



**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 Theresa's Hospital, Clogheen, Co Tipperary.**

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

Date of inspection: 24 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>

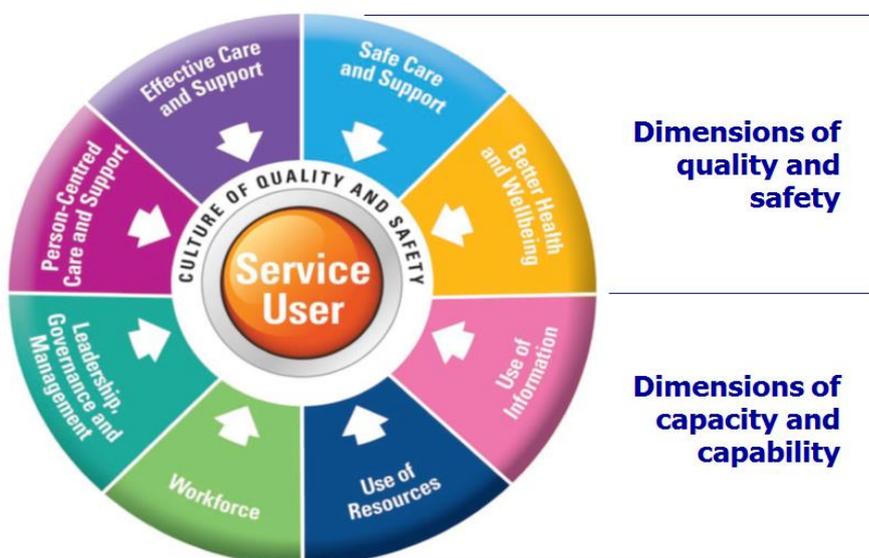
The National Standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

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**



<sup>1</sup> 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>	<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.
	<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.
<b>6: Workforce</b>	<b>Standard 6.1:</b> Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

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

## 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 Theresa's Hospital is owned and managed by the Health Service Executive (HSE) under the governance of Community Health Organisation (CHO) 5<sup>†</sup>.

St Theresa's Hospital has 18 beds and provides convalescence, respite and palliative care services to adults over 18 years. The hospital provides short stay services for patients who have completed the acute phase of their illness and who now require additional community support in order to assist them in their discharge home. The hospital also accepts community admissions for palliative care and respite care patients.

## **1.2 Information about this inspection**

This report was completed following an announced inspection carried out by Authorised Persons, HIQA; Nora O' Mahony and Siobhan Bourke on 24 September 2020 between 09:40 hrs. and 15:05 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.

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

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

## 2.0 Inspection Findings

### 2.1 Capacity and Capability

This section describes arrangements for the leadership, governance and management of the service at this hospital, and HIQA's evaluation of how effective these were in ensuring that a high quality safe service was being provided. It includes how the service provider is assured that there are effective governance structures and oversight arrangements in place for clear accountability, decision-making, risk management and performance assurance. This includes how responsibility and accountability for infection prevention and control is integrated at all levels of the service. This is underpinned by effective communication among staff. Inspectors also reviewed how service providers plan, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise and have the necessary resources to meet the service's infection prevention and control needs.

#### **Theme 5: Leadership, Governance and Management**

**Standard 5.1:** The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

**Judgment: Substantially compliant**

- Lack of formal arrangements for infection prevention and control expertise for the hospital
- There was a lack of oversight of cleaning schedules

#### Corporate and clinical governance

The director of nursing was responsible for the operational management of the hospital and reported to the manager of older persons services, who in turn reported to the head of services, older person's services, and upwards to the chief officer of CHO 5. It was clear from discussions during the inspection that staff understood the lines of communication and responsibility.

The organisational chart clearly outlined the reporting structures from the hospital to the senior management for older persons within CHO 5. Hospital management reported that they had regular telephone meetings with the manager of older person's services for CHO 5 during the COVID-19 pandemic and onsite regularly prior to the pandemic.

Inspectors were informed that there was no community infection prevention and control nurse position in place for South Tipperary in CHO 5. This should be reviewed. There was however an informal arrangement with the infection prevention and control nurse from South Tipperary General Hospital who provided telephone advice to staff.

There was currently no oversight of environmental cleaning schedules in the hospital. This needs to be reviewed. Environmental cleaning will be discussed further in section 2.2

A local general practitioner was responsible for the medical care provided to patients admitted to the hospital. This general practitioner attended the hospital each day Monday to Friday and provided on-call cover on Saturday mornings. Additional on call medical cover was provided by CareDoc<sup>‡</sup>.

### Committee structures

Inspectors reviewed minutes from committees within the organisational management structure, established to oversee the quality and safety of the services. The meetings were attended by directors of nursing and senior management from CHO 5 and included:

- Local Governance Meeting (hospital level)
- Residential Services South Tipperary Quality Assessment and Improvement Committee (South Tipperary level)
- Head of Services, Quality and Patient Safety Committee (CHO 5 level).

Inspectors were informed that the local governance meetings had been replaced during the COVID-19 pandemic with COVID-19 teleconference meetings with CHO 5 management. These meetings were held twice weekly initially and then reduced to twice monthly. The regular governance meeting had recently recommenced.

Infection prevention and control was a standing agenda item on the South Tipperary Quality Assessment and Improvement Committee and infection prevention and control issues were raised as required at the Quality and Patient Safety Committee.

The director of nursing held regular nursing and support staff meetings. Infection prevention and control was an agenda item at these meetings and practices to improve infection prevention and control were discussed and actioned, such as surveillance, outbreak management and cleaning schedules.

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<sup>‡</sup> Care Doc is an out of hours urgent GP service part-funded by the Health Service Executive

The clinical nurse manger also held a daily briefing with staff at handover, and the director of nursing informed inspectors that safety pauses<sup>§</sup> were held as required to provide information and updates to staff.

#### Monitoring, audit and quality assurance arrangements

The hospital had a number of quality assurance arrangements in place. Environmental hygiene standards were monitored at the hospital. Annual hygiene audits were performed by the CHO 5 nurse practice development coordinator.

In addition, local managers completed infection prevention and control and sharps audits in clinical areas on a three monthly basis. Examples of audit results reviewed by inspectors indicated high overall compliance. Further environmental and equipment hygiene findings will be discussed in section 2.2 of this report.

Inspectors noted that the infection prevention and control audit tool used by the hospital was designed for a different environment therefore did not include all areas or equipment used in the hospital.<sup>2</sup> This should be reviewed.

Hand hygiene audits were carried out by the clinical nurse manager on a monthly basis, and again good compliance was seen in audit results reviewed by inspectors.

Audits completed were reviewed and discussed at hospital staff meetings, at the South Tipperary Quality Assessment and Improvement Committee and at the Quality and Patient Safety Committee.

#### Antimicrobial stewardship

Inspectors were informed that an antimicrobial pharmacist had been recruited for the CHO 5 area. The director of nursing had held an introductory telephone meeting with the new pharmacist which included discussion regarding audits and policies. The University Hospital Waterford antimicrobial guidelines was approved for use within the hospital and the smart phone application had been downloaded by senior nursing staff within the hospital.

#### Coordination of care between hospitals

Hospital management informed inspectors that the majority of patients were transferred from South Tipperary General Hospital and University Hospital Waterford for a planned admission from two to 12 weeks duration. Patients were also admitted from home for palliative care and respite care.

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<sup>§</sup> Safety Pause: Staff discuss patient safety issues.

Patient assessments were undertaken by the clinical nurse manager prior to admission with review of patient's infection control status including COVID-19. Patient screening for COVID-19 for patients admitted to St Theresa's Hospital was managed in line with HSE/HPSC COVID-19 guidelines.<sup>3</sup>

If patients were acutely unwell, they were reviewed by the general practitioner or CareDoc out of hours and transferred by ambulance to 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.

**Judgment: Compliant**

The director of nursing was the person locally identified to manage key areas of infection prevention and control within the service.

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

#### Risk registers

Identified risks which could not be addressed at hospital level were documented on the risk register and escalated to CHO 5 management or the Health Service Executive as appropriate.

The infection prevention and control risks, including COVID-19 related risks, were documented on the hospital's risk register. The risks were risk rated and the controls in place were outlined. The risk register was monitored and reviewed at both the South Tipperary Quality Assessment and Improvement Committee and the Quality and Patient Safety Committee. Risks were escalated to the CHO 5 Chief Officer as and when necessary.

#### Incident reporting

Hospital management informed inspectors that incidents related to healthcare-associated infection were recorded on the national incident management system<sup>\*\*</sup>. Reported incidents were tracked and trended by the Quality and Patient Safety Advisor. Incidents were reviewed and discussed at the Quality and Patient Safety

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<sup>\*\*</sup> 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

Committee, the South Tipperary Quality Assessment and Improvement Committee and at local staff meetings.

Inspectors were informed that the number of infection prevention and control incidents reported were too low to track and trend.

#### Infection 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. Some of the policies viewed were developed and approved by the Infection Prevention and Control Committee for University Hospital Waterford and integrated Service Area South Tipperary, Carlow and Kilkenny. Review of policies and updates on new policies was seen as an agenda item on minutes of meetings reviewed at hospital, regional and CHO 5 level.

#### 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.<sup>4</sup>

The HSE national uptake target for influenza vaccine in the 2019/2020 influenza season was 60%.<sup>5</sup> Vaccinations were administered onsite by a trained member of staff, with oversight from the general practitioner. St Theresa's Hospital achieved a 75% uptake in the influenza vaccine uptake in the 2019/2020 season.

### **Theme 6: Workforce**

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

**Judgment: Substantially compliant**

- There was a lack of formalised infection prevention and control expertise for the hospital.

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

Inspectors were informed that there was no community infection prevention and control nurse position in place for South Tipperary in CHO 5. This resulted in lack of access to onsite guidance, support, training and education for staff in infection prevention and control.

As previously mentioned, there was an informal arrangement in place whereby an infection prevention and control specialist from South Tipperary Hospital provided telephone advice to staff in St Theresa's Hospital.

#### Infection prevention and control education

Inspectors reviewed infection prevention and control training records. Staff training records demonstrated full compliance with required mandatory infection prevention and control training.

Hand hygiene is a core infection prevention and control strategy with a high impact for the prevention of healthcare-associated infections and for limiting the spread of antimicrobial resistance. The clinical nurse manager had completed train the trainer education in hand hygiene and provided onsite hand hygiene training to staff

The HSElanD<sup>6</sup> online "*Introduction to Infection Prevention and Control*" and "*Breaking the Chain of Infection*" modules were mandatory for staff to complete.

Since the onset of the COVID-19 pandemic the appropriate use of personal protective equipment (PPE) and the HSElanD online training module on donning and doffing of PPE was also mandatory. Staff had also taken part in practical sessions in the donning and doffing of PPE supervised by the director of nursing. Inspectors were informed that this practical session was last completed in approximately April 2020, and as staff had limited exposure to the application of PPE a practical refresher for staff would be advisable.

#### Staff allocation

Staff were allocated to work on two separate teams each day, with a nurse and healthcare assistant allocated to each team caring for a separate cohort of patients. This was reduced to one nurse and two healthcare assistance on evenings and night shifts.

The hospital had a contingency plan for additional staff to prevent staff cross over in the event of a COVID-19 outbreak. The plan was outlined by staff on the day of inspection and included in the hospital's COVID-19 preparedness plan.

## **2.2 Quality and Safety**

This section looks at how rehabilitation and community inpatient healthcare services ensure that infection prevention and control outbreak/s including COVID-19, are managed to protect people using the healthcare service. This includes how the services identify any work practice, equipment and environmental risks and put in place protective measures to address the risk, particularly during a pandemic.

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

## **Theme 2: Effective Care and Support**

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

### **Judgment: Partially compliant**

- Infrastructural issues had the potential to impact on infection prevention and control measures.
- The facility for laundering and storage of linen and cleaning textiles was not designed or laid out to facilitate the prevention and control of infection
- There was no dedicated clean utility for the preparation of medication
- There was lack of personal storage space in a multi-occupancy room with shared storage of patients' personal belongings
- No formal training was provided to cleaning staff on general and special cleaning of the physical environment.

### **Environment and infrastructure**

Overall the general environment in clinical areas inspected was clean with some exceptions which were discussed with management on the day of inspection.

The hospital had undergone refurbishment in 2019 which included the addition of three single rooms and three two-bedded rooms with ensuite facilities and a dirty utility room. The extension also included a palliative care suite with kitchenette, a communal areas for patients with views and access to the garden, a nurses' station and additional storage areas. The newly renovated areas met modern specifications and facilitated effective cleaning

In contrast, a number of infrastructural and maintenance issues still remained in the older part of the hospital which had the potential to impact on infection prevention and control measures. For example:

- some surfaces and finishes including wall paintwork, wood finishes and flooring were worn and poorly maintained and as such did not facilitate effective cleaning

- an area with a sluice sink <sup>††</sup> located beside a four bedded room was not designed or maintained adequately to prevent cross infection.
- the cleaning equipment room did not have a hand hygiene sink
- patients' personal clothing was stored together in one wardrobe in a multi-occupancy room which posed a risk of cross contamination
- there was no dedicated clean utility area for the storage and preparation of medications. This areas was currently located in a dual function room within the nurses station in the older side of the hospital
- the design of clinical hand wash sinks in the older side of the hospital did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>7</sup>

Hospital management was working to mitigate these risks through the continuation of refurbishment plans for the older side of the hospital. Inspectors were informed that the next phase of refurbishment was at an advanced stage of planning, although no commencement date was yet identified. This should be progressed as a priority to mitigate infection prevention and control risks in the hospital.

#### Patient placement

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. Newly admitted patients were cared for in single rooms or same day admissions were cohorted in two bedded rooms in line with HSE/ HPSC COVID-19 guidance.<sup>3</sup> On the day of inspection, two patients admitted on the previous day were cohorted in a two-bedded room with ensuite shower and toilet facilities. Inspectors were informed that new patient's movements were restricted on admission, the hospital should ensure that these restriction are in line with HSE/HPSC COVID-19 guidance.<sup>3</sup>

#### Waste management

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

#### 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 multi-task assistants assigned to that role for their shift. Inspectors were informed that there was no crossover of roles during a shift. Cleaning processes, including additional

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<sup>††</sup> A sluice allows disposal of liquid and solid waste.

cleaning required during the COVID-19 pandemic, was discussed at support staff meetings as evident in minutes of meetings reviewed.

Cleaning records were maintained with some exceptions, but there was a lack of oversight of these schedules by management which should be addressed. The cleaning checklist was not comprehensive and required review as some areas such as the sterile supplies storage area were not included. Unacceptable levels of dust was present in storage containers in this room.

Inspectors were informed that no formal training was provided to cleaning staff on general and special cleaning of the physical environment. This should be reviewed.

#### Linen and laundry

Segregation of infected linen was managed in line with national guidelines. As mentioned previously, the linen was washed onsite in a laundry room which was unsuitable in the design and layout to prevent cross infection. For example, there was no separation for the receiving and handling of soiled linen and the processing and storage of clean linen.<sup>8</sup>

Inspectors were informed that refurbishment of the laundry facility was not included in the next phase of refurbishment plans. Therefore, the hospital needs to review the continuation of the onsite laundry service as a priority.

#### Discussion with patients

Inspectors spoke with a number of patients. Patients were very positive in their feedback to inspectors and were very complimentary about the standard of care provided within the hospital and the environmental hygiene.

Patient satisfaction surveys were completed by patients when possible on discharge. The survey included elements of infection prevention and control and the results were collated annually by the director of nursing. Over 93% of patients provided positive feedback on the environment and cleanliness.

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

**Judgment: Compliant**

#### Equipment hygiene

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

Storage of unused clinical equipment was optimised and as a result areas were generally organised and free from clutter. Inspectors were informed that equipment was cleaned between patient use, and that equipment was available to allocate to cohort of patients if required for COVID-19 positive and non-COVID-19 patients. Equipment such as hoist slings and moving and handling slides were designated single patient use and washed onsite between patients.

It was observed at the time of the inspection that a green label system was in use in the hospital. The labels alerted staff to when the equipment was last cleaned.

However, inspectors observed that the covers of pressure relieving cushions which had been labelled as cleaned, were worn which no longer supported effective cleaning. This was brought to the attention of management on the day of inspection.

### **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: Compliant**

#### COVID-19 outbreak preparedness

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

Older Persons Service South East Community Healthcare HSE Public Unit COVID-19 meetings were held with management during the pandemic outbreak to ensure safe procedures were in place for the management of COVID-19 and to share learning across services. By the time of the onsite inspection, these meetings were replaced with the regular governance meetings, and hospital management reported almost daily communication and support from senior management via telephone.

COVID-19 preparedness plans were in place which including planning for cohorting of patients, prevention of staff crossover, communication with staff and patients, and contact details for healthcare and advice. Plans were in place for the management of patients who developed symptoms during their admission to the hospital. Contingency plans were also in place in the event of a shortfall in staffing levels and occupational health support was available for staff.

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

The hospital reported that it had adequate supplies of personal protective equipment and an effective supply pathways.

Staff had access to a COVID-19 folder where all current information related to COVID-19 including the relevant contact phone numbers were stored. The director of nursing took responsibility for updating this folder.

A number of registered nurses within the hospital had been trained to perform the sampling for COVID-19. Inspectors were informed that tests were sent to South Tipperary Hospital with an average of 24 hours turnaround time for patients screened. Staff had access to tests results from the acute hospital laboratory system.

Patient assessment was performed prior to admission of patients transferred from acute hospitals. The assessment process included review of infection control status and a COVID-19 swab result that did not detect COVID-19 within 72 hours of admission. Arrangements were in place for COVID-19 sampling prior to admission for patients admitted from the community for palliative care and respite care. The hospital had changed the admission day for respite patients to Friday, to facilitate review of COVID-19 results prior to admission.

The hospital did not have any confirmed cases of COVID-19 to date and no staff members have developed COVID-19. Inspectors were informed that there had been no outbreak of infection in the hospital in the past year.

The hospital had a very small number of suspect COVID-19 cases since the start of the pandemic. Staff outlined the action taken to isolate these patients with symptoms of COVID-19 and containment measures commenced to limit the possible spread of infection in line with National Guidelines.

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.

### **3.0 Conclusion**

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

#### Leadership, Governance and Management

St Theresa's Hospital had effective leadership, governance and management arrangements in place for infection prevention and control of healthcare-associated infection. Nonetheless the lack of formal arrangements for access to an infection prevention and control expertise for the hospital needs to be reviewed.

Hospital management support for infection prevention and control at the hospital was demonstrated through management's involvement in education, audits, peer vaccinations and COVID-19 sampling.

Infection prevention and control was a standing agenda items on hospital and management meetings, and issues were escalated to CHO 5 management as necessary. However, the oversight of cleaning schedules needs to be improved.

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

#### Workforce

Established communication pathways were in place. Staff had access to infection prevention and control policies and written updates on COVID-19. Regular briefings and meetings provided staff with updates and guidance in their roles. Staff were up to date with infection prevention and control training accessed on line or provided by hospital management.

There was no community infection prevention and control nurse position in place for South Tipperary in CHO 5. This resulted in lack of onsite guidance, support, training and education. This should be reviewed. Staff did have informal telephone access for infection prevention and control specialist advice from a local acute hospital.

#### Effective Care and Support

The hospital had undergone significant refurbishment in 2019, however some infrastructural issues which had the potential to impact on infection prevention and control measures still remained in the hospital. Management were working to address these issues through continuation of refurbishment plans. Inspectors were informed that plans for the next phase of refurbishment were at an advanced stage, but no start date was available. This should be progressed as a priority.

The laundry facility however, which had the potential to impact on infection prevention and control was not included in these refurbishment plans. Therefore, the current laundry process needs to be reviewed.

Overall, the general environment and equipment in areas inspected were clean with some exceptions. The cleaning schedules should be reviewed, and training for staff undertaking general and special cleaning of the physical environment should be formalised.

### 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 and contingency plans in place. Hospital management reported that systems were in place to manage and control outbreaks of infection in a timely and effective manner.

Following this inspection the hospital needs to address the remaining areas for improvement identified in this report to effectively address issues highlighted in order to facilitate continued compliance with the *National Standards for infection prevention and control in community services* and other existing national healthcare standards.

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