



**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 the Rehabilitation and Stroke Unit, St. Camillus' Hospital, Limerick.

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

Dates of inspection: 3 September 2020.

About the Health Information and Quality Authority (HIQA)

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

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

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting services for older people and people with a disability, and children's special care units.
- **Regulating health services** — regulating medical exposure to ionizing radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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1.0 Information about this monitoring programme

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

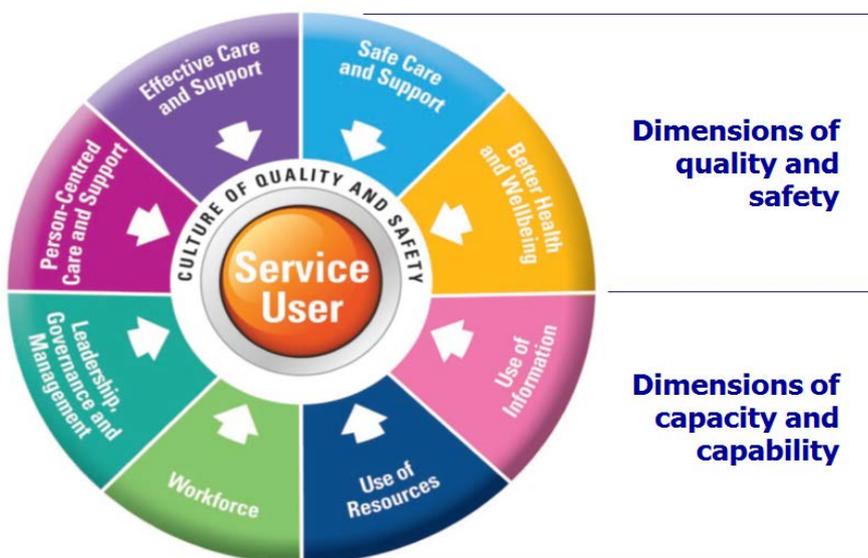
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

Inspection findings are grouped under the National Standards dimensions of:

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

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

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



¹National Standards for infection prevention and control in community services

Report structure

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

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

Capacity and Capability	
Theme	Standard
5: Leadership, Governance and Management	<p>Standard 5.1: The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.</p> <p>Standard 5.2: There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.</p>
6: Workforce	<p>Standard 6.1: Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.</p>

HIQA also assesses Rehabilitation and Community Inpatient Healthcare Services' provision under the dimensions of **quality and safety** through aspects of the themes:

Quality and Safety	
Theme	Standard
2: Effective Care & Support	<p>Standard 2.2: Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.</p> <p>Standard 2.3: Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.</p>
3: Safe Care and Support	<p>Standard 3.4: Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner</p>

Judgment Descriptors

The inspection team have used an assessment judgment framework to guide them in assessing and judging a service's compliance with the National Standards. The assessment judgment framework guides service providers in their preparation for inspection and support inspectors to gather evidence when monitoring or assessing a service and to make judgments on compliance.

Following a review of the evidence gathered during the inspection a judgment has been made on how the service performed. The following judgment descriptors have been used:

Compliant	Substantially compliant	Partially compliant	Non-compliant
A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standards.	A judgment of substantially compliant means that the service met most of the requirements of the National Standards but some action is required to be fully compliant.	A judgment of partially compliant means that the service met some of the requirements of the relevant National Standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for patients over time if not addressed.	A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to patients.

1.1 Hospital Profile

St. Camillus' Hospital is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of the HSE Mid-West Community Health Organisation (CHO) 3.[†] The Rehabilitation Unit is located within St. Camillus' Hospital. The unit accommodated 12 general rehabilitation beds and 6 acute stroke rehabilitation beds. Patients were provided with gymnasium and ward-based physiotherapy and occupational therapy. Patients were admitted to the Rehabilitation Unit following an episode of acute care in one of the hospitals in University Hospital Limerick Group or directly from the community. Consultant geriatricians from University Hospital Limerick referred patients to the Rehabilitation Unit.

1.2 Information about this inspection

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Siobhan Bourke and Kathryn Hanly on 03 September 2020 between 09.55hrs. and 14.20hrs. Inspectors informed the hospital manager of the inspection 48 hours prior to the onsite inspection.

Inspectors spoke with hospital managers, staff and patients. Inspectors also requested and reviewed documentation, data and observed practice within the Rehabilitation Unit.

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

[†] HSE Mid-West Community Health Organisation 3 area consists of Limerick, Clare and North Tipperary.

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

The Director of Nursing was responsible for the operational management of the hospital and reported directly to the General Manager for Older Persons Services in CHO 3. Inspectors were informed that the Director of Nursing had overall responsibility and authority for infection prevention and control and antimicrobial stewardship within the Rehabilitation Unit.

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

The hospital had a number of structures and committees in place both locally and at CHO 3 level to ensure the effective management of infection prevention and control. The nursing management team held a weekly meeting that was chaired by the Director of Nursing. Minutes reviewed by inspectors indicated that there were updates and discussions in relation to COVID-19 and infection prevention and control

at these meetings. The hospital had an infection prevention and control committee in place. Inspectors were informed that this committee did not meet between February 2020 and the date of inspection but there were plans to restart these meetings in September 2020. However weekly teleconferences were held to discuss planning for and management of COVID-19 within CHO 3 during these months. The CHO3 Senior Management Team, General Manager, infection prevention and control nurses, risk advisor and the nine Directors of Nursing from the CHO attended these teleconferences. It was evident to inspectors that the local hospital management team had the necessary support and advice from the CHO 3 management team during the ongoing COVID-19 pandemic.

Inspectors reviewed terms of reference for CHO 3's Older Persons Residential Services Quality and Safety Committee. This committee was chaired by the General Manager for Older Persons Residential Services and the Director of Nursing from St. Camillus' Hospital attended these meetings. Documentation reviewed indicated that infection prevention and control was a standing agenda item at these meetings.

CHO 3 had established a Regional Cleaning Committee in August 2020. This committee aimed to review and standardise hygiene policies and processes, audit practices and frequencies across the Community Healthcare Organisation.

Two consultant geriatricians from University of Limerick Hospitals Group were responsible for the medical care of patients admitted to the Rehabilitation Unit. These consultant geriatricians reported within the governance structures of University of Limerick Hospitals Group.

A full time medical registrar and medical senior house officer were designated to the Rehabilitation Unit to provide medical care as required for patients. Weekly multidisciplinary team meetings and ward rounds were led by a consultant geriatrician. There was a medical doctor onsite Monday to Friday from 9am to 5pm. Outside of working hours nursing staff could seek medical advice and review from the on call medical team at University Hospital Limerick.

Monitoring, Audit and Quality assurance arrangements

The hospital had a number of assurance processes in place in relation to the standard of hospital hygiene. An audit schedule was in place whereby environmental and patient equipment hygiene was monitored on the Rehabilitation Unit each month. Results of these audits were tracked and trended by management and quality improvement plans were developed following audits. In addition, the community infection prevention and control nurse performed validatory audits in relation to the environment and patient equipment hygiene and hand hygiene at the hospital. A recent environmental hygiene audit carried out by the community

infection prevention and control nurse demonstrated 60% compliance with desired standards. Findings in relation to the standards of hygiene in the clinical areas visited on this inspection will be presented in section 2.2 of this report.

Compliance with the appropriate use of surgical facemasks by staff for personal protection and source control was also monitored. A recent audit identified room for improvement with the correct use of these masks. These findings were communicated with clinical nurse managers at the weekly management meetings.

High levels of antimicrobial usage increases the number of patients who are colonised or infected with resistant organisms, both in healthcare facilities and in the community.² Antimicrobial usage and compliance with antimicrobial guidelines was monitored and tracked and trended each month in the Rehabilitation Unit. This is good practice.

Coordination of care within and between services

It was reported that while the majority of patients were admitted from acute hospitals within the University of Limerick Hospitals Group, patients could also be admitted directly from the community. Inspectors were informed that two consultant geriatricians from University Hospital Limerick assessed patients to see if they met the criteria for admission. Admissions to the Rehabilitation Unit were managed in line with HSE/ HPSC COVID-19 guidelines.³

In consultation with the consultant geriatricians, public health specialists and infection prevention and control teams, a COVID-19 and non COVID-19 pathway was developed to guide patient placement on admission to the Rehabilitation Unit. Prior to admission to the Rehabilitation Unit, an infection prevention and control assessment was undertaken and documented on the HSE Mid-West community interfacility infection prevention and control transfer form. This was an example of good practice. Inspectors were informed that normal occupancy levels had been maintained during the COVID-19 pandemic to ensure patients were provided with rehabilitation care.

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

Inspectors found that there were systems and processes in place to identify and manage risks relating to infection prevention and control at the hospital. Inspectors reviewed the hospital's risk register. Nursing management had undertaken local risk assessments in relation to infection prevention and control of COVID-19 in the Rehabilitation Unit.

The hospital's risk register was managed by the Director of Nursing. Inspectors also viewed the hospital risk register and noted that where risks were identified, existing controls to manage risks were in place and a person assigned to address the risk. Inspectors were informed that the hospital's risk register was also reviewed at the Quality and Patient Safety meetings that was chaired by the General Manager for Older Persons Residential Services

A number of risks relevant to infection prevention and control were escalated to the through the management structures of CHO3. These related to the risk of cross infection due to the infrastructure and layout of the multi-occupancy rooms in the Rehabilitation Unit. The risk of cross infection due to the lack of ensuite toilets in the isolation rooms was also escalated for management. Inspectors were informed that while there was a plan for the construction of a new build for the designated centre on the site of St. Camillus' Hospital, there were no plans to address these infrastructural deficits in the Rehabilitation Unit. These risks are of particular concern in the context of an ongoing pandemic. It will be important following this inspection that the hospital is supported by CHO 3 with necessary investment to address these issues. Risks in relation to the lack of cleaning resources was also escalated to CHO3. This will be discussed further in section 2.2 of this report.

Hospital management informed inspectors that it was hospital policy to report incidents of healthcare-associated infection on the National Incident Management System (NIMs).[‡] Reported incidents were monitored by the nursing management team and tracked and trended. The Director of Nursing also discussed and reviewed reported incidents with the General Manager for Older Persons Residential Services. Inspectors also viewed written learning notices which were circulated to staff across CHO 3 to share learning from review of clinical incidents across CHO3. This is good

[‡] 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.

practice. Staff communicated information about patient safety issues including infection prevention and control at a daily 'safety pause' at morning handover where all members of the multidisciplinary team were in attendance. ⁴

Management informed inspectors that peer vaccinators delivered flu vaccinations to staff. However it was reported that uptake rates for influenza vaccine amongst staff did not reach the national uptake target of 65% in 2019/2020 influenza season.⁵ Inspectors were informed that increasing uptake of the seasonal influenza vaccine was a key priority across CHO3 to meet the 2020/ 2021 target of 75%.

Policies, procedures and guidelines

The hospital had an up-to-date suite of infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions and transmission-based precautions. Medical staff could access antimicrobial guidelines electronically in the Rehabilitation Unit.

At the time of inspection the hospital was in the process of implementing a new cleaning policy for the hospital including the Rehabilitation Unit. This policy provided guidance on cleaning techniques and best practice advice on defining responsibilities and scheduling work in environmental hygiene.

The hospital adopted national guidelines on infection prevention and control measures for the management of possible and confirmed cases of COVID-19 infection.³ In addition, inspectors viewed a COVID-19 resource folder that was available for staff with up-to-date national guidelines and a copy of the hospital's 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.

Findings: Cleaning staff resourcing, supervision and training required improvement to meet the infection prevention and control needs of the unit.

Judgment Standard 6.1: Partially Compliant

Access to specialist staff with expertise in infection prevention and control

One of three community infection prevention and control nurses from CHO 3 advised on all aspects of infection prevention and control and provided education and assistance as required to staff at the hospital. Inspectors were informed that this nurse was onsite regularly and provided good support to the hospital. The

Rehabilitation Unit also had a link nurse for infection prevention and control to support good practice in relation to infection prevention and control. The link nurse also provided onsite training on hand hygiene and correct usage of personal protective equipment.

Discussions with staff working in the service confirmed that they had a clear understanding of their roles and responsibilities in working to prevent and control infection.

Inspectors were informed that the Rehabilitation Unit had good access to experts in public health medicine as needed. An antimicrobial pharmacist had recently been appointed to CHO 3 which was a welcome development at the hospital. Inspectors were informed that this position was anticipated to attend the hospital on September 16.

The hospital's COVID-19 preparedness plan identified the minimum staffing needs, contingency plans for staffing shortages, and a communication plan for escalation of concerns regarding staffing levels.

Cleaning staff resources

There was one multi-task attendant on duty each day assigned to cleaning with a second multitask attendant on duty for deep cleaning two to three days of the week. Hospital management and staff informed inspectors that this was not sufficient to meet the needs of the Rehabilitation Unit. This was also reflected in the cleaning records viewed for August and July 2020. Inspectors noted that cleaning records were not consistently completed especially at weekends.

Hospital management had identified and escalated concerns regarding the oversight and inadequate resourcing of cleaning personnel at the hospital. Recruitment to increase the number of staff available for cleaning duties was ongoing at the time of the inspection. In addition hospital management submitted a business plan to seek approval for the appointment of a domestic supervisor across the hospital. Inspectors were informed that this position was awaiting approval at CHO 3 level. This needs to be progressed.

Infection Prevention and Control Education

HIQA found that it was mandatory for staff to complete HSElanD⁶ online hand hygiene training programme and breaking the chain of infection training programme every two years. The community infection prevention and control nurse and link nurse provided all disciplines of staff with onsite training on hand hygiene, donning and doffing protective personal equipment. As part of the hospital's preparedness plan provision of training on hand hygiene and donning and doffing of personal protective equipment had been enhanced in the months prior to inspection. Staff

who spoke with inspectors confirmed this. It was reported and documents reviewed indicated that 100% of staff had completed the hand hygiene training programme while 90% had completed the breaking the chain of infection training programme on the day of inspection.

Nursing staff in the Rehabilitation Unit administered intravenous[§] medicines as prescribed and had undergone training to support this in the Centre of Nursing and Midwifery Education in University Hospital Limerick. Inspectors were informed that nursing staff were not provided with antimicrobial stewardship education as part of this training. Infection prevention and control education and training provided should be reviewed to ensure the education programme covers infection prevention and control work practices relevant to staff roles and services provided.

Inspectors found that not all cleaning staff had been provided with a formal training programme on environmental and equipment cleaning. This needs to be addressed following this inspection.

[§] Intravenous is a way of administering medicines directly into the vein via an injection or infusion

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 and layout of the multi-occupancy rooms had the potential to impact on infection prevention and control measures.
- The isolation rooms had no ensuite toilets or showers.
- The two bedded rooms did not enable physical distancing between beds.
- The clean utility room had high levels of dust.
- Hand hygiene signage required improvement.

Judgment Standard 2.2: Partially compliant

Environment and infrastructure

Overall the general environment in the rehabilitation unit was clean with some exceptions. Sterile supplies storage unit in the clean utility had unacceptable levels of dust and required a deep clean. This was brought to the attention of management on the day of inspection. There was exposed pipework and worn skirting boards in the dirty utility room that hindered effective cleaning.

Inspectors were informed that the unit had undergone some refurbishment in the 12 months prior to inspection where some of the flooring was replaced and the unit was painted. A number of the wall surfaces over sinks and in the clean utility room had been replaced with a surface that enabled effective cleaning.

However, the infrastructure in the unit was dated and a number of infrastructural issues which had the potential to impact on infection prevention and control were identified during the inspection. For example:

- The rehabilitation unit had four single rooms where patients who required transmission based precautions could be isolated. However none of these rooms had ensuite toilets or showers.
- The remaining beds were in two bedded rooms and four bedded open plan multi-occupancy rooms. In two of the two bedded rooms, there was not enough space to enable physical distancing between the ends of each of these beds. Inspectors observed that only one patient was accommodated in each of these rooms on the day of inspection.
- The cleaning equipment room did not have a janitor's disposal unit and was also used for the storage of clean supplies. This may result in contamination of clean supplies.
- There was inadequate storage for patient equipment such as commodes which were observed to be stored in patients' showers and toilets.

Hand hygiene facilities

Inspectors observed that hand hygiene facilities were in line with Health Building Note 00-10 Part C: Sanitary assemblies.⁷ Wall mounted alcohol hand rub was readily available throughout the hospital and was available at each patient's bed. However there was a lack of signage to guide staff and visitors on its use. Inspectors observed that wall-mounted alcohol hand rub was available at each of the hand hygiene sinks alongside hand soap. This needs to be reviewed.

Patient Placement

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. Inspectors observed that transmission-based precautions were applied to patients suspected to be infected with agents transmitted by the contact route in the Rehabilitation Unit. Protective personal equipment was readily available outside isolation rooms and appropriate signage was visible on the doors of isolation rooms.

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 and care provided within the Rehabilitation Unit.

Cleaning resources

The hospital employed multi-task attendants who performed both catering and cleaning duties in the Rehabilitation Unit. At the time of inspection, the hospital was working towards separation of cleaning and catering duties for these staff. This

needs to be progressed as there is a risk that dual responsibilities may dilute the effectiveness of both roles and may increase the risk of transmission of infection. Inspectors were informed that there were sufficient cleaning supplies to meet the needs of the unit.

Waste management

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

Linen Management

Segregation of infected linen was managed in line with national guidelines and clean linen was stored appropriately.

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

Findings

Some patient equipment such as blood glucose monitoring equipment was not clean

Judgment Standard 2.3: Substantially compliant

Equipment hygiene

Inspectors found that there was room for improvement in the management of patient equipment. There was no area for storage of cleaned patient equipment resulting in it being stored in the clean utility room. This needs to be reviewed.

Overall, patient equipment inspected was clean with some exceptions. Two blood glucose monitors in the unit had red stains. Blood glucose monitors should be cleaned after each use. Inspectors noted brown staining on the underside of two raised toilet seats. These were brought to the attention of management for immediate cleaning on the day of inspection. Patient monitoring equipment that was shared between patients was cleaned between use.

Audits on patient equipment audits were conducted in the Rehabilitation Unit and equipment cleaning checklists and schedules were completed and monitored by the Clinical Nurse Manager on an ongoing basis.

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

There were no patients confirmed or suspected to have COVID-19 in the Rehabilitation Unit on the day of the inspection.

The Director of Nursing was the designated lead for COVID-19 preparedness and response within the hospital. COVID-19 preparedness plans were in place and included planning for cohorting of patients (COVID-19 separate from non-COVID-19), enhanced infection prevention and control, resource and consumables management, visiting restrictions, staff and workflow management (including staff training), establishing surge capacity and promoting patient and family communication.

Patients were monitored for symptoms compatible with COVID-19 on a daily basis. Information about atypical presentation of COVID-19 infection had been highlighted. Staff temperatures were also recorded twice daily at the hospital.

Routine biweekly sampling of all staff for detection of COVID-19 in the Rehabilitation Unit was ongoing at the time of inspection. A number of registered nurses within the unit had been trained to perform the sampling for COVID-19. Inspectors were informed that tests were processed in University Hospital Limerick and had an average turnaround time of 24 hours. Medical and nursing staff had access to laboratory reports from University of Limerick Hospitals Group on ward based computers. Inspectors were informed that SARS-CoV-2 had not been detected in any samples to date.

The hospital had put measures in place to eliminate crossover of staff between the designated centre for older people and the Rehabilitation Unit. Due to the likelihood of SARS-CoV-2 transmission by persons with few or no symptoms, the hospital had measures in place to ensure physical distancing was applied by staff, visitors and patients.

A risk assessment of admissions to the rehabilitation unit had been undertaken and measures to manage the risk of COVID-19 transmission from patients admitted from the acute settings. 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.³

COVID-19 signage on preventing the spread of infection was prominently displayed throughout the unit. Inspectors also observed posters displaying the correct use of masks 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.

Occupational health supports including psycho-social supports were available to staff.

Outbreak management

Hospital management reported that systems were in place to manage and control infection outbreaks in a timely and effective manner. All outbreaks in the hospital were reported to the regional Medical Officer of Health (MOH) at the Department of Public Health.

Inspectors were informed that there had been one outbreak of infection within the rehabilitation unit in the past year. A review of documentation showed that the appropriate infection control measures had been implemented and the outbreak was contained. There was no evidence of cross infection to patients within the Rehabilitation Unit.

3.0 Conclusion

Overall, this inspection identified that the Rehabilitation Unit at St. Camillus' Hospital was compliant with three, substantially compliant with one and partially compliant with two of the six of the *National Standards for infection prevention and control in community services* assessed.

Leadership, Governance and Management

Effective leadership, governance and management arrangements were evident around the prevention and control of healthcare-associated infection at the hospital. Inspectors found that there were lines of accountability, responsibility and authority for infection prevention and control within the service.

The Director of Nursing reported positive and supportive engagement from and within CHO3. Infection prevention and control was a standing agenda item on both older persons residential services management team meetings and clinical nurse manager meetings. Regular performance updates in relation to infection prevention and control were consistently reported through the established hospital governance structures. The hospital had systems in place to identify and manage risks in relation to the prevention and control of healthcare-associated infection. Infection prevention and control was discussed at daily safety pauses within the unit.

Workforce

Established communication pathways were in place including access to external expertise in infection prevention and control. The Rehabilitation Unit had good access to training and advice from community-based infection prevention and control specialist nurses. The roles and responsibilities of staff were clearly defined in COVID-19 preparedness plans and the service supervised, monitored and reviewed the provision of care to ensure all members of the workforce understand their responsibilities.

Hospital management had recognised that the resourcing, supervision and training of cleaning personnel in the Rehabilitation Unit required improvement. Inspectors were informed that recruitment of additional cleaning personal was ongoing at the time of the inspection. The hospital was awaiting approval from CHO 3 to appoint a domestic supervisor to address this deficit. This needs to be progressed.

Effective Care and 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. Inspectors were informed that there were no plans to address these infrastructural deficits in the Rehabilitation Unit. These risks are of particular concern in the context

of an ongoing pandemic. It will be important following this inspection that the hospital is supported by CHO 3 with necessary investment to address these issues.

Overall, the general environment and the majority of patient equipment inspected were clean and well maintained with some exceptions. These were brought to the attention of management to be addressed on the day of inspection.

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

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. COVID-19 preparedness plans in the Rehabilitation Unit were based on contingency planning, early recognition, isolation, care and prevention of onward spread.

Following this inspection the hospital needs to address the remaining areas for improvement identified in this report to effectively address issues highlighted in order to facilitate continued 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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