



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection at Bantry General Hospital, Co Cork.**

Monitoring programme undertaken against the National Standards for the prevention and control of healthcare-associated infections in acute healthcare services

Date of on-site inspection: 09 November 2017



## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified 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 statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.



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## 1. Introduction

HIQA monitors the implementation of the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*<sup>1</sup> in public acute hospitals in Ireland to determine if hospitals have effective arrangements in place to protect patients from acquiring healthcare-associated infection. The *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* will be referred to as the National Standards in this report.

In 2017, HIQA commenced a revised monitoring programme against the National Standards. The aim of this revised monitoring programme is to assess aspects of the governance, management and implementation of designated programmes to prevent and control healthcare-associated infections in hospitals. This monitoring programme comprises Phases One, Two and Three which will be described next.

The National Standards were updated in 2017 and therefore supersede the previous version. Hospitals should work towards implementing these revised National Standards.

### Phase One

All public acute hospitals were requested to complete and return a self-assessment tool to HIQA during April and May 2017. The self-assessment tool comprised specific questions in relation to the:

- hospital infection prevention and control programme and associated oversight arrangements
- training of hospital personnel to implement policies, procedures, protocols, guidelines and evidence-based practice in relation to the prevention and control of infection
- the systems in place to detect, prevent, and respond to healthcare-associated infections and multidrug-resistant organisms.

The hospital Chief Executive Officer or General Manager and the Health Service Executive (HSE) Hospital Group Chief Executive Officer were asked to verify that the information provided to HIQA accurately reflected the infection prevention arrangements within the hospital at that time.

### Phase Two

Using a revised assessment methodology HIQA commenced a programme of unannounced inspections against the National Standards in public acute hospitals in May 2017.

Specific lines of enquiry were developed to facilitate monitoring in order to validate some aspects of self-assessment tools submitted by individual hospitals. The lines of enquiry which are aligned to the National Standards are included in this report in Appendix 1.

Further information can be found in the *Guide to the monitoring programme undertaken against the National Standards for the prevention and control of healthcare-associated infections<sup>2</sup>*, which was published in May 2017 and is available on HIQA's website: [www.hiqa.ie](http://www.hiqa.ie)

### **Phase Three**

Phase Three of this monitoring programme will focus on the reprocessing of reusable medical devices and HIQA will commence onsite inspections in this regard in 2018.

### **Information about this inspection**

This inspection report was completed following an unannounced inspection carried out at Bantry General Hospital by Authorised Persons from HIQA; Siobhan Bourke and Kay Sugrue. The inspection was carried out on 9 November 2017 between 09:30hrs and 14:55hrs.

Prior to this inspection, authorised persons reviewed the hospital's completed self-assessment tool and related documentation submitted to HIQA earlier in May 2017.

During this inspection inspectors spoke with hospital managers and staff, and members of the Infection Prevention and Control Team. Inspectors requested and reviewed documentation and data and observed practice within the clinical environment in a small sample of clinical areas which included:

- Medical Ward

Inspection findings presented in this report are aligned to HIQA's monitoring lines of enquiry as shown in Appendix 1. The inspection team used specifically designed monitoring tools during this inspection in relation to aspects of:

- Prevention of invasive device-related infection (Section 2.5)
- Prevention and control of transmission of antimicrobial-resistant bacteria (Section 2.6.1)
- Safe injection practice (Section 2.6.2)

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

## 2. Findings at Bantry General Hospital

The following sections 2.1 to 2.8 present the general findings of this unannounced inspection that are aligned to monitoring lines of enquiry.

### 2.1 Governance

#### Line of enquiry 1.1

The hospital has formalised governance arrangements with clear lines of accountability and responsibility around the prevention and control of healthcare-associated infections.

#### Governance arrangements

Bantry General Hospital is a statutory hospital owned and managed by the Health Service Executive (HSE). The hospital is a member of Cork University Hospital Group\* and is part of the South/South West Hospital Group<sup>†</sup> governance structure. The hospital site was managed by the Hospital Manager who reported to the Chief Executive Officer of Cork University Hospital Group

Inspectors found through this inspection that Bantry General Hospital did not have effective governance arrangements for the prevention and control of healthcare-associated infection.

Within the hospital, responsibility for prevention and control of healthcare-associated infection was shared jointly by a Consultant Physician and the Director of Nursing. A multidisciplinary Infection Prevention and Control Committee was in place and met regularly, at least four times a year. The Director of Nursing was the Chair of this Committee. The Infection Prevention and Control Committee was accountable to the hospital's Quality and Patient Safety Committee which in turn reported to the Executive Management Board and upwards to the Chief Executive Officer of the South/South West Hospital Group. Inspectors were informed that the Quality and Patient Safety Committee had not met between September 2016 and September 2017. It was explained by senior management that this was mainly due to a transition period between the departure of the former Hospital Manager and uptake of the new Hospital Manager position. Minutes of the Quality and Safety Committee meetings, reviewed by inspectors did not include reference to reporting from the Infection Prevention and Control Committee or any infection prevention and control

\* Cork University Hospital Group comprises Cork University Hospital, Cork University Maternity Hospital, Mallow General Hospital and Bantry General Hospital.

<sup>†</sup> The South/ Southwest Hospital Group comprises nine hospitals operating across the counties Cork, Kerry, Waterford, Tipperary and Kilkenny. This group is led by a Group Executive Officer with delegated authority to manage statutory hospitals within the group under the Health Act 2004.

updates applicable to the hospital.

The joint leads on infection prevention and control at the hospital also sat on these aforementioned committees. The organogram of hospital committees provided by Bantry General Hospital outlined the reporting structure for the Infection Prevention and Control Committee (which includes decontamination and hygiene). The chair of the Hospital Executive Management Board is the Chief Executive Officer of the Cork University Hospital Group who reports to the CEO of the South/South West Hospital Group Chief Executive Officer.

Both the Infection Prevention and Control Nurse and the Director of Nursing were members of the Cork University Hospital Group Infection Prevention and Control Committee. It was reported to HIQA that this platform facilitated the exchange of information and sharing of knowledge and expertise relating to infection prevention and control between the hospitals in this group. The terms of reference for this Committee did not include formalised governance and oversight for infection prevention and control practices at Bantry General Hospital. However, inspectors were informed that critical elements of infection prevention and control services provided at the hospital were dependant on linkage with Cork University Hospital. Specifically, these services related to laboratory services, consultant microbiology and or infectious diseases advice and limited surveillance services. Senior management stated that it was planned that each member hospital of this group would provide updates to this committee in the future. Bantry General Hospital had not presented an update at this Committee up to the time of the inspection.

### **Infection prevention and control service**

Operational responsibility for implementing elements of the infection prevention and control programme rested with the Infection Prevention and Control Team comprising nursing and medical representation. All clinical areas within the hospital were represented on this team. Membership of this team comprised one whole time equivalent (WTE)<sup>†</sup> infection prevention and control nurse, medical and nursing representatives. Documentation viewed by inspectors showed that most members of this team had completed a foundation course in infection prevention and control. The Infection Prevention and Control Team met monthly or more frequently as required.

Consultant microbiologist advice was available to clinical staff by telephone from Cork University Hospital twenty four hours a day, seven days a week. However, there was no formal allocation of consultant microbiologist input to lead the infection prevention and control programme on site at the hospital. The lack of dedicated

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<sup>†</sup> Whole-time equivalent (WTE): allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

Consultant Microbiologist cover to manage the Infection Prevention and Control programme at the hospital had been an issue identified by HIQA in previous inspections and was also identified by the hospital over a number of years.<sup>3,4</sup>

Documentation viewed by inspectors demonstrated that the hospital had identified the resource deficiencies in the infection prevention and control service as a priority. Business cases seeking approval for consultant microbiology services for 12 hours a week were submitted by the hospital to senior management in 2015, 2016 and resubmitted again for 2018. In addition, the lack of dedicated microbiology services at the hospital had also been escalated at hospital group and national level. This position had yet to be filled and there was no agreed timeframe by which this deficiency would be addressed.

Inspectors were informed that the hospital had successfully recruited a senior pharmacist in early 2017 and aims to establish a hospital wide antimicrobial stewardship programme in the near future. However, progress relating to this antimicrobial stewardship programme was limited to date and described by senior management as in the 'very early' stages of development.

At the time of this inspection, Bantry General Hospital had limited access to surveillance scientist services at Cork University Hospital. It was reported that the hospital's national surveillance data was collated and submitted to the national Computerised Infectious Disease Reporting System (CIDRs) by the surveillance scientist in Cork University Hospital.

The Hospital Hygiene Team were responsible for oversight and operational management of hospital hygiene. This team was chaired by a senior nurse manager and reported to the Infection Prevention and Control Committee. This team was multidisciplinary with a representative from each clinical area. However, the Maintenance and Supplies Department was not represented.

A hygiene supervisor was not in place at Bantry General Hospital. Attempts to recruit a hygiene supervisor by the hospital had been unsuccessful to date. Day-to-day oversight of cleaning processes and activities was the responsibility of the ward manager. Staff who spoke with inspectors described the lack of a hygiene supervisor as challenging as there was no one person with responsibility for all aspects of hygiene services at the hospital.

This deficiency represents a potential weakness in the governance arrangements in place to support the implementation of an effective infection prevention and control programme. HIQA recommends that this issue is addressed as a priority.

HIQA found that the lack of specialist infection prevention and control resources and supports available at Bantry General Hospital could lead to latent risks within the service potentially resulting in patients receiving less than optimal care.

It is recommended that the hospital, under the broader governance of the South/South West Hospitals Group, acts to formalise the infection prevention and control governance arrangements at Bantry General Hospital to fully support the effective implementation of the hospital's infection prevention and control programme.

### **Monitoring and evaluation**

Hospital management monitored the following performance indicators in relation to the prevention and control of healthcare-associated infection in line with HSE national reporting requirements:

- hospital-acquired *Staphylococcus aureus* bloodstream infection
- hospital-acquired *Clostridium difficile* infection
- alcohol hand rub consumption.

A number of audits relating to the prevention and control of healthcare-associated infection and practices were conducted by the Infection Prevention and Control Team and these included the following:

- alert organism surveillance<sup>§</sup>
- monthly alert methicillin-resistant *Staphylococcus aureus* (MRSA) surveillance audit
- annual hospital wide hygiene needs assessment
- care bundle implementation including;
  - peripheral intravascular catheter
  - central venous catheter
  - peripherally inserted central catheters
  - percutaneous endoscopic gastrostomy
  - urinary catheter care bundles
- local hand hygiene audit results
- hand hygiene facilities
- staff hand hygiene education compliance
- clusters or outbreaks of infection
- monthly hygiene and environmental audits
- management walkabouts
- usage of hydrogen peroxide decontamination
- compliance with isolation precautions

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<sup>§</sup> Alert organisms are micro-organisms that pose a significant risk of transmission to non-infected patients or healthcare workers.

- compliance with infection prevention and control National Standards.

It was reported that action plans were documented and implemented where deficiencies were identified. However, there was evidence to suggest that documentation of quality improvement plans in relation to audits conducted at ward level could be improved.

Annual hospital environmental audit programmes for 2016 and 2017 were viewed by inspectors. Monthly monitoring of elements relating to hospital hygiene and environment were undertaken by members of the Hospital Hygiene Team in line with these programmes. A high level of compliance was achieved in audit results viewed by inspectors. In addition, executive management walkabouts were undertaken regularly across the hospital. Documentation viewed by inspectors showed that 12 of these were performed in 2016. The functions, activities and member attendances of the Hospital Hygiene Committee during 2016 were evaluated and documented in the Committee's comprehensive annual report. The inspection team found that despite the lack of a hygiene supervisor, there was relatively good governance, oversight and management of hygiene services at the hospital.

Monitoring of incidents related to healthcare-associated infection in the hospital was carried out by the Infection Prevention and Control Nurse. Documentation viewed by inspectors showed that there were eight infection control incidents identified since January 2016 and recorded on the hospital incident management system.

Bantry General Hospital had recently participated in a national point prevalence survey of hospital-acquired infections and antimicrobial use, which was part of a European-wide point prevalence study. Information for this study was collected at the hospital during the month of May 2017. Data from this study should be used to proactively identify areas for improvement at the hospital. Minutes from the Infection Control Committee Meeting in May 2017 stated that antibiotic consumption was not being reported nationally at the hospital.

In the absence of key personnel required to strengthen overarching governance of infection prevention and control services at the hospital, local supporting structures to oversee hospital hygiene and implement the hospital infection control programme were in place. Monitoring of these services by the Infection Prevention and Control Team and the Hospital Hygiene Team was evident at the time of this inspection. Results of audits viewed indicated local commitment to and compliance with the principles and practices of infection prevention and control.

## 2.2 Risk management

### Line of enquiry 1.2

Risks in relation to the prevention and control of infection are identified and managed.

Risks in relation to the prevention and control of infection should be identified and effectively mitigated or managed. Infection prevention and control risk assessments can assist in identifying potential hazards within an organisation helping to prioritise goals and objectives.<sup>1,5</sup>

An annual infection prevention and control programme was in place at the hospital which incorporated the 2017 infection prevention and control plan. However, this plan and programme was not formulated or based on a risk assessment of infection control risks specific to Bantry General Hospital. Inspectors were informed that there was no allocated budget for this programme. A risk-based approach can aid identification of specific risks the hospital may face relative to the service it provides and the community it serves. In addition, such an approach can also help to inform the setting of goals, objectives and strategies regarding the infection prevention and control programme while determining and agreeing required budget and resources needed for effective implementation.

Senior management informed inspectors that a Quality and Patient Safety Manager had recently been appointed at Bantry General Hospital. It is planned that this new role will have responsibility for clinical audit and risk identification at the hospital. Inspectors were informed that the Quality and Patient Safety Manager had dual reporting lines to the Hospital Manager locally and the Clinical Governance Management in Cork University Hospital Group. It was reported that governance arrangements relating to quality and patient safety at the hospital and within the Cork University Hospital Group were evolving.

Inspectors were informed that risks were discussed at the Executive Management Board and those that could not be effectively mitigated at a local hospital level were escalated to the Hospital Group through defined reporting structures.

As already discussed, hospital management was working to mitigate risks in respect of access to dedicated key resources within the infection prevention and control services. These risks were recorded on the hospital risk register<sup>\*\*</sup> which was reviewed and updated. In addition, the lack of isolation facilities in all clinical

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<sup>\*\*</sup> A risk register is a database of assessed risks that any organisation faces at any one time. The risk register provides management with a high level overview of the hospital's risk status at a particular point in time and can be used as an active tool for the monitoring of actions to be taken to mitigate risk.

areas was documented on the hospital risk register. Specifically, the lack of isolation facilities in the High Dependency Unit had contributed to recurring infection prevention and control incidents reported since January 2016. In response to the infrastructural deficiencies identified, the hospital was working to mitigate risks through submission of capital development plans outlining additional resources required to gradually upgrade and refurbish existing facilities and a through an annual maintenance programme. Ongoing maintenance works including deep cleaning of clinical areas, fitting of new flooring in a number of clinical areas, renovations and refurbishment had been completed in 2016.

## 2.3 Policies, procedures and guidelines

### Line of enquiry 2

The hospital has policies, procedures and guidelines in relation to the prevention and control of infection and hospital hygiene.

Inspectors found that the hospital had a set of infection prevention and control policies in relation to standard precautions, transmission-based precautions and the prevention of invasive device-related infection. Hospital policies relevant to infection prevention and control were developed by the Infection Prevention and Control Nurse and approved by the Infection Prevention and Control Committee.

Inspectors noted that some policies originated from the Cork University Hospital and Cork University Hospital Group structures but were approved and adapted locally for use. Some printed up-to-date versions of infection prevention and control policies, procedures and guidelines were available to staff in clinical areas. However, a number of the hard copy policies viewed by inspectors at the time of inspection were out-of-date. Inspectors were informed that electronic versions of these policies were available on desktop computers in clinical areas but staff were unable to access these electronic versions at the time of the inspection.

The hospital had specifications for hospital hygiene detailing the elements to be cleaned, the required cleaning method, frequency of cleaning and staff discipline responsible, which is recommended in line with national guidelines.

## 2.4 Staff training and education

### Line of enquiry 3

Hospital personnel are trained in relation to the prevention and control of healthcare-associated infections.

National hand hygiene guidelines recommend that hand hygiene training should be mandatory for relevant staff at induction and every two years thereafter.<sup>5</sup> Documentation provided by the hospital showed that hand hygiene training was mandatory for staff at induction and every two years thereafter. Education around standard and transmission-based infection control precautions was provided for staff at induction and thereafter at regular education sessions. The Infection Control Committee Annual Report 2016 reported that 27 education sessions were delivered by the Infection Prevention and Control Nurse in 2016. However, senior management stated at interview that many of these sessions were poorly attended.

It was reported that an aseptic non touch technique eLearning programme was being rolled out at the hospital with a focus on peripheral intravenous therapy. This project included training a number of staff in each clinical area (a 'train the trainer' initiative) to carry out competency assessment evaluations. Supporting documentation was also provided for staff.

Documentation reviewed showed that 82.30% of all staff at Bantry General Hospital had undertaken hand hygiene training in the previous two years. Attendance rates at hand hygiene training should be improved to ensure sustained improvement in hand hygiene compliance rates.

## 2.5 Implementation of evidence-based and best practice

### Line of enquiry 4.1

The hospital has implemented evidence-based best practice to prevent intravascular device-related infection and urinary catheter-associated infection, ventilator-associated pneumonia and surgical site infection.

#### 2.5.1 Prevention of invasive device-related infection

Care bundles<sup>††</sup> to reduce the risk of different types of infection have been introduced across many health services over the past number of years, and there have been a number of guidelines<sup>6,7</sup>, published in recent years recommending their introduction across the Irish health system. The implementation of care bundles to prevent invasive device-related infection was reviewed in one clinical area inspected.

Care bundles for urinary catheter care and peripheral vascular catheter care had been implemented in the medical ward inspected in line with national guidelines.

Monitoring compliance with care bundles are important process measures for evaluation of catheter-related blood stream infection preventative programmes. Evidence indicates that full compliance with all essential care bundle components improve patient outcomes. Care bundle audit results reviewed from January to October 2017 showed a consistent high compliance with hospital care bundle implementation in all clinical areas.

#### 2.5.2 Surveillance of invasive device-related and surgical site infection

The surveillance of healthcare-associated infection is one of the core components of an effective infection prevention and control programme.<sup>8,9,10</sup> National guidelines recommend healthcare-associated infection surveillance in relation to surgical site infection, central venous access device-related infection, urinary catheter-associated urinary tract infection and ventilator-associated pneumonia.<sup>11,12,13</sup> Other health systems have advanced the surveillance of healthcare-associated infection to the benefit of both patients and health service providers by demonstrating reductions in these type of infections.<sup>14,15</sup>

Surveillance of these types of healthcare-associated infections was not performed at Bantry General Hospital. HIQA acknowledges that currently this is the case in many public hospitals of similar size and activity level in Ireland. Implementation of

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<sup>††</sup> A bundle is a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes.

healthcare-associated infection surveillance programmes requires dedicated resources and expertise.

## 2.6 Systems to prevent and manage healthcare-associated infections and multi drug-resistant organisms

### Line of enquiry 4.2

The hospital has systems in place to detect, prevent, and respond to healthcare-associated infections and multidrug-resistant organisms in line with national guidelines.

#### 2.6.1 Preventing the spread of antimicrobial resistant organisms

Measures to prevent the spread of antimicrobial resistant organisms were reviewed in the medical ward inspected. Patients with suspected or confirmed communicable disease including healthcare-associated infection and multidrug-resistant organisms should be placed in a suitable isolation room, single room or cohort area, in line with national guidelines.<sup>16,17</sup>

The hospital had 62 inpatient beds of which there were 10 single ensuite isolation rooms. The Medical Ward visited had four single rooms with ensuite facilities. On the day of inspection all inpatients requiring transmission-based precautions were accommodated in single rooms. The hospital stated that there was one dedicated isolation room with specialised ventilation required for managing patients with airborne infection. However, not all clinical areas in the hospital had isolation facilities.

Patients were assessed on admission to determine if they had symptoms of infection or if they had a history of being colonised with a transmissible infection. The hospital had a computerised patient information system to identify patients previously colonised or infected with antimicrobial resistant bacteria. A green flag alert was used to identify these patients on this system. It was reported to inspectors during the ward visit that not all clinical staff had access to this system.

Monthly infection control methicillin-resistant *Staphylococcus aureus* (MRSA) screening and healthcare associated infection surveillance demonstrated a high compliance rate in all areas audited. In addition, audits carried out to determine compliance with infection control standards including clinical practices and isolation precautions achieved high compliance.

It was reported that screening of patients for colonisation or infection was largely performed in line with national guidelines but Carbapenemase Producing *Enterobacteriaceae* (CPE) screening needed to be expanded to fully implement national screening guidelines. It was reported by hospital management that additional resources were required to expand this screening.

## **Medical ward**

The patient environment in the ward was generally clean with the exception of excess dust found on floor edges, corners and on low and high horizontal surfaces in one area inspected. The need for improvement in the management of frequently used patient equipment was also identified. By way of example, two stained commodes were observed in the sluice room and several temperature probes inspected were unclean.

The medical ward achieved consistently high compliance in all elements of environmental hygiene audits performed in 2016 and 2017. The most recent cleanliness audit of the ward's physical environment, facilities and cleaning equipment conducted in May and October 2017 showed a combined average of 97% compliance was achieved. The ward achieved 93.3% compliance in an environmental hygiene walkabout by senior management in June 2017.

Documentation provided by the hospital showed that an audit on the management of the ward's equipment, medical devices and cleaning devices was last performed in January 2017 in which 90% compliance was achieved. The frequency of these audits should be re-evaluated in light of the findings of this inspection in relation to some frequently used equipment. Action plans documenting issues identified following environmental and hygiene audits were not available to view on the ward at the time of the inspection. It was explained by staff who spoke with inspectors that issues were addressed immediately following audit.

Cleaning staff who spoke with inspectors demonstrated good knowledge of cleaning processes. However, it was explained that formalised training of new staff assigned to cleaning tasks was not provided at the hospital. Instead, it was reported that there was a reliance on staff at ward level to provide required information specific to the assigned cleaning duties. It was reported that cleaning staff were provided with regular relevant infection prevention and control training by the Infection Prevention and Control Nurse. However, all cleaning staff should receive adequate training to ensure they have the competency and basic skills required to manage cleaning equipment and perform cleaning tasks in a way that is safe, consistent and assures the quality of the service provided.

### **2.6.2 Safe injection practice**

Inspectors looked at implementation of aspects of standard precautions to assess safe injection practice in the clinical areas inspected. Staff who spoke with inspectors were able to describe recommended practice in relation to giving injections safely. Inspectors observed nurses preparing medication for injection using aseptic non-touch technique as appropriate. The hospital had implemented the use of needles and peripheral vascular catheters with safety-engineered protection mechanisms to

protect staff against inoculation injuries in line with current legislation.<sup>18</sup> Inspection of the clinical environment showed that there was evidence of good practice with some exceptions. For example, the storage and management of medication for injection and related supplies requiring refrigeration was suboptimal. A fridge for storing medication in the clinical room did not have a thermostat, was unlocked and contained expired medication. There was no documented evidence to indicate daily temperature checks were undertaken. Multi-dose vials of insulin were not designated for single patient use. It is recommended that multi-dose vials should be designated and labelled to indicate single patient use. These deficiencies were highlighted to hospital management and ward staff. The hospital should look to progress this issue as a matter of priority.

### **2.6.3 Other measures to prevent the transmission of infection**

#### **Hand hygiene**

Essential components of the World Health Organisation (WHO) multimodal hand hygiene strategy were evident in Bantry General Hospital. The hospital participated in national hand hygiene audits, the results of which are published twice a year. The hospital achieved 91.8% compliance in June and July 2017 in this audit.

Local hand hygiene audits were performed twice a year in clinical areas. The latest audit result for the medical ward showed 90% compliance with hand hygiene practice in February and March and August 2017. This was an improvement on local hand hygiene audits conducted in the Medical Ward in 2016.

#### **Prevention of waterborne infection**

Senior management stated that alerts and preventative measures in relation to waterborne infection were maintained and managed by the Maintenance Department with oversight by HSE Health Business Services (HBS) Estates.<sup>\*\*</sup> A representative from the Maintenance Department was included in the membership of the Infection Prevention and Control Committee. However, minutes reviewed showed that the Maintenance Department was not represented at any of the meetings which occurred between September 2016 and July 2017. Limited feedback to this Committee relating to the management of waterborne infection was evident in documentation reviewed by inspectors.

A formal *Legionella* site risk assessment had been performed at the hospital in June 2015 and inspectors were informed that a follow up assessment was underway at

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<sup>\*\*</sup> HSE HBS Estates provide a range of property management services to over two and a half thousand properties in the healthcare portfolio. Services include management and advice, on capital projects, property management, fire safety, health & safety (infrastructural risk), environmental services, maintenance and technical support <http://www.hse.ie/eng/about/Who/HealthBusinessServices/Estates/>

the time of the inspection. However, while there was evidence in documentation reviewed by inspectors that some recommended controls and maintenance were in place, there was a lack of clarity whether remedial works and control measures identified in the 2015 *Legionella* risk assessment were addressed and up-to-date. By way of example, this assessment identified that there was no 'specific management policy for *Legionella* control or a written water scheme' at the hospital. Inspectors found that there was still no *Legionella* policy at the time of inspection. In addition, lack of internal corporate knowledge within the hospital with respect to Legionellosis control was of concern to HIQA on the day of inspection.

Hospital water systems have frequently been identified as reservoirs for waterborne microorganisms. Those with responsibility for managing healthcare facilities should have appropriate governance arrangements and processes in place to provide assurances that water systems are managed effectively to prevent and control waterborne infections. It is recognised that preventative measures in relation to waterborne infection in healthcare facilities is a multidisciplinary responsibility. Therefore, appropriate effective communication and reporting of issues related to the management of waterborne are essential. In addition, recommendations from the risk assessment should be addressed promptly in line with national guidelines<sup>19,20</sup> to mitigate risks and to protect patients, visitors and staff that work or use the facility. HIQA recommends that the hospital actively documents all actions completed in relation to the management of *Legionella*, to provide itself with ready access to necessary continuous assurance information within the hospital.

## **2.7 Quality improvement initiatives**

Inspectors were informed that there had been improvement in information and communications technology at the hospital with the introduction and rollout of electronic patient information and clinical management systems. These systems facilitated improved timely access to patient information such as laboratory results on samples processed in Cork University Hospital laboratory.

## **2.8 Progress since the previous HIQA inspection**

HIQA reviewed the latest quality improvement plan<sup>21</sup> (QIP) developed by the hospital following the 2015 HIQA inspection against the National Standards. An up-to-date QIP was not available to view at the time of this inspection. The last recorded update of this QIP was in December 2015. A senior pharmacist had been appointed in February 2017 which was a welcome addition. However, HIQA identified during this inspection that despite prior recommendations in previous reports, access to other dedicated specialist resources had not been addressed.

### **3. Conclusion**

Overall, inspectors found that governance arrangements in place at Bantry General Hospital did not adequately support the effective implementation of infection prevention and control and antimicrobial stewardship programmes.

HIQA found that governance structures at the hospital needed to be further developed and fully formalised following this inspection. The lack of a dedicated consultant microbiologist programme lead and a household supervisor to support the Infection Prevention and Control Team meant that there was very limited onsite presence of specialist key personnel required to implement an effective programme. In addition, despite the recruitment of a senior pharmacist in February 2017, little progress had been made in implementing antimicrobial stewardship at the hospital.

These findings were similar to those identified by HIQA through previous monitoring programmes at the hospital indicating that they had not been fully addressed. Despite prior recommendations in previous reports, progress to date in relation to addressing the identified deficiencies relating to infection prevention and control service has been limited; specifically access to dedicated clinical consultant microbiology programme leadership.

While acknowledging recent and evolving changes to governance structures at the Cork University Hospital Group, HIQA found that there was potential to further align the infection prevention and control governance structures at Bantry General Hospital with the Cork University Hospital Group governance structures. Greater collaboration and integration of infection prevention and control services within this Group could potentially expand the sharing of knowledge and expertise available across the group and provide increased support to smaller hospitals with limited resources. This is of particular importance in light of the bidirectional flow of patients between hospitals within the Cork University Hospital Group and ensuring the structures are in place to fully support the identification, management and reporting of potential infection control risks. This should be progressed as a priority.

Despite the lack of key personnel within the infection control team and challenges faced implementing the infection prevention and control programme, commitment to infection prevention and control principles and practice was evident at the hospital on the day of inspection. Results of audits viewed indicated local commitment to and compliance with the principles and practices of infection prevention and control.

Overall the environment in the clinical area visited was generally clean with few exceptions. Opportunities for improvement were identified in relation to the management and monitoring of frequently used patient equipment. In addition, hospital hygiene supervision arrangements need to be sufficiently resourced and

progressed as a priority at the hospital.

It is recommended that the hospital review arrangements in place to ensure compliance with national guidelines for the Prevention and Control of Infection from Water Systems in Healthcare Facilities<sup>22</sup>. Assurance processes need to be strengthened to ensure potential risks in relation to waterborne infection are fully understood, managed and mitigated.

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## 5. Appendix 1

### **Lines of enquiry for the monitoring programme undertaken against the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services***

<b>Number</b>	<b>Line of enquiry</b>	<b>Relevant National Standard</b>
1.1	The hospital has formalised governance arrangements with clear lines of accountability and responsibility around the prevention and control of healthcare-associated infections.	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 5.2, 5.3, 5.4, 6.1, 7.1
1.2	Risks in relation to the prevention and control of infection are identified and managed.	2.1, 2.3, 2.5, 3.1, 3.6, 3.7, 3.8
2	The hospital has policies, procedures and guidelines in relation to the prevention and control of infection and hospital hygiene.	2.1, 2.5, 3.1, 3.6, 3.8, 5.4, 7.2
3	Hospital personnel are trained and in relation to the prevention and control of healthcare-associated infection	2.1, 2.8, 3.1, 3.2, 3.3, 3.6, 6.1, 6.2
4.1	The hospital has implemented evidence-based best practice to prevent intravascular device-related infection and urinary catheter-associated infection, ventilator-associated pneumonia and surgical site infection.	1.1, 2.1, 2.3, 3.5
4.2	The hospital has systems in place to detect, prevent, and respond to healthcare-associated infections and multi-drug resistant organisms in line with national guidelines.	2.1, 2.3, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.8,



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