



**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 St Patrick's Hospital, Cashel, Co. Tipperary

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

Date of inspection: 19 November 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 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

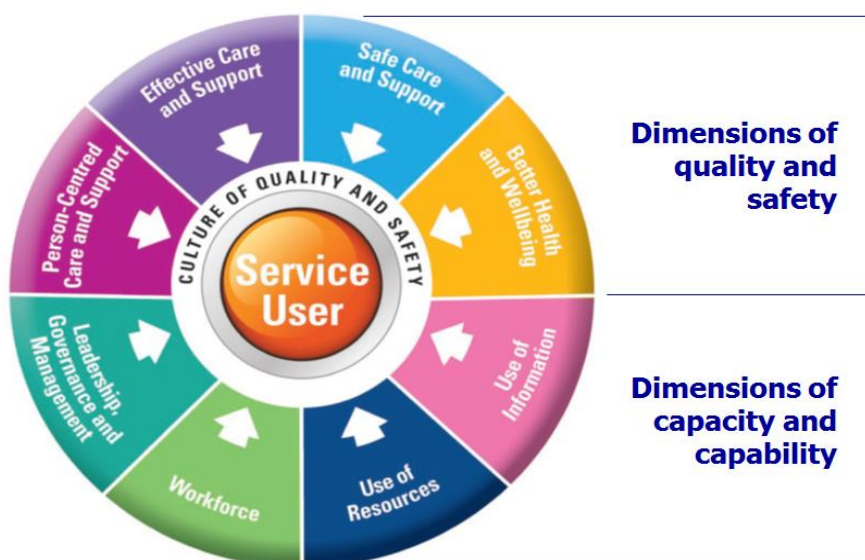
The national standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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



* 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 Rehabilitation and Community Inpatient Healthcare 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 judgement framework to guide them in assessing and judging a service's compliance with the National Standards. The assessment judgment framework guides service providers in their preparation for inspection and support inspectors to gather evidence when monitoring or assessing a service and to make judgments on compliance.

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

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 Hospital, is a statutory hospital owned and managed by the Health Service Executive (HSE) under the governance of Community Health Organisation (CHO) 5.[†] St Patrick's Hospital provides rehabilitation care and day hospital services for people in South Tipperary.

The rehabilitation unit comprised 21 rehabilitation beds, which accommodated patients requiring rehabilitation care. Patients were admitted to the rehabilitation unit from South Tipperary General Hospital, University Hospital Waterford, University Hospital Limerick, St Luke's General Hospital, Kilkenny and Cork University Hospital. Patients from private hospitals who resided in the hospital's catchment area were also admitted to the unit.[‡] Patients from the community who required rehabilitation care were admitted to the rehabilitation unit via their general practitioner (GP).

1.2 Information about this inspection

This report was completed following an announced inspection of the rehabilitation unit carried out by Authorised Persons, HIQA; Dolores Dempsey Ryan and Denise Lawler on 19 November 2020 between 09:55 hrs. and 16:00 hrs. 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 hospital.

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

[†] Community Health Organisation 5 area consists of South Tipperary, Carlow/Kilkenny, Waterford and Wexford.

[‡] A catchment area is the area from which a city, service or institution attracts a population that uses its services.

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.

Findings:

- Governance and oversight of infection prevention and control practices at the rehabilitation unit needs to be strengthened.
- There was limited monitoring and evaluation of infection prevention and control practices at the rehabilitation unit.
- Ongoing antimicrobial stewardship activities were not evident in the rehabilitation unit.

Judgment Standard 5.1: Partially Compliant

Corporate and Clinical Governance

The director of nursing was responsible and accountable for the operational management of the rehabilitation unit and the designated centre for older people. The director of nursing reported to the manager for older person's services South Tipperary who in turn reported to the head of services for older persons CHO 5 and upwards to the chief officer of CHO 5.

The acting assistant director of nursing had responsibility for the rehabilitation unit and communicated daily with the director of nursing who visited the site on a regular

basis and was available five days a week if required. The clinical nurse manager grade two was responsible for the day to day operational management of the rehabilitation unit and reported to the acting assistant director of nursing.

The director of nursing and the acting director of nursing at St Patrick's Hospital were recently appointed to their respective management positions in the hospital.

The organisational chart observed by inspectors clearly outlined the reporting structures from the hospital to the senior management for older persons within CHO 5. It was clear from discussions during the inspection that staff understood the lines of communication and responsibility.

The director of nursing had overall responsibility for infection prevention and control and antimicrobial stewardship at the rehabilitation unit. The chief officer had overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship at CHO 5 level.

Inspectors were informed that a community assistant director of nursing in infection prevention and control had been appointed at CHO 5 level in October 2020. This person provided telephone advice on infection control issues to St Patrick's Hospital and the rehabilitation unit staff. Expert advice in public health medicine in infection prevention and control was available from the public health doctors in CHO 5.

Two consultant geriatricians from South Tipperary General Hospital were responsible and accountable for the medical care of patients admitted to the rehabilitation unit. One of the consultant geriatricians visited the unit every Tuesday and was also a member of the CHO 5 COVID-19 response team.

A locum medical officer[§] provided care to patients in the rehabilitation unit Monday to Friday for a total of 20 hours a week during core working hours. The locum medical officer had cross site responsibility for the rehabilitation unit and the designated centre for older people. Despite this, inspectors were informed that the locum medical officer was contactable via telephone when needed, and the unit had not experienced any delays in response to episodes of care. Although this risk had not been risk assessed, inspectors were informed that management in CHO 5 were actively seeking to recruit a medical officer on a permanent basis. Out-of-hours medical cover was provided by CareDoc.**

[§] Medical Officer is a grade of Medical Doctor who has been traditionally employed across the country at district and community hospitals. They are registered on the General Register with the Medical Council and the role is sometimes filled by General Practitioners in the community.

** Care Doc is an out of hour's urgent GP service part-funded by the Health Service Executive.

Committee structures

Governance and oversight of infection prevention and control and antimicrobial stewardship at the rehabilitation unit was provided through CHO 5 governance committees and local hospital governance arrangements. These governance arrangements at CHO 5, hospital and rehabilitation unit level were as follows:

CHO 5 meetings

- The Head of Service Quality and Patient Safety Committee (CHO 5 level)
- Residential Services South Tipperary Quality Assessment and Improvement Committee (South Tipperary part of CHO 5 area).

Cashel Residential Older Persons Services and St Patrick's Hospital meetings

- Nurse Management Meetings for Cashel Residential Older Persons Services
- Cashel Residential Older Persons Service Infection Prevention and Control Committee.

Local rehabilitation unit meetings

- Ward staff meetings.

The Head of Service Quality and Patient Safety Committee CHO 5 met quarterly and was chaired by the general manager of older person's services. Membership included senior managers, directors of nursing and the quality patient safety advisor from CHO 5. Agenda items included, serious reportable events, the role of the antimicrobial pharmacist and policies, procedures and guidelines. Inspectors reviewed minutes of the meetings and observed how actions to be taken and the persons responsible for each action was recorded.

The Residential Services South Tipperary Quality Assessment and Improvement Committee reported to the general manager of older person's services and upwards to the Head of Quality and Patient Safety Committee CHO 5. Inspectors were provided with copies of the minutes of the teleconference meetings from July to October 2020 which showed that all directors of nursing in CHO 5 area, including the director of nursing and the acting director of nursing for the rehabilitation unit at Patrick's Hospital attended these meetings. Inspectors observed that infection prevention and control was an agenda item, along with policies, procedures and guidelines, the risk register and infection prevention and control audits. Inspectors reviewed minutes of the meetings and observed how actions to be taken were recorded, but it was not clear who had responsibility for each action. This needs to be addressed following the inspection.

During the first wave of the COVID-19 pandemic from March to June 2020, COVID-19 teleconference meetings were held twice weekly and after June 2020 were held monthly. Inspectors were informed that the general manager for older persons service CHO 5 and heads of all services within CHO 5, which included the director of nursing and the acting assistant director of nursing from St. Patrick's Hospital, attended these teleconference meetings. These teleconference meetings were informal and no minutes were recorded.

Nurse Management Committee meetings for Cashel Residential Older Persons Services were held monthly. The director of nursing and the acting director of nursing from St. Patrick's Hospital attended these meetings. Agenda items included staffing issues, audit, policies, procedures and guidelines, education and training. Information from these meetings was shared with staff in the rehabilitation unit at their monthly ward staff meetings. Inspectors were informed that infection prevention and control was an agenda item at both of these meetings.

St Patrick's Hospital had recently established a local infection prevention and control committee for Cashel Residential Older Persons Services that reported into the Residential Services South Tipperary Quality Assessment and Improvement Committee at CHO 5 level. This committee chaired by the director of nursing, held its first meeting on 11 November 2020. Membership included senior nurse managers, nursing staff, healthcare assistants, multitasked assistants and housekeeping staff. The committee had oversight of audits, policies and quality improvement at the hospital.

Management informed inspectors that a safety pause^{††} meeting was held each day in the rehabilitation unit after clinical handover to provide staff with information and updates on infection prevention and control practices and clinical incidents.

Monitoring, Audit and Quality assurance arrangements

Inspectors found the hospital did not have effective monitoring and evaluation arrangements in place to provide assurance on infection prevention and control, specifically environmental and patient equipment hygiene.

There was no formal, structured audit schedule for infection prevention and control in place at the rehabilitation unit. Furthermore, management and nursing staff reported to inspectors that audit practice for infection prevention and control was minimal. Inspectors reviewed the findings of two hygiene audits conducted in the rehabilitation unit by a community assistant director of nursing from the CHO 5 area

^{††} Safety Pause: The aim of a Safety Pause meeting is to help the healthcare provider become mindful of potential safety issues, with a view to reducing risk and improving quality of care.

in September. The findings showed that hand hygiene compliance in the unit had improved from 94 % to 100% over the month of September.

During the first audit in early September, the rehabilitation unit achieved a compliance rate of 88% for the physical environmental. However, during the second audit, completed on 30 September the unit achieved a compliance rate of 51% for the physical environment. An action plan and quality improvement initiatives were introduced to address the audit findings. These initiatives included:

- a plan to provide feedback on audit findings and training to housekeeping staff
- the introduction of new cleaning schedules for housekeepers and multitask assistants
- a plan to purchase a new cleaning trolley with a new mop equipment system
- an increase in the hours of work for housekeeping staff from a five day week to a seven day week
- the introduction of a sticker to alert staff when equipment was cleaned.

Inspectors found on the day of inspection that all but one of the five quality improvement initiatives had been implemented. The one outstanding initiative related to the purchase of a new cleaning trolley with a new mop equipment system. Management reported to inspectors that this cleaning trolley would be introduced in the unit in December 2020. Further findings relating to environmental and patient equipment hygiene are discussed in section 2.2 of this report.

Inspectors were informed by management that they planned to re-audit environmental hygiene practices at the unit in December 2020 and there was a plan by the community assistant director of nursing in infection prevention and control for hand hygiene audits to be completed in 2021. Management needs to ensure that auditing of hygiene practices in the hospital is ongoing and this needs to be addressed after this inspection.

Oversight of audit practice at the hospital was achieved through the following CHO 5 and local hospital governance arrangements:

- Residential Services South Tipperary Quality Assessment and Improvement Committee meetings.
- Nurse management meetings for Cashel Residential Older Persons Services.

The director of nursing had oversight of the audit activity and findings at the rehabilitation unit. Inspectors were informed that audit findings were shared at clinical nurse managers and ward staff meetings.

Overall, inspectors found that the recent changes in hospital management structure and the appointment of a community assistant director of nursing had supported some improvement in the monitoring of infection prevention and control practices at

the rehabilitation unit. However, governance oversight of audit practice at the unit needs to be strengthened along with the monitoring and evaluation of infection prevention and control practices to provide ongoing assurance to management of environmental hygiene and effectiveness of the cleaning processes at the hospital.

Antimicrobial stewardship

Antimicrobial stewardship is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions.² Inspectors found that ongoing antimicrobial stewardship activities were not evident in the rehabilitation unit. Staff reported to inspectors that antimicrobial prescribing guidelines were in place in the unit.

Management reported to inspectors that the community antimicrobial pharmacist for CHO 5 had completed antimicrobial audits across the CHO 5 area, but not in the rehabilitation unit. There was a plan to conduct an antimicrobial audit in the unit on 10 December 2020.

Documentation observed by inspectors showed that antimicrobial stewardship activities⁺⁺ was reviewed and discussed at meetings of CHO 5 Residential Services South Tipperary Quality Assessment and Improvement Committee and the CHO 5 Head of Service Quality and Patient Safety Committee. Management needs to ensure that ongoing antimicrobial stewardship activities is monitored within the rehabilitation unit and St Patrick's Hospital.

Coordination of care within and between services

The rehabilitation unit provided a multi-disciplinary in-patient service for patients admitted for rehabilitation care from a number of public acute and private hospitals and the community. The rehabilitation unit had an admission standards operating procedure in place. Admissions from public acute hospitals were overseen by the referring hospital's discharge co-ordinator and the clinical nurse manager of the rehabilitation unit. Patients from the community who required rehabilitation care were admitted via their general practitioner.

Patient referral forms were reviewed by the clinical nurse manager grade two (CNM2) and a physiotherapist assigned to the rehabilitation unit and any medical concerns were escalated to one of the two consultant geriatrician assigned to the unit. All patients were reviewed by the locum medical officer within 24-hours of admission to the unit.

⁺⁺ Antimicrobial stewardship refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobials by promoting the selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration.

All patients admitted to the unit were screened for COVID-19 in line with Health Service Executive (HSE)/Health Protection Surveillance Centre (HPSC) interim guidance on infection prevention and control guidelines.³ Inspectors were informed that patients from the community awaiting admission to the unit had their COVID-19 test performed by their general practitioner prior to admission.

Patient's infection status was recorded on their referral form. Nursing staff who spoke with inspectors reported that the rehabilitation nursing handover template, which was used to obtain nursing information on patients before admission to the unit, was being revised to include COVID-19 as a sub-section. Inspectors viewed the transfer forms of two patients on the day of inspection and noted that their infection status, including COVID-19, was documented. In addition, laboratory COVID-19 test result reports were included with the transfer forms.

If patients were acutely unwell, they were reviewed by the medical officer during normal working hours or by the local on call general practitioner service (Care Doc) during out of hours and transferred by ambulance to the emergency department at South Tipperary 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:

- A risk relating to the use and reprocessing of soft mop heads identified on the day of inspection was not risk assessed or recorded on the hospital risk register.
- Policies, procedures and guidelines in use within the unit needs to be ratified by CHO 5 management structures.

Judgment Standard 5.2: Substantially compliant

The director of nursing was the designated person assigned responsibility for managing infection prevention and control at the hospital.

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

Risk register

Inspectors were informed that the rehabilitation unit had its own local risk register. Inspectors were provided with a copy of St Patrick's Hospital's infection prevention and control risk register and a copy of Cashel Residential Older Persons Services

corporate risk register where risks identified in the hospital were also recorded. The director of nursing had oversight of the hospital's corporate risk register.

Inspectors were informed that any identified risks that could not be addressed at hospital level were escalated to the CHO 5 management and risk register.

Inspectors viewed the hospital's risk register and noted that infection prevention and control risks, including COVID-19 related risks, were documented, risk rated and controls to mitigate the risk were outlined. However, a risk identified on the day of inspection that related to the use and reprocessing of soft mop heads was not recorded on the hospital's risk register. This risk was of particular concern to inspectors in the context of the ongoing COVID-19 pandemic and was discussed with management on the day of inspection. This risk was subsequently risk assessed following the inspection and will be further discussed in section 2.2 of this report.

Incident reporting

Hospital management informed inspectors that incidents related to healthcare-associated infection were recorded on the national incident management system.^{§§}

Inspectors were informed by staff that while there was a good culture of reporting of clinical incidents, infection prevention and control incidents were not reported in the rehabilitation unit to date. It was subsequently reported to inspectors that healthcare associated infection incidents would be recorded if acquired by a patient during their stay in the rehabilitation unit.

Management and nursing staff reported that the risk advisor provided staff with feedback on clinical incidents. At CHO 5 level, the Head of Service Quality and Patient Safety Committee were responsible for the governance and oversight of serious reportable events and incidents. Oversight of clinical incidents at hospital level was provided by the Residential Services South Tipperary Quality Assessment and Improvement Committee.

Infection prevention and control policies

Inspectors viewed infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. The rehabilitation unit had implemented the following policies:

- Cashel Residential Older Persons Services COVID-19 policy and emergency plan May 2020 which was in line with Health Service Executive/Health

^{§§} 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.

Protection Surveillance Centre interim guidance on infection prevention and control for residential care facilities March 2020.⁴

- Health Service Executive/Health Protection Surveillance Centre acute hospital infection prevention and control precautions for possible or confirmed COVID-19 in a pandemic setting.³

Policies, procedures and guidelines was discussed at meetings of the Residential Services South Tipperary Quality Assessment and Improvement Committee and nurse management meetings for Cashel Residential Older Persons Services.

Overall, inspectors found that while the unit had access to Health Service Executive Health Protection Surveillance Centre acute hospital infection prevention and control guidelines³ and had drafted a COVID-19 preparedness plan, these had yet to be formally ratified by CHO 5 management structures. This needs to be addressed following this inspection.

Influenza vaccination programme

Achieving a high uptake of influenza vaccination among healthcare workers is recognised as a vital infection control measure and an occupational health issue, to reduce the risk of influenza transmission between patients and healthcare workers with the potential for severe disease for both patients and staff.⁵

The rehabilitation unit achieved a 75% uptake of the influenza vaccine in the 2019/2020 influenza season which was above the HSE's national target of 60%.⁶ Vaccinations were administered onsite in St Patrick's Hospital by three trained members of staff.

Theme 6: Workforce

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

Judgment Standard 6.1: Compliant

Access to specialist staff with expertise in infection prevention and control

Staff in the rehabilitation unit had access to specialist staff with expertise in infection prevention and control in CHO 5.

Management and nursing staff had access to advice from a recently appointed community assistant director of nursing (one whole time equivalent (WTE))^{***} and one WTE community infection prevention and control nurse at CHO 5 level.

^{***} Whole-time equivalent: one whole-time equivalent employee is an employee who works the total number of hours possible for their grade. WTEs are not the same as staff numbers as many staff work reduced hours.

Inspectors were told that management in CHO 5 were actively seeking to recruit an additional three WTE community infection prevention and control nurses. The rehabilitation unit had identified two link nurses for infection prevention and control to support infection prevention and control practices and audit in the unit.

Expert advice in public health medicine in infection prevention and control was available from the public health doctors in CHO 5. The consultant geriatrician assigned to the unit had access to a microbiologist if required.

Infection Prevention and Control Education

Hospital management stated that it was mandatory for staff to complete HSElanD⁷ online training programmes in infection prevention and control in the following:

- hand hygiene
- introduction to infection prevention and control
- donning and doffing of personal protective equipment
- breaking the chain of infection.

Training records reviewed by inspectors showed that all nursing staff, multitask attendants, cleaning staff, health and social care professionals and medical officer had completed mandatory infection prevention and control training. Management reported to inspectors that the clinical nurse managers had completed HIQA's national standards e-learning module.⁸

Two members of the nursing staff completed the train the trainer programme on hand hygiene and hospital management were working towards providing specialised accredited training on cleaning for housekeeping staff. In addition, training on the new cleaning trolley and cleaning equipment to be introduced in the unit was to be completed by an external company unit in December 2020.

Staff allocation

On the day of inspection, management reported that the rehabilitation unit was staffed sufficiently. There was no patient confirmed or suspected as having COVID-19. Inspectors were told that, in the event of an outbreak of infection, the hospital had a contingency plan in place to source additional staff from an agency service. This plan was outlined on the day of inspection. The hospital's contingency plan on staffing was documented in the hospital's draft COVID-19 preparedness plan and in the Cashel Residential Older Persons Services COVID-19 policy and emergency plan May 2020.

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:

- Wear and tear and poor maintenance of the general environment did not aid effective cleaning in the unit.
- Environmental cleaning required improvement.
- Cleaning checklists needs to be signed at time the toilet facilities are cleaned.
- The risk associated with the use and reprocessing of soft mop heads needs to be addressed.
- Shower enclosures need to be fixed as per the manufacturer's instructions to prevent slippage of water to surrounding floor areas.
- Inspectors noted inappropriate placement of clinical and non-clinical waste bins on the corridor.

Judgment Standard 2.2: Partially compliant

Environment and infrastructure

Overall, inspectors found that the general environment was visibly clean with some exceptions, which were discussed with the clinical nurse manager on the day of inspection. There was room for improvement in the cleaning processes and with maintenance of the unit. For example, inspectors observed:

- some surfaces and finishes including wall paintwork, wood finishes and flooring were worn and poorly maintained and did not facilitate effective cleaning
- general dust and rust on linen trolleys, dust on a commode cover and on the floor in the dirty utility room near the exit door

- curtains were not properly hung and there was no identifier on curtains to indicate when they were last cleaned
- bed linen on a vacant bed was stained and generally very worn
- shower enclosure screens in shower units in two en-suite bathroom facilities inspected were not attached to the wall as per the manufacturer's instructions, so water flowed out onto the floor and surrounding area. This posed a potential risk of slipping. Inspectors brought this risk to the attention of the acting assistant director of nursing during the inspection and were informed that the risk had been risk assessed in 2019. Given that the in-patient population in the rehabilitation unit were receiving rehabilitation care, this risk needs to be reassessed, recorded on the hospital's risk register and addressed following this inspection.

Management at the unit told inspectors that the position of head of maintenance at the hospital was vacant and was being advertised at the time of inspection. In the interim, maintenance of the unit was provided by the South Tipperary HSE maintenance services.

Inspectors observed hand hygiene sinks in the clinical areas visited conformed to Health Building Note 00-10 Part C: Sanitary assemblies.⁹ Wall-mounted alcohol based hand sanitiser dispensers and hand hygiene signage were readily available throughout the unit.

Patient placement

The rehabilitation unit had one isolation room with en-suite bathroom facilities and five four-bedded wards. Of the five four-bedded wards, three had en-suite bathroom facilities and the remaining two wards had access to separate bathroom and shower facilities for each ward on a nearby corridor.

On the day of inspection, there were no patients in the rehabilitation unit with confirmed or suspected COVID-19 infection. Inspectors were informed that in the event of an outbreak, patients would be placed in a single room with en-suite bathroom facilities or cohorted in a four bedded ward with en-suite bathroom facilities in line with national guidance.³

There were a small number of patients with known multi-drug resistant organisms who required isolation on the day of inspection. Inspectors observed that contact precautions signage was displayed at the entrance to the isolation room and the ward area where these patients were being isolated. In addition, wall mounted personal protective equipment and alcohol based hand sanitiser dispensers were available outside the isolation rooms and the four-bedded wards.

Waste management

Inspectors found that while waste streams were in place, clinical and non-clinical waste bins were placed on the corridor outside each ward area. This was brought to the attention of management during the inspection. The rehabilitation unit achieved a 92.3% compliance rate with waste management in the hygiene audit conducted at the end of September 2020.

Cleaning resources

Inspectors were informed that there was sufficient cleaning resources to meet the needs of the hospital. Cleaning and hygiene duties were undertaken by two housekeepers who were employed by an external company. Cleaning staff were rostered from 8am to 5pm, seven days a week. Outside of these hours, cleaning duties were carried out by a multi-task attendant with responsibilities for catering and cleaning duties.

Management acknowledged that there was an infection prevention control risk associated with the multi-task attendant carrying out catering and cleaning duties. While this risk was not formally risk assessed, inspectors were told that the role of a multi-task attendant was being reviewed at the time of inspection.

The rehabilitation unit had a dedicated cleaning room where the cleaning trolley and cleaning equipment were stored. On the day of inspection, inspectors observed that two coloured soft mop heads were used to clean different areas of the unit. Housekeeping staff explained to inspectors that soft mop heads were cleaned after use and discarded on a weekly basis. Inspectors discussed this practice and the potential risk of cross infection with management on the day of inspection and were informed that there was a plan to replace the soft mop heads with single use mop heads in December 2020.

Management conducted a risk assessment on the use and reprocessing of soft mop heads and the cleaning cloths in the rehabilitation unit. Inspectors reviewed the risk assessment and noted that additional controls were put in place to minimise the risks associated with cross infection during the cleaning process.

Cleaning records were maintained as per local policy with some exceptions. For example, the cleaning checklist for toilets reviewed by inspectors for the week of 5 October 2020 were not signed at all the required time intervals. The documentary evidence would also suggest that there was a lack of oversight of these cleaning schedules by management, which should be addressed following this inspection.

The rehabilitation unit had a formal cleaning schedule for housekeepers and for multi-tasked assistants which was overseen by the clinical nurse manager of the

rehabilitation unit. This schedule outlined the standard cleaning procedures for environmental and equipment cleaning.

Linen and laundry

Segregation of infected linen was managed in line with national guidelines and clean linen was stored appropriately.³ All used and infected linen was laundered off-site. The rehabilitation unit had local up-to-date guidelines on the use, handling and storage of linen.

Discussion with patients

Patients who spoke with inspectors were very positive about the standard of care received and were satisfied with the level of environmental hygiene in the unit.

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 inspected appeared visibly clean and well maintained with few exceptions, which were discussed with staff on the day of inspection.

There was sufficient space to store unused equipment appropriately. Inspectors reviewed the equipment cleaning schedule completed by the multi-task assistants and noted that patient equipment had been cleaned as required. There was also evidence that the clinical nurse manager had oversight of the cleaning schedule.

Findings of the hygiene audit conducted in September 2020 showed that the unit's overall compliance rate for the managing and cleaning of patient equipment was 77.7%. Following the audit, the unit introduced clean stickers to indicate when patient equipment had been cleaned. Notwithstanding this, greater measures need to be implemented in the unit regarding the management and cleaning of equipment if a greater level of compliance is to be achieved and the risk of transmission based healthcare infections is to be minimised.

Theme 3: Safe Care and Support

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

Findings:

- The rehabilitation unit had a draft COVID-19 preparedness plan that had not been approved with the governance structures of the CHO 5.

Judgment Standard 3.4: Compliant

COVID-19 Preparedness

The director of nursing was the designated lead for COVID-19 preparedness and response within the hospital. The acting assistant director of nursing was the clinical lead for COVID-19 at the hospital.

The rehabilitation unit had a draft COVID-19 preparedness plan in place. This plan outlined how to manage a COVID-19 infection outbreak, identify isolation areas, staff and patient supports and how to access occupational health. In addition, St Patrick's Hospital had implemented the CHO 5 Cashel Residential Older Persons Services COVID-19 policy and emergency plan May 2020, which outlined staff roles and responsibilities, contingency planning for COVID-19, environmental cleaning and staff rostering.

Staff were knowledgeable about the defined zones for accommodating and segregating suspected and confirmed COVID-19 patients from non-COVID-19 patients and the design of the rehabilitation unit facilitated this process. Inspectors were informed that in the event of an outbreak that staff would be segregated into COVID-19 and non-COVID-19 teams. There was a contingency plan in place to address any shortfall in staffing levels in the event of an outbreak. Occupational health support was available for staff from South Tipperary General Hospital.

Seven staff within the rehabilitation unit had been trained to perform the sampling for COVID-19. Inspectors were informed that COVID-19 tests were sent to University Hospital Waterford with an average of 48 hours turnaround time for patients screened. Staff and patients were monitored for symptoms of COVID-19 twice a day.

Inspectors observed COVID-19 related signage promoting physical distancing and infection prevention and control practices throughout the rehabilitation unit. Management reported that it had adequate supplies of personal protective equipment in stock. The unit had visiting restrictions in place on the day of inspection.

Outbreak Management

The director of nursing was responsible for reporting outbreaks of infection to the medical officer, the consultant geriatrician and upwards to senior managers in CHO 5. Hospital management were knowledgeable about the requirement to report all outbreaks to the regional medical officer at the Department of Health and reported that systems were in place to manage and control an outbreak in a timely and effect manner. The acting assistant director of nursing was the designated person with responsibility for communicating with families if an outbreak occurred. Inspectors were informed that CHO 5 had a COVID-19 response team in place for South Tipperary and one of the two consultant geriatricians assigned to the rehabilitation units was a member of that response team.

Overall, while the rehabilitation unit had not experienced an outbreak of infection, management had a system in place to identify, manage, control and document an outbreak of infection.

3.0 Conclusion

Overall this inspection identified that St. Patrick's Hospital rehabilitation unit was compliant with three of the six *National Standards for infection prevention and control in community services* assessed. A judgment of substantially compliant was made against one standard and partially compliant against two standards.

Leadership, Governance and Management

St. Patrick's Hospital had leadership, governance and management arrangements in place for the infection prevention and control of healthcare-associated infection.

Inspectors found that the recent changes in the hospital's management structure and the appointment of a community assistant director of nursing had supported some improvement in the monitoring of infection prevention and control practices within the rehabilitation unit. Despite this, inspectors found that governance oversight of audit practices needs to be strengthened. In addition, there was limited monitoring of infection prevention and control practices within the unit and no ongoing monitoring of antimicrobial stewardship activities. This needs to be addressed to provide ongoing assurance to management on the rehabilitation unit hygiene and cleaning processes after this inspection.

The rehabilitation unit had systems in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections. Management in the unit had identified risks relating to cleaning equipment and the reprocessing of mop heads, but these risks had not been formally risk assessed or recorded on the hospital's risk register. Management subsequently completed a risk assessment on these identified risks. On reviewing the risk assessments, inspectors noted that additional controls were put in place to manage the identified risks.

The rehabilitation unit had a system in place for the management of clinical incidents, but no infection prevention and control incidents were reported to date. It was subsequently reported to inspectors that healthcare associated infection incidents would be recorded if acquired by a patient during their stay in the rehabilitation unit.

Workforce

The rehabilitation unit had access to the community assistant director of nursing for infection prevention and control in CHO 5 and also had access to expert public medicine advice.

Staff were up-to-date with infection prevention and control training. Staff had access to CHO 5 Cashel Residential Older Persons Services COVID-19 policy and emergency plan May 2020. Staff also had access to policies and a draft COVID-19 preparedness

plan. However, inspectors found that some of the policies, procedures and guidelines in use within the unit had yet to be formally ratified by CHO 5 management structures.

Effective Care & Support

Overall, inspectors found that while the general environment was clean, there was room for improvement with cleaning processes and maintenance at the unit. Management reported to inspectors that changes were made to cleaning schedules and cleaning staff rosters to address the findings of the hygiene audit conducted in September. Inspectors found that overall, equipment appeared visibly clean and well maintained with some exceptions.

Safe Care and Support

The director of nursing was the designated lead for COVID-19 preparedness and response within the hospital. While the rehabilitation unit had not experienced an outbreak of infection, management had a system in place to identify, manage, control and document an outbreak of infection.

Following this inspection, management in St Patrick's 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

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