



**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 Rivermeade Unit: St Patrick's Community Hospital, Carrick on Shannon, Co. Leitrim.

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

Date of inspection: 14 October 2020

About the Health Information and Quality Authority (HIQA)

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

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

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

Table of Contents

1.0 Information about this monitoring programme	6
1.1 Hospital Profile	9
1.2 Information about this inspection	9
2.0 Inspection Findings	11
2.1 Capacity and Capability.....	11
2.2 Quality and Safety	16
3.0 Conclusion	23
4.0 References	25

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

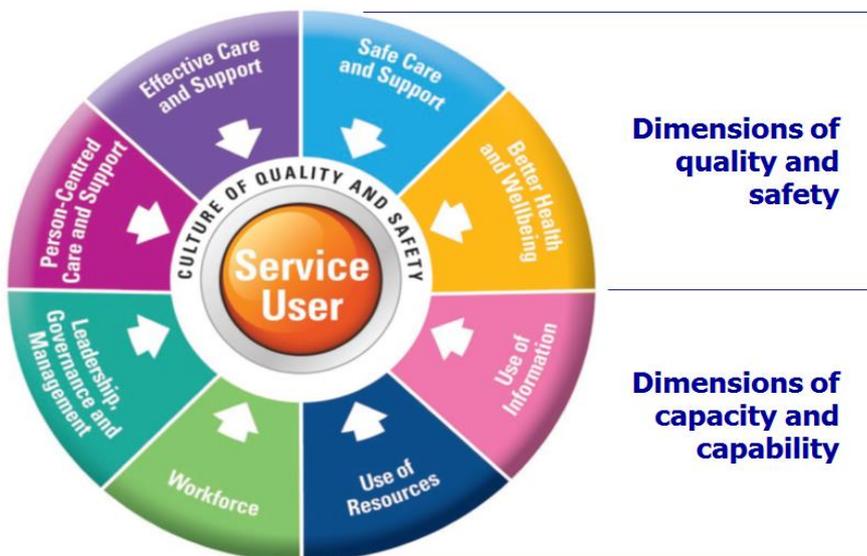
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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



¹ 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	<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 Patrick'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) Area 1[†].

The hospital comprised a short stay unit located on the top floor of a designated centre for older persons. The unit could accommodate up to 19 beds, however at the time of this inspection only 13 beds were operational.

The majority of patients were admitted from Sligo University Hospital. The unit accommodated seven convalescent beds and six respite beds. The unit also admitted patients directly from the community.

1.2 Information about this inspection

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Emma Cooke and Bairbre Moynihan on 14 October 2020 between 09:40hrs. and 14:52hrs. 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 clinical environment.

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

[†] Community Health Organisation (CHO) 1 consists of the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo.

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

Organisational charts viewed by inspectors outlined responsibility, accountability and authority arrangements and reporting relationships for staff within the organisation and external reporting structures for CHO 1.

Inspectors found that there were clear lines of accountability and responsibility within Rivermeade Unit. The unit was managed on a day-to-day basis by a director of nursing who, as the person with overall responsibility for the service, reported to the service manager for older people's services in CHO1 who in turn reported to the general manager for social care in CHO1 and upwards to the chief officer for CHO1.

Reporting arrangements in relation to committees

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

Clinical nurse managers attended a weekly meeting with the director of nursing where relevant operational and clinical issues were presented and discussed.

A multidisciplinary communication forum meeting was held weekly. Membership of this committee included management, nursing staff, allied health care professionals and household supervisors. Infection prevention and control was a standing item agenda at this meeting and minutes reviewed also outlined discussion around quality and safety issues and staff training.

A local quality risk and patient safety governance committee was in place, chaired by the director of nursing and operationally accountable to the service manager for older persons. Inspectors were informed that risks and concerns relating to the quality and safety of care provided to patients were escalated from this forum and monitored through the quality and patient safety structures of CHO1 as required. Older Persons' Quality and Patient Safety Meetings were held at CHO1 level every month and were attended by the director of nursing.

A local health and safety committee was also in place. Inspectors were informed that this committee met quarterly and agenda items included infection prevention and control.

It was clear from minutes reviewed from all the relevant committees that infection prevention and control was a standing item agenda at all meetings. Minutes of these meetings reviewed outlined review and discussion around COVID-19 serial testing, infection prevention and control toolbox safety talks[‡], cleaning schedules, personal protective equipment, supplies and stocks and continuous review of COVID-19 preparedness and contingency plans and infection prevention and control practices. Daily conference calls had also been recently reconvened with the service manager for older persons' services along with other service managers to discuss emerging issues and review items such as contingency plans.

Medical care to patients was provided by local general practitioners Monday to Friday. Outside of core hours, medical cover was provided by NowDoc.[§] Inspectors were informed that out-of-hours nursing support was available from the director of nursing.

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

Monitoring, Audit and Quality assurance arrangements

[‡] Patient Safety Toolbox Talks[®] are a resource to enable short, discussions or presentations by line managers to their staff which is generally focused on one specific topic or theme.

[§] NoWDOC is an out of hours urgent GP service part-funded by the Health Service Executive

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

Monthly environmental and equipment audits were completed by the household supervisor. Audit reports showed that the unit achieved, on average, compliance of 81% and 99% for environmental hygiene and equipment audits. Findings in relation to the environment and equipment in the clinical areas will be presented in section 2.2 of this report.

Audit reports reviewed outlined the actions required and indicated whether quality improvement plans were required in response to findings. Inspectors were informed that nursing management were involved with developing quality improvement plans.

Minutes of meetings reviewed demonstrated that audit results were discussed at local quality risk and patient safety meetings. Inspectors were informed that audit results were communicated back to staff through safety pauses which were held twice daily.

Coordination of care within and between services

Good communication and information sharing underpins safe and effective transfers of care. The majority of patients were admitted to the unit from Sligo University Hospital.

Inspectors found that there was an effective communication process in place with the acute hospital service to ensure information relating to patients' infection status was available prior to admission. Patients admitted to the unit from acute hospitals were routinely tested for COVID-19 seventy-two hours prior to admission and isolated for 14 days. Patients admitted from the community were tested by their general practitioner prior to admission and isolated for 14 days on arrival to the unit.

A pre admission checklist was required to be completed for all patients referred to the unit. The checklist reviewed by inspectors included some information on infection prevention and control status, however, it did not specifically include information relevant to COVID-19. A comprehensive discharge checklist was in place for patients who had tested positive for COVID-19 or were identified as a close contact of a known case of COVID-19 to assist staff with discharging patients safely.

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

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

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

Findings:

- Risks related to the infrastructure of the unit and lack of ensuite facilities and showering facilities for isolation rooms were not on the risk register.
- Not all policies, procedures and guidelines relating to infection prevention and control had been formally ratified.
- Uptake of the influenza vaccine in the 2019/2020 influenza season was below the national uptake target of 60%.

Judgment Standard 5.2: Substantially compliant

Risk and incident management

Inspectors found that the unit had systems in place to identify and manage risk in relation to infection prevention and control of healthcare-associated infection.

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

Inspectors reviewed the hospital risk register. Fourteen infection prevention and control risks were on the risk register including risks associated with COVID-19, lack of isolation facilities, risks posed to staff during mandatory training if unable to maintain social distancing and risk of hospital acquired infections and potential for outbreak. Inspectors noted that the risk register did not include infrastructure risks such as the open bay areas and lack of ensuite facilities and showering facilities for isolation rooms in the unit. It was reported that risks were discussed and reviewed at monthly quality and patient safety meetings for CHO1, however, inspectors noted that some risks did not have a review date.

Management informed inspectors that it was policy to report incidents of healthcare-associated infection on the National Incident Management System (NIMS).** Records reviewed indicated that one infection prevention and control incident had been reported at the unit. Studies have found a positive association between increased incident reporting rates and a patient safety culture.² Inspectors reviewed risk assessments completed in response to this incident which detailed existing controls in place and additional controls required and actions taken to mitigate against the

** 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.

risk. It was reported that feedback in relation to this incident was provided by the clinical nurse managers at daily safety pauses with the emphasis on learning and improvement.

Minutes of meetings reviewed outlined that incidents in general were discussed at local quality risk and patient safety meetings. However, improvement was required to ensure all infection prevention and control incidents are being reported so that incidents can be tracked and trended and feedback provided to staff with the emphasis on learning and improvement.

Infection prevention and control had been identified as a key performance indicator. This was monitored along with other indicators as part of the unit's quality and risk dashboard which was submitted every month to the older persons' service manager.

Influenza vaccination programme

The HSE national uptake target for influenza vaccine in the 2019/2020 influenza season was 60%.³ Senior management informed inspectors that the unit historically had a low uptake of the vaccine and that the uptake for the 2019/2020 influenza season was approximately 39%. This was an improvement from the previous year.

Two staff members within the unit had been identified as flu champions and a flu vaccine awareness campaign was ongoing at the time of inspection. The unit had completed two vaccination days which resulted in a vaccine uptake rate of 50% among staff at the time of this inspection. Uptake of the seasonal influenza vaccine in the 2020/2021 influenza season needs to be a focus for improvement to meet the 2020/2021 target of 75%.³

Policies Procedures and Guidelines

National guidelines advise that facilities such as community hospitals apply the acute hospital COVID-19 guidelines.⁴ Inspectors were informed that the unit was currently using the residential care facilities guidelines.⁵ This should be reviewed and addressed by management.

Inspectors reviewed a number of infection prevention and control policies, procedures, protocols and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. These policies were found to be up-to-date and recently revised or developed. However, not all policies, procedures and guidelines had been formally ratified or approved. Final policies should be signed off by senior management confirming the policy meets the standard required for robust policies.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 for CHO1 advised on all aspects of infection prevention and control and provided education and assistance in outbreak management as required.¹ An infection prevention and control link nurse was available on the unit to promote and support good practice in relation to infection prevention and control.

The unit had recently assigned two staff nurses as local infection prevention and control link nurses for the clinical area. The nurses had attended a five day competency based infection prevention and control programme at an acute hospital. It was explained that these nurses had added responsibilities for hand hygiene training and auditing.

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

Infection Prevention and Control Education

Local management stated that it was mandatory for staff to complete the HSElanD⁷ online hand hygiene training programme, breaking the chain of infection, standard and transmission based precaution training and donning and doffing of personal protective training (PPE). It was reported that the frequency of some mandatory training had recently changed to approximately every six months to ensure staff were kept up-to-date.

Training records provided outlined that 100% of staff completed hand hygiene training and standard based precautions training in the previous 24 months. Other infection prevention and control training such as donning and doffing of personal protective equipment (PPE) had been facilitated through tutorials by video link from infection prevention and control link nurses and via HSE Patient Safety Tool Box Talks.

2.2 Quality and Safety

This section looks at how rehabilitation and community inpatient healthcare services ensure that infection prevention and control outbreak/s including COVID-19, are

managed to protect people using the healthcare service. This includes how the services identify any work practice, equipment and environmental risks and put in place protective measures to address the risk, particularly during a pandemic.

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

Theme 2 : Effective Care and Support

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

Findings

- The infrastructure had the potential to impact on infection prevention and control measures.
- Not all hand hygiene sinks conformed to Health Building Note 00-10 Part C: Sanitary assemblies.
- Multi-occupancy rooms did not have ensuite toilet and or shower facilities.
- There was no signage in place on entrance to isolation rooms.

Judgment Standard 2.2: Partially Compliant

Environment and infrastructure

Overall the general environment was clean with few exceptions.

The unit could accommodate up to 19 beds but at the time of inspection only 13 beds were operational. The unit was divided into two areas. One was identified as a cohort area in the event of an infection outbreak. The unit comprised of four four-bedded bays and three single rooms, however, only two of these rooms could be used as isolation rooms. The open bays in both areas acted as a thoroughfare for other patients and staff.

The unit had two designated isolation rooms which were identified for patients who required isolation for transmission based precautions or with COVID-19 or suspected COVID-19, however neither of these rooms had ensuite toilet or shower facilities. These rooms were occupied at the time of inspection, however, inspectors observed no signage in place at the entrance to these rooms to indicate isolation.

Multi-occupancy rooms did not have ensuite toilet and or shower facilities. Patients had access to two toilets and two showers located within the unit which were

recently upgraded as part of the unit's refurbishment in 2018 and were found to be clean and well maintained on the day of inspection.

As the unit was not operating at full capacity, this enabled adequate spacing between beds in the multi-occupancy rooms. Inspectors observed patients were adequately physical distancing throughout the inspection.

A number of maintenance issues were identified during the inspection such as damage to paintwork on walls and some doors were noted to be chipped and damaged.

Inspectors acknowledge the efforts made by staff and management to maintain a safe environment based on current occupancy rates. However, the planning and layout of the unit with no ensuite toilet facilities and the open bay areas presented an infection control risk in the event the facility was operating at full capacity. In the interim of transitioning to a new building, management should risk assess how these risks can be minimised when operating at full capacity.

Hand hygiene facilities

Wall-mounted alcohol hand-rub was readily available. Hand hygiene signage was evident in the unit. Not all hand hygiene sinks throughout the unit conformed to Health Building Note 00-10 Part C: Sanitary assemblies.⁸

Patient placement

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

Cleaning resources

The unit had two cleaners allocated from 8:30hrs – 17:00hrs seven days a week. Cleaning equipment and supplies were stored in a designated locked room. Inspectors observed some sharps containers were being inappropriately stored within this room. This was brought to the attention of staff.

Cleaning staff had their allocated cleaning trolley with a flat mop system. Flat mops were reprocessed onsite and staff clearly described the process to an inspector.

Outside of these hours cleaning was undertaken by nursing staff and health care assistants. Inspectors were informed that there was some crossover of cleaning staff from the unit to the designated centre for older persons at weekends. Inspectors were informed that this was kept to a minimum and would not occur in the event of an outbreak in accordance with outbreak contingency plans.

Cleaning schedules reviewed outlined areas to be cleaned daily, nightly, weekly and areas for deep cleaning as well as methods of cleaning. These schedules were signed off on a weekly basis by the household supervisor with added weekly oversight from clinical nurse managers.

Inspectors were informed that there were sufficient cleaning resources 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

Inspectors were informed that segregation of infected linen was managed in line with national guidelines.

Discussion with patients

Inspectors spoke with a number of patients. Patients were complimentary in their feedback and expressed satisfaction about the standard of environmental hygiene in the ward. It was reported that staff were always encouraging patient to wash their hands.

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

Findings

- Frequently used patient equipment items such as blood glucose monitoring equipment were unclean.
- Patient clean and sterile supplies were inappropriately stored in a damp storage environment.
- Clean patient supplies were stored with unclean patient equipment.

Judgment Standard 2.3: Partially Compliant

Equipment hygiene

Overall, inspectors found that there was a need to improve the management and storage of patient equipment to minimise the risk of transmitting a healthcare-associated infection.

During the inspection it was noted that frequently used patient equipment such as raised toilet seats, commodes, patient mattresses and patient monitoring equipment were clean. The unit had implemented a tagging system whereby items which had been cleaned and ready for use were marked with an 'I am clean' green tag. Inspectors observed these in place on patient beds and furniture throughout the unit. The unit should look to expand this system consistently across all patient equipment.

Inspectors noted that a number of patient equipment items and clean, sterile supplies were being stored in a large room that was classified as a storage room. Inspectors observed that this room was also storing unclean patient equipment. The room stored clean patient supplies such as oxygen masks and other respiratory devices such as suction equipment and tubing supplies. While it was noted that suction machines were covered in plastic for protection, the majority of supplies were kept on open shelving units near a damp window with mould evident. Some of these supplies were not enclosed within their packaging.

Having sufficient and appropriate storage will protect equipment from damage, contamination and dust which may potentially carry microorganisms.⁹ Furthermore, clean and sterile supplies should be stored in a designated area that is clean and dry and protected from dust and moisture.

Management should have appropriate oversight of patient supplies and equipment so that all supplies and equipment are safe to use and stored appropriately. Senior management should review the purpose of this room as a storage room for clean and sterile supplies given the potential risk the environment presents to the integrity of the supplies and look to address the infrastructural and maintenance issues identified.

Inspectors observed limited space in the pharmacy room that was used for the preparation of medications and storage of some clean and sterile supplies. Due to the limited space available in the room, inspectors observed that the medication trolley had been placed at a location that blocked access to the hand hygiene sink. Staff informed inspectors that this room presented many challenges given the limited space available.

Audit reports showed that the unit achieved, on average, between 81% and 99% for equipment and hygiene audit results. Additional COVID-19 infection prevention and control audits had been carried out in October 2020 which demonstrated good compliance overall but had identified the need for additional signage and training as part of its quality improvement plan. The need for additional signage was consistent with inspection findings on the day.

Inspectors were informed that equipment that was required to be shared, such as monitoring equipment, was cleaned in between each patient. However, inspectors found that blood glucose monitoring equipment was unclean and it was reported that blood glucose monitoring equipment was brought to the patient bedside in a holder containing clean supplies for blood sampling. This practice has the potential to contaminate clean supplies in the holder and increase the risk of transmission of blood borne viruses and is not in line with best practice guidance. This was brought to the attention of staff.

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

Theme 3: Safe Care and Support

Standard 3.4: Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner

Judgment Standard 3.4: Compliant

COVID-19 Preparedness

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

Personal protective equipment was monitored to ensure the availability of adequate supplies and inspectors were informed that the unit had access to supplies from the HSE.

Staff were on a two week programme of serial testing. Two staff members within the unit had been trained in taking the samples. Testing was processed in Sligo University Hospital and turnaround times for staff was reported to be a maximum of 24 hours.

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

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

Outbreak Management

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

While it may not always be possible to prevent an outbreak, careful management can mitigate spread of infectious agents and limit the impact of such infection on the delivery of normal healthcare services. Management reported that systems were in place to manage and control infection outbreaks in a timely and effective manner. Inspectors reviewed detailed outbreak management plans which covered areas such as zoning, staffing contingency arrangements, risk management issues and access to specialist staff.

3.0 Conclusion

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

Leadership, Governance and Management

There was a clearly defined management structure with identified lines of accountability and responsibility for the unit. Hospital management had put several oversight committees in place in which to govern service provision in the unit.

Regular performance updates in relation to quality and patient safety were consistently reported through the established governance structures in CHO1.

The unit had systems in place to identify and manage risk in relation to infection prevention and control of healthcare-associated infection. However the documentation of risks highlighted in this report need to be reviewed.

The unit had conducted a number of audits relating to infection prevention and control. The hospital had an up-to-date suite of policies, procedures and guidelines to guide and support staff in relation to infection prevention and control and the safe use of medicines.

Workforce

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

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

Effective Care & Support

The general environment in the unit inspected was clean. 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 such as the open plan layout of the multi-occupancy rooms and lack of showering and toilet facilities. Inspectors acknowledge that the reduction in the number of beds in the multi-occupancy rooms resulted in better physical distancing between beds.

Overall, inspectors found that there was a need to improve the management and storage of patient equipment and supplies to minimise the risk of transmitting a healthcare-associated infection.

Safe care and support

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

Following this inspection the hospital needs to address the areas for improvement identified in this report and requires the support of the CHO1 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. State Claims Agency. National Clinical Incidents, Claims and Costs Report 2010-2014. Available online from: <http://stateclaims.ie/2017/05/national-clinicalincidents-claims-and-costs-report-lessons-learned-a-five-year-review-2010-2014/>
3. Health Service Executive. National Service Plan 2020. [Online]. Available online from: <https://www.hse.ie/eng/services/publications/national-service-plan-2020.pdf>
4. 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 online from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/InfectionPreventionandControlPrecautionsforAcuteSettings-COVID-19.pdf>
5. Health Service Executive/ Health Protection Surveillance Centre. Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. V 6.0 28th July 2020. Available online from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/RCF%20guidance%20document.pdf>
6. Health Service Executive. National Framework for Developing Policies, Procedures, Protocols and Guidelines; 2016. Available online from: <https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/hse-national-framework-for-developing-policies-procedures-protocols-and-guidelines-pppgs-2016.pdf>
7. Health Service Executive. HSELand. 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
9. Department of Health, United Kingdom. Health Building Note 00-09: Infection control in the built environment. Available online from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf

For further information please contact:

**Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7**

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hqa.ie

URL: www.hqa.ie

© Health Information and Quality Authority 2020