



Regulation 27 Infection Prevention & Control.

Key inspection findings

Introductions



Chris Regan-Rushe – National Operations Manager

Amy McGrath – Inspector of Social Services

Eoin O’Byrne – Inspector of Social Services

Marguerite Kelly - Inspector of Social Services (Infection Prevention and Control)

Sarah Armstrong – Regulatory Support Officer

Role of the Infection Prevention and Control team

- Assist the Chief Inspector in assessing compliance with regulations and standards pertinent to infection prevention and control in social care services.
- Education and training of Inspectors of Social Services
- Deliver webinars for external stakeholders
- Offer support to stakeholders (dcipcsupport@hiqa.ie)
- Involvement in National Guideline Development

Human Rights Based Approach

Core Values of human rights



HIQA Guidance on A Human Rights Based Approach in
Health and Social Care Settings



STATUTORY INSTRUMENTS.

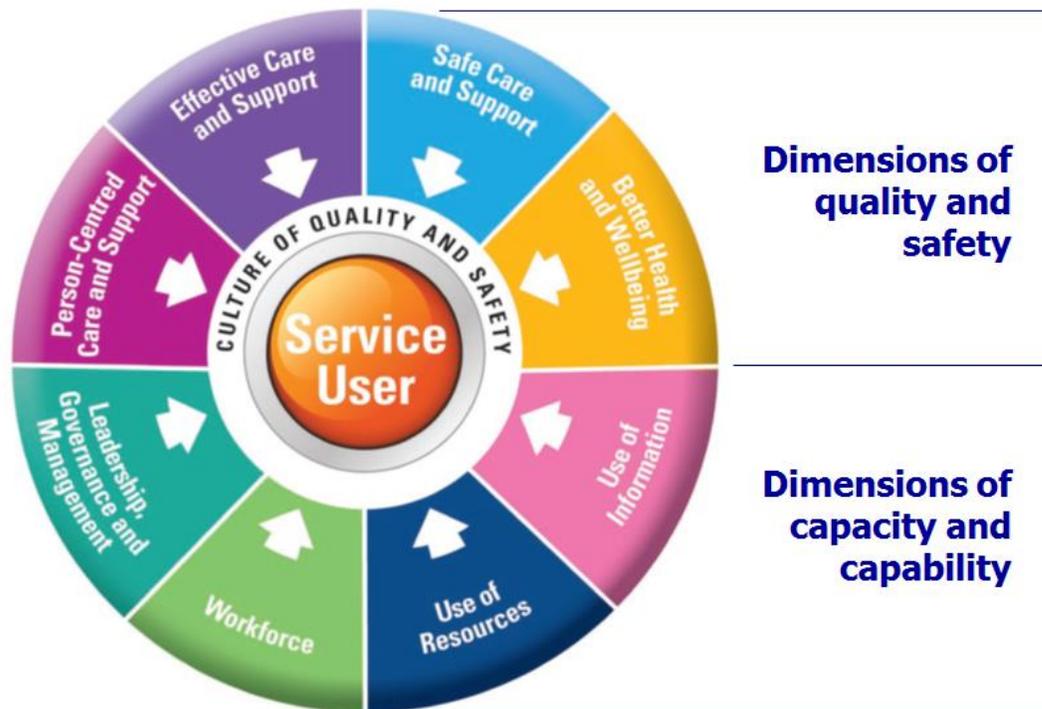
S.I. No. 367 of 2013

HEALTH ACT 2007 (CARE AND SUPPORT OF RESIDENTS IN
DESIGNATED CENTRES FOR PERSONS (CHILDREN AND ADULTS)
WITH DISABILITIES) REGULATIONS 2013

Regulation 27 Infection Control states;

‘The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority’.

National Standards for infection prevention and control in community services



National Standards for
infection prevention and
control in community
services

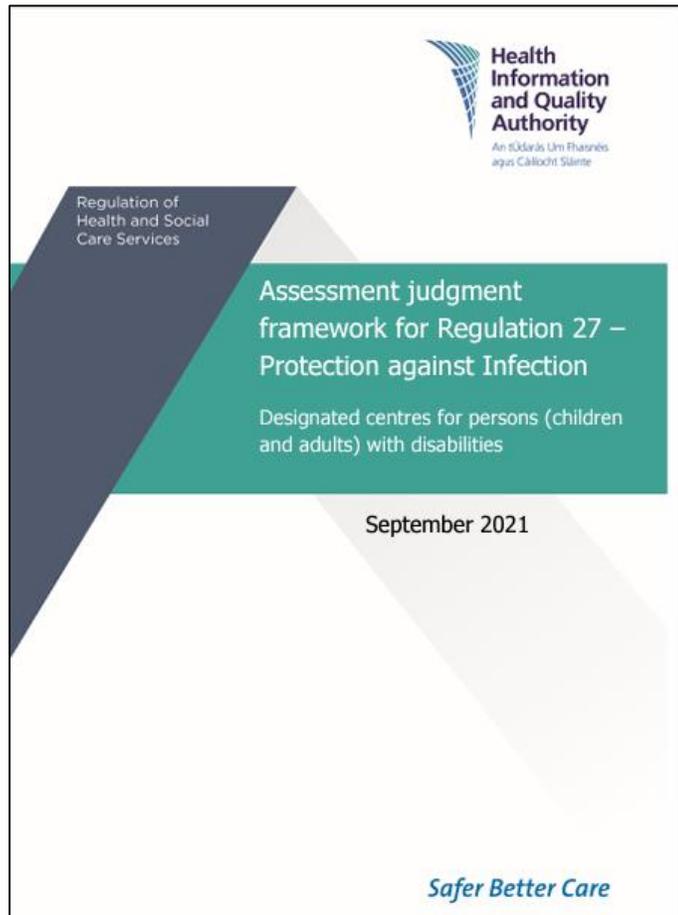
2018

Purpose of the National Standards

The National Standards:

- offer a common language to describe safe and effective infection prevention and control practices
- enable a person-centred approach by focusing on the people that use services and placing people at the centre of everything that the service does
- create a basis for improving infection prevention and control practices by identifying strengths and highlighting areas for improvement
- promote principles that can be used in day-to-day practice to encourage a consistent level of infection prevention and control across the country and across all community services
- promote practice that is up to date, effective and consistent.

Regulation 27



Regulation of
Health and Social
Care Services



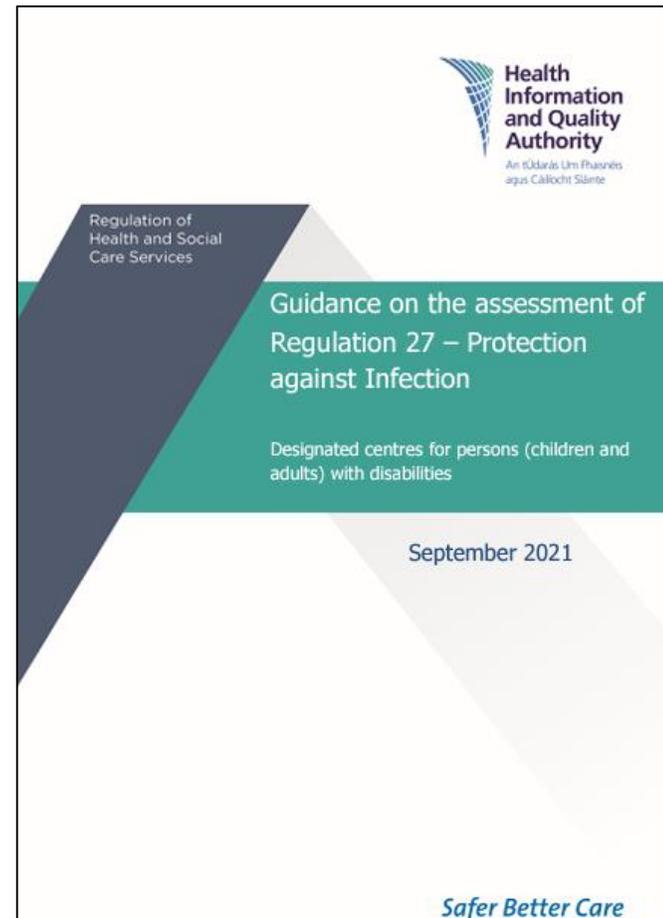
Health
Information
and Quality
Authority
An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Assessment judgment
framework for Regulation 27 –
Protection against Infection

Designated centres for persons (children
and adults) with disabilities

September 2021

Safer Better Care



Regulation of
Health and Social
Care Services



Health
Information
and Quality
Authority
An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Guidance on the assessment of
Regulation 27 – Protection
against Infection

Designated centres for persons (children
and adults) with disabilities

September 2021

Safer Better Care

Regulation 27 Compliance rates - 2022

Compliant – 6%

Substantially compliant – 58%

Not compliant – 36%

Feedback

We have sessions today and tomorrow and plan to **make the slides available in the coming weeks on www.hiqa.ie website.**

Reminder re infection control hub email address
dcipcsupport@hiqa.ie

What meeting regulation 27 looks like in a service striving for quality improvement under Capacity and Capability

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.
- **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.

Theme 6: Workforce

- **Standard 6.1**
 - Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.
- **Standard 6.2**
 - Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.

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.





Areas of Good Practice Found

<p>Strengthened Governance and oversight arrangements</p>	<p>Identified IPC Lead</p>	<p>Good outbreak management plans</p>	<p>Up-to-date IPC policies, procedures and guidelines subject to regular review</p>

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

A person with appropriate knowledge and skills to manage key areas

Clear arrangements for IPC risk management:

Identification

Management

Control

Review of

Learning from

Access to up-to-date information:

New or revised guidelines

Safety alerts

National updates



Areas of Good Practice Found

<p>COVID-19 contingency plans</p>	<p>Public Health Links</p>	<p>Symptom monitoring</p>	<p>Outbreak reports</p>	<p>Promotion of vaccine uptake</p>



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





Areas of Good Practice Found



Staffing contingency arrangements



Out of hours support, advice and guidance



Deputising arrangements





6.2 Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.



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Cúram le Eolas



AMRIC Infection Prevention and Control



Areas of Good Practice Found



Mandatory in all centres



Staff training, skills and knowledge regularly updated and monitored



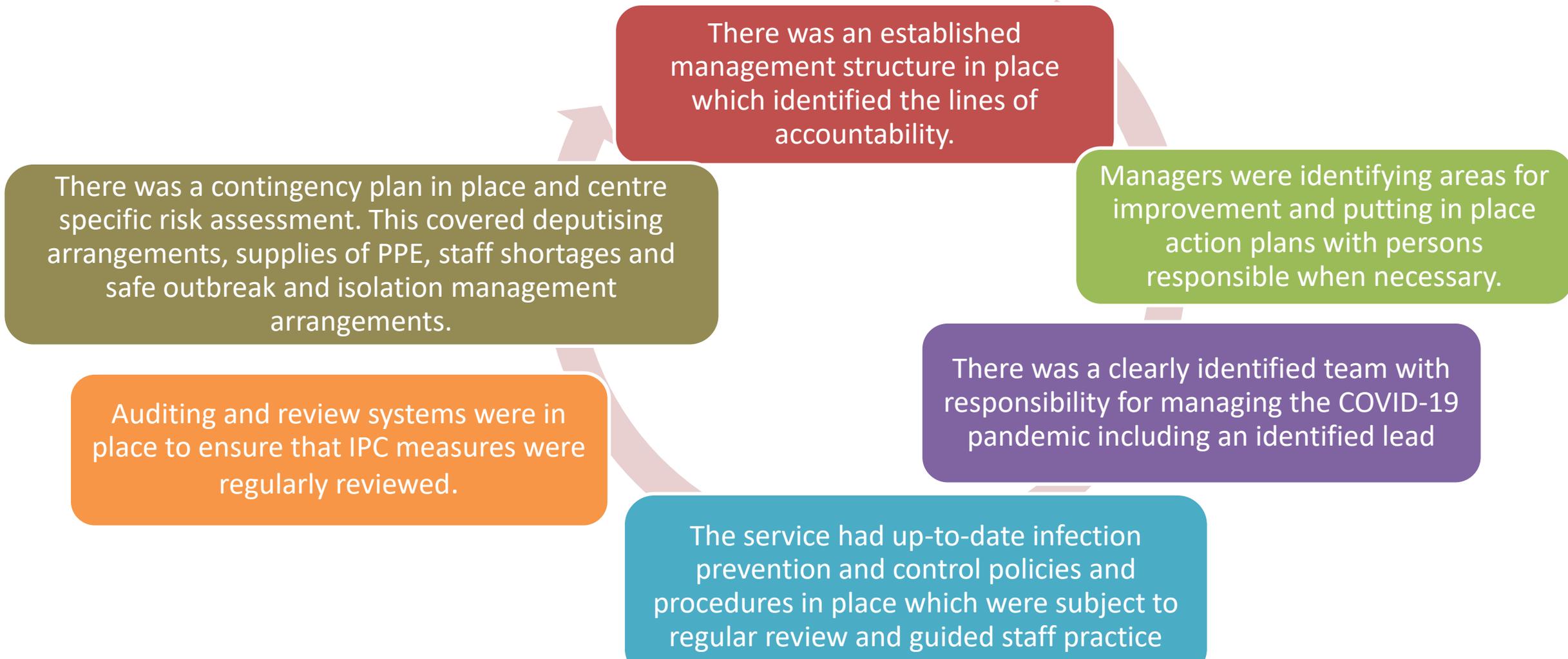
Competency assessments and observed practice



Access to online and where able on-site and face-to face training

Areas of Good Practice Found

Capacity and Capability: Extracts from Inspection Reports





Areas Requiring Improvement

IPC Risk Assessment and Management



Visiting risk assessments



Building works and renovations RA



Equipment cleaning and maintenance



IPC Documentation



Areas Requiring Improvement

 <p>Contingency plans don't escalate</p>	 <p>Access to Infection Prevention & Control Specialist</p>	 <p>Oversight & supervision of cleaning practices</p>	 <p>Oversight of standard and transmission based precautions</p>
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Areas Requiring Improvement



Maintaining knowledge, skills and competence through training



Oversight



Adherence to national guidelines and local policies and procedures



Areas for improvement Capacity and Capability: Extracts from Inspection Reports

A review of the training matrix in the centre indicated that 11 staff required training in hand hygiene and five staff required training in standard precautions for the prevention of infection.

The latest and most up-to-date guidance from the HPSC was also not readily accessible in the centre. Staff spoken with were unclear regarding the up-to-date information and guidance in relation to wearing of protective face coverings in residential services.

There was no guidance available for staff on what cleaning products to use. Staff were unaware of best practice in relation to the use of soluble bags for contaminated laundry or of the best practice procedures for decontamination of medical and care equipment

There were no suitable hand drying facilities for staff or residents in the shared bathrooms or laundry areas... Hand towels were in use in all shared bathrooms and in the laundry room contrary to good practice in infection prevention and control.

While there were monitoring systems for quality and safety in place, these did not assess performance specific to IPC. This resulted in areas where best practice and policy were not being followed and where risks were not being identified

The governance and management arrangements in the centre required clarity in relation to the overall accountability, responsibility and authority for infection prevention and control in the service.

What meeting regulation 27 looks like in a service striving for quality improvement under **Quality and Safety**

Theme 1: Person- centred Care and Support

Standard 1.1

People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

Theme 2: Effective Care and Support

Standard 2.1

Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.

Standard 2.2

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

Standard 2.3

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

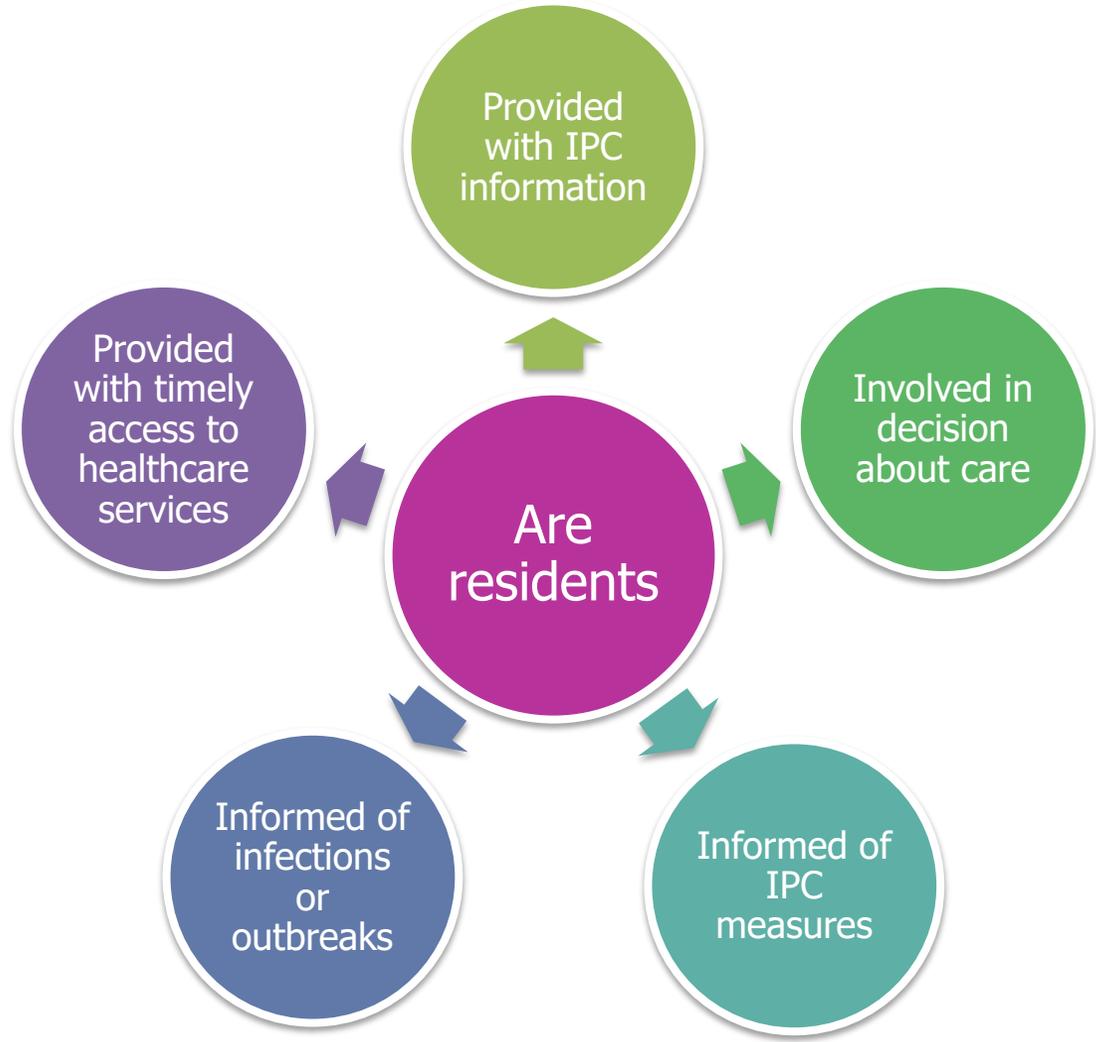
Theme 3: Safe Care and Support

Standard 3.4

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



1.1 People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance



Areas of Good Practice Found



The infographic consists of five vertical columns, each with an image at the top and a text box at the bottom. The columns are: 1. A yellow sign for 'Visitors' detailing 'Contact Precautions' and 'Standard Precautions'. 2. An illustration of a male and female healthcare professional in scrubs and a white coat. 3. An illustration of a COVID-19 vaccine vial with a syringe and a bandage, with the text 'I GOT MY COVID-19 VACCINE!'. 4. A photograph of a man in a wheelchair sitting at a desk with a computer monitor. 5. An illustration of two healthcare workers in scrubs and masks washing their hands at a sink.

Area of Good Practice	Image Description
Awareness of social distancing and the need to self-isolate	Visitors sign detailing Contact and Standard Precautions
Access to and information about Healthcare Services	Illustration of healthcare professionals
Information about Vaccination programmes and access to health screening programmes	COVID-19 vaccine vial and syringe
Regular resident meetings	Man in wheelchair at a computer workstation
Hand Hygiene and when to wear masks	Illustration of handwashing



2.1 Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.

Standard Precautions

Always follow these standard precautions



- This standard looks at the implementation of standard and transmission based precautions in addition to IPC communication when transferring residents between settings.
- **Standard Precautions:**
 - Standard precautions include, appropriate to the setting, the following:
 - Hand Hygiene
 - use of personal protective equipment (PPE)
 - management of spillages of blood and bodily fluids
 - appropriate resident placement
 - management of sharps safe injection practices
 - respiratory hygiene and cough etiquette
 - management of needle-stick injuries
 - management of waste
 - management of laundry
 - decontamination of reusable medical equipment and the environment

Transmission Based Precautions

Transmission Based Precautions are additional precautions that are recommended when Standard Precautions alone may not be sufficient to prevent the transmission of certain infectious agents such as Clostridium difficile, influenza and COVID-19.



- Transmission-based precautions include droplet, contact and airborne precautions, or a combination of these precautions based on the route of transmission of infection.
- In assessing compliance inspectors will observe staff practice for example when and how they select PPE ,
- talk to staff to assess their understanding,
- review documentation including PPGs, training records, audits of compliance with core IPC practices,



Areas of Good Practice Found



Hand Hygiene

Sharps

IPC Training in SP and TBP



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

An tOgairín um Mhalairtí agus Cáilíocht Sláinte

The centre clean and well maintained

There are arrangements in place for cleaning and disinfecting especially in the event of an outbreak

Arrangement in place for:

- Laundry
- Waste disposal, including clinical waste
- Maintenance and refurbishment of the premises

Environmental and equipment hygiene audits

Learning outcomes from measurement data

Improvements in the quality and safety of care



Areas of Good Practice Found



Cleaning and disinfecting



Formal cleaning training



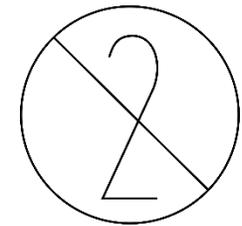
Cleaning Audits and QIPs



Maintenance Programs



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



All equipment is:

- used in line with its stated purpose
- stored appropriately
- clean with appropriate decontamination
- used in line with manufacturer's instructions



Staff are trained to undertake decontamination processes



Areas of Good Practice Found



Designated equipment



Cleaning schedules



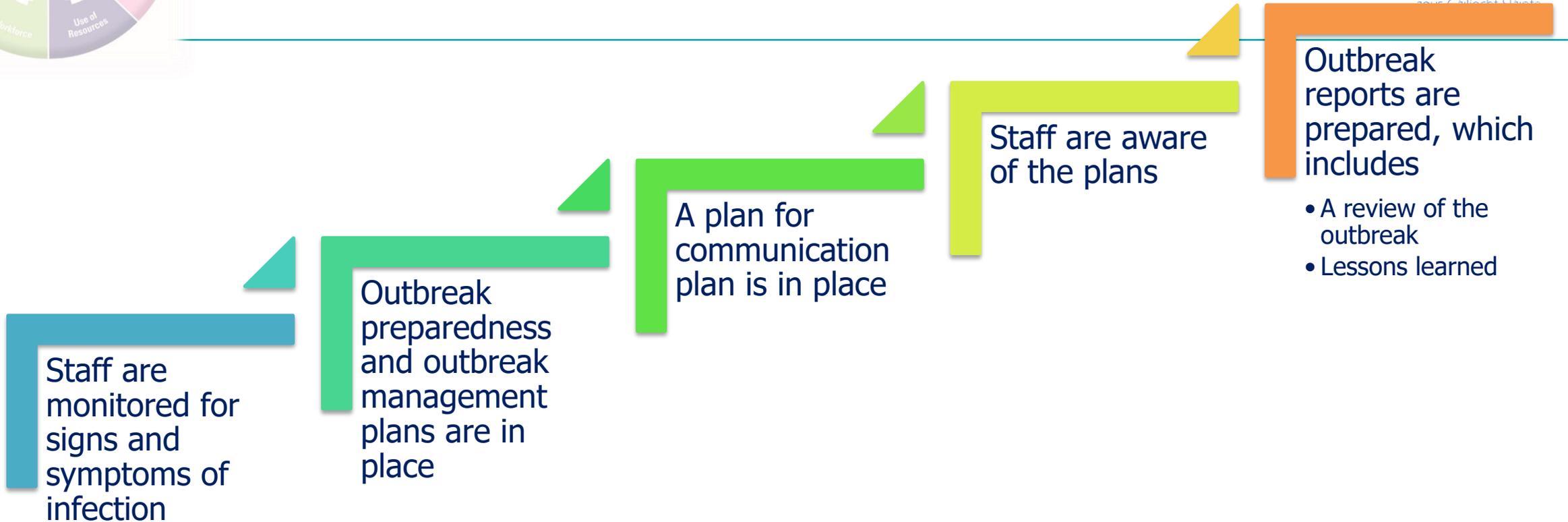
Equipment decontamination audits



Equipment maintenance programs



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





Areas of Good Practice Found

<p>Monitoring</p>	<p>Early detection and implementation of transmission based precautions</p>	<p>Good communication between management and front line staff</p>	<p>Outbreak responses proportionate</p>	<p>Outbreak reports and learning</p>

Areas of Good Practice Found Quality and Safety: Extracts from Inspection Reports

Residents had been educated on keeping themselves and others safe in their home and in the community, and were prepared for what they would need to do if they became ill or were required to self-isolate.

Comprehensive cleaning schedules were in place and these were carefully implemented by all staff daily. Cleaning schedules included the regular and deep cleaning of all aspects of the centre. Colour coding systems were in place for mops and cloths to clean separate areas of the centre such as kitchens and bathrooms. Schedules were also in place for less frequent cleaning tasks such as washing skirting boards and curtains.

Each resident has a hospital passport which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident, and had been updated to include risk assessment in relation to COVID-19

The inspector observed clear systems in place for the separation of clean and dirty laundry. Signage was noted around the laundry facilities to guide staff on safe laundry procedures. Staff spoken with were clear regarding procedures to take when washing soiled linen.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessment had been developed regarding potential infection control and COVID-19 risks. Regular health and safety audits were being carried out in the centre by management and staff. There was a service risk register in place and risks including water-borne infections in the centre had been reviewed and mitigated.

Regular communication with residents in the centre was evident. Residents enjoyed regular meetings with peers and staff where infection control and COVID-19 was regularly discussed with them...issues including social distancing, hand washing techniques and personal protective equipment had been discussed. Staff had also developed accessible social stories where these issues were explained.



Areas Requiring Improvement



I aim to provide your child with the best possible care, and to help your child learn, play and develop. I have not yet asked you to complete this form, but I would like to know more about you and your child. This information will help me to provide the best care for your child. It will also help me to provide the best care for your child. It will also help me to provide the best care for your child.

Any information provided will be treated as strictly confidential. Please refer to my Privacy Notice and Confidentiality Policy for further details of our data processing and handling procedures.

Personal & Family Details

Child's Full Name: _____ Date Of Birth: _____

Home Address: _____ Lives with: _____

Tel: _____

Mother's Name: _____ Day Time: _____
Address: _____ Mobile: _____
Postcode: _____ Email: _____

Father's Name: _____ Day Time: _____
Address: _____ Mobile: _____
Postcode: _____ Email: _____

Other Care: _____ Day Time Tel: _____
Address: _____ Mobile: _____

School / Nursery: _____ Tel: _____

EMERGENCY CONTACTS
In the event of an emergency I will always try to contact parents / guardians first. If for whatever reason I cannot contact you, please advise who the nearest and most suitable person should be contacted.

Resident
Info
leaflets

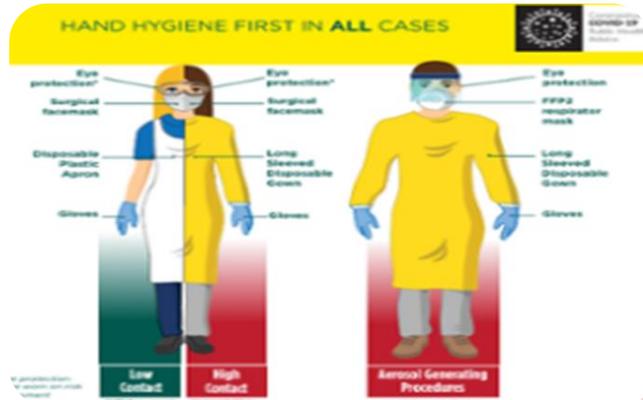
Visiting
access

Care
planning
reviews

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/hcai-amr-information-for-patients-and-public/patient-leaflets/>



Areas Requiring Improvement



Adherence to Standard and Transmission based precautions

Completeness and accuracy of IPC Documentation

Management of sharps, body fluids and blood spills



Areas Requiring Improvement

Laundry Cycle Management

Laundry facilities

Cleaning and disinfection procedures

Centre routine and urgent maintenance programs

Storage of medical, clinical or multi-use equipment



Areas Requiring Improvement

			
Equipment storage	Cleaning equipment, cleaning, and storage procedures	Use of alcohol wipes	Knowledge and use of appropriate cleaning and disinfecting practices



Areas Requiring Improvement



Outbreak preparedness



Waste management and disposal



Management oversight

Areas for improvement Quality and Safety: Extracts from Inspection Reports

There was no designated clinical area to store and prepare sterile supplies for aseptic procedures and no evidence that sterile supplies were used during aseptic procedures.

One bathroom contained an open clinical waste bin without a lid...one hand hygiene sink did not have any soap. Access to a hand hygiene sink was blocked in the nurses office. Inspectors noted that there was no waste disposal bin available at the hand sanitisation station, which was a designated area for putting on a removing PPE.

Some residents had previously diagnosed infections which required monitoring. Some staff spoken with were unaware of residents' colonisation statuses and therefore did not know how to monitor for signs and symptoms of the infection. Other staff...did not have knowledge regarding the procedure to be followed in the event of a recurrence of an infection order to reduce transmission

Despite having been subject to a deep clean on the morning of inspection, some areas of the premises remained visibly dirty. A number of bathrooms had staining on the walls around the sink, hand soap dispensers had a heavy build up of grime and dirt, and one toilet had excrement on the exterior.

In one of the bathrooms there was significant mould and damage to the ceiling. The person in charge presented documentation outlining how repeat requests had been submitted to the maintenance department to have the ceiling repaired however, this had not been addressed. The resident whose ensuite bathroom was affected was clearly distressed by the situation.

It was not demonstrated that staff had suitable knowledge and training in how to use a spill kit and informed the inspector that they were not clear on how to use it and when.

