up-to-date with mandatory basic principles of infection prevention and control training.

Additional training in standard and transmission based precautions including the appropriate use of personal protective equipment (PPE) had been provided to clinical staff since the onset of the COVID-19 pandemic. All staff working in clinical areas were also required to also complete the HSELand online training programme on donning and doffing of PPE. Inspectors were informed that staff had completed HSElanD[6] online "*Introduction to Infection Prevention and Control" and "Breaking the Chain of Infection"* modules.

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

Environment and infrastructure

Inspectors visited Unit 3 and the Respiratory Unit. Overall the general environment in both areas inspected was clean with few exceptions.

Unit 3 comprised 19 single ensuite patient rooms and three two-bedded rooms located within the newly built 100 bedded Aberdeen Centre. The unit had been built to a modern specification with surfaces, finishes and furnishings that readily facilitated effective cleaning. In addition the unit had appropriate ancillary facilities for the storage and management of supplies and equipment.

In contrast, a number of infrastructural and maintenance issues which had the potential to impact on infection prevention and control measures were identified in the older Respiratory Unit during the course of the inspection. For example,

- Several of the surfaces and finishes including wall paintwork, wood finishes and flooring were worn and poorly maintained and as such did not facilitate effective cleaning.
- Multiple-bedded rooms did not have "*en-suite*" shower and toilet facilities.
- The cleaning equipment room did not have a janitor's disposal unit or hand hygiene sink.
- Current facilities for managing patients with actual or suspected tuberculosis (TB) within the respiratory unit were not adequate due to the absence of ventilated isolation rooms[‡‡].
- The design of clinical hand wash sinks in the unit did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[7]

It was reported that maintenance and infrastructural issues impacted on the overall compliance rate in environmental hygiene audits undertaken within the Respiratory Unit.

There was good local ownership in relation to infection prevention and control in the both units despite the challenging circumstances posed by the unit infrastructure in Respiratory Unit. Hospital management were working to mitigate risks in respect of hospital infrastructure through gradual upgrading and ongoing refurbishment plans of existing facilities.

Patient placement

Transmission-based precautions were applied in both areas inspected to patients suspected or confirmed to be infected with agents transmitted by the contact, droplet or airborne routes. The expertise of the infection prevention and control team was sought regarding isolation prioritisation whenever suitable rooms were not readily available.

Protective personal equipment was readily available outside isolation rooms and appropriate signage was visible on the doors of isolation rooms. In addition, inspectors observed posters on walls throughout the facility to raise awareness of COVID-19.

Discussion with patients

Patients were very positive in their feedback to inspectors and expressed satisfaction about the standard of environmental hygiene and the care provided within the units inspected.

[‡‡] Containment of certain bacteria and viruses that are spread by the airborne route such as tuberculosis, measles and chickenpox requires single patient rooms that are specifically designed to minimise airborne transmission. The requirement in this setting is that the system prevents the flow of air from the room to the hallway.

Hospital management had sought input and feedback from patients and staff during the recent outbreak of COVID-19. Feedback was used to inform continuous improvements within the service.

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 both units inspected appeared clean and well maintained with few exceptions. Inspectors viewed daily and weekly equipment cleaning checklists and schedules and noted they were consistently completed and were monitored by Clinical Nurse Managers on an ongoing basis.

Storage of unused clinical equipment was optimised in the Respiratory Unit and as a result areas were generally well ordered, organised and free from clutter.

It was observed at the time of the inspection that a green tagging system was in use on the Rehabilitation Unit. The labels alerted staff to when the equipment was last cleaned. However discussions with staff indicated inconsistent application of the green tagging system. This should be reviewed.

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

The Hospital Outbreak Management Guidelines defined the arrangements to be instigated in the event of an outbreak of hospital infection.

COVID-19 Outbreak Preparedness

The CEO was the designated lead for COVID-19 preparedness and response within the hospital. A COVID-19 steering group was established early in the pandemic to oversee plans to minimise the impact of COVID-19 on services and ensure the safety and wellbeing of patients and staff. Initially this group held daily teleconferences to review progress on outbreak investigation and control. A review of minutes of these meetings confirmed that meetings were well attended with a structured agenda and schedule.

Individualised COVID-19 outbreak management plans were developed for each of the rehabilitation services. These incorporated national guidelines and outlined the preparedness, response and capacity phases in managing a COVID-19 outbreak. Plans were in place for the management of patients who developed symptoms during their admission to the rehabilitation services. Contingency plans were also in place in the event of a shortfall in staffing levels.

Pre - outbreak controls measures included:

- visiting restrictions
- creating zones across the campus for the purpose of limiting unnecessary movement and crossover of staff and patients within the campus
- physical distancing measures
- daily monitoring of staff and patients for symptoms compatible with COVID-19
- provision of COVID-19 folders to unit managers with templates for recording COVID-19 updates at staff handover, staff temperature recording sheets and Covid-19 information
- regular communications and updates to staff regarding COVID-19 preparedness plans for each service.

COVID-19 Management

Rehabilitation services experienced an outbreak of COVID -19 in April 2020.

The early detection of this outbreak ensured prompt action was taken to isolate infectious patients and commence containment measures to limit the spread of infection.

A local outbreak control team was convened to advise and oversee the management the COVID-19 outbreak and the local Public Health Department was informed. Public Health support was available from May 2020. Representatives from Public Health Outbreak Response Team, CHO7 and the hospital's outbreak control team attended the outbreak meetings. Updates from the meetings were communicated to all staff.

Multimodal infection prevention and control strategies were implemented to effectively manage and control the outbreak in a timely manner. These included but were not limited to:

- implementation of transmission based precautions for patients where required
- establishing a specialist isolation ward within the new building to accommodate patients with confirmed COVID-19 infection. Unit 4 within the Aberdeen Centre had 21 single ensuite rooms and two two-bedded rooms

that readily facilitated infection prevention and control practices and management of patients with transmissible infections

- increased cleaning and disinfection of all clinical areas
- closing the Age Related Rehabilitation Unit and the Respiratory Unit to admissions during the initial period of the outbreak.
- refurbishing the Age Related Rehabilitation Unit while it was closed
- reducing occupancy rates in multi-occupancy rooms within the Respiratory Unit and the Age Related Rehabilitation Unit on re-opening to account for infection control and social distancing
- regular updates were circulated to staff from the CEO and the infection prevention and control nurse manager
- a dedicated support helpline and email address was established to support staff with COVID-19 related information and advice.

One of the central public health measures identified in the response to Covid-19 is the use of testing and tracing to identify cases of infection. Testing all patients and staff members presenting with symptoms or concerns was ongoing at the time of this inspection.

Issues were identified in the early phase of the outbreak with the turnaround times for testing and contact tracing. In response testing capacity was increased by training a number of staff members to perform the sampling for COVID-19 testing. Analysis was provided by two laboratories in the region. These actions significantly reduced turnaround time of tests with results of both patient and staff tests generally being received within 24 hours. An onsite contact tracing team was redeployed to Peamount Healthcare by the HSE.

Occupational health support was provided by Tallaght University Hospital in an advisory capacity. However inspectors were informed that additional occupational health resources were required to support the management of outbreaks and to provide a responsive service to any emerging issues. A business case for occupational health staffing had been submitted to the HSE.

This outbreak was declared over by Public Health in June 2020. There were no patients with confirmed COVID-19 in the rehabilitation services on the day of the inspection.

Outbreak investigation is one of the key components of outbreak management that feeds into quality care and prevention of disease transmission. Inspectors were informed that the infection prevention and control team prepared outbreak reports at the conclusion of outbreaks. Reports were submitted to the Executive

Management Team for review. The report of the COVID-19 outbreak in the rehabilitation services was pending at the time of this inspection.

3.0 Conclusion

Overall this inspection identified that Rehabilitation Services in Peamount Healthcare were compliant with five of the six of the *National Standards for infection prevention and control in community services* assessed. A judgment of substantially complaint was made against one standard. Findings from the inspection were therefore very positive overall.

Leadership, Governance and Management

Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the hospital.

Regular performance updates in relation to infection prevention and control were reported through the established hospital governance structures.

Systems were in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections. A comprehensive risk management framework was in place to ensure that information-related risks were identified, managed and effectively controlled on an ongoing basis. Overall, senior management had good oversight of the infection prevention and control risks on the corporate risk register and the dedicated COVID-19 risk register.

The hospital had a number of effective assurance processes in place in relation to the standard of hospital hygiene. These included cleaning specifications and checklists, monthly housekeeping service newsletters, colour coding to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness.

Workforce

Staff had access to onsite specialist infection prevention and control advice and support. A link-nurse program supported infection prevention and control practices within the rehabilitation services.

Staff demonstrated awareness and understanding of their roles and responsibilities in working to prevent and control infection during discussions with inspectors.

Up-to-date infection prevention and control policies and procedures were in place and based on national guidelines. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training.

Effective Care and Support

Overall, the general environment and equipment in the areas inspected were clean and well maintained with some exceptions.

Unit 3 within the newly build hospital wing and was built to modern infection prevention and control specifications. However a number of maintenance and infrastructural issues were identified in the Respiratory Unit which had the potential to impact on infection prevention and control measures.

Safe Care and Support

The hospital had systems in place to manage and control infection outbreaks in a timely and effective manner. Management had effectively accelerated and streamlined the hospital's COVID-19 testing and tracing processes.

The hospital declared a COVID-19 outbreak within rehabilitation services in March 2020. Outbreak control teams were convened to oversee the management of the outbreak and public health departments were notified of all hospital outbreak.[8] Inspectors identified many examples of good practice in the management of COVID-19.

4.0 References

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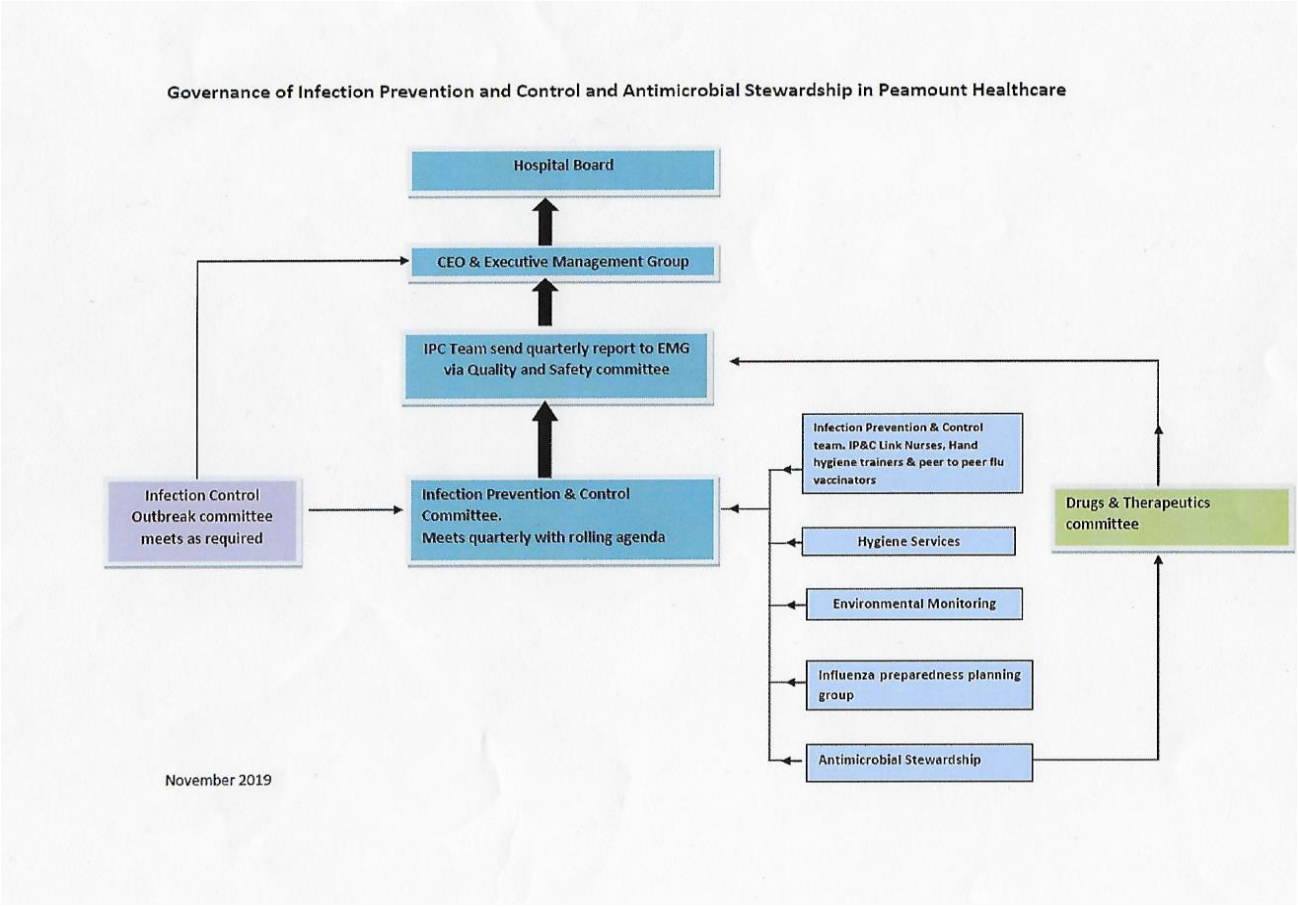
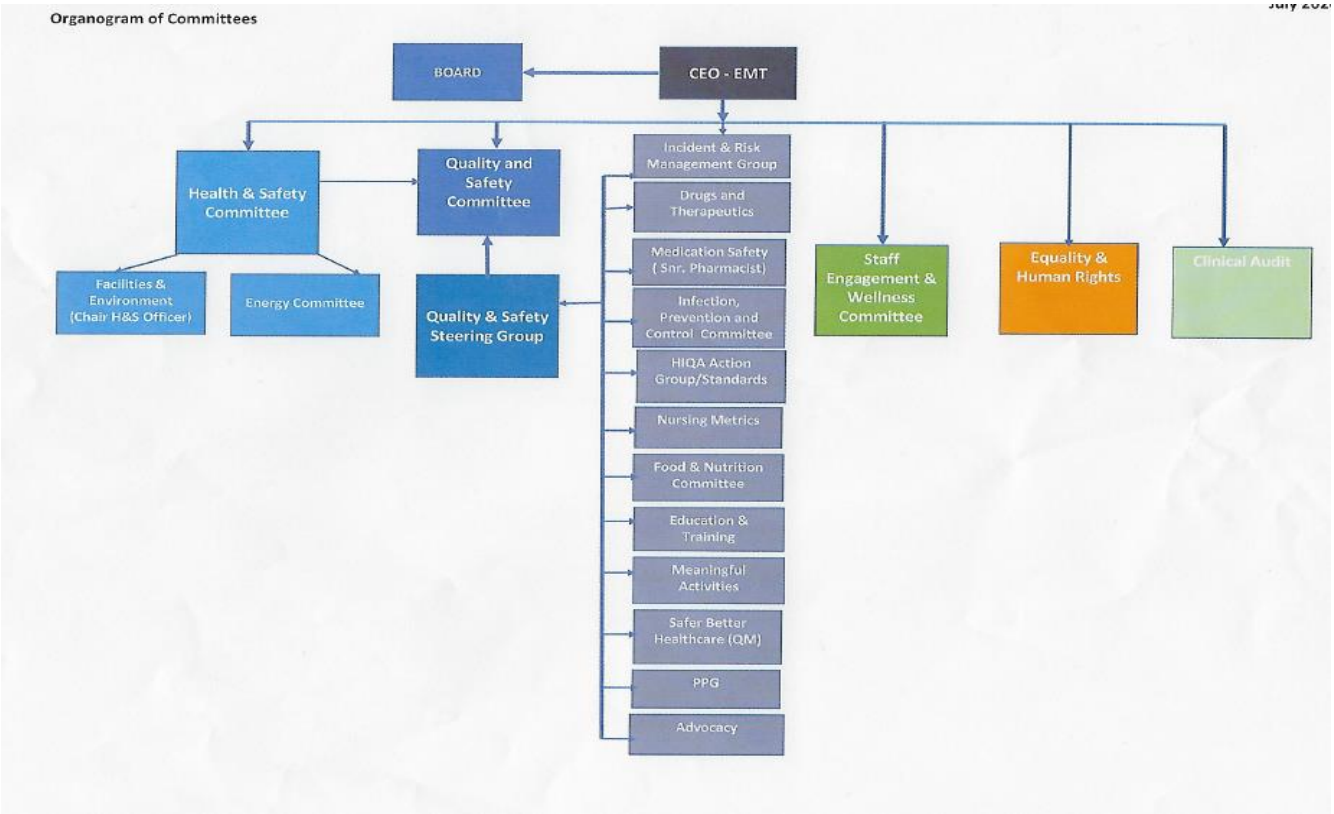
5.0 Appendix 1: Infection prevention and control organogram





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