



**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 Unit, St. Ita's Community Hospital, Newcastlewest, Co. Limerick

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

Date of inspection: 10 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, Equality, Disability, Integration and Youth, 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 residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising 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

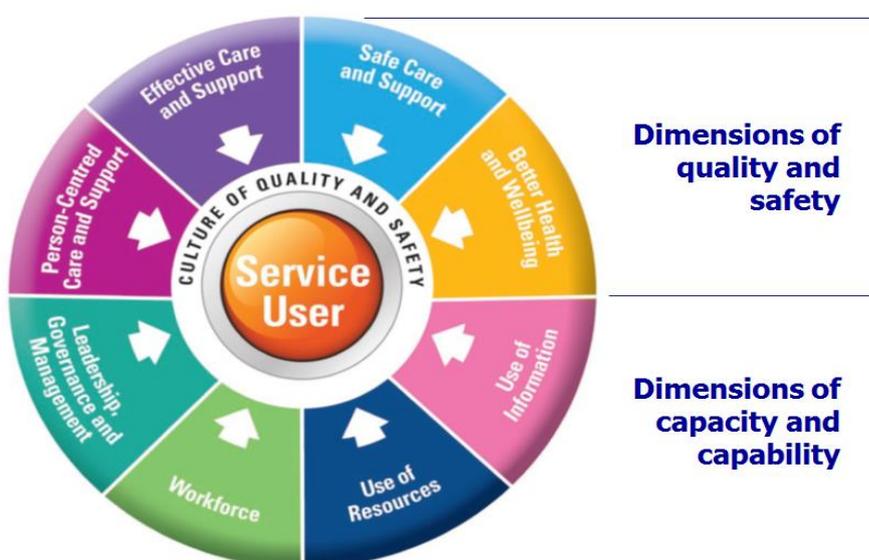
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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

The Rehabilitation Unit is located within St. Ita's Community Hospital, Newcastlewest. St. Ita's Community Hospital is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 3.[†]

The Rehabilitation Unit had 18 rehabilitation beds with a physiotherapy gymnasium and occupational therapy room. The majority of patients were admitted to the unit for rehabilitation care following admission to University Hospital Limerick for an acute illness. Patients could also be admitted to the unit from the community. All patients admitted to the Rehabilitation Unit were under the medical care of a consultant geriatrician from University Hospital Limerick.

1.2 Information about this inspection

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Siobhan Bourke and Bairbre Moynihan on 10 September 2020 between 09.40hrs. and 14.40hrs. The hospital manager was notified by HIQA 48 hours before the inspection.

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

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

[†] Community Health Organisation 3 consists of counties Limerick, Clare and Tipperary North Riding

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 to the General Manager for Older Persons Residential Services who in turn reported within the CHO governance structures to the Head of Social Care of CHO 3. Inspectors were informed that the Director of Nursing had overall responsibility and authority for infection prevention and control measures within the Rehabilitation Unit.

The Rehabilitation Unit had a number of committees and structures in place both at hospital level and within CHO 3 to ensure effective infection prevention and control measures were in place. The Director of Nursing chaired a monthly infection prevention control committee at the hospital. Minutes from these meetings reviewed by inspectors noted that an infection prevention and control nurse from CHO3 attended these meetings.

In response to the COVID-19 pandemic, the hospital had established an Emergency Management Team. The purpose of this team was to provide strategic direction and leadership to ensure patients in the rehabilitation unit and residents in the hospital were provided with safe and effective care during the pandemic. The team held weekly meetings to agree and develop a COVID-19 preparedness plan and to ensure this plan was communicated to all staff.

At CHO3 level, the Director of Nursing was a member of the Older Persons Residential Services Management meeting. This group was chaired by CHO 3 managers and minutes reviewed by inspectors indicated that infection prevention and control was a standing item on the agenda for these meetings. During the COVID-19 pandemic, the CHO 3 social care management team held teleconferences with the Directors of Nursing from the nine community hospital and community nursing units each week. Infection prevention and control nurses from CHO 3 were also in attendance at these meetings. Inspectors reviewed minutes from these meetings which indicated that service planning and updates in relation to COVID-19 were discussed and actioned 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.

It was evident to inspectors that the local hospital management team was supported with preparation and ongoing management of the COVID-19 pandemic at the time of the inspection.

Medical care at the hospital was led by a consultant geriatrician from University Hospital Limerick who was responsible for the medical care provided to patients admitted to the Rehabilitation Unit. Inspectors were informed that medical staff were onsite in the Rehabilitation Unit three days a week. 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 effective assurance processes in place in relation to infection prevention and control in the Rehabilitation Unit. An audit schedule was in place whereby environmental and patient equipment hygiene was monitored on the Rehabilitation Unit. Results of these audits were tracked and trended by management and time-bound quality improvement plans were developed following audits. In addition, the community infection prevention and control nurse performed validity audits in relation to the environment and patient equipment hygiene at the hospital. 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.

An audit schedule was in place whereby compliance with aspects of standard precautions such as waste, linen and sharps audits was monitored by senior nurse managers and clinical nurse managers at the hospital. Results of these audits viewed by inspectors indicated good compliance with these practices. Findings from audits were communicated with staff at Clinical Nurse Manager meetings and at daily safety pauses at shift handover in the Rehabilitation Unit.

Antimicrobial stewardship

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 the majority of patients were admitted from University Hospital Limerick. Admissions to the Rehabilitation Unit were managed in line with HSE/HPSC COVID-19 guidelines.³ The Rehabilitation Unit employed a clinical nurse specialist in rehabilitation care. Inspectors were informed that part of this person's role was the assessment and co-ordination of admission and discharge 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. Nursing and medical staff had electronic access to laboratory reports from University Hospital Limerick.

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: The hospital's infection prevention and control policies and guidelines required review and updating.

Judgment Standard 5.2: Substantially compliant

Risk and incident management

The hospital had systems in place to identify and manage risks in relation to the prevention and control of healthcare-associated infection. Nursing management had undertaken local risk assessments in relation to infection prevention and control of COVID-19 in the Rehabilitation Unit. The 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. The hospital has escalated a risk to CHO3 in relation to the role of multitask attendants at the hospital. Multi-task attendants at the hospital had a dual role of both providing care and cleaning and hygiene duties. 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 discussions were ongoing in relation to role segregation with CHO3 management and industrial relations organisations. To mitigate this risk multi-task attendants were assigned to separate cleaning or caring duties rotas in the Rehabilitation Unit. Hospital management informed inspectors that funding was sought from CHO 3 to appoint a domestic supervisor for the hospital.

Hospital staff reported that clinical incidents were reported on to the National Incident Management System (NIMs)[‡] These incidents were tracked and trended and also reported in a quality and safety assurance report through the CHO 3 management structures. Inspectors found that while staff reported incidents of healthcare-associated infections through the surveillance reports, there was ambiguity in relation to reporting healthcare-associated infections on to the National Incident Management System (NIMs). This needs to be reviewed.

Staff communicated information about patient safety issues including infection prevention and control at a 'daily safety pause' at shift handover.⁴

Policies, procedures and guidelines

Management had developed procedures for the management of patients with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and patients. The hospital had a suite of infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions and transmission-based precautions. However, these required review and updating. As part of the CHO3 Regional Cleaning Committee the hospital's cleaning policy was under review.

A COVID-19 resource folder was available to staff in the Rehabilitation Unit with up-to-date national guidelines in relation to COVID-19.

Influenza vaccination

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. Management informed inspectors that peer vaccinators delivered flu vaccinations to staff. Documentation reviewed by inspectors indicated

[‡] 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.

that uptake rates for influenza vaccine amongst staff surpassed the national uptake target of 65% in 2019/2020 influenza season.⁵ Inspectors were informed that additional staff were undertaking training to become peer vaccinators at the time of inspection. The hospital should continue with measures to promote the uptake of the seasonal influenza vaccine among healthcare workers to meet the 2020/ 2021 target of 75%.⁶

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

A community infection prevention and control nurse 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. 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 and documents reviewed indicated that medical and nursing staff in the Rehabilitation Unit also had access to the advice and expertise from consultant microbiologists based in University Hospital Limerick.

Inspectors were informed that the Rehabilitation Unit had access to experts in public health medicine as required. An antimicrobial pharmacist had recently been appointed to CHO 3 which was a welcome development at the hospital. Inspectors were informed that this person was anticipated to attend the hospital on September 15 2020.

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

Infection Prevention and Control Education

Hand hygiene training was mandatory for staff at induction and every two years thereafter. It was reported and training records reviewed indicated that 100% of staff in the Rehabilitation Unit had completed training on hand hygiene within the previous two years. Staff in the hospital had completed a train the trainer programme on hand hygiene and undertook hand hygiene audits every month in the

Rehabilitation Unit. Hand hygiene audit results for July and August 2020 demonstrated 90% to 100% compliance.

Standard precautions and transmission based precautions training was also mandatory for all staff every two years. This was delivered through HSElanD⁷ online breaking the chain of infection training programme as well as onsite training from the community infection prevention and control nurse. It was reported and documents reviewed indicated that 100% of staff in the Rehabilitation Unit had completed this training in the previous two years.

As part of the hospital's preparedness plan, additional training on standard and transmission based precautions including the use of personal protective equipment and hand hygiene had been provided to staff in the months prior to inspection. Staff who spoke with inspectors confirmed this.

Nursing staff attended training in the administration of intravenous[§] medicines. A small number of nursing staff had received antimicrobial stewardship education in University Hospital Limerick. All nursing staff should be supported to complete this training.

[§] 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.

Judgment Standard 2.2: Compliant

Environment and infrastructure

The Rehabilitation Unit was a purpose built unit that opened in 2016. It met modern specifications and surfaces facilitated effective cleaning. There were six single rooms all with ensuite toilet and showers. The remaining available accommodation comprised 6 two bedded rooms all with ensuite toilets and showers. There was adequate storage for patient supplies and equipment. Overall the general environment was clean and well maintained with few exceptions. Some of the walls in the patients' rooms required minor refurbishments and painting. Inspectors were informed that painting and refurbishment of the unit was planned for, but deferred due to reduced access to the unit as part of the COVID-19 restrictions.

Hand hygiene facilities

Inspectors observed that hand hygiene facilities were in line with Health Building Note 00-10 Part C: Sanitary assemblies.⁸ Wall mounted alcohol hand rub was readily available throughout the hospital and was available at each patient's bed. Signage was clearly displayed to guide staff and visitors on its use.

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. There were sufficient isolation facilities to meet the

unit's requirements. Personal Protective equipment was readily available outside isolation rooms and appropriate signage was visible on the doors of isolation rooms.

Cleaning resources

Cleaning and hygiene duties were undertaken by multi-task attendants in the Rehabilitation Unit. There were two multi-task attendants on duty each day assigned to cleaning duties only. Inspectors viewed staffing rosters that clearly outlined which multi-task attendants were assigned to cleaning duties on a daily basis. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the unit. While the staff assigned to cleaning duties on the day of inspection had both completed a nationally accredited training programme in environmental and equipment cleaning, inspectors found that there was scope to improve and formalise the training provided to all cleaning staff.

The hospital had a colour coding system for cleaning materials in place. Cleaning processes described to inspectors were in line with recommended practices. Daily and weekly cleaning checklists for environmental cleaning were in use and overseen 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

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

Discussions with patients

Inspectors spoke with a number of patients during the inspection. Patients were very positive in their feedback to inspectors and expressed satisfaction about the standard of environmental hygiene within the unit and the care provided.

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

Judgment Standard 2.3: Compliant

Equipment hygiene

Overall, equipment in the Rehabilitation Unit was clean and well maintained. Designated care equipment including hoist slings and disposable blood pressure

cuffs were available for patients in the Rehabilitation Unit, which is good practice. Inspectors viewed daily equipment cleaning checklists and schedules and noted they were consistently completed and were 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.

Local guidelines on infection prevention and control measures for the management of possible and confirmed cases of COVID-19 infection had also been developed based on national guidance from the Health Service Executive (HSE) and the Health Protection Surveillance Centre (HPSC).

Patients admitted to the unit from University Hospital Limerick 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.

Routine bi-weekly sampling of all staff for detection of COVID-19 in the unit had been implemented over the previous months. 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.

Inspectors observed COVID-19 related signage promoting physical distancing and infection prevention and control practices.

Staff and patients were monitored for symptoms compatible with COVID-19 on a twice daily basis. Information about atypical presentation of COVID-19 infection had been highlighted.

Due to the likelihood of SARS-CoV-2 transmission by persons with few or no symptoms, the Rehabilitation Unit had implemented measures to ensure that physical distancing measures were practiced by staff, visitors and patients. For example group meetings and social interaction among staff were restricted or held in a room where physical distancing could be maintained. Staff members were also required to adopt social distancing measures during their break and meal times. Occupational health supports were available to staff.

Indoor scheduled visits for patients and residents were recommenced with appropriate infection prevention and control precautions to reduce the risk of introduction of COVID-19 to the hospital.

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 hospital in the past year. A review of documentation showed that expertise from public health and microbiology were sought and accessed to ensure appropriate infection control measures were implemented to contain the outbreak.

3.0 Conclusion

Overall this inspection identified that the Rehabilitation Unit in St. Ita's Community Hospital was compliant with five and substantially compliant with one of the six *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. An Emergency Management Team was convened to advise and oversee planning and management of COVID-19 at the hospital. There was effective oversight of infection prevention and control measures at the hospital.

The hospital was supported by the CHO 3 management team to ensure effective infection prevention and control measures were in place. Infection prevention and control was a standing agenda item on the Older Person's Residential Services Management Team meetings.

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 issues was discussed at daily safety pauses within the unit.

The hospital had adapted national guidelines for COVID-19 management for use at the hospital. However some of the hospital's infection prevention and control policies and guidelines required review and updating. Efforts to integrate infection prevention and control guidelines into practice were underpinned by education and training.

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. There was scope to improve and formalise the training provided to all cleaning staff.

Effective Care and Support

Overall, the general environment and patient equipment inspected in the Rehabilitation Unit were clean and well maintained. The layout and specification of the unit facilitated effective cleaning. There was good oversight and monitoring of cleaning by the Clinical Nurse Manager on an ongoing basis.

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 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

- 1 Health Information and Quality Authority. National Standards for infection prevention and control in community services. Dublin: Health Information and Quality Authority; 2018. Available online from: <https://www.hiqa.ie/sites/default/files/2018-09/National-Standards-for-IPC-in-Community-services.pdf>
- 2 Department of Health (2017). Ireland's National Action Plan on Antimicrobial Resistance 2017-2020. (INAP). Dublin: Department of Health; 2017. Available at: <https://assets.gov.ie/9519/afcba9bce7c54bf9bcbe9a74f49fdaf2.pdf>
- 3 Health Service Executive/ Health Protection Surveillance Centre. Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting. V.1.4. 29th July 2020. Available from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Infection%20Prevention%20and%20Control%20Precautions%20for%20Acute%20Settings%20-%20COVID-19.pdf>
- 4 Health Service Executive. The Safety pause: Information Sheet. Helping teams provide safe quality care. May 2013 Available from http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Governance/CG_docs/safetypause.html
- 5 Health Service Executive. National Service Plan. 2019. Available online from: <https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2019.pdf>
- 6 Health Service Executive. National Service Plan 2020. Available online from: <https://www.hse.ie/eng/services/publications/national-service-plan-2020.pdf>
- 7 Health Service Executive. HSELand. [Online]. Available online from: <http://www.hseland.ie/dash/Account/Login>
- 8 Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. Available online from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf

Stage 1 Report

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