



**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, John's Hill, Waterford.**

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

Date of inspection: 02 September 2020



## **About the Health Information and Quality Authority (HIQA)**

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

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

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



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## 1.0 Information about this monitoring programme

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

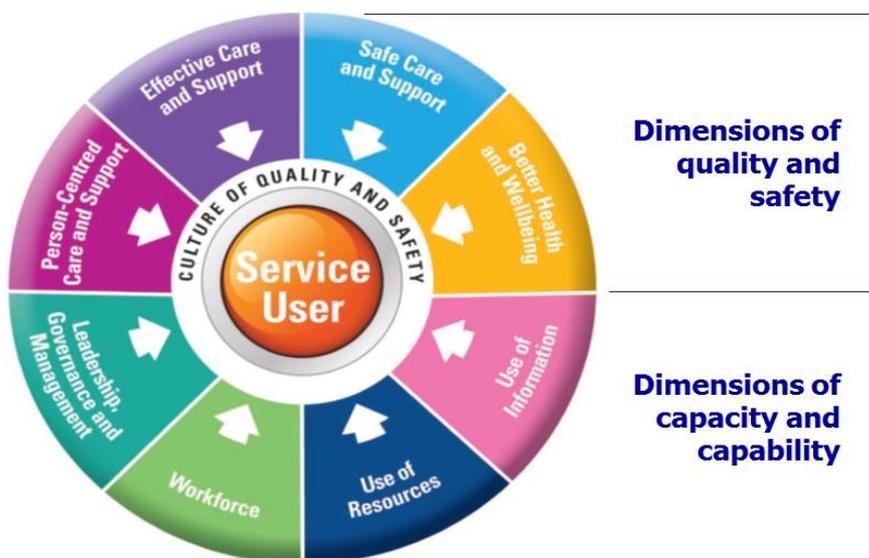
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

Inspection findings are grouped under the National Standards dimensions of:

1. Quality and safety
2. Capacity and capability

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

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



\* National Standards for infection prevention and control in community services.

## Report structure

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

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

<b>Capacity and Capability</b>	
<b>Theme</b>	<b>Standard</b>
<b>5: Leadership, Governance and Management</b>	<p><b>Standard 5.1:</b> 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><b>Standard 5.2:</b> 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>
<b>6: Workforce</b>	<p><b>Standard 6.1:</b> 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:

<b>Quality and Safety</b>	
<b>Theme</b>	<b>Standard</b>
<b>2: Effective Care &amp; Support</b>	<p><b>Standard 2.2:</b> Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.</p> <p><b>Standard 2.3:</b> Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.</p>
<b>3: Safe Care and Support</b>	<p><b>Standard 3.4:</b> 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:

<b>Compliant</b>	<b>Substantially compliant</b>	<b>Partially compliant</b>	<b>Non-compliant</b>
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, Waterford, is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 5.<sup>†</sup> St Patrick's Hospital comprised 20 beds.

The hospital accommodated rehabilitation beds. Patients were admitted for rehabilitation following for example a stroke, hip and knee replacements.

A designated centre for older persons and 20 mental health beds were also onsite.

## **1.2 Information about this inspection**

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Bairbre Moynihan and Emma Cooke on 2 September 2020 between 0952 hrs and 1530 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 clinical environment in Our Lady's Ward.

Patients were admitted from University Hospital Waterford.

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

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<sup>†</sup> Community Health Organisation area 5 consists of South Tipperary, Carlow, Kilkenny, Waterford and Wexford

## 2.0 Inspection Findings

The following sections present the general findings of this announced inspection. To present the general findings of this announced inspection the report is structured as follows:

- Section 2.1 Outlines the high risks identified during this announced inspection
- Section 2.2 Capacity and Capability
- Section 2.3 Quality and Safety

### 2.1 High risks identified during this announced inspection

During the course of the announced inspection, inspectors identified high risks in relation to non-compliance with Health Service Executive/Health Protection Surveillance Centre guidance - Acute Hospital Infection Prevention and Control Precautions for Possible Confirmed COVID-19 in a Pandemic Setting Version 1.4.<sup>2</sup>

Specific details of the high risks identified at this inspection included:

- St Patrick's Hospital, Waterford was admitting patients from an acute hospital that were not tested for COVID-19 prior to admission.
- St Patrick's Hospital did not put measures in place to isolate patients transferred from an acute hospital and who had not been tested for COVID-19 in line with national guidance.

The above issues were brought to the attention of senior management at the hospital during the inspection. This was done so that the hospital could act to mitigate and manage the identified risks as a matter of urgency.

In light of the ongoing global pandemic of COVID-19 and its impact on the quality and safety of care for patients admitted to St Patricks' Hospital, Waterford, HIQA sought assurance regarding arrangements in place to ensure compliance with the national guidelines. Copies of HIQA's notification of high risks and the service provider's response are in Appendix 1 and 2. In response St Patrick's Hospital, Waterford provided written assurance to HIQA with a commitment that full compliance with national guidelines would be implemented.

### 2.2 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:**

- The hospital was not in line with national guidance<sup>2</sup> for the testing of patients for COVID-19 transferring from an acute hospital.
- Measures were not put in place to isolate patients who were admitted from an acute hospital who had not been tested for COVID-19.
- Follow-up on actions from previous local infection prevention and control committee meetings, person's responsible and date for completion of the actions were not evident on meeting minutes.
- Environmental and Equipment audits had not been completed since June 2019.
- Antimicrobial stewardship activities were not evident.

**Judgment Standard 5.1: Partially Compliant**

#### Corporate and Clinical Governance

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

The hospital was managed on a day-to-day basis by a director of nursing who had overall responsibility for both the hospital and the designated centre for older persons. The director of nursing reported to the manager for older person services, who in turn reported to the head of service for older person services, and upwards to the chief officer of CHO5. It was clear from discussions held with staff that lines of communication and responsibility were understood locally. Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the chief officer of CHO5.

A local general practitioner provided clinical care to the patients and attended the hospital for three hours, Monday to Friday and was available from 9am-5pm. Outside of these hours and at weekends cover was provided by CareDoc.<sup>‡</sup>

Four geriatricians from University Hospital Waterford had joint appointments with St Patrick's Hospital and attended the hospital on a six-weekly rotational basis. A consultant attended the hospital on Wednesdays for a multi-disciplinary team meeting and a medical registrar attended the hospital on Tuesdays and Thursdays.

The hospital had an infection prevention and control committee onsite which was chaired by an assistant director of nursing. The terms of reference reviewed indicated that the infection prevention and control committee should meet every three months. Only one set of minutes from 2020 was available for inspectors to review. Actions from the previous meeting were not evident on the minutes reviewed. Furthermore multiple people were identified as being responsible for actions and a date for completion of the actions was not identified. Minutes from meetings must clearly outline actions arising from the meetings, persons responsible and timeframes afforded to actions identified. An infection control link nurse<sup>§</sup> from Our Lady's Ward attended the meeting.

Inspectors were informed that the infection prevention and control committee reported to the quality and safety committee which was chaired by the director of nursing. This committee were meant to meet quarterly in line with the terms of reference but meetings had ceased in January due to the COVID-19 pandemic. Meeting minutes from January showed that infection prevention and control was discussed at this meeting.

The director of nursing attended a CHO5 executive quality and safety committee and informed inspectors that audit results and key performance indicators for the hospital were discussed at this meeting. The executive quality and safety committee was chaired by the head of service for older person services.

#### Monitoring, Audit and Quality assurance arrangements

Audits completed in 2020 included linen and hand hygiene audits with results between 93% and 100%. However, inspectors were informed that infection prevention and control audits had ceased at the start of the COVID-19 pandemic. The last environmental hygiene audit was completed in June 2019 which showed an overall score of 77% with no accompanying time-bound action plan. Findings from the audit were evident on the day of inspection. Furthermore inspectors noted that the last equipment hygiene audit was in June 2019 and standard and transmission

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<sup>‡</sup> CareDoc is a general practitioner out of hour's service part funded by the Health Service Executive.

<sup>§</sup> The role of the infection prevention and control link nurse was to increase awareness of infection control issues in their ward and motivate staff to improve practice.

based precaution audits were not available. Inspectors were not satisfied that there was an appropriate level of comprehensive auditing and monitoring with action plans in place. This meant that there was insufficient assurance provided that issues relating to infection prevention and control could be identified and addressed efficiently or effectively. These findings will be further discussed in Theme 2: Effective Care and Support.

Local management informed inspectors that there was no antimicrobial stewardship activities on Our Lady's Ward at present however an antimicrobial pharmacist had been appointed to CHO5 and had a scheduled meeting with the director of nursing with a view to developing antimicrobial stewardship activities within the hospital.

#### Coordination of care within and between services

As detailed in section 2.1 above the hospital was not in line with national guidance<sup>2</sup> for the testing of patients transferring from an acute hospital. Furthermore measures were not put in place to isolate patients who were admitted from an acute hospital who had not been tested for COVID-19.

A COVID-19 screening form was completed by a consultant geriatrician prior to transfer and included symptoms and investigations for COVID-19. Patients were accepted for admission based on the screening form.

Inspectors were informed that if patients were acutely unwell they were transferred by ambulance to an acute hospital. The transfer form was reviewed by an inspector. The form did not include information on infection prevention and control. This should be reviewed.

Patients who attended an acute hospital for an appointment were tested for COVID-19 prior to the appointment.

**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:**

- Infrastructure risks were not on the risk register.
- Infection prevention and control incidents and learning from incidents were not discussed at the infection prevention and control committee meeting.
- Trending of infection prevention and control incidents were not undertaken.
- A number of policies procedures and guidelines did not have dates for approval and review detailed on them.

**Judgment Standard 5.2: Substantially Compliant**

The director of nursing was the designated person with responsibility for infection prevention and control at the hospital for day-to-day operations. Issues which could not be managed locally were escalated through the defined management structure to the chief officer of CHO5.

### Risk and incident management

Inspectors found that there were systems and processes in place to identify and manage risks relating to infection prevention and control at the hospital. Inspectors reviewed the hospital risk register. Three infection prevention and control risks were on the risk register including lack of an infection prevention and control nurse for CHO5 and timely repairs and maintenance of the environment and equipment. The risk register did not include infrastructure risks such as no hand hygiene sink and showering facilities in the isolation room in Our Lady's Ward. This will be further discussed in Theme 2: Effective Care and Support. Risks that could not be mitigated at local level were escalated within the management structures of the CHO. The director of nursing met with the head of service for older persons quarterly to discuss the risks.

Risk assessments were completed in the ward area and included a pro-active risk assessment in response to COVID-19. Existing controls on the risk assessment included that all public health COVID-19 guidelines are implemented. However this was not the finding of inspectors on the day of inspection as detailed in section 2.1.

Management stated that infection prevention and control incidents were reported on the National Incident Management System (NIMS).\*\* Local management stated that incidents were reviewed weekly by the director of nursing. Inspectors were informed that newly acquired healthcare associated infections were reported as an incident and poor infection prevention and control practices were identified but were not always reported on a form. However, trending of infection prevention and control incidents were not undertaken. Infection prevention and control incidents should be reported on an incident form, logged on NIMS and tracked and trended and feedback provided to staff with the emphasis on learning and improvement.<sup>3</sup> Infection prevention and control incidents and learning from incidents were not discussed at the infection prevention and control committee meeting however incidents were an agenda item at the quality and safety meeting.

Inspectors were informed that incidents were reviewed and learning shared in handover and at the daily huddle on Our Lady's Ward.

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\*\* 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

### Staff meetings

The director of nursing held daily management meetings to review patients with potential symptoms of for example COVID-19, viruses such as norovirus and to identify any potential outbreaks of infections.

Inspectors were informed that local management held twice weekly COVID-19 briefings. Since 1 September the director of nursing had introduced a COVID-19 safety pause on Mondays and Tuesdays for all staff and included for example the current COVID-19 situation and staff training.

At ward level a daily huddle was in place, held in the afternoon and led and minuted by a health and social care provider. Inspectors were informed that regular staff meetings were also held on the ward.

### Influenza vaccination programme

The HSE national uptake target for influenza vaccine in the 2019/2020 influenza season was 60%.<sup>4</sup> Our Lady's Ward had a 96% uptake of the influenza vaccine amongst all grades of staff in the 2019/2020 influenza season. Overall the campus achieved an 84% uptake. Minutes reviewed from the infection prevention and control committee showed that the campus came third nationally. This is commendable and demonstrates innovation and a commitment to achieving improved influenza uptake among healthcare workers.

### Policies Procedures and Guidelines

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. A date that the policy was reviewed and approved was not evident on standard precautions and the COVID-19 outbreak management policy. Final policies, procedures, protocols and guideline (PPPG) documents should be signed off by senior management and or relevant governance processes, confirming the PPPG meets the standard required for a robust PPPG.<sup>5</sup> Furthermore an admission policy was in place with no date for approval of the policy and date of review. The policy did not detail the admission criteria for a patient transferring from an acute facility during the COVID-19 pandemic. This should be reviewed in light of the high risks detailed in section 2.1 and identified on the day of inspection.

National guidelines advise that facilities such as community hospitals apply the acute hospital COVID-19 guidelines.<sup>2</sup> A COVID-19 resource folder was available to staff on the ward, however the residential care facilities guidelines were contained in the folder

which were not up to date. The document management system needs to be reviewed to ensure that the most up-to-date guidelines are available to staff.

### **Theme 6: Workforce**

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

**Findings:**

- Uptake of mandatory training was well below the level expected when considered in the context of the ongoing pandemic.
- Agency cleaning staff had not received formal training in cleaning.

**Judgment Standard 6.1: Substantially Compliant**

#### Access to specialist staff with expertise in infection prevention and control

Inspectors were informed that there was no infection prevention and control nurse in CHO5 and this had been entered on the hospital risk register. The hospital had access to infection prevention and control advice from the public health infection prevention and control nurse. The public health infection prevention and control nurse did onsite training if requested. Inspectors were informed that public health medical advice was readily available and the hospital had 24 hour access to public health advice.

Staff in the ward area articulated how to access infection prevention and control advice if required. Our Lady's Ward had an infection prevention and control link nurse.

#### Staff training

Our Lady's Ward had one hand hygiene trainer for the ward. Local management stated that it was mandatory for staff to complete the HSElanD<sup>6</sup> online hand hygiene training programme and breaking the chain of infection training. Training records reviewed indicated that 100% of nursing staff and 88% of multi-task attendants and healthcare assistants had completed hand hygiene training. However records showed that only 50% of nursing, health care assistants and multi-task attendants had completed breaking the chain of infection which was well below the level expected when considered in the context of the ongoing pandemic.

Management stated that staff received onsite standard and transmission based precautions, donning and doffing of personal protective equipment (PPE), signs and symptoms of COVID-19 and outbreak management training. Training records indicate that 100% of nursing staff and 53% of health care assistants had received training in donning and doffing of personal protective equipment (PPE).

Inspectors were informed that not all agency cleaning staff had received formal training in relation to cleaning. Adequate training in these principles should be provided for all personnel responsible for cleaning.

### **2.3 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.
- Hand hygiene sinks did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.
- Mops were not always dry when returned to cleaning staff.

**Judgment Standard 2.2: Substantially Compliant**

#### Environment and infrastructure

Overall the environment was clean with a few exceptions including for example excessive dust and debris between window sills and windows and in an air vent.

Inspectors found that the hospital's infrastructure was dated. The environment had not been managed and maintained in line with national standards<sup>1</sup> for example there was damage to paintwork on walls, doors, wooden handrails, skirting boards were chipped and damaged and there was exposed piping throughout the ward. Furthermore built-in wardrobes and bedside lockers were in a state of disrepair. This did not aid effective cleaning.

The ward was a 36-bedded ward but had recently been reduced to a 20-bedded ward. The reduced number of beds allowed for adequate spacing between beds.

However a single room used for isolation purposes had no showering facilities or compliant hand hygiene facilities.

On the day of inspection flooring was being replaced in one of the patient bays. This had been identified in an environmental audit in June 2019. A risk assessment had been completed in May 2020 identifying the risk of infection from frayed linoleum. Inspectors were informed that there was a process in place to address infrastructural and maintenance issues. However, there was scope to improve the response times for maintenance issues identified and reported by the hospital.

Inspectors were informed that there was a plan to refurbish the ward. In the interim of the refurbishment, it is essential that hospital infrastructure is maintained at a high standard to ensure the effectiveness of infection control practices and prevent the transmission of infection.

#### Hand hygiene facilities

Wall-mounted alcohol hand-rub was readily available. Hand hygiene signage was evident on the ward. Hand hygiene sinks throughout the ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>7</sup>

#### Patient placement

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. However as discussed in section 2.1 inspectors identified a high risk where measures were not put in place to isolate patients who were admitted from an acute hospital who had not been tested for COVID-19.

Patients admitted from the community were isolated for 14 days on admission.

#### Cleaning resources

The hospital had an up-to-date decontamination policy for non-invasive/non-critical medical devices; fixture and fittings, and the healthcare environment. The ward had two cleaners allocated from 8:00hrs – 16:30hrs Monday to Friday. Outside of these hours cleaning was undertaken by a health care assistant. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the ward.

Cleaning schedules reviewed outlined areas to be cleaned daily, weekly and for weekly intensive cleaning. Cleaning schedules were signed off by the nurse-in-charge on a daily basis and once weekly by the clinical nurse manager.

Cleaning equipment was stored in a designated room however access to this room was via the dirty utility.<sup>††</sup> This is not ideal from an infection prevention and control point of view. Furthermore cleaning consumables were stored in locked storage in the dirty utility.

The hospital used a flat mop system. Inspectors were informed that mops were reprocessed onsite but mops were not always dry when returned to cleaning staff. Clean mops should be allowed to dry before reuse.<sup>8</sup> This should be reviewed.

### 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.<sup>2</sup>

### 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.

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

#### **Findings:**

- A number of items of frequently used patient equipment were noted to be unclean.
- Not all equipment was detailed in the equipment cleaning schedule.

**Judgment Standard 2.3: Substantially Compliant**

Overall, inspectors found that there was a need to improve the management of patient equipment hygiene.

During the inspection it was noted that some equipment was clean for example patient monitoring equipment and glucometers. However items such as underneath raised toilet seats, a hoist, weighing scales and cushions were observed to be

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<sup>††</sup> Rooms equipped for the disposal of body fluids and the decontamination of reusable equipment such as bedpans, urinals, commodes and body fluid measuring jugs. Waste, used linen and contaminated instruments may also be temporarily stored in this room prior to collection for disposal, laundering or decontamination

unclean. Multiple examples of staining from adhesive tape was noted throughout the ward and dressing trolleys were noted to be rusty. Management must ensure that all equipment is safe to use and is cleaned appropriately.

The last equipment hygiene audit available for inspectors was from June 2019 with a score of 67%. The findings on inspection, previous audit results and no recent equipment audits completed are a concern in light of the ongoing COVID-19 pandemic. These audits should be progressed.

Daily equipment cleaning schedules were in place but did not include some of the equipment that inspectors identified as being unclean such as dressing trolleys and raised toilet seats. A review of the equipment cleaning schedule is required to include all equipment available on the ward.

### **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 hospital. Management reported that the hospital had contingency plans in place which included contingency arrangements for staffing, zoning and co-horting of patients (patients with COVID-19 separated from patients without COVID-19) and a communication plan for communicating with public health and families.

At the onset of the pandemic the regional department of public health convened daily CHO5 COVID-19 conference calls with the directors of nursing from CHO5 and the head of service, older persons. These have now been reduced to weekly.

Personal protective equipment was monitored on a weekly basis. Local management informed inspectors that there was a back-up supply of personal protective equipment in the event of an outbreak. Furthermore the hospital had twice weekly access to supplies from the HSE.

The hospital had put measures in place to eliminate crossover of staff between Our Lady's Ward and the designated centre. Staff from Our Lady's Ward used a separate entrance, exit and canteen to the staff from the designated centre. Furthermore visitors entered the ward through a separate entrance to staff from Our Lady's Ward.

Fortnightly sampling of staff for COVID-19 was in place. While not mandatory management reported a good uptake from staff for COVID-19 sampling. A number

of staff had been trained in taking the samples. The turnaround times for testing was reported to be 24 hours.

Daily checking of temperatures of patients and twice daily temperature checks for staff were completed at the beginning and end of each shift.

### Outbreak Management

Inspectors were informed that there had been no outbreak of infection since 2017. 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. Hospital management reported that systems were in place to manage and control infection outbreaks in a timely and effective manner.

### **3.0 Conclusion**

Overall this inspection identified that St Patrick's Hospital, Waterford was compliant with one of six of the *National Standards for infection prevention and control in community services* assessed, substantially compliant with four of the standards and partially compliant with one standard.

#### Leadership, Governance and Management

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

The hospital was admitting patients from an acute hospital that were not tested for COVID-19 prior to admission in line with national guidance.<sup>2</sup> In addition measures were not put in place to isolate patients transferred from an acute hospital and who had not been tested for COVID-19. Details of the high risks identified on inspection and the response from the hospital are outlined in appendix 1 and 2. Inspectors found that there was room for improvement in relation to audits of environmental and patient equipment hygiene and antimicrobial stewardship at the hospital. Furthermore infection prevention and control incidents and learning from incidents were not discussed at the infection prevention and control committee meeting. In addition trending of infection prevention and control incidents were not undertaken.

#### Workforce

There was no infection prevention and control nurse in CHO5 and this had been entered on the hospital risk register. However the hospital had access to infection prevention and control advice from the infection prevention and control nurse in the local department of public health. The hospital had an identified a member of staff with a special interest in infection prevention and control. Furthermore the hospital had an infection prevention and control link nurse whose role was to increase awareness of infection control issues in their ward and motivate staff to improve practice.

Inspectors found that improvement was required in the uptake of mandatory training. In addition, there was a lack of training of agency cleaners on the cleaning systems. Adequate training in these principles should be provided for all personnel responsible for cleaning.

### Effective Care & Support

A number of infrastructural issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection including general wear and tear throughout the ward. The reduction in the number of beds on the ward allowed for adequate spacing between beds.

The hospital needs to review the reprocessing of mops to ensure they are dry before returning to the ward for use.

While a number of items of patient equipment were clean, inspectors found that there was scope for improvement.

### Safe care and support

The director of nursing was the designated lead for COVID-19 preparedness and response within the hospital. The hospital reported that they had preparedness plans and contingency plans in place. While the hospital was not in compliance with testing for COVID-19 prior to admission a number of control measures had been implemented to aid in the prevention and early detection of COVID-19 within the facility.

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. [Online]. Available online from: <https://www.hiqa.ie/sites/default/files/2018-09/National-Standards-for-IPC-in-Community-services.pdf>
2. Health Service Executive/ Health Protection Surveillance Centre. Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting. Version 1.4. [Online]. 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>
3. Health Service Executive Integrated Risk Management Policy. Part 3. Managing and Monitoring Risk Registers. Dublin. Health Service Executive; 2017. [Online]. Available online from: <https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse%20integrated%20risk%20management%20policy%20-%20part%203%20managing%20and%20monitoring%20risk%20registers.pdf>
4. Health Service Executive. National Service Plan 2020. [Online]. Available online from: <https://www.hse.ie/eng/services/publications/national-service-plan-2020.pdf>
- 5 Health Service Executive. National Framework for Developing Policies, Procedures, Protocols and Guidelines; 2016. [Online]. Available 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>
6. Health Service Executive. HSELand. [Online]. Available online from: <http://www.hseland.ie/dash/Account/Login>
7. Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. [Online]. Available online from: [http://www.dhsspsni.gov.uk/hbn\\_00-10\\_part\\_c\\_l.pdf](http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf)
8. Health Service Executive/Health Protection Surveillance Centre. Interim Guidance on Infection Prevention and Control for the Health Service Executive. 2020. Version 1.1 [Online]. Available from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf>

## 5.0 Appendices

### Appendix 1: Copy of the letter issued to the Director of Nursing of St Patrick's Hospital, John's Hill, Waterford regarding the high risks identified during HIQA's inspection.



Mary Veale  
Director of Nursing  
St Patrick's Hospital  
John's Hill  
Waterford  
mary.veale@hse.ie

**4 September 2020**

Ref: RC\_22

Dear Mary

**Announced monitoring inspection undertaken against the National Standards for infection prevention and control in community services at St Patrick's Hospital, John's Hill, Waterford.**

The Health Information and Quality Authority (HIQA) carried out an announced inspection at St Patrick's Hospital, Waterford against the National Standards for infection prevention and control in community services on 2 September 2020.

During the course of the announced inspection, Inspectors identified high risks in relation to non-compliance with Health Service Executive/Health Protection Surveillance Centre guidance - Acute Hospital Infection Prevention and Control Precautions for Possible Confirmed COVID-19 in a Pandemic Setting Version 1.4.

Specific details of the high risks identified at this inspection included:

- St Patrick's Hospital, Waterford was admitting patients from an acute hospital that were not tested for COVID-19 prior to admission.
- St Patrick's Hospital did not put measures in place to isolate patients transferred from an acute hospital and who had not been tested for COVID-19 in line with national guidance.

Head Office:  
Unit 1301, City Gate, Mahon,  
Cork, Ireland.  
Tel: +353 (0) 21 240 9300  
Fax: +353 (0) 21 240 9600

Dublin Regional Office:  
George's Court, George's Lane,  
Dublin 7, Ireland  
Tel: +353 (0) 1 814 7400  
Fax: +353 (0) 1 814 7499

e-mail: [info@hiqa.ie](mailto:info@hiqa.ie) [www.hiqa.ie](http://www.hiqa.ie)



The above issues were brought to the attention of Senior Management at the hospital during the inspection. This was done so that the hospital could act to mitigate and manage the identified risks as a matter of urgency.

Details of the risks identified, and proposed mitigating actions will be included in the report of this inspection. This will include copies of HIQA's notification of high risks and the service provider's response.

Please formally report back to HIQA by **2pm on 11 September 2020** to [qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie) outlining the measures that have been enacted to mitigate the identified risks as outlined above.

Should you have any queries, please do not hesitate to contact me at [qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie).

Please confirm receipt of this letter by email [qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Bairbre Moynihan', is written over a light blue grid background.

**BAIRBRE MOYNIHAN**  
Authorised Person

CC: Barbara Murphy, Head of Service, Social Care, CHO 5

Head Office:  
Unit 1301, City Gate, Mahon,  
Cork, Ireland.  
Tel: +353 (0) 21 240 9300  
Fax: +353 (0) 21 240 9600

Dublin Regional Office:  
George's Court, George's Lane,  
Dublin 7, Ireland  
Tel: +353 (0) 1 814 7400  
Fax: +353 (0) 1 814 7499

e-mail: [info@hiqa.ie](mailto:info@hiqa.ie) [www.hiqa.ie](http://www.hiqa.ie)

**Appendix 2: Response issued to HIQA from St Patrick's Hospital, John's Hill, Waterford regarding the high risks identified during HIQA's inspection.**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

HSE South  
Waterford Residential Care Centre  
St Patrick's Way  
Waterford City

Telephone: 051 848700

11<sup>th</sup> September 2020

Re: Announced monitoring inspection undertaken against the National Standards for infection prevention and control in community services at St Patrick's Hospital, John's Hill, Waterford.

Dear Bairbre,

During the course of the announced inspection, you and your colleague identified high risks in relation to non-compliance with the Health Service Executive/Health Protection Surveillance Centre guidance- Acute Hospital Infection Prevention and Control Precautions for Possible Confirmed COVID-19 in a Pandemic Setting Version 1.4.

Since the inspection all patients admitted from the acute hospital are being tested for COVID- 19 prior to admission and are isolated for 14 days on transfer to the service. Please find attached St Patrick's Hospital's Standard Operating procedure for admission to the unit from the Acute and Community Settings during the COVID 19 Pandemic.

If you have any further enquiries please do not hesitate to contact me.

Yours Sincerely,

  
Mary Veale  
Director of Nursing,  
051 8487221  
mary.veale@hse.ie



"St Patrick's Hospital is a Tobacco Free Campus - Smoking on hospital grounds is prohibited"

**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](mailto:qualityandsafety@hqa.ie)  
URL: [www.hqa.ie](http://www.hqa.ie)**

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