Report of the announced inspection of Rehabilitation and Community Inpatient Healthcare Services at Swinford District Hospital

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

Dates of inspection: 19 August 2020
About the Health Information and Quality Authority (HIQA)

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

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

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting services for older people and people with a disability, and children’s special care units.

- **Regulating health services** — regulating medical exposure to ionizing radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children’s social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland’s health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.
Table of Contents

1.0 Information about this monitoring programme .................... 6
   1.1 Hospital Profile .................................................................................................................. 9
   1.2 Information about this inspection ....................................................................................... 9

2.0 Inspection Findings ............................................................................................................. 10
   2.1 Capacity and Capability ..................................................................................................... 10
   2.2 Quality and Safety ............................................................................................................. 17

3.0 Conclusion ............................................................................................................................ 22

4.0 References ........................................................................................................................... 25
1.0 Information about this monitoring programme

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

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**
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:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Standard</th>
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<tbody>
<tr>
<td>5: Leadership, Governance and Management</td>
<td><strong>Standard 5.1:</strong> The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.</td>
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<td></td>
<td><strong>Standard 5.2:</strong> 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.</td>
</tr>
<tr>
<td>6: Workforce</td>
<td><strong>Standard 6.1:</strong> Service providers plan, organise and manage their workforce to meet the services’ infection prevention and control needs.</td>
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HIQA also assesses Rehabilitation and Community Inpatient Healthcare Services’ provision under the dimensions of quality and safety through aspects of the themes:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Standard</th>
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<tr>
<td>2: Effective Care &amp; Support</td>
<td><strong>Standard 2.2:</strong> Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.</td>
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<td><strong>Standard 2.3:</strong> Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.</td>
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<tr>
<td>3: Safe Care and Support</td>
<td><strong>Standard 3.4:</strong> Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner</td>
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</table>
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:

<table>
<thead>
<tr>
<th>Compliant</th>
<th>Substantially compliant</th>
<th>Partially compliant</th>
<th>Non-compliant</th>
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<tbody>
<tr>
<td>A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standards.</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
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1.1 Hospital Profile

Swinford District Hospital, is a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 2.† Swinford District Hospital comprised 40 beds divided into a male and female ward. Each ward had 20 beds. At the time of the inspection, capacity for admissions had been reduced to 23 beds.

The hospital accommodated patients requiring rehabilitation, convalescent and palliative care. Patients were admitted to Swinford District Hospital from Mayo University Hospital.

1.2 Information about this inspection

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Kay Sugrue and Bairbre Moynihan on 19 August 2020 between 09:45 hrs and 14:00 hrs. Inspectors informed the hospital manager of the inspection 48 hours prior to the onsite inspection.

Inspectors spoke with hospital managers, staff and patients. Inspectors also requested and reviewed documentation, data and observed practice within the clinical environment in a sample of clinical areas which included:

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

† Community Health Organisation 2 area consists of the three counties of Galway, Mayo and Roscommon.
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

<table>
<thead>
<tr>
<th>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.</th>
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<tbody>
<tr>
<td><strong>Judgment Standard 5.1:</strong> Partially compliant <strong>Findings:</strong></td>
</tr>
<tr>
<td>• Effectiveness of leadership, management and governance arrangements in place was not strongly evident.</td>
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<tr>
<td>• Auditing, monitoring and assurance arrangements relating to infection prevention and control practices was not comprehensive.</td>
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<tr>
<td>• Infection prevention and control was not a standing agenda item at a number of meetings both at the community health organisation level and staff meetings.</td>
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<tr>
<td>• Ongoing antimicrobial stewardship activities were not evident.</td>
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Corporate and Clinical Governance

The acting director of nursing was responsible for the operational management of the hospital on a day to day basis. It was clear from discussions held with staff that lines of communication and responsibility were understood locally. Governance and reporting lines articulated to inspectors were in line with documented organisational
arrangements viewed by inspectors. The acting director of nursing reported directly to the older people’s services manager for CHO 2 who in turn reported to the general manager for social care, and upwards to the chief officer of CHO2. Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the chief officer of CHO2.

The acting director of nursing attended a directors of nursing meeting which had representation from residential and community services from Galway, Mayo and Roscommon. Terms of reference and minutes of meetings viewed by inspectors showed that the chair of this committee alternated between the two managers of older persons in CHO2. This forum was described by the acting director of nursing as a two-way exchange of communication relating to the service. Infection prevention and control was not a standard item of discussion at these meetings, however concerns relating to COVID-19 were discussed. For example, staffing resource issues identified during the inspection were discussed at a meeting held on 30 June 2020. In addition, the need to strengthen the effectiveness of current management structures within the CHO2 was also identified and discussed. These issues discussed were also reported to inspectors during the inspection and should be reviewed and addressed. Minutes provided to inspectors indicated that these meetings were not conducted monthly in line with the terms of reference.

The acting director of nursing also attended a Standards Governance Group Meeting where managers from non-designated centres within CHO 2 were in attendance. Minutes from a meeting held on 14 May 2020 indicated that while infection prevention and control was not itemised on the agenda, COVID-19 issues and risks were discussed. These included the responsibility and roll out of education programmes including the provision of personal protective equipment training.

Documentation viewed following this inspection demonstrated that there was a CHO2 infection prevention and control committee meeting in place. Membership of this committee was multidisciplinary and had representation from senior management of the CHO2. This committee was chaired by the chief officer of the CHO2. The purpose of this committee outlined in its terms of reference was to oversee the strategic governance in relation to the management of infection prevention control in CHO2. Covid-19 updates was a standard agenda item however draft minutes viewed from a meeting held in June 2020 do not reference a Covid-19 outbreak which had occurred in Swinford District Hospital. A report to this committee demonstrated that there was additional infection prevention and control provided by the Saolta University Healthcare Group to CHO2 to support community hospitals including Swinford District Hospitals. Inspectors found that awareness on the role and function of this committee could be improved locally.
Inspectors were informed that staff meetings were conducted locally, however these meetings had ceased temporarily during the Covid-19 outbreak and re-established in June 2020. However, informal communication from hospital management to staff was maintained through a smart phone media application and face to face during nursing daily handovers.

Clinical care to inpatients was provided by three local general practitioners contracted by the HSE and attended the hospital each day Monday to Friday. Outside of core hours, medical cover was provided by WestDoc.†

Overall, inspectors found that while governance and management arrangements were established and understood locally, there was scope to strengthen further these arrangements.

**Monitoring, Audit and Quality assurance arrangements**

Infection prevention and control audits conducted in May, June and July 2020 were reviewed by inspectors. These audits assessed compliance with five elements including clinical environment, hand hygiene facilities, sharps and waste management and decontamination of patient equipment. Corrective actions were documented on the audits reviewed but overall percentage compliance levels were not evident.

Inspectors found that compliance with elements assessed had improved over the audit period and were generally good overall. However, there was scope to improve and expand the monitoring of other aspects of infection prevention and control such as hand hygiene practice, standard and transmission based precautions, and antimicrobial stewardship. In addition, inspectors also identified scope to improve the communication of audit results to staff and line management. Inspectors were informed that data relating to healthcare associated infections had been collected up until June 2020 but had recently ceased.

Swinford District Hospital had experienced a COVID-19 outbreak in April 2020 which was declared over on the 25 May 2020. An outbreak audit report was not available to view at the time of the inspection. Outbreak reports provide valuable learning which should be disseminated to staff to help inform practice.

**Coordination of care within and between services**

Swinford District Hospital admitted patients from Mayo University Hospital. A small percentage of patients were admitted from University Hospital Galway. Inspectors found information relating to the infection prevention and control status of patients transferred from the acute hospital setting was provided in a written format and via

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† Westdoc is an out of hours urgent GP service part-funded by the Health Service Executive
telephone communication prior to transfer. Staff told inspectors that this was an effective process of communication. Patient placement and screening for COVID-19 for patients admitted to Swinford District Hospital were managed in line with HSE/HSPC COVID-19 guidelines.¹

If patients were acutely unwell, they were reviewed by the on call general practitioner and transferred by ambulance to Mayo University Hospital.

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

**Judgment Standard 5.2: Substantially compliant**

**Findings:**

- The review date for the risk register was yearly which was not in line with national policy.
- Feedback to hospital management relating to the management of escalated risks at corporate level required improvement
- Trended infection prevention and control incidents were not available and there was a lack of evidence to show that infection prevention and control incidents were discussed as a standard agenda item at the CHO2 Infection Prevention and Control Committee meetings.
- A process for formal approval of locally developed infection prevention and control policies procedures and guidelines by the senior management within CHO2 was not evident.

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

**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. Generic infection prevention and control risks relating to COVID-19 were evident. The risk register included existing and additional controls, a risk rating and an action owner. The review date for the risk register was yearly. Risk registers should be reviewed at a minimum quarterly in line with national policy.² This was highlighted to management on the day of inspection. Risks that could not be mitigated at local level were escalated within the management structures of the CHO. Inspectors were informed that feedback on escalated risks was generally provided but local management were unsure if any escalated risks had been entered on the risk register at CHO2 level. The risk register identified staffing
deficits as a risk which as entered on the risk register in July 2020. This will be further discussed under Theme 6: Workforce.

Management stated that infection prevention and control incidents were reported on the National Incident Management System (NIMS). Incidents reported related to COVID-19 positive cases. T trended infection prevention and control incidents were not available. Infection prevention and control incidents should be tracked and trended and feedback provided to staff with the emphasis on learning and improvement. Infection prevention and control incidents were not a standard agenda item for discussion at the CHO2 Infection Prevention and Control Committee meetings held in February and June 2020.

Influenza vaccination programme

The director of nursing informed inspectors that there was one peer vaccinator onsite but due to time constraints the programme had declined over the last two years. It was reported that the uptake of the influenza vaccine was approximately 20% in the 2019/2020 season which was below the national uptake target of 65%. Minutes from the director of nursing management meeting on 15 July 2020 showed that an influenza vaccine campaign for 2020/2021 was an agenda item and stated that the campaign was due to commence in September 2020 across all sites. The minutes viewed indicated the allocation of resources for this vaccination programme had yet to be agreed. Following on from this inspection, uptake of the seasonal influenza vaccine should be a focus for improvement to meet the HSE 2020/2021 national target of 75% uptake by healthcare workers.

Policies, procedures and guidelines

Inspectors reviewed a number of up-to-date infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. A process for ratifying these procedures was not evident. A COVID-19 resource folder was available to staff on the ward at the nurses station. However, some of the guidance available in hard copy format was out of date.

**Theme 6: Workforce**

<table>
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<tr>
<td><strong>Judgment</strong></td>
<td>Standard 6.1: Partially Compliant</td>
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Findings:
- Greater onsite infection prevention and control support was required.
- Reported lack of access to out-of-hours cover provided by the CHO2 senior management team for the approval of additional staff to cover unplanned absences.
- Processes in place did not provide sufficient assurance on staffing contingency plans should the hospital experience an unexpected surge in activity potentially caused by another outbreak.
- Infection prevention and control education and training did not include training on antimicrobial stewardship.

Access to specialist staff with expertise in infection prevention and control

Discussions with staff working in the service confirmed that they had access to infection prevention support and advice if needed through the CHO2 lead for COVID-19. This lead was also a member of the CHO2 infection prevention and control committee. A report to the CHO2 Infection Prevention and Control Committee dated 25 June 2020 indicated that there was four different levels of infection prevention and control support provided to all services in CHO2. Support provided included communication and access to advice, education sessions provided, train the trainer, onsite visits and intensive onsite training. Inspectors found that more onsite infection prevention and control support would be of benefit to staff to help ensure adherence to updates relating to infection prevention and control practices.

Staff demonstrated awareness and understanding of their roles and responsibilities in working to prevent and control infection during discussions with inspectors.

Hospital management reported that staffing levels at the time of the inspection were adequate within the service to care for a maximum occupancy of 23 patients. Occupancy levels had been reduced from a maximum of 40 patients to current levels in response to challenges faced by the service in recruiting additional resources. At the time of the inspection the staff nurse to healthcare assistant skill mix levels was not in line with locally approved levels.

Issues relating to staffing resources had been documented on the hospital risk register and had been discussed at management meetings within CHO2. In addition, communication viewed by inspectors following the inspection demonstrated that risks relating to staffing deficits had been escalated through the reporting lines up to the general manager in CHO2. Communication viewed indicated that efforts to recruit staff to address identified deficits were ongoing. It was also clear from these communications that hospital management at Swinford District Hospital could not address staffing shortages locally on a day-to-day basis without approval from the general manager.
Inspectors were informed that out-of-hours cover provided by the CHO2 senior management team at the onset of the pandemic and during the COVID-19 outbreak was no longer available. Inspectors were not satisfied that the processes in place provided sufficient assurance on staffing contingency plans should the hospital experience an unexpected surge in activity potentially caused by another outbreak. This issue should be a focus of improvement following on from this inspection.

**Infection Prevention and Control Education**

HIQA found that it was mandatory for staff to complete HSElanD^4 online hand hygiene training programme and breaking the chain of infection training programme every two years. Documents viewed demonstrated high compliance levels with completion of this training by all staff. In addition, inspectors were informed that staff were provided with training on the use of personal protective equipment including the donning and doffing process.

Staff stated to inspectors that antimicrobial training was not available for staff at the hospital. Infection prevention and control education and training provided should be reviewed to ensure the education programme covers infection prevention and control work practices relevant to staff roles and services provided. This is essential to support staff in understanding their role in prevention and control of healthcare associated infections and to help promote good practices.
2.2 Quality and Safety

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

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

**Theme 2: Effective Care and Support**

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

**Judgment Standard 2.2:** Substantially compliant

**Findings:**

- The number of beds in multi-occupancy rooms was above recommended guidelines.
- Response times for identified maintenance issues needed to be improved.
- The designated cleaner’s room did not have hand hygiene facilities and inappropriate storage of personal items of clothing was evident.

**Environment and infrastructure**

Swinford District Hospital was a relatively recent build. Overall the general environment was clean and well maintained with few exceptions.

The hospital had four single rooms with ensuite facilities dedicated for patients who required isolation for transmission based precautions. There was also six multi-occupancy rooms comprising six beds. These rooms were adequately sized with the required space between each bed to facilitate physical distancing. Inspectors found that the reduced capacity observed at the time of the inspection offered an opportunity to review the number of beds in multi-bedded rooms in line with HSE guidelines.\(^5\)

Inspectors observed that hand hygiene facilities were in line with Health Building Note 00-10 Part C: Sanitary assemblies.\(^6\) Improvement was required in the cleanliness of some soap dispensers assessed.
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 some of the maintenance issues identified and reported by the hospital.

**Patient Placement**

On the day of inspection there were no patients in the hospital with COVID-19 or suspected COVID-19. Inpatients recently admitted from acute hospitals were cared for in single rooms with ensuite toilets or accommodated as single occupants in six-bedded rooms. Inspectors observed that doors to isolation rooms in use on the ward inspected were open. This was brought to the attention of staff and hospital management and was immediately addressed.

Protective personal equipment was readily available outside the isolation rooms and appropriate signage was visible on the doors of isolation rooms. In addition, inspectors observed large posters on walls throughout the facility to raise awareness on COVID-19. While hand hygiene practices prior to donning and doffing personal protective equipment were found to be good overall, a few exceptions were observed.

**Cleaning resources**

An external contractor provided the cleaning and hygiene resources and services at the hospital. Oversight of the hygiene services was provided by a domestic supervisor who also delivered training to staff. Contracted cleaning hours were described as adequate for the service provided each day from 8am to 8pm.

Cleaning equipment was viewed by inspectors and found to be clean and well maintained. The hospital had dedicated cleaning equipment room and a storage facility for cleaning products however the cleaning equipment room did not have a janitorial unit or hand hygiene sink. In addition, staff personal items of clothing were stored in this room.

Inspectors found that greater assurance was required on the cleaning frequencies for occupied isolation rooms to ensure these rooms were cleaned and disinfected in line with recommended practices. In addition, inspectors found that there was scope for further improvement in the following areas:

- reprocessing of mop heads used in the flat mop system
- deep cleaning records were not comprehensive
- monitoring of daily cleaning checklist by the ward manager not evident in documentation viewed
- stronger awareness on the use of disinfectant products such as actichlor.

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

**Linen Management**

Segregation of infected linen was managed in line with national guidelines however, the storage of clean linen should be reviewed to ensure compliance with best practice.

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

**Judgment Standard 2.3: Partially compliant**

**Findings:**

- Daily cleaning checklists were not consistently completed and monitoring of these records was not evident.
- Some patient dedicated equipment was not managed correctly.
- The use of patient-specific monitoring equipment required improvement.

**Equipment hygiene**

Overall, equipment in the hospital was clean and well maintained with few exceptions.

Daily cleaning checklists were in place however, while toilet and commode cleanliness checks were consistently completed, this was not the case for daily cleaning checklists for clinical areas. Inspectors found scope for improvement in the completion of daily cleaning check and monitoring of these check lists by the ward manager. Furthermore, inspectors identified an area for improvement in the management and storage of patient-dedicated equipment. For example, patient slings were observed hanging in a shower room in one of the six-bedded wards.

Inspectors identified a lack of access to patient-specific monitoring equipment such as disposable blood pressure cuffs, thermometers and oximeters. Instead mobile monitoring equipment was shared between patients. Where possible, patient-dedicated equipment or single-use patient care equipment should be used for patients requiring isolation on contact precautions in line with national guidelines. This should be risk assessed and reviewed following this 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 Standard 3.4: Substantially compliant**

**Findings:**
- Outbreak management plans required review to include definitive plans for the cohorting and zoning of patients.
- Documentation and records relating to communication and daily updates during the recent COVID-19 outbreak were limited and required improvement.

COVID-19 Preparedness

There were no patients confirmed or suspected to have COVID-19 in Swinford District Hospital on the day of the inspection. The director of nursing was the designated lead for COVID-19 preparedness and response within the hospital and was available to contact out of hours if required. The hospital had developed a local emergency management plan for COVID-19. However, it was reported to inspectors that this plan had not been ratified by senior management in CHO2. In addition, discussions with staff indicated that plans for zoning and cohorting patients in the event of an outbreak needed to be strengthened.

Processes were in place to facilitate sampling for COVID-19 if required. Physical distancing measures were implemented by the hospital and evident during inspection both in the clinical area and staff break room. The hospital had instigated restricted visiting arrangements and had an effective system in place for monitoring of COVID-19 related symptoms in staff, patients and visitors. Occupational health supports were available to staff.

As already discussed, challenges were ongoing in relation to staffing resources should a surge in capacity occur.

**Outbreak Management**

Swinford District Hospital declared a COVID-19 outbreak on 19 April 2020. Discussions with hospital management demonstrated that the hospital was compliant in notifying the regional Medical Officer of Health (MOH) at the Department of Public Health of the outbreak. Subsequent to the identification of the outbreak, the hospital was closed to admissions for the duration of the outbreak. Inspectors were informed that local management had regular phone calls with a member of the regional public health department. Minutes or a call log of these communications were not recorded by the hospital of available to view at the time of the inspection. Inspectors were
Informed by hospital management that line listing of staff and patients was not consistently updated on a daily basis in line with national guidance.\(^1\)

Inspectors were informed that there was a local outbreak committee however evidence was not provided to the inspection team to demonstrate that this committee was functioning during the outbreak.

Discussions with staff demonstrated overall satisfaction with the manner in which the outbreak was managed and the support received from CHO\(^2\) at that time. Inspectors were provided with an outbreak summary following this inspection. A local assessment of lessons learnt in the absence of an outbreak report was not evident. An outbreak report was not available and not provided following this inspection. Final outbreak reports should provide a valuable summation of lessons learnt and should be completed within twelve weeks of the formal closure of an outbreak. Lessons learnt should disseminated and inform future outbreak management.
3.0 Conclusion

Overall this inspection identified that Swinford District Hospital was substantially compliant with three and partially compliant with three of the six of the *National Standards for infection prevention and control in community services* assessed.

Leadership, Governance and Management

Documented leadership, governance and management arrangements were consistently articulated by staff to inspectors. This demonstrated that the lines of responsibility and authority for infection prevention and control were clearly understood within the service. However, documentation reviewed and discussions with staff indicated that there was scope to strengthen further the arrangements in place. Inspectors identified that there was also scope to improve awareness locally relating to infection prevention and controls supports provided by CHO2 and the role of the CHO2 Infection Prevention and Control Committee.

Inspectors found there was systems in place at the hospital to identify and manage risks in relation to the prevention and control of healthcare-associated infection. Escalation of risks identified from the hospital to senior management at CHO2 level was evident in documentation viewed by inspectors. Inspectors were informed that feedback on escalated risks was generally provided but local management were unsure if any escalated risks had been entered on the risk register at CHO2 level. Oversight and discussion of infection prevention and control incidents at the CHO2 Infection Prevention and Control Committee Meetings was not evident in documentation viewed by inspectors.

The hospital conducted regular environmental and patient equipment hygiene audits. Inspectors identified scope to broaden the current auditing programme to include other aspects of infection prevention and control such as hand hygiene practice, standard and transmission based precautions, and antimicrobial stewardship. Improvements were also required in the local oversight of daily cleaning records.

Infection prevention and control policies, procedures and guidelines were developed locally however an approval process at senior management level within the CHO2 was not evident.

The findings relating to leadership, governance and management should be reviewed and addressed following this inspection.
Workforce

Hospital management informed inspectors recruitment of staff was an ongoing challenge at the hospital. Staffing resources were not at the level required to operate at full occupancy at the hospital. To mitigate this risk, capacity at the hospital had been reduced from 40 to 23 inpatients. Inspectors found that processes in place did not provide sufficient assurance that additional staff could be sourced by the hospital outside of core working hours. Requests for replacement staff had to be approved first by senior management at CHO2 level who were not always available outside of core hours Monday to Friday. Management within CHO 2 should be assured that sustainable and safe staffing levels are provided within the hospital going forward and in consideration of potential surges in capacity due to the ongoing COVID-19 pandemic.

Effective Care & Support

Overall, inspectors found the hospital clinical environment was clean and well maintained. Patient care equipment was also clean. Improvement was required in the management and oversight of daily and deep cleaning check lists. The supply and use of single patient use equipment for patients requiring contact precautions should be reviewed following this inspection.

Safe care and support

The director of nursing was the designated lead for COVID-19 preparedness and response within the hospital. Swinford District Hospital had an emergency management plan in place however it had not been approved by appropriate governance structures in line with national guidance. Information provided to inspectors during the inspection demonstrated that improvements were needed in plans for cohorting and zoning patient areas in the event of another outbreak occurring. The hospital would benefit from infection prevention and control expertise with this regard. This finding should be addressed following this inspection.

The hospital had experienced a COVID-19 outbreak in April 2020 which was described by staff as well managed. Inspectors were informed that a local outbreak committee had not been activated during the outbreak period. An outbreak report had not been received by the hospital at the time of the inspection. When received, lessons learned should be disseminated to all staff within the hospital and to the wider CHO2 services. Improvements were also required in the documentation on daily communication between the hospital and the Public Health Department.

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


6 Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. Available online from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf


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