

Standard	Judgement	Action plan	Status
5.3: Non-compliant service provider have formalised governance arrangements in place to ensure the delivery of safe and effective prevention and control across the service	Non-compliant: Covid oversight group has not met in the months prior to this inspection.	Covid-19 oversight meeting in place twice weekly (Tuesday & Thursday) TOR agreed. Meeting minutes circulated to MDT	Complete
	An updated covid -19 preparedness plan that was reviewed was not signed off by the MDT c/19 oversight group was not in place	Plan updated and signed off by Covid oversight group, discussed as agenda item at COG	Complete
	Onsite C/19 testing capacity was not sufficient to meet the needs of the hospital	Streamlined process agreed with NVRL agreement to prioritise testing in place	Complete
		Business case submitted for approval for purchase of batch analyser	Complete

6.1: Service providers plan, organise and manage their workforce to meet the services, infection prevention and control needs	Substantially compliant: Additional consultant microbiologist resource at the hospital was required.	The hospital has approval for additional consultant microbiologist recruitment ongoing	Complete
	There was no onsite Occupational Health Department at the hospital	This risk has been escalated to the Dublin midlands hospital group.	Ongoing managed risk
	Staff uptake of hand hygiene training was required	Develop and implement a plan for targeted education and training on hand hygiene hospital wide and re-audit. Quarterly	Complete

2.6: healthcare is provided in a clean and safe physical environment that minimises the risk of transmitting a healthcare associated infection	<p>Non-compliant:</p> <p>Separation of COVID-19 and non-COVID-19 pathways in the emergency department was not in place for the second surge of Covid-19</p> <p>Insufficient single rooms to meet demand at the hospital</p> <p>Staff were wearing shoe covers which were not in line with the national PPE guidance.</p> <p>The cleaners room was shared between moate ward and the hospitals coronary care unit</p> <p>There was a lack of storage in both wards with inappropriate storage of equipment</p>	<p>New modular waiting and triage areas opened therefore eliminating this issue.</p> <p>12 bed single rooms</p> <p>Practice has ceased</p> <p>Space feasibility study currently being undertaken and new Development Control Plan (DCP) currently at tender stage.</p> <p>Space feasibility study currently being undertaken and new Development Control Plan (DCP) currently at tender stage to include additional storage and development of an equipment library.</p>	<p>Complete</p> <p>Due to be operational Q1 2023</p> <p>Complete</p> <p>Due for review 01/03/23</p> <p>Due for review 01/03/23</p>

3.8: service have a system in place to manage and control infection control outbreaks in a timely and effective manner.	Non-compliant		
	Lack of streaming of patients in the emergency department to ensure separate COVID-19 pathways (at risk of covid-19) and non-covid-19 pathways (covid-19 not clinically suspected)	New modular waiting and triage areas opened therefore eliminating this issue	Complete
	Lack of adequate onsite covid-19 testing capacity	Business case submitted for approval for purchase of batch analyser	Complete
	Insufficient isolation room facilities to meet demand	NGH and HSE estates have engaged a design team with design for 12 bedded isolation unit progressing to tender.	Due to be operational Q1 2023
	Lack of onsite occupational health resource to support the management of outbreaks	This risk has been escalated to the Dublin midlands hospital group	On-going managed risk