

Health Information
and Standards

Statement of outcomes
Report on focus group discussions
and public consultation
on draft national standards for
infection prevention and control in
community services in Ireland

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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.

Overview of the Health Information and Standards Directorate of HIQA

The Health Information and Standards Directorate is responsible for setting standards and guidance for health and social care and health information, evaluating information and making recommendations about deficiencies in health information to the Minister for Health.

HIQA develops national standards and guidance for health and social care services. Working in conjunction with a wide range of stakeholders, we aim to improve the quality and safety of health and social care services through setting standards and publishing guidance. Standards promote practice that is up to date, evidence based, effective and consistent. Standards also help the people who provide health and social care services to identify strengths and highlight areas that may need improvement. Standards also aim to show people what safe, high-quality care should look like and what to expect from a service.

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Chapter 1 Introduction and background

The Health Information and Quality Authority (HIQA) has developed the *National Standards for infection prevention and control in community services*.^{*1} The purpose of the Standards is to:

- 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 these people at the centre of everything that the service does
- create a basis for improving infection prevention and control practices and antimicrobial stewardship 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 and antimicrobial stewardship across the country and across all community services
- promote practice that is up to date, effective and consistent.

The Standards are designed to apply to all community health and social care services outside the acute hospital setting in Ireland, for example, ambulance services, care delivered in the home, residential services for older people and people with disabilities, community health medical services and general practices. It is envisioned that all community services will adopt these National Standards to promote improvements in the prevention and control of healthcare-associated infections in their services.

The Health Information and Standards Directorate's Quality Assurance Framework (QAF) describes the process to be followed during the development of Standards, Guidance and Recommendations conducted by, or on behalf of, the Directorate. The Standards Team followed the process set out in the QAF at all stages in the development of these National Standards.

In line with the QAF, HIQA carried out a focused review of international and national literature, which was used to inform the development of the Standards. The review took account of international standards and guidelines, national guidelines and national surveys and reports. All documents reviewed and assessed to be included in the evidence base to inform these standards are outlined in the Background document to support the development of *Draft national standards for infection*

* The title of the draft national standards changed after the public consultation from *Draft national infection prevention and control standards for community services* to the *National Standards for infection prevention and control in community services*.

prevention and control for community services (January 2018),² which is available on www.hiqa.ie.

HIQA also convened an Advisory Group, which consisted of a diverse range of interested and informed parties, including representatives from support and patient advocacy groups, healthcare professionals, the Department of Health, the Health Service Executive (HSE), the Irish College of General Practitioners (ICGP), Infection Prevention Control Ireland and the Dental Council. The Advisory Group's purpose was to advise HIQA on developing standards for infection prevention and control in community services. Three meetings of the group were held. Its final meeting took place on 18 April 2018 to discuss changes to the National Standards resulting from the public consultation. HIQA acknowledges with gratitude the hard work and commitment of the Advisory Group. The members of this group are listed in Appendix A of this statement of outcomes report.

Chapter 2 Overview of the process

When developing standards the Health Information and Standards Directorate does so in consultation with subject matter experts, service providers, people using services, the general public and other key stakeholders. Focus groups are used as one way of consulting and engaging with these stakeholders.

HIQA engaged extensively with people using services and staff working in community health and social care services through a series of focus groups undertaken in 2017 and 2018. The Standards Project Team conducted 13 focus groups in five locations nationally including:

- Dublin
- Cork
- Galway
- Athlone
- Donegal.

Ten focus groups were held for scoping purposes and took place prior to the public consultation to determine what the National Standards should include. The remaining three focus groups were held for review purposes and took place during the public consultation to seek feedback from people using services and staff on the draft national standards. In total, the Standards Project Team met 97 people to discuss their experiences of infection prevention and control in community services and to obtain their opinions as to what the National Standards should address.

The types of people who gave us their views at these focus groups included:

- people using services
- allied healthcare professionals, including podiatrist, public health nurses, social worker, speech and language therapist, occupational therapist
- clinical nurse managers
- consultant microbiologist
- dental staff, including general dental practitioners, dental hygienist, orthodontist, dental inspector and clinical dental technician
- directors of nursing and assistant directors of nursing
- front-line staff working in older persons' services and disability services
- general practitioners (GPs)
- infection prevention and control nurses and managers
- management staff
- National Ambulance Service staff, including intermediate care operative and quality, safety and risk manager
- patient advocates

- persons in charge (of a designated centre)
- public health nurses.

A briefing document was sent to all focus group participants in advance of the groups. This outlined the purpose of the focus groups, key questions for consideration and how the groups would be facilitated. At least two members of the Standards Project Team attended each focus group; one facilitated the group and the other(s) acted as note takers. It was explained that the notes taken would only be used to inform the development of the national standards and points would not be attributed to any individual. All of the feedback gathered at the focus groups was reviewed and considered by the Standards Project Team and incorporated into the development of the National Standards.

To further facilitate engagement and participation by informed and interested parties in the development of the National Standards, HIQA published the *Draft national infection prevention and control standards for community services* in January 2018 for public consultation. The public consultation ran for six weeks from 31 January 2018 to 14 March 2018. During this time, interested parties were invited to submit their views and feedback on the content and structure of the draft standards.

The full text of the *Draft national infection prevention and control standards for community services* was published in downloadable format on the HIQA website, www.hiqa.ie. A consultation form (see Appendix C) was developed in order to assist people to make a submission. The form was available to download on www.hiqa.ie and responses could be emailed to a dedicated email address or posted to HIQA. It was also possible to make an online submission using an online survey tool.

At the start of the consultation, HIQA notified the members of the Advisory Group about the consultation process and requested that they notify members of the groups they were representing and other interested colleagues. HIQA also contacted focus group participants, the representative organisations of relevant healthcare professionals, patient advocacy groups and interested stakeholders by email to inform them of the process and to ask them to share information about the public consultation and encourage their colleagues to participate in the process. HIQA sent over 300 emails to informed and interested parties.

In total, HIQA received 61 detailed responses over the six-week public consultation phase. All submissions to the consultation were considered and the *National Standards for infection prevention and control in community services* were revised accordingly.

A list of the type of organisations that made submissions is documented in Appendix B.

This document gives an overview of the feedback received by HIQA during the focus groups and submissions received during the public consultation, as well as HIQA's response to those submissions.

HIQA is very grateful to those who participated in the focus groups and those who made submissions to the public consultation for taking the time to contribute to the development of the standards.

Chapter 3 Analysis of focus groups discussions

All of the feedback received from the focus groups was analysed and collated under the eight themes of the Standards Development framework by the Standards Project Team as outlined below.

3.1 Feedback from scoping focus groups (pre-public consultation)

Theme 1: Person-centred Care and Support

Person-centred care and support places people who use services at the centre of all that the service does. Focus group participants highlighted the importance of educating people using services on healthcare-associated infections, the need for all information to be user-friendly and the importance of respecting the privacy and dignity of all people using community health and social care services. The topic of open disclosure was discussed, and the importance of open communication with people using services and their families was emphasised. It was noted that all people using services should have equitable access to services and that people using services should be supported and empowered to raise concerns and ask questions about infection prevention and control-related subjects.

Theme 2: Effective Care and Support

Effective care and support is about consistently delivering the best achievable outcomes for people using a service. Focus group participants emphasised the importance of having a clean physical environment and ensuring that all staff members who are responsible for cleaning are trained and competent to carry out their roles. Using standard precautions[†] consistently across all community health and

[†] **Standard precautions:** are a group of routine infection prevention and control practices and measures that should be used for all people at all times regardless of suspected, confirmed or presumed infectious status, in any setting in which care is delivered. 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 patient 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
- decontamination of the environment
- occupational safety.

social care services was seen as vital, and adopting a back to basics approach was stressed. The need for effective communication and the need to have national policies, procedures and guidance in place to assist staff to manage healthcare-associated infections and antimicrobial stewardship[†] were also emphasised.

Topics such as the decontamination of equipment,[§] waste management and transportation of clinical samples were discussed and the importance of these in infection prevention and control was highlighted. It was noted that having single rooms was not always possible and the psychological effect on some patients or residents of being cared for in isolation rooms was also discussed.

Finding the balance between maintaining a homely environment and protecting people using services was another point of conversation, and it was acknowledged that people's own homes cannot be overly clinical.

Theme 3: Safe Care and Support

Safe care and support recognises that the safety of people using health and social care services is of the highest importance and that everyone working within these services has a role and responsibility in delivering a safe, high-quality service. Focus group participants stressed the importance of staff vaccinations and emphasised that all staff working in community health and social care services should have access to the relevant vaccines, appropriate to their role. It was noted that all staff working in health and social care services should have access to occupational health advice. The importance of adhering to standard precaution principles, such as hand hygiene and wearing personal protective equipment, was also discussed by participants.

It was noted that hand hygiene facilities such as clinical hand-washing sinks will vary according to service types, for example, in homecare settings. The pressure on doctors to prescribe antibiotics to patients was discussed in the focus groups and it was highlighted that all people using services should be educated on antimicrobial stewardship and appropriate antibiotic use. It was noted that a standardised approach and clearer guidelines should be made available on how to manage outbreaks in all community health and social care services.

[†] **Antimicrobial stewardship:** a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions. Antimicrobial stewardship includes not only limiting inappropriate use but also optimising antimicrobial selection, dosing, route, and duration of therapy to maximise clinical cure, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events, and cost.

[§] **Decontamination:** The removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue. Three processes for decontamination are commonly used: cleaning, disinfection and sterilisation.

Theme 4: Better Health and Wellbeing

A service focused on better health and wellbeing is one which constantly looks for ways and opportunities to promote, maintain and improve the health and wellbeing of the people who use its services. The importance of educating people using services, their families and visitors on hand hygiene and wearing the appropriate personal protective equipment was emphasised in the focus groups. Empowering people using services to challenge and question infection prevention and control practices of staff was highlighted as being important by participants. It was suggested that people using services should be educated and supported to protect themselves and others from the risk of healthcare-associated infections, for example, by adopting healthy lifestyle choices.

Theme 5: Leadership, Governance and Management

Leadership, governance and management refers to the arrangements put in place by community services for clear accountability, decision-making, risk management and performance assurance. The need for effective governance and engagement at both leadership and management level about infection prevention and control was emphasised by focus group participants. It was stated that audits, surveys and supervision should be regularly carried out in community health and social care services and that these should be used to inform and promote quality improvements within these services. Creating a culture of infection prevention and control within a service was noted as being vital. Assigning responsibilities to staff and encouraging them to become champions of infection prevention and control practices, such as hand hygiene champions within their own service, was noted to be successful in instilling such a culture within services. Access to specialist advice, such as a link-infection prevention and control nurse, and improved communication within and between services at a national, regional and local level were seen as necessary requirements in preventing and controlling healthcare-associated infections. The need for infection prevention and control committees was also highlighted. Having formal service-level agreements with service providers outlining tasks appropriate to that service was noted as being highly important. Many participants believed that all externally contracted workers need to be trained and competent to carry out their roles. This should be agreed under a service-level agreement between the service and the externally contracted agency.

Theme 6: Workforce

The workforce theme refers to how a service plans, recruits, manages and organises their workforce with the necessary numbers, skills and competencies. The importance of having an educated workforce was emphasised by focus group participants. It was noted that the education and training of staff can sometimes be delivered on an ad hoc basis in community health and social care services and it was felt that this should be more structured. It was highlighted that education and training should be brought back to the basics of infection prevention and control, for example, appropriate hand hygiene practices. The issue of protected time for training was also raised by participants. Sharing learning with and among colleagues was seen as a positive initiative in community health and social care services, such as 'train the trainer' and peer-to-peer audits.

Theme 7: Use of Resources

Use of resources refers to how a service uses resources effectively and efficiently to deliver best possible outcomes for people using the services for the resources used. The lack of available resources within community health and social care services was discussed by participants, for instance, the resources needed to maintain and refurbish facilities. The need for resources to be made available to community services in order to effectively implement the National Standards was also emphasised in the focus groups.

Theme 8: Use of Information

Use of information refers to how a service actively uses information as a resource for planning, delivering, monitoring, managing and improving care. Using information collected by the service to improve the quality of care and support in community health and social care services was emphasised in the focus groups. It was noted that services should be recording and using information — for example, collected through audits — to promote quality in their services. Examples of initiatives noted by focus group participants that were working well in their respective services were hand hygiene and antibiotic prescribing audits. Using information collected for quality improvements in their services was seen as very useful and improved their infection prevention and control practices. In one residential service for older people, it was noted that these audits were carried out with a local general practitioner (GP). It was also noted that community health and social care services could learn from each other. The difficulty in accessing accurate information, such as antimicrobial prescribing statistics, was also outlined.

Other topics addressed throughout the focus groups included the need for implementation and monitoring guides for the National Standards.

3.2 Feedback from review focus groups (held during the public consultation)

Three focus groups were held during the public consultation in order to get feedback from people using the services and staff on the draft national standards. A summary of the points raised during these focus groups are detailed below. In advance of the focus groups, all participants were sent a copy of the draft national standards to review. At the focus groups, all participants were asked their views on the draft standards.

The scope of the standards was discussed by the group. It was suggested that the scope of the standards could be further clarified in the introductory section. Participants believed the standards should clarify that each service must also comply with the specific clinical and professional guidelines and guidance as set out by their professional body or regulator.

Ensuring that all staff are educated and trained to carry out their roles was emphasised as being very important by focus group participants. Poor communication between services, such as between community and acute services, was commented on by participants. It was noted that a culture of infection prevention and control is needed within services to ensure that it is seen as everyone's responsibility. Decontaminating equipment and maintaining a clean environment were seen by participants as being necessary components of preventing and controlling infections. A common theme emerging across the focus groups was the need to keep home settings homely, and not to create an overly clinical environment.

The importance of training and educating staff on standard precautions and transmission-based precautions, such as hand hygiene practices and wearing personal protective equipment, was emphasised by participants. They highlighted that members of the public need to be informed about antimicrobial stewardship. In addition, staff having access to vaccinations, appropriate to their roles, was noted as being a very important infection prevention and control practice. The need to dispose of healthcare waste appropriately and correctly was discussed by participants, and it was noted that it can pose a serious occupational health risk to staff and people using services if this is carried out incorrectly.

In terms of leadership, governance and management, focus group participants asked for further clarity on who is responsible for the facility where services are operating from and who is responsible for implementing the standards. Risk management was another point of discussion, and it was emphasised that all services should be carrying out risk assessments on their services.

Lack of resources emerged as a challenge in community services, for example, access to specialist staff, such as antimicrobial pharmacists and surveillance scientists. The lack of a linked up information technology (IT) systems between services was also discussed by the group. It was noted that all healthcare-associated infections need to be documented and not just verbally communicated to the individual. Ensuring that other relevant staff members are made aware of the infection status of people using services was also seen as necessary.

Chapter 4 Analysis of public consultation

This chapter presents an overview of the analysis of the responses received during the public consultation.

4.1 Description of responses

A total of 61 responses were received in relation to the draft standards. Of the 61 submissions received by HIQA, 67% (n=41) emailed in their submissions; 30% (n=18) were received via the online survey tool; and 3% (n=2) were received by post.

Each submission received was read in its entirety and each individual comment was assessed to determine whether or not it would be incorporated. All submissions were reviewed by the Standards Project Team and subsequent changes to the draft standards agreed. While this statement of outcomes document is not an exhaustive record of all comments received, it highlights some of the key items raised by people during the public consultation.

The consultation comprised three general feedback questions and two specific feedback questions on each on the eight themes in the *Draft national standards for infection prevention and control standards for community services*. The aim of these general and specific feedback questions was to elicit public opinion on the draft standards. This statement of outcomes document provides an overview of the submissions received for each question.

In the 'about you' section, respondents were asked if they were commenting on behalf of an organisation or in a personal capacity. If they were making the submission on behalf of an organisation, they were asked to include the name of the organisation. In addition, they were asked whether they were commenting as:

- a person who has used community health and social care services
- a person who is using community health and social care services or
- as a staff member or other person working in a community health and social care service.

Respondents who worked in a health or social care service role were asked to specify their role.

Of the 61 submissions, 33% (n=20) responded in a personal capacity, with 67% (n=41) responding on behalf of an organisation.

Figure 1 shows the breakdown of responses received to the question about whether they were providing feedback as an individual or on behalf of an organisation; 51 of the 61 respondents answered this question. Of these 51 respondents:

- 49 (96%) stated that they were providing feedback as a staff member or other person working in a community health and social care service and
- 2 (4%) respondents stated that were commenting as a person who has used community health and social care services.

Figure 1. Responses to consultation question 1.1, n=61 (100%)



Forty five respondents gave details in relation to their role working in community health and social care services. Examples of respondents' roles included:

- administrator
- clinical nurse manager
- clinical nurse specialist infection prevention and control
- communicable disease control nurse
- consultant microbiologist
- director of nursing
- general manager
- general practitioner (GP)
- health and safety manager
- infection prevention and control nurse
- infection prevention and control nurse manager
- manager of occupational therapy services

- person in charge (of a designated centre)
- practice development facilitator
- public health nurse
- quality and compliance manager
- quality and safety advisor
- senior inspector
- senior physician.

A list of the type of organisations that made submissions is detailed in Appendix B.

4.2 Feedback questions on specific themes

Within this section of the feedback form, respondents could provide feedback on each of the draft standard statements and or features. Respondents were asked to consider the following questions as part of their review:

- Do you think all important areas have been covered in each standard or are there any areas that should be included or excluded?
- Are the features listed sufficient to assist staff working in health and social care services in the community to meet the National Standards?

When providing their feedback, respondents were asked to reference the number of the standard and feature that they were commenting on. Table 1 provides a breakdown of the percentage of respondents that provided feedback in relation to each theme.

Table 1. Percentage of respondents that provided feedback on each theme

Themes of the National Standards	Percent	Number
1. Person-centred Care and Support	70%	(n=43)
2. Effective Care and Support	70%	(n=43)
3. Safe Care and Support	70%	(n=43)
4. Better Health and Wellbeing	54%	(n=33)

5. Leadership, Governance and Management	66%	(n=40)
6. Workforce	62%	(n=38)
7. Use of Resources	54%	(n=33)
8. Use of Information	49%	(n=30)

4.3 Person-centred Care and Support theme

Almost three out of four respondents (70% or 43 respondents) provided comments on Theme 1: Person-centred Care and Support.

What the respondents said

In this theme, respondents suggested a number of areas that could be strengthened. These included having more emphasis on:

- discussions around infection prevention and control with people using services
- people's capacity to understand information provided and informed consent
- open disclosure
- complaints and concerns.

In particular, feedback was received on communication challenges relating to capacity and consent that may be experienced by some people using intellectual disability services. In addition, educating both staff and people using services on infection prevention and control and antimicrobial resistance was noted as being very important by some respondents.

Finally some feedback was received that related to content covered under other themes including Theme 2 (Effective Care and Support), Theme 3 (Safe Care and Support) and Theme 8 (Use of Information).

HIQA's response

The wording of the standard statement did not change but a number of new features were added, and amendments were made to the original features based on

the feedback received. For example, a new feature was added around discussing infection prevention and control with people using services and doing this at a time when the person using services is best able to understand and retain the information. In addition, a new feature was added on informed consent which addresses situations where people using services may not be able or in a position to give their consent.

The features now include the need to communicate with people in line with the principles of open disclosure whenever colonisation with a multi-drug resistant organism or infection becomes known. In addition, a new feature was added to strengthen the need for services to respond to complaints and concerns promptly, openly and effectively.

Where feedback was received that overlapped with content covered in Theme 2 (Effective Care and Support), Theme 3 (Safe Care and support) and Theme 8 (Use of Information), this was addressed under those particular themes.

4.4. Effective Care and Support theme

Almost three quarters of respondents (70%) (n=43) provided comments on Theme 2: Effective Care and Support.

What the respondents said

Some respondents suggested that more emphasis should be placed on staff training and competency in standard precautions and transmission-based precautions. It was also noted that more emphasis should be placed on water distribution systems, incident reporting and the need to document infection status in the care record of a person using services.

A number of respondents requested a greater level of detail and guidance in some areas of this theme. These areas included, for example, detailing specific requirements for cleaning and facilities, what constitutes best practice and more specific details on the type of audits to complete.

Respondents also suggested some language and wording changes throughout the theme, for example, respondents felt the definitions for decontamination, facilities, standard precautions and transmission-based precautions should be amended. In addition, a number of respondents emphasised the importance of minimising the ill effects on residents if isolation was required.

A number of respondents sought clarification as to the meaning of specific definitions and features in this theme and also highlighted some areas of duplication in the theme.

Respondents questioned how the standards would be applied with regard to care delivered in the home. They stated that service providers have no influence on how clean a service user's home may be.

Some respondents highlighted that additional funding and resources would be necessary in certain settings to cover some of the components covered in Theme 2. Specific examples of these costs and resources included: replacing reusable invasive medical devices with single-use devices, maintaining and refurbishing facilities and equipment, training of staff and recruiting specialists such as antimicrobial pharmacists, microbiologists and surveillance scientists.

HIQA's response

The National Standards cannot be overly prescriptive as they are designed to be implemented in all community health and social care services, settings and locations. In line with this, the Standards describe high-level outcomes in order to facilitate their application across such a wide variety of services and settings. HIQA acknowledges the requests for guidance and will consider this feedback, along with that received from other consultation with informed and interested parties, to inform the prioritisation and development of guidance in this area.

In response to feedback, certain key definitions, such as healthcare-associated infections, standard precautions, transmission-based precautions, facility and inoculation injury, were amended in the document. Areas of duplication have been reviewed and removed or amended as appropriate, and relevant features have been amended for clarity. In addition, three new features have been added. These cover water distribution systems, incident reporting and documenting the infection status in the care record of people using services.

Some of the comments made in relation to resource requirements suggested that complete implementation of the theme may not be achievable due to a lack of resources. This is acknowledged as an issue for Irish health and social care services and is supported by a section in the introduction to the National Standards about the need for national governance and strategic investment to support and meet infection prevention and control needs and priorities across the entire health and social care system.

4.5 Safe Care and Support theme

Almost three out of four respondents (70%) (n=43) provided comments on Theme 3: Safe Care and Support.

What the respondents said

Under this theme, a number of respondents suggested that there needed to be more emphasis on the importance of staff uptake of relevant vaccinations based on their work activities. Respondents highlighted that staff had a duty of care to people using services and this extended to availing of recommended vaccinations. Some respondents also highlighted the importance of ensuring that students on community placements and agency staff had also received the recommended vaccines prior to taking up their placement or contract of work.

Relevant legislation underpinning topics addressed in the theme were highlighted and it was noted a reference to legislation could be included where appropriate. For

example, in terms of immunisations, it was noted that by law all service providers must offer vaccinations to staff relevant to their roles.

Issues around data protection and staff not being obligated to disclose their immunisation status or travel history to their line manager were raised by a number of respondents. It was suggested that the relevant features should be reworded to reflect this. Some respondents felt all staff should have access to relevant occupational health supports such as information and advice from qualified personnel. In addition, it was suggested that the term inoculation injury should be used instead of needle-stick injury.

Respondents emphasised the need for clarification on what hand hygiene facilities would be appropriate to their individual service, such as clinical hand-wash sinks and hand hygiene products. The need for clarification on how this related to care delivered in the home and long-term residential care facilities was particularly emphasised.

A number of respondents queried how certain service providers can demonstrate prescribers' adherence with the principles of antimicrobial stewardship, as in many cases, the services themselves do not prescribe medications. For example, they highlighted that much of the prescribing governance and stewardship in residential settings rests with visiting or sessional GPs.

Some feedback was received that related to the content covered under Theme 1 (Person-centred Care and Support) and Theme 2 (Effective Care and Support) and Theme 6 (Workforce) relating to the capacity of people using services, having staff that are trained and competent in their roles, and hand hygiene audits.

HIQA's response

The introduction to this theme was amended to strengthen the importance of staff vaccination and to emphasise their duty of care to people using the services. The feature relating to reporting of immunisation status was amended so that the emphasis was taken away from individual reporting to focus on the necessary arrangements being in place to identify and mitigate any risks.

With regards to the suggestion that reference should be made to ensuring that students on community placements and agency staff have received the recommended vaccines, these groups of staff are included in the definition of staff and workforce in the glossary section of the National Standards and therefore, the standards apply to them.

For clarification, the definition of facilities was amended to emphasise that facilities are those that are owned and operated by service providers and do not include a

person's own home where care — such as home support services and or public health nursing — is being provided.

As outlined in the introduction to the National Standards, the list of features provided under each standard statement is not exhaustive and the health or social care service may meet the requirements of the Standards in other ways. While it is expected that all community health and social care services will work to achieve each standard, not all features within each standard are relevant to all community services.

4.6 Better Health and Wellbeing theme

Over half of respondents (54%) (n=33) provided comments on Theme 4: Better Health and Wellbeing.

What the respondents said

It was suggested by a number of respondents that the standard statement should be extended to include people being empowered to protect not only themselves but also protecting others from harm.

Similar to responses received under Theme 1 (Person-centred Care and Support), a number of respondents highlighted communication challenges and issues around capacity and consent that may be experienced by some people using intellectual disability services. Respondents stated that this may have an impact on their ability to help protect themselves from infection.

Respondents also highlighted that information and educational material should be designed to meet the specific needs of the people using it. It was also suggested that people using services should be educated on respiratory hygiene, cough etiquette and antimicrobial stewardship. They also suggested, for example, that the use of posters promoting hand hygiene may not be suitable in all settings such as individual homes where care is carried out and in independent homes for people with disabilities. The use of such posters, it was articulated, may create a clinical environment rather than a homely one in these particular settings, and it was suggested that other methods of sharing information could be used.

Some respondents also emphasised the need to empower and encourage people using services to ask staff have they performed hand hygiene before care. In addition, it was also highlighted that good oral health and hydration are important factors in preventing and controlling infections and it was suggested that these should be included in the list of protective lifestyle factors detailed in a footnote to this standard.

Finally, some feedback was received that related to content covered under Theme 3 (Safe Care and Support) and Theme 6 (Workforce).

HIQA's response

The standard was amended in line with suggestions to emphasise that people should be empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance. In addition, the concepts of respiratory hygiene and cough etiquette and using antibiotics as prescribed were added to the types of things that people should be educated about. Hydration and oral health were added to the footnote list of examples of protective lifestyle factors. A new feature, concerning the need for people to be encouraged to voice concerns if they believe staff have not performed hand hygiene, was added.

It was emphasised that information and educational material should be designed to meet the specific needs of the people using services, while the example given in the introduction to the theme and in the features regarding posters for hand hygiene was removed.

Where feedback was received that overlapped with content covered in Theme 3 (Safe Care and Support) and Theme 6 (Workforce), this was addressed under those particular themes.

4.7 Leadership, Governance and Management theme

Two out of three respondents (66%) (n=40) provided comments on Theme 5: Leadership, Governance and Management.

What the respondents said

A number of respondents sought clarification as to where the responsibility and accountability for infection prevention and control lies within a service and recommended that this should be strengthened in the theme. Respondents also suggested that there should be more emphasis within the standards on the need for national and regional governance of infection prevention and control and antimicrobial stewardship in the community. In addition, some respondents felt that the implementation of this theme would be challenging in certain services, for example, general and dental practices with a sole practitioner.

Some respondents highlighted that one designated person may not be responsible for all of the areas of infection prevention and control as originally listed under this theme. Rather, they suggested that depending on the size and complexity of the service, these areas may be the responsibility of a number of individuals within that service.

Respondents stated that not all community services currently had access to specialist infection prevention and control personnel and microbiologists. They emphasised the need to invest in posts for microbiologists, specialist infection prevention and control staff and surveillance scientists for community services and the need for formal agreements to ensure engagement with community services. Respondents highlighted that it was important that all staff should be supported and have access to specialist staff — not just those in residential care services.

Although the reference to infection prevention and control champions was welcomed in the theme, it was suggested that the differentiation between this role and infection prevention and control specialist staff roles should be clear. In addition, respondents stressed that infection prevention and control champions should be appropriately trained to fulfil their role.

HIQA's response

The National Standards have been developed for services in the community, but HIQA recognises that there is also a need for strong and effective governance arrangements at a national level to support safe infection prevention and control practices within each service.

This includes setting the strategic direction and implementing the necessary national and regional structures to support the implementation of this strategy. Therefore, the importance of a national approach to infection prevention and control has been strengthened in the introduction to the National Standards.

Amendments were made to a feature to acknowledge that service providers may nominate a designated person or persons, with appropriate knowledge and skills, to manage key areas of infection prevention and control and antimicrobial stewardship within the service.

Relevant features were amended to emphasise that all staff should be supported and have access to specialist staff — not just residential care services. In addition, the need for appropriate education of infection prevention and control champions was emphasised.

4.8 Workforce theme

Almost two out of three respondents (62%) (n=38) provided comments on Theme 6: Workforce.

What the respondents said

Some respondents felt the types and frequency of training for staff around infection prevention and control should be detailed in the standards and that such training should be made mandatory. Respondents also requested clarification as to what determines safe staffing levels in order to meet infection prevention and control needs, and they requested staffing levels or ratios and training requirements for specific roles and types of staff.

Some respondents highlighted the resource implications for training and time needed to complete training and believed that this would be challenging in certain settings.

In addition, it was suggested that further examples of education and training be added to the theme. Respondents also suggested that including a staff training record would be useful under this theme.

Finally, some feedback was received that related to content covered under other themes including Theme 3 (Safe Care and Support) and Theme 5 (Leadership, Governance and Management). This feedback was specifically in relation to staff vaccinations and access to trained infection prevention and control nurses.

HIQA's response

The specific number of staff, including the infection prevention and control personnel, required to meet each service's infection prevention and control needs varies depending on the setting and service, and should be based on assessments carried out by each service.

Some further examples of education and training such as safe food handling, outbreak management, healthcare-associated infections and the maintenance of staff training records were added to the theme. However, setting requirements for a minimum or recommended frequency of such training would depend on the service.

4.9 Use of Resources theme

Over half of respondents (54%) (n=33) provided comments on Theme 7: Use of Resources.

What the respondents said

Respondents raised some concerns regarding the availability and allocation of resources for services to address their infection prevention and control needs. This included resources for refurbishments, allocation of protected cleaning budgets, training and access to specialist infection prevention and control staff.

Respondents also sought clarification on how this theme applies to people's individual homes where care is being provided there.

In addition, it was suggested that the importance of seeking infection prevention and control advice at all stages of new building projects should be emphasised — from the pre-planning stage to the completion stage.

HIQA's response

The National Standards outlined in this document have been developed for services in the community, but there is also a need for a national approach to address infection prevention and control risks across the entire health and social care system. There needs to be strategic investment in resources to address infection prevention and control risks across the entire health and social care system. This prioritisation needs to take into consideration both new service development and investment in upgrading existing infrastructure and equipment over the short, medium and long term.

The text was revised in the introductory section of the theme to provide clarity around community health and social care services making the best use of available resources.

As previously outlined, the definition of facilities has also been amended to clarify that it does not include people's homes where care is provided.

The importance of consultation with infection prevention and control personnel whenever new facilities are being built, or whenever existing facilities are being refurbished, was strengthened in both the introduction to the theme and in the relevant standard features.

4.10 Use of Information theme

Almost half of respondents (49%) (n=30) provided comments on Theme 8: Use of Information.

What the respondents said

Respondents emphasised the importance of collecting and sharing good quality information while protecting people's privacy and confidentiality. The importance of all services complying with data protection legislation when sharing information was noted and it was suggested that reference to legislation should be added to the theme.

The challenges and limitations of the current systems in place for information sharing between and within community health and social care services were also highlighted by respondents. These challenges included a lack of:

- resources
- an integrated information technology (IT) system to facilitate information sharing
- national surveillance IT resources
- an individual health identifier.

More detail was requested on the type of information that should be collected, for example, on key performance indicators (KPIs)** and infection prevention and control audits.

HIQA's response

The importance of maintaining patient confidentiality and privacy while sharing information was further strengthened in the National Standards and the need to comply with legislation was re-emphasised in the Standards.

The importance of a national IT infrastructure to facilitate effective communication and surveillance of healthcare-associated infections is included in the overall introduction to the Standards (in the section addressing the need for a national approach to infection prevention and control and antimicrobial stewardship).

A new feature concerning the participation in national and international audit programmes, surveys and surveillance programmes was also added to the revised standards under the theme of Use of Information.

** **Key performance indicator** - A statistic or marker that has been chosen to monitor health or service activity.

4.11 General comments on the draft standards

Are there any other general comments on the draft standards that you would like to make?

This question gave respondents the opportunity to provide further general comments on the draft standards. Over three out of four respondents (82%) (n=50) answered this question.

What the respondents said

The feedback was, in general, positive and the publication of the draft standards was viewed as a welcome development. Some examples of what respondents said include:

"...very well done on producing a clear, accessible set of draft standards for the non-acute care setting, they are very welcome and much anticipated."

"The development of national infection prevention and control standards for community services is very welcome. They will promote and raise awareness of antimicrobial stewardship and standard precautions."

"The standards will be of huge benefit to me in my setting."

However, some respondents, while welcoming the standards, highlighted the need for additional resources and implementation plans in order to support their implementation:

"The draft standards are comprehensive and well structured."

"They will, however, require significant resources to become a reality."

"The draft community infection prevention standards are welcome and will complement existing local procedures in place to support infection prevention and control. There will be a cost implication in delivering on some of the standards."

"While the development of national standards is welcome, an implementation programme is essential."

"Resources will need to be provided to properly implement these standards e.g. proper access to microbiologist and IPCN [Infection Prevention and Control Nurse] to give advice, cover antimicrobial stewardship, who can come on site and audit and provide training and support for patients, residents and their families."

Health Information and Quality Authority

Some respondents emphasised the need for national support structures, leadership and strategic allocation of resources to help implement the standards. Examples of what these respondents said included:

“The focus on integrated care efforts between all health and social care services is welcomed but it will require enhanced operational structures, resources and commitment at National level, particularly from a Primary Care and Community Care perspective.”

“It is important that corporate national and regional responsibilities are clearly outlined to enable local managers meet their responsibilities. These services cannot meet these standards without significant support which is not there at the moment.”

In addition, some respondents sought further clarity as to the scope of the Standards and which services these Standards apply to. Other respondents requested guidance on the monitoring process and how these National Standards interact with other standards and requirements from other regulatory bodies and associated legislation.

HIOA's response

A number of sections in the overall introduction to the standards were amended for clarity. For example, more detail was added to the scope section of the introduction to cover the wide range of potential users and applicable settings. In addition, a section was added to highlight how these Standards interact with other national standards and requirements of other regulatory bodies.

For the most part, the responses received in this section related to issues that are outside of the scope of the National Standards, including resource implications and certain barriers faced by services.

It is envisaged that all community services will adopt these National Standards, approved by the Minister for Health, to promote improvements in the prevention and control of healthcare-associated infections in their services. It is the responsibility of each service provider to assure itself and the public that it is meeting the National Standards. Details of any potential monitoring process by HIOA are outside of the scope of the National Standards. HIOA will issue further guidance to service providers before starting any such monitoring programme.

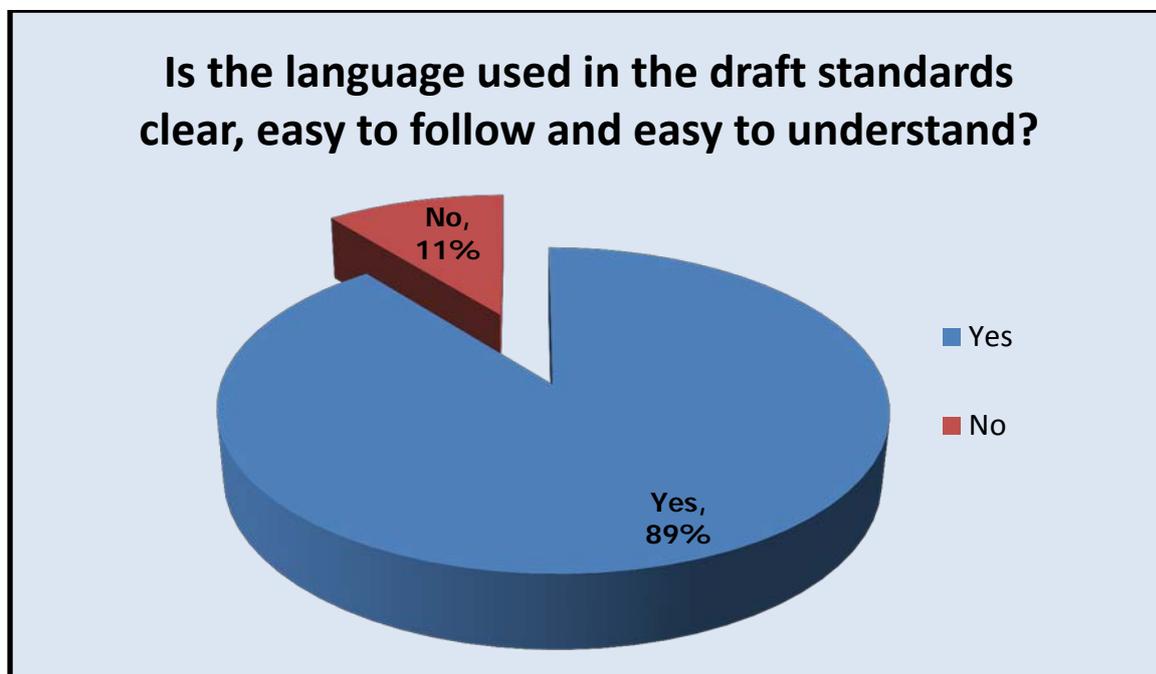
4.12 Feedback on the language, layout, accessibility and impact of the draft standards

Question 1a, 1b and 2 sought feedback on the language, layout and accessibility of the draft standards. Question 3 focused on the impact these standards will have on infection prevention and control in community services in Ireland, once they are in place. This section of the document provides an overview of responses received in relation to these questions.

4.12.1 Language used in the draft standards

This question asked people to state whether the language used in the draft standards is clear, easy to follow and easy to understand. This question was answered by 47 respondents (77%). Of those who did provide feedback to this question, 42 respondents (89%) stated that the language used in the draft standards is clear, easy to follow and easy to understand and five respondents (11%) answered no to the question. Figure 2 presents the number of Yes/No responses as to whether the language used in the draft standards is clear, easy to follow and easy to understand.

Figure 2. Responses to consultation Question 1(a) n=47 (77%)



4.12.2 Layout of the draft standards

This question required respondents to state whether the layout of the draft standards is clear, easy to follow and easy to understand. Forty-six respondents (75%) provided feedback on this question. Of the respondents who answered the question, 42 respondents (91%) stated that the layout of the draft standards is clear, easy to follow and easy to understand and four respondents (9%) answered no to the question. Figure 3 presents the number of Yes/No responses on the layout of the draft standards.

Figure 3: Responses to consultation Question 1(b), n=46 (75%)



What the respondents said:

Twenty-six respondents in total (43%) provided additional comments on the language and layout, which included a number of positive comments about the language and layout of the standards. Such comments included:

"The document is very clear and easy to understand."

"The layout is in a standardised format which is easy to follow."

"Clear layout, easy to follow in terms of link to themes with Standards and Features."

However, some respondents were of the opinion that the standards document should be shortened. These respondents said:

"It is a standards document; therefore long-winded."

"I feel it could be shorter, and maintaining all key points as the language is easy to understand but if shorter could be used in conjunction with infection control training and in general staff would be inclined to read it more often."

"There is a certain amount of repetition in several areas which could be reviewed."

Some respondents suggested that the standards should be more prescriptive in nature and feedback was also received which highlighted the need for additional guidance:

"I feel the standards are very generic and open to subjectivity, hence the need for specifics."

"The use of statement such as 'regularly reviews' is ambiguous and can be open to interpretation of the reader of the standard."

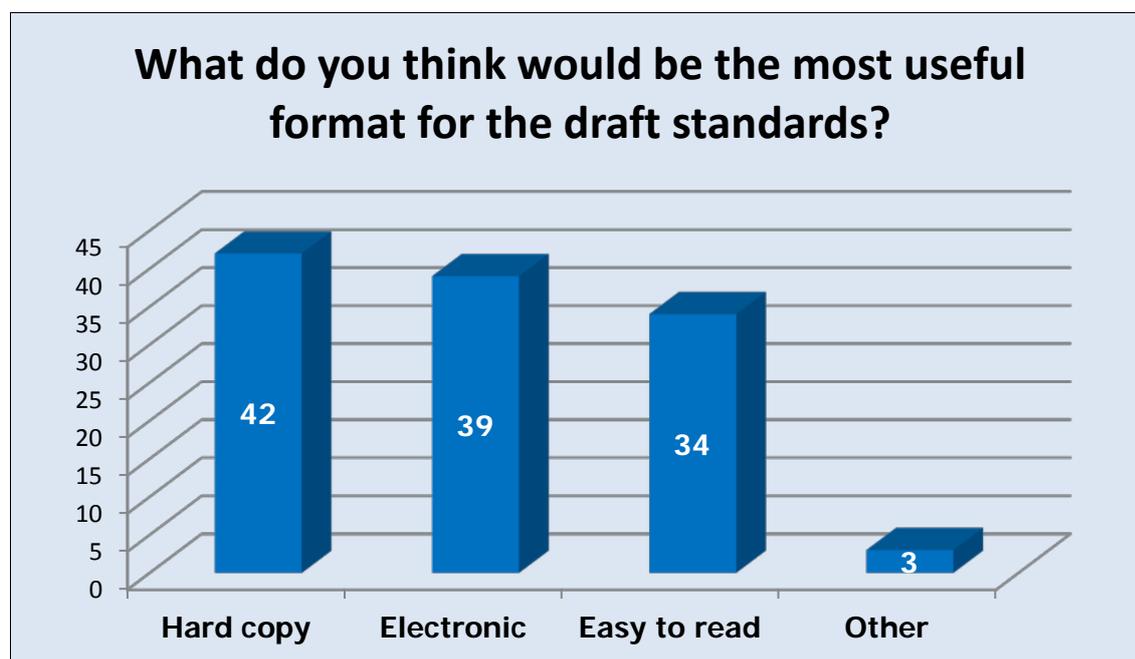
"Some practical examples would be helpful so that the end user is clear on how to achieve the Standards."

"Guidance on applicability of each standard to the care / support setting, and the identification of the professional person / role involved, would be useful."

4.12.3 Format of the draft standards

This question asked people to choose what they felt to be the most useful formats for the draft standards from four options. Respondents were given the choice to select more than one option in their answer to this question. Feedback was received from 77% (n=47) of respondents. Figure 4 shows the breakdown of responses received.

Figure 4. Responses to consultation Question 3.2, n=47 (77%)



Twenty one per cent of respondents (n=10) provided additional comments on the most useful formats of the draft standards, which included the following:

- a poster format with an explanatory note for each theme
- a video presentation of the national standards in accessible language for people using services
- an easy-to-read version that would help enable people with an intellectual disability to understand the document
- a short booklet for a general audience as an introduction to the standards
- a shortened version of the National Standards in a leaflet format.

Feedback was also received recommending the use of images to explain the standards, where applicable.

4.13 Impact of the draft standards

When the National Standards are in place, what impact will they have on infection prevention and control in health and social care services in the community?

This question sought the views of respondents on the impact the National Standards would have on infection prevention and control in health and social care services in

the community, when they are in place. Forty-one respondents (67%) provided feedback on this question.

What respondents said:

In general, respondents that answered this question agreed that the Standards will have a positive impact on infection prevention and control in community health and social care services when implemented across services in Ireland. Respondents also provided examples of specific areas where improvements may occur when the Standards are implemented.

These improvements included raising awareness of the importance of implementing effective infection prevention and control measures, guidance for people using services and guidance for staff, standardising infection prevention and control practice in community service, improving communication between community and acute settings, improving patient care and decreasing the risk of the spread of outbreaks of infections.

Examples of comments received include:

“Very good impact and can only assist and guide staff, as I feel in the future with increasing infections worldwide, any guidelines or advice is most essential. I admire the way soap hand washing, cleaning in particular was emphasised, simple and so effective.”

“The standards are welcome and will serve to raise awareness of infection prevention and control issues and will also support the implementation of standards across community settings.”

“They will aid the standardisation of essential infection prevention and control (IPC) measures in community care. They will promote safe and effective care, incorporating IPC, for service users. They will help to raise awareness of the importance of implementing effective IPC measures in the healthcare setting.”

“Having a specific set of standards focused to deliver safe and professional healthcare, while respecting the setting where care is delivered, has wonderful potential to identify good practice and improve practice where potential shortcomings are identified.”

Similar to feedback received in response to the “General comments” question, some respondents made reference to a number of implementation considerations for services. These included various resource and support requirements, such as

relevant national guidelines, access to training and additional staffing requirements. Comments included:

“If there is an implementation plan and appropriate resources are made available, the standards may support a transformation in approach to IPC and antimicrobial stewardship in the community. The standards per se are a starting point and alone their impact may be very limited.”

“These standards are very welcome and if appropriate resources and support are put in place, they will ensure a safer system for all those who access community services, as well as the staff.”

“The standards will provide a basis for discussion in relation to infection prevention and control within all community services. The implementation of the standards will be very challenging for services that currently do not have formal access to, or support from, infection prevention and control teams. The impact of the standards will rest on what supports are put in place by those who have overall responsibility within each service for infection prevention and control.”

“I believe that when the National standards are in place that they will assist in preventing the spread of infections but that will only be if the resources are provided to ensure same. The community settings are very diverse and this must be acknowledged.”

“The standards are welcomed, however, as noted in the feedback, there are resource implications in terms of their implementation. Additionally, a careful balance will have to be struck with social care settings and taking a person-centred ethos, while continuing to maintain safe and effective infection prevention and control in such environments.”

A number of respondents highlighted the need for a national approach to address infection prevention and control risks across the entire health and social care system. These respondents said:

“More work needs to be carried out at a national level to ensure that community services have access to relevant guidelines that are easy to read, short and evidence based.”

“These standards must stimulate a national response that ensures IPC specialist staff and resources are integrated within all non-acute care settings, relevant to size and complexity, to ensure that patient outcomes are equitable to within acute care settings”

“These standards may very well have a hollow impact, if they do not ensure a nationally driven response that ensures increasing specialist staff and resources within non-acute care settings, to the beneficence of health and social care settings and ultimately beneficence for the patient (service user) we will all become at some stage!”

Some respondents stated that National Standards would be a useful quality improvement tool for them in their services and could be used for self-assessment, training and audit purposes. Respondents said:

“The standards will enable community healthcare to perform a gap analysis and plan accordingly.”

“They will be useful to me in my long-term care setting. I will use them for my annual staff training sessions.”

“Hopefully a massive impact, it’s a starting point and an audit tool.”

“As they are concise, hopefully they will be seen as an easy reference guide in the day-to-day implementation of effective infection prevention and control procedures.”

A small number of respondents specifically stated that the Standards will have little or no impact on services in certain health and social care settings. Specific feedback in relation to this included an increased administrative burden, additional resource requirements and difficulty in implementing them in homecare services.

Respondents said:

“Within independent dental practices, these draft standards will place an unnecessary, additional administrative burden on single-handed and small dental practices. It must be acknowledged that the majority of independent dental practices deal with healthy patients who visit the practice for short appointments.”

“They have potential to institutionalise community-based practices and further stigmatise and remove autonomy from people with disability. They will lead to costs and resource increases which have not been considered or approved by funders and which in turn will lead to non-compliance and conflict within the sector.”

“Not much more really as I think that the community are very aware of the standards required but working within homes it can be hard to meet the standards as it is the client’s home and they sometimes live in dirt, clutter, lack of space, hotel rooms no access to washing facilities etc..”

HIQA's response

In revising the draft standards, HIQA was aware of the overall issues raised by submissions in response to these four consultation questions. In order to make the revised standards more user friendly, a "What this means for people using services" section has been added to the end of each standard. These new sections attempt to set out what each standard may mean for people using community health and social care services.

In addition, the document was reviewed with a view to identifying and removing any areas of duplication, while efforts were made to make the document more concise. HIQA will also consider the development of shorter and 'easy-to-read' versions of the standards.

The language in certain standards and features, which was described in submissions as potentially open to interpretation, was examined and clarified where necessary. However, as previously outlined, the National Standards cannot be overly prescriptive as they are designed to be implemented in all community health and social care services, settings and locations. Accordingly, the Standards describe high-level outcomes in order to facilitate their application across all relevant settings.

HIQA acknowledges the requests for guidance and will consider this feedback along with that received from other consultations with informed and interested parties, in order to inform the prioritisation for development of guidance in this area.

Chapter 5 Conclusion and next steps

Both the focus group feedback and public consultation submissions were reviewed and considered and the draft national standards were revised based on the feedback received.

A summary of the feedback and subsequent changes to the draft standards were presented to the Advisory Group at its final meeting on 18 April 2018. The revised National Standards were approved by the HIQA Board on 23 May 2018.

These revised Standards were then submitted to the Minister for Health for approval on 31 May 2018. The *National Standards for infection prevention and control in community services* have been approved by the Minister and were published on 19 September 2018.

HIQA would again like to thank all those who contributed to the development of these National Standards through the Advisory Group, focus groups and the public consultation. This involvement helped ensure that the standards are appropriate to the Irish context and can be implemented in practice. This will help contribute to the improvement of health and social care services for people using these services.

Hearing the experiences and insights of people using health and social care services and staff working in these services is essential to the development of National Standards. If you would like to help shape the future direction of health and social care standards in Ireland and would like to register your interest in taking part in a targeted consultation or a focus group, we would like to hear from you. Please contact the Standards Team by email (standards@hiqa.ie) or telephone 01 814 7400.

HIQA has developed material to help raise awareness of the standards for people using services and to support services to implement the standards. These support materials are available on our website www.hiqa.ie

Appendix A Membership of the Advisory Group and the HIQA Project Team

Member	Organisation
Aileen O' Brien	Healthcare Inspector, Regulation Directorate, Health Information and Quality Authority (HIQA)
Áine Brady	CEO, Third Age Ireland
Dr Anne Sheahan	Specialist in Public Health Medicine, Public Health, Health Service Executive (HSE)
Anne Maria O Connor	Senior Inspector, Chemicals and Prevention Division, Health and Safety Authority (HSA)
Avril Ryan ^{††}	Senior Pharmacist, Pharmaceutical Society of Ireland (PSI)
Dr Bernard Murphy	Dentist, representing the Dental Council
Carmel O' Donnell	Professional Officer, Nursing and Midwifery Board of Ireland (NMBI)
Carol Grogan	Head of Regulatory Practice Development Unit, HIQA
Caroline Conneely	National Decontamination Quality Lead, Quality Improvement Division, HSE
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care, Clinical Strategy and Programmes Division, Primary Care Division, HSE
Helen Murphy	Infection Prevention and Control Nurse Manager, Health Protection Surveillance Centre (HPSC)

^{††} Member until April 2018.

Member	Organisation
Helena Butler	Lead for Policy and Compliance, Services for Older People, Social Care Division, HSE
Dr Joe Moran	General practitioner representing the Irish College of General Practitioners (ICGP)
Kate Frowein	Quality Improvement and Regulatory Manager, Mental Health Commission (MHC)
Mags Moran	Community Infection Prevention and Control Nurse Manager, representing Infection Prevention Control Ireland (IPCI)
Mairie Cregan	Patient Advocate, Patients for Patient Safety
Marie Culliton	Laboratory Manager in National Maternity Hospital, representing CORU*
Dr Mark White	Director, Nursing and Midwifery Planning and Development, HSE South
Professor Martin Cormican	National HCAI ⁺ and AMR [◇] Clinical Lead, Public Health, Health and Wellbeing Division HSE
Mary McKenna	Lead Infection Prevention and Control ADON, [#] HCAI and AMR Clinical Programme, HSE
Dr Nuala O Connor	ICGP GP Lead Advisor Antibiotic Resistance, ICGP GP Lead HSE Clinical Programme HCAI-AMR, ICGP

* CORU = multi-profession health regulator in Ireland. See www.coru.ie.

⁺ HCAI = healthcare-associated infections.

[◇] AMR = antimicrobial resistance.

[#] ADON = Assistant Director of Nursing.

Member	Organisation
Patricia Coughlan	Infection Prevention and Control Nurse, Services for People with Disabilities, Social Care Divisions, HSE
Paul Gallen	Quality and Patient Safety Manager, National Ambulance Service, HSE
Rachel Flynn	Director of Health Information and Standards, HIQA (Chairperson)
Dr Regina Kiernan	Specialist in Public Health Medicine, representing the Irish Medical Council
Dr Robert Cunney	Consultant Microbiologist in Temple Street Children's University Hospital, Dublin and HPSC, representing HSE
Róisín Cunniffe ^{††}	Team Lead, Pharmacy Practice Development, Pharmaceutical Society of Ireland.
Rosarie Lynch	Head of Patient Safety Surveillance, National Patient Safety Office, Department of Health
Sinead Morrissey	Practice Development Facilitator, Nursing Homes Ireland (NHI)

^{††} Replaced Avril Ryan in April 2018.

HIQA Project Team

Name	Title
Linda Weir	Standards Manager
Dr Fiona McKenna [‡]	Clinical Lead
Catriona Keane	Standards Development Officer
Judy Gannon [*]	Standards Development Lead

[‡] From 16 May 2017 to 22 January 2018.

^{*} From 6 December 2017.

Appendix B Examples of the types of organisations that made submissions to the public consultation

- Professional representative bodies such as Infection Prevention Control Ireland and Nursing Homes Ireland
- Department of Health
- Health Service Executive
- Regulatory bodies such as the Pharmaceutical Society of Ireland and the Health and Safety Authority
- Individual general practitioners and the Irish College of General Practitioners
- Residential centres for older people
- Residential centres for people with disabilities and disability services
- State bodies such as the State Claims Agency, National Treasury Management Agency.

Appendix C Schedule of Questions for focus group discussions

Questions for scoping focus groups

People using services:

1. What makes you feel safe in a health or social care service in terms of infection prevention and control?
2. What has been your overall experience of infection prevention and control in the community?
3. What are some examples of good infection prevention and control practice in the community where you have attended?

Staff:

1. In your experience, what aspects of infection prevention and control work well in your service?
2. What areas require improvement that would make a difference to your service?
3. Are there any examples of good infection prevention and control improvement initiatives in your service that you would like to share?

Questions for review focus groups during the public consultation

People using services:

1. What makes you feel safe in a health or social care service in terms of infection prevention and control?
2. What has been your overall experience of infection prevention and control in the community?
3. What are some examples of good infection prevention and control practice in the community where you have attended?

Staff:

1. Do you think all important areas have been covered in each standard or are there any areas that should be included or excluded?
2. Are the features listed sufficient to assist staff working in health and social care services in the community to meet the National Standards?
3. When the National Standards are in place, what impact will they have on infection prevention and control in health and social care services in the community?

Appendix D Public Consultation feedback form

Draft national infection prevention and control standards for community services



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Public consultation feedback form

31 January 2018

The *Draft national infection prevention and control standards for community services* were developed to give a framework for best practice in providing person-centred, safe and effective care and support in community health and social care services across Ireland. You can read the draft standards on www.hiqa.ie.

We are holding a public consultation to give people an opportunity to provide their feedback on these draft standards. Your views are very important to us, and we will assess all feedback received and use it to help develop the final National Standards. The final National Standards and a related statement of outcomes document (a summary of the responses) will be published on www.hiqa.ie.

Please note the focus for this consultation is the content and structure of the draft standards.

The draft standards contain standard statements under eight themes. Each standard statement describes an area of good practice for services. Listed underneath each standard statement are a number of examples of good practice, called features.

We welcome responses to all questions as well as any additional general comments you would like to make.

The closing date for consultation is 5pm on 14 March 2018

Instructions for submitting feedback

- If you are commenting in a personal capacity, there is no need to provide your name or any other personal information.
- If you are commenting on behalf of an organisation, please combine all feedback from your organisation into one submission form.
- When completing this form online, please ensure you scroll down the webpage and complete the form in full.
- Please include the reference number of the standard or feature that you are commenting on (for example, Standard 2.3 or Feature 2.3.1).
- Do not paste other tables into the boxes already provided — type directly into the box as the box expands.
- Please spell out any abbreviations that you use.

You can email or post a completed form to us. You can also complete and submit your feedback on www.hiqa.ie.

Data Protection and Freedom of Information

HIQA will not collect any personal information during this consultation and all information received will be treated as confidential. If you have any concerns regarding your data, please contact Brian Ahern, HIQA's Data Protection Officer on 021 240 9386 or email InfoGovernance@hiqa.ie.

Please note that HIQA is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice in relation to FOI. Following the consultation, we will publish a paper summarising the responses received, which will include the names and types of organisations that submitted feedback to us. For that reason, it would be helpful if you could explain to us if you regard the information you have provided us as being confidential or commercially sensitive.

If we receive a request for disclosure of the information under FOI, we will take full account of your explanation, but we cannot give you an assurance that confidentiality can be maintained in all circumstances.

1. About you

Any information you provide and your feedback form will be held securely and will not be published, subject to legal requirements under Freedom of Information (FOI) legislation. The feedback received will only be used to help develop the final National Standards.

1.1 Please tick as appropriate — are you providing feedback as:

an individual (Please provide the name of the organisation)

on behalf of an organisation:

1.2 Please tick as appropriate — are you commenting as:

a person who has used community health and social care services

a person who is using community health and social care services

a staff member or other person working in a community health and social care service (please specify your role)

(Please specify your role)

2. Feedback on the draft standards

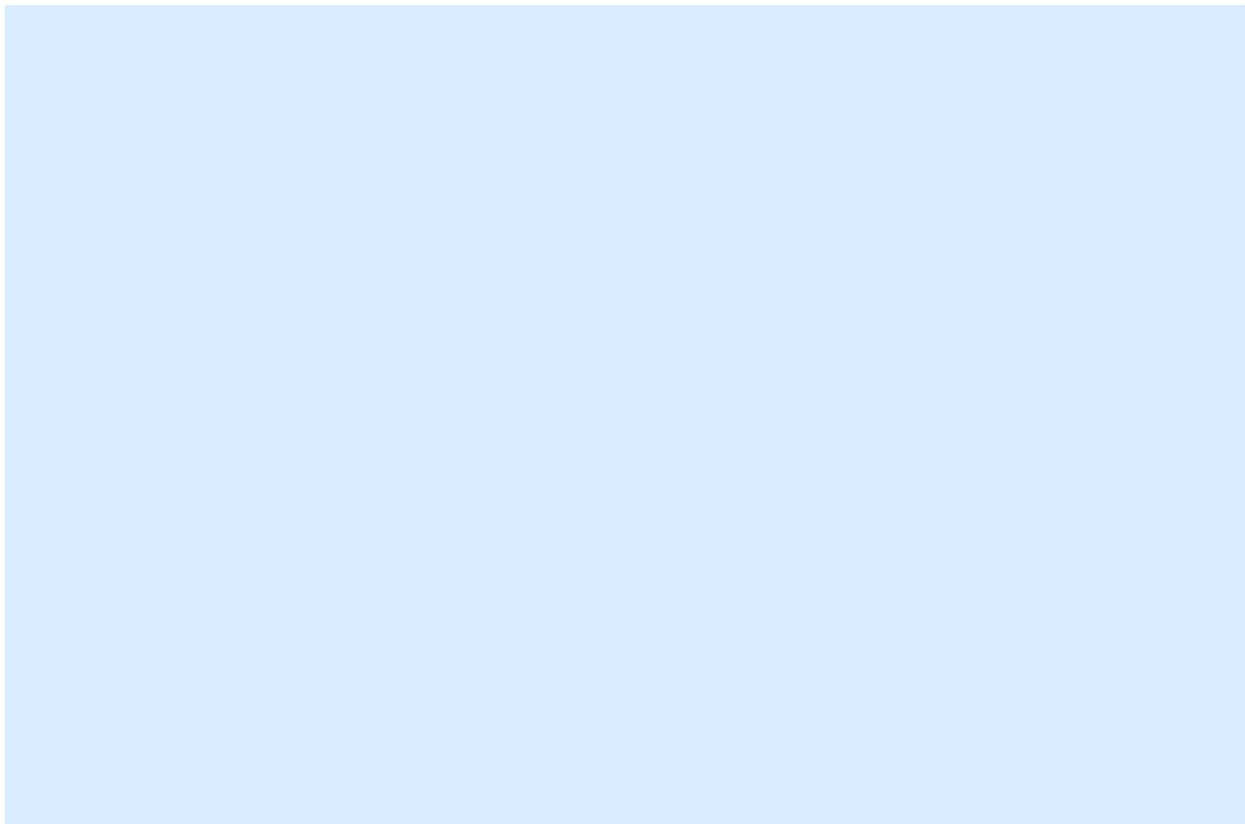
In this section, we would like to find out what you think of the content of the *Draft national infection prevention and control standards for community services*.

Please consider the following questions as part of your review:

- Do you think all important areas have been covered in each standard or are there any areas that should be included or excluded?
- Are the features listed sufficient to assist staff working in health and social care services in the community to meet the National Standards?

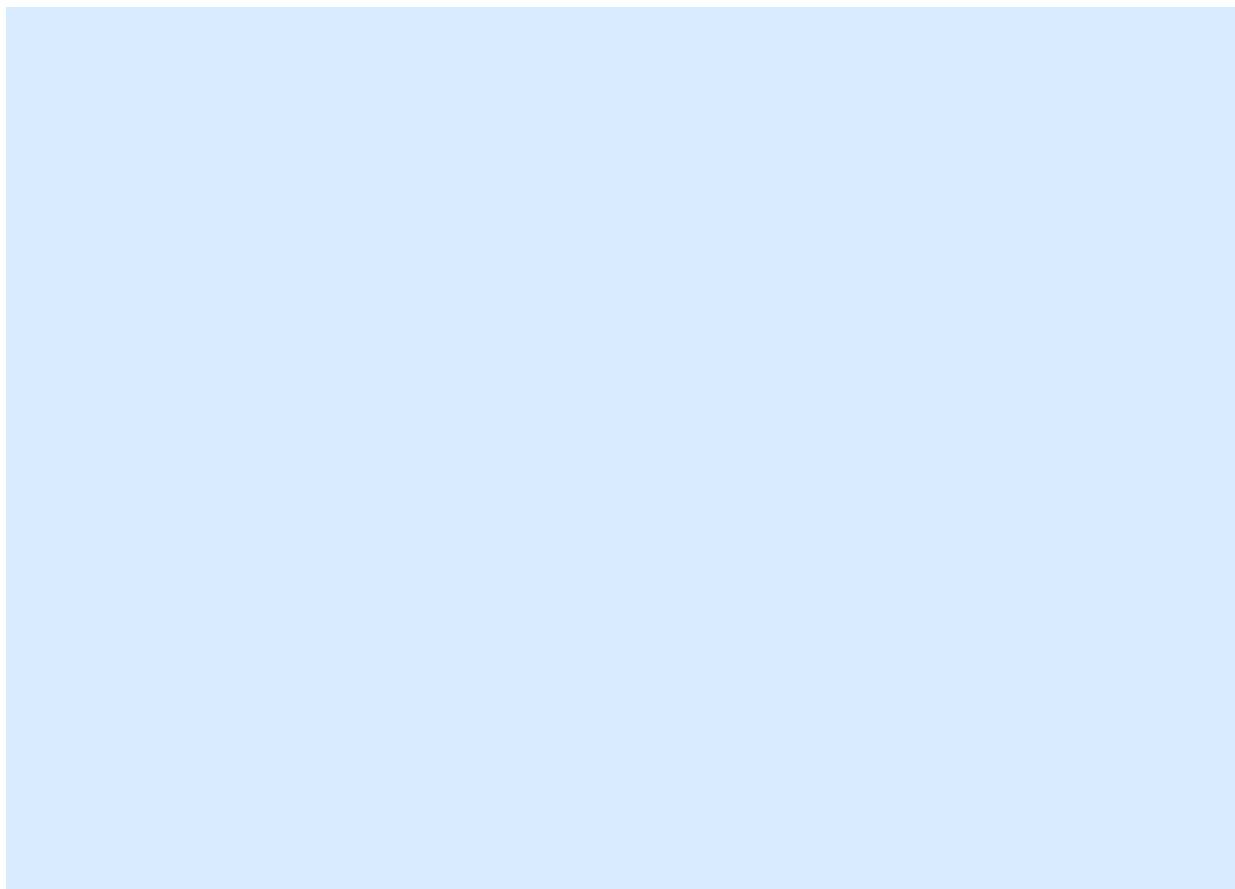
Theme 1: Person-centred Care and Support

Please include the reference number of the standard and or feature



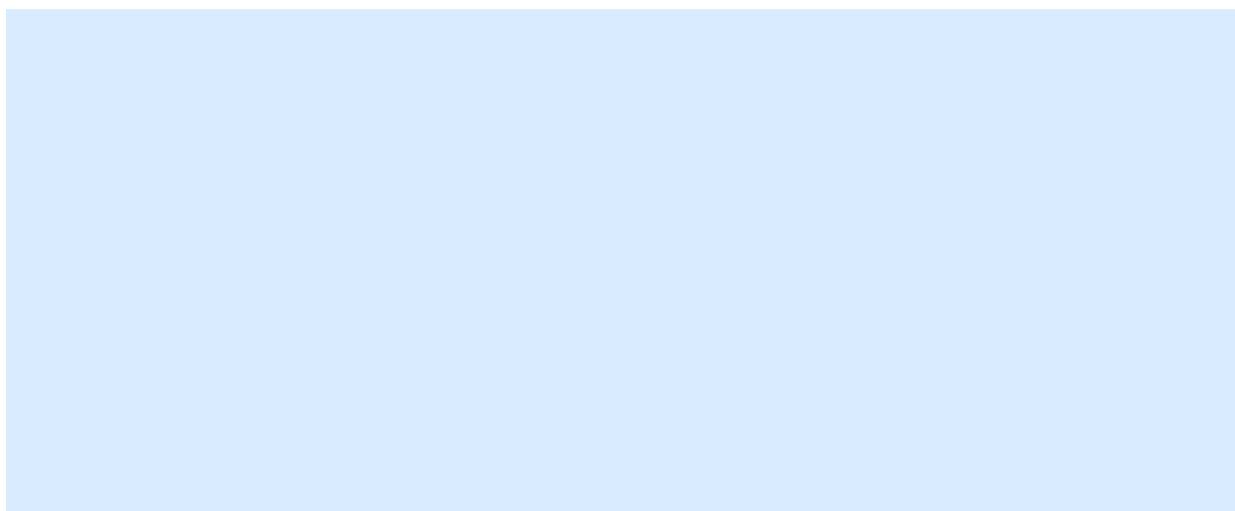
Theme 2: Effective Care and Support

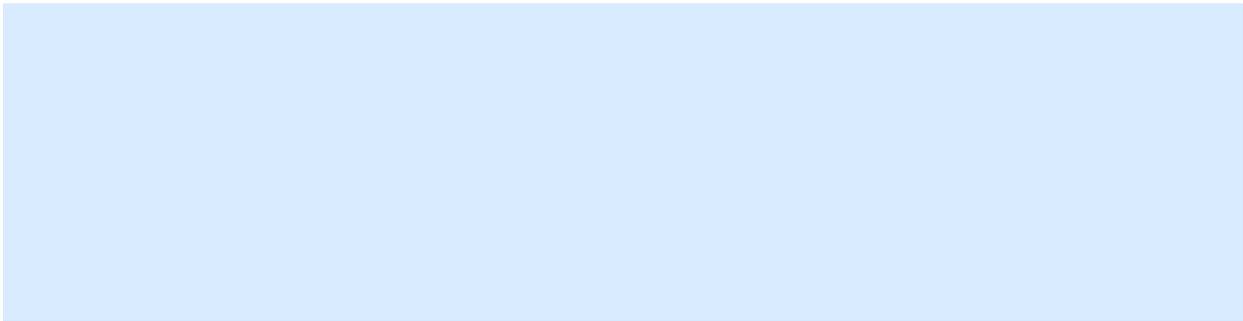
Please include the reference number of the standard and or feature

A large, empty rectangular area with a light blue background, intended for users to provide input or feedback related to Theme 2.

Theme 3: Safe Care and Support

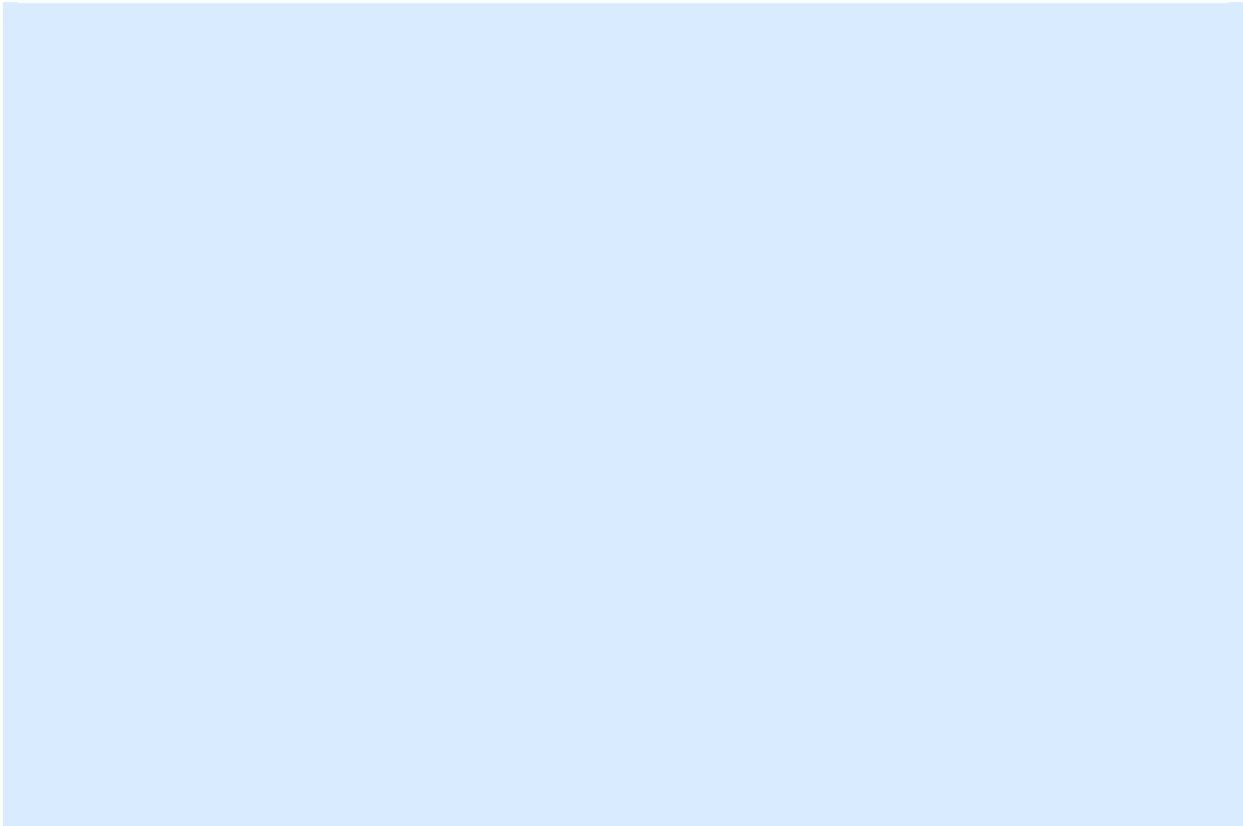
Please include the reference number of the standard and or feature

A large, empty rectangular area with a light blue background, intended for users to provide input or feedback related to Theme 3.



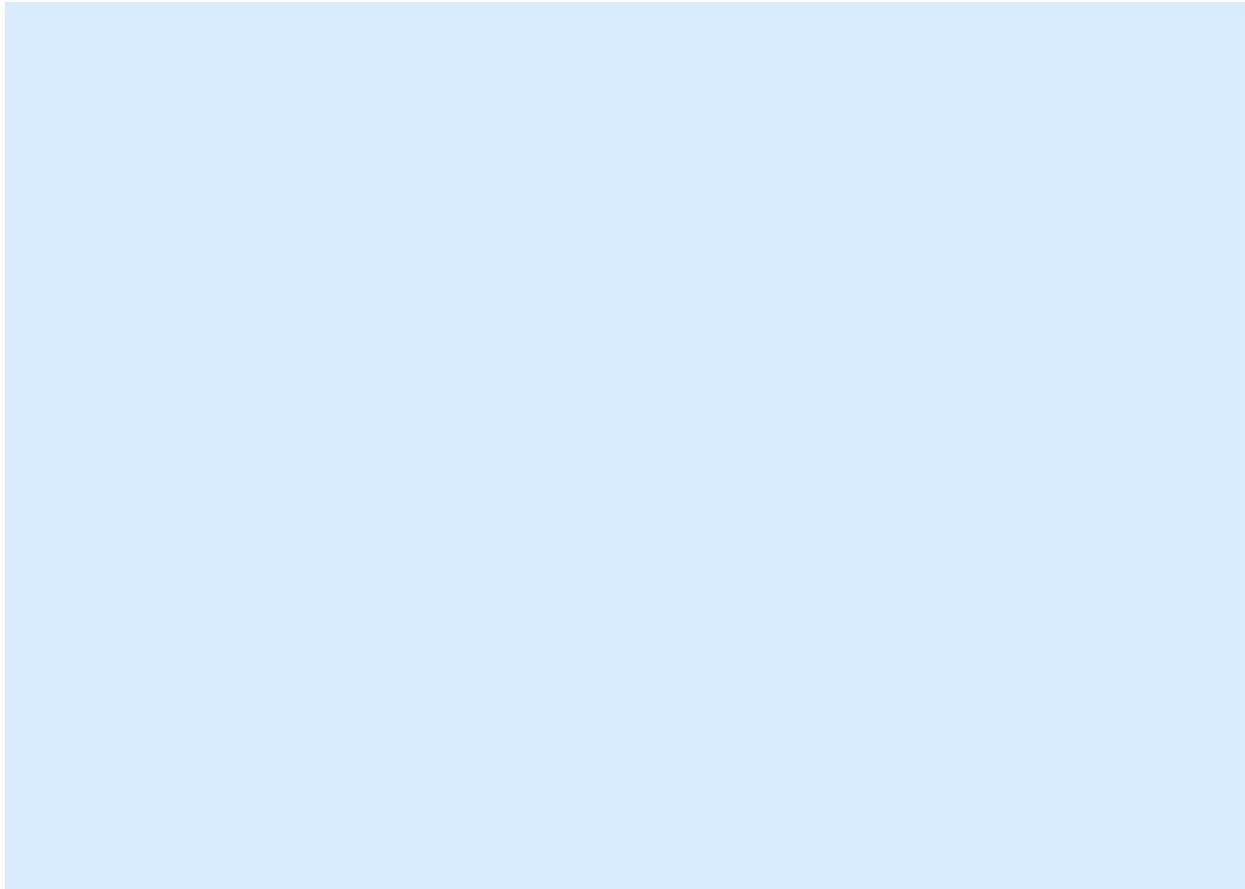
Theme 4: Better Health and Wellbeing

Please include the reference number of the standard and or feature



Theme 5: Leadership, Governance and Management

Please include the reference number of the standard and or feature



Theme 6: Workforce

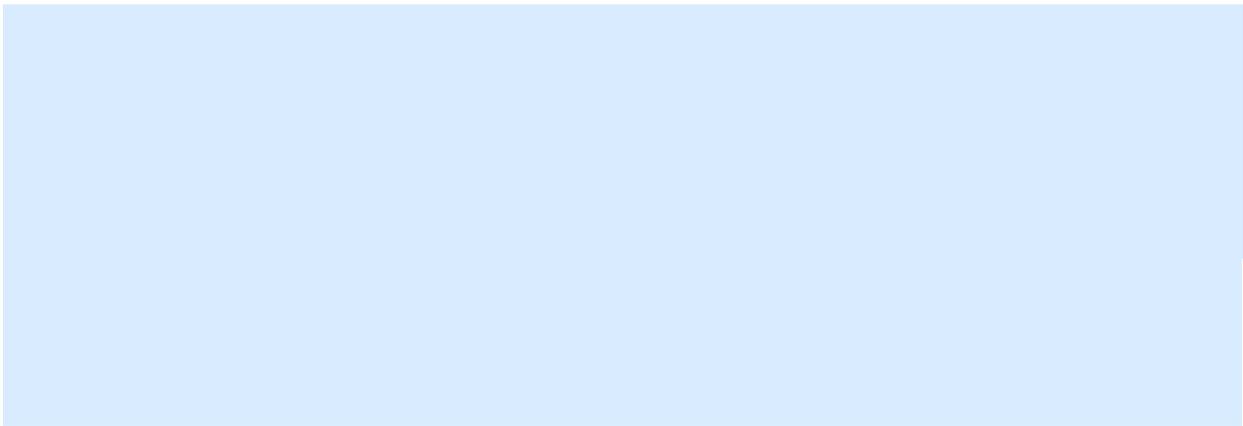
Please include the reference number of the standard and or feature

A large, empty light blue rectangular area intended for users to provide input or data related to Theme 6: Workforce.

Theme 7: Use of Resources

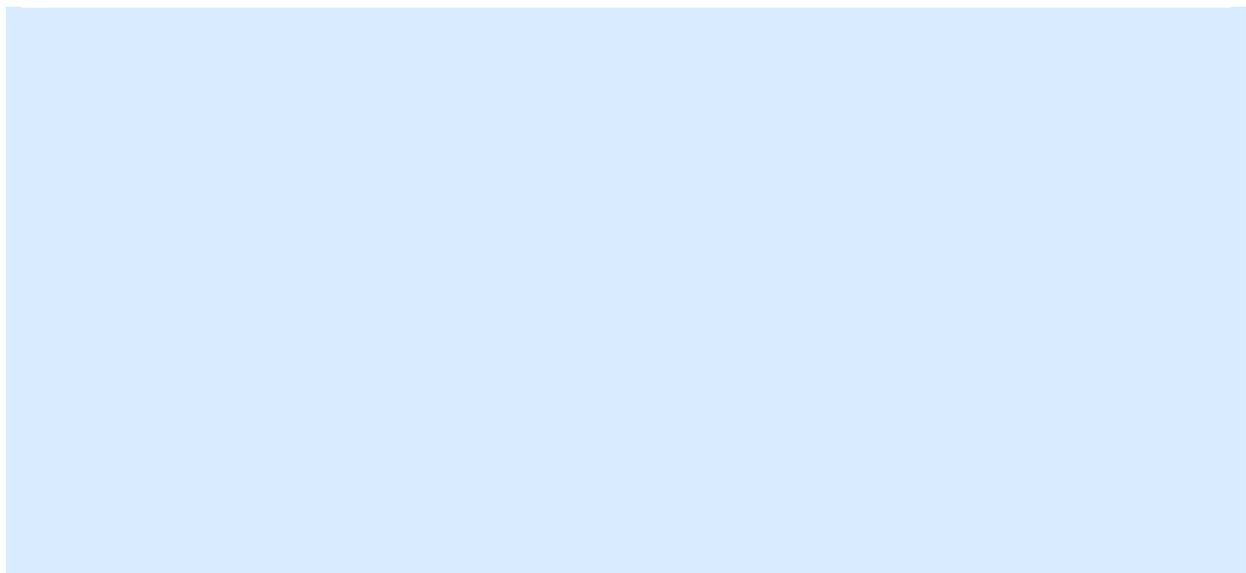
Please include the reference number of the standard and or feature

A large, empty light blue rectangular area intended for users to provide input or data related to Theme 7: Use of Resources.

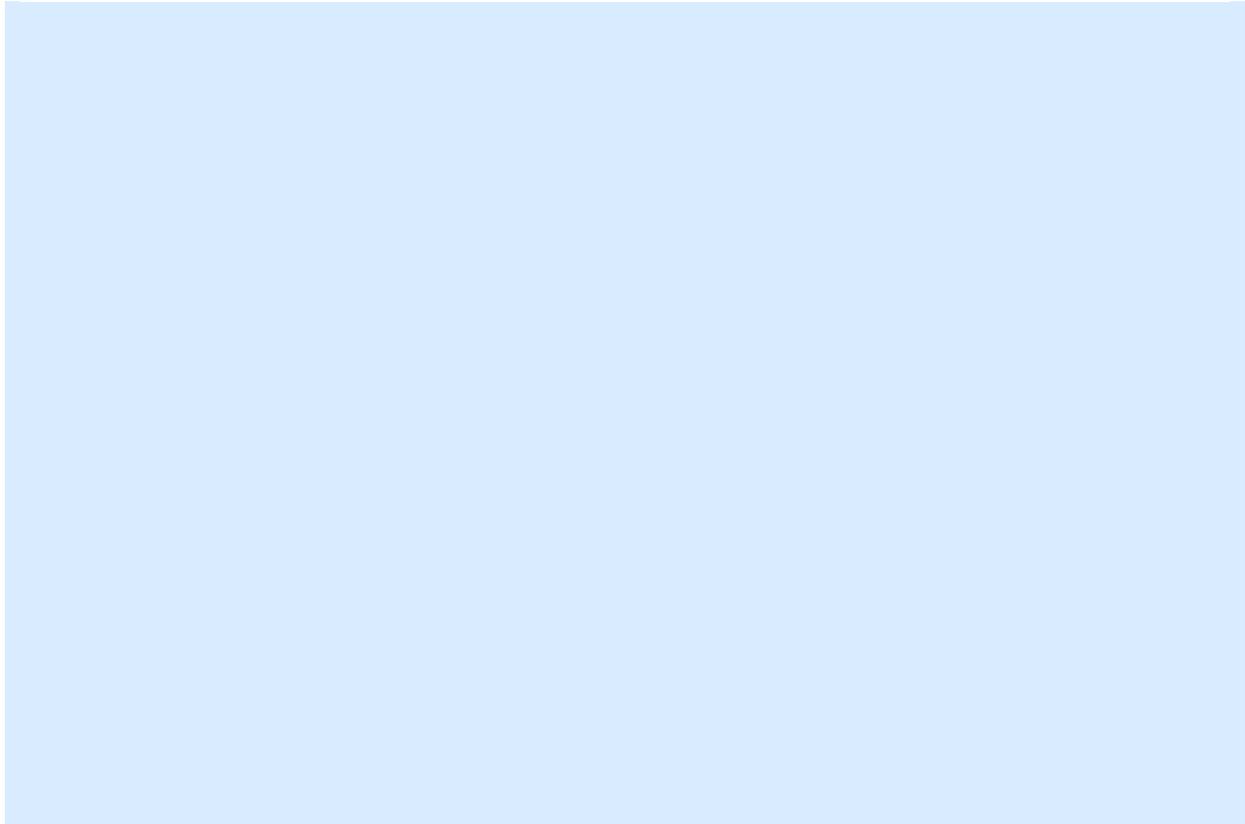


Theme 8: Use of Information

Please include the reference number of the standard and or feature



Are there any other general comments on the draft standards that you would like to make?



3. General feedback

Question 1: a) Is the language used in the draft standards clear, easy to follow and easy to understand?

Yes **No**

b) Is the layout of the draft standards clear, easy to follow and easy to understand?

Yes **No**

Additional comments on language and layout, if necessary:

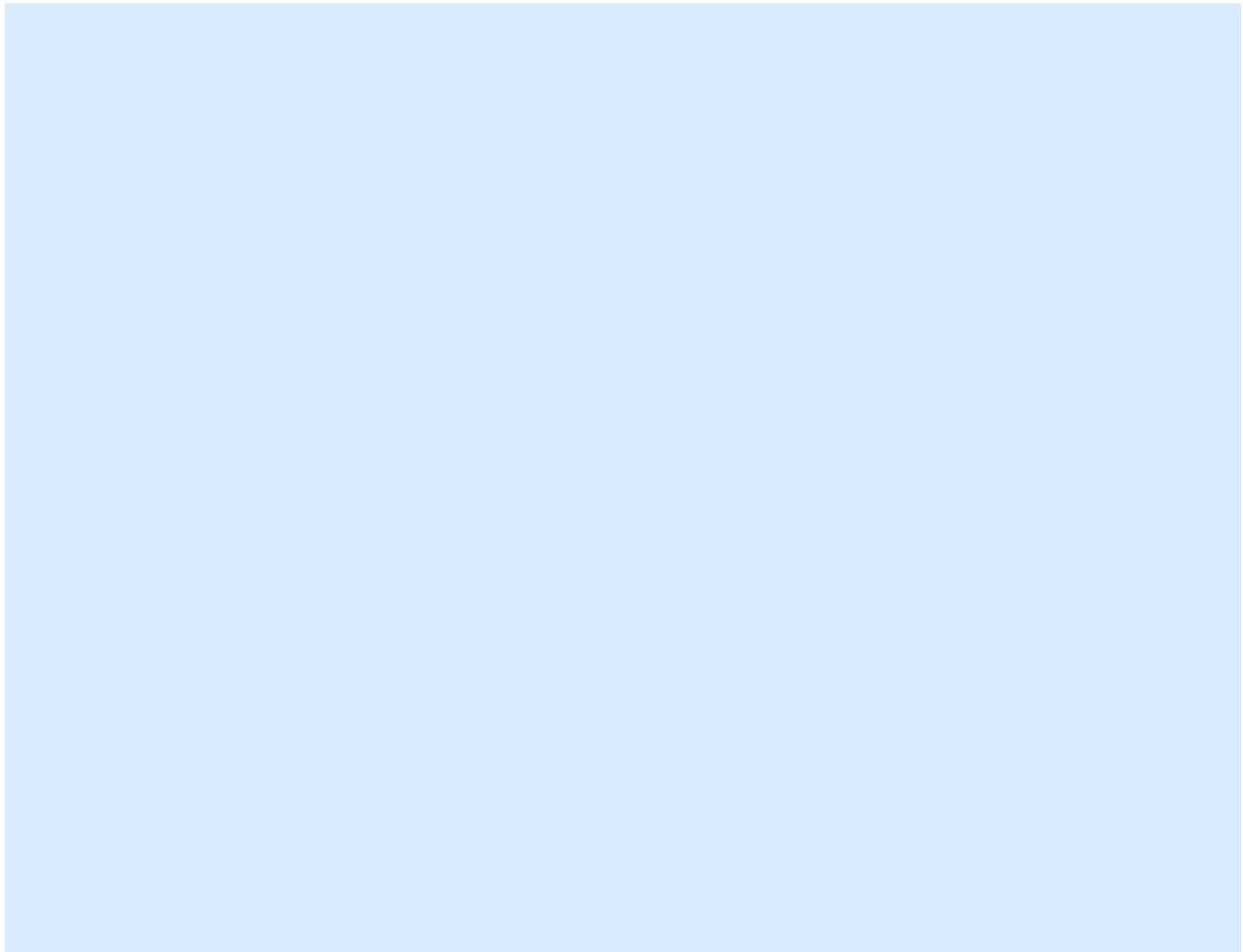
Question 2: What do you think would be the most useful format for the draft standards?

Please tick all boxes that are applicable.

- | | |
|--|--|
| <input type="checkbox"/> Hard copy | <input type="checkbox"/> Easy-to-read |
| <input type="checkbox"/> Electronic | <input type="checkbox"/> Other |

If other, please specify:

Question 3: When the National Standards are in place, what impact will they have on infection prevention and control in health and social care services in the community?



Thank you for taking the time to give us your views on the *Draft national infection prevention and control standards for community services*

Please return your form to us either by email or post.



You can download a consultation feedback form at www.hiqa.ie and email the completed form to standards@hiqa.ie.



You can print off a consultation feedback form and post the completed form to:

Health Information and Quality Authority
Draft national infection prevention and control standards
for community services
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y



If you have any questions on this document, you can contact the standards team by phoning: **(01) 814 7400** or email: [**standards@hiqa.ie**](mailto:standards@hiqa.ie)

Please ensure that you return your form to us either by email or post by 5pm on 14 March 2018. Unfortunately, it will not be possible to accept late submissions.

References

1. Health Information and Quality Authority. National Standards for infection prevention and control in community services. Dublin: Health Information and Quality Authority; 2018.
2. Health Information and Quality Authority. Background document to support the development of Draft national infection prevention and control standards for community services. Dublin: Health Information and Quality Authority; 2018. Available online from: <https://www.hiqa.ie/sites/default/files/2018-01/HiQA-Background-Document-Community-Infection-Prevention.pdf>



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