Report of the unannounced inspection of Rehabilitation and Community Inpatient Healthcare Services at the District Unit, Listowel Community Hospital.

Monitoring programme against the National Standards for Safer Better Healthcare

Dates of inspection: 31 October 2019
About the Health Information and Quality Authority (HIQA)

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

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

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

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

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

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

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

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

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.
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### 1.0 Information about this monitoring programme

Under the Health Act Section 8 (1) (c) the Health Information and Quality Authority (HIQA) has statutory responsibility for monitoring the quality and safety of healthcare among other functions.

This inspection programme monitors compliance of Rehabilitation and Community Inpatient Healthcare Services against the *National Standards for Safer Better Healthcare*\(^1\) (2012). The focus of inspection is on governance and risk management structures, and measures to ensure the prevention and control of healthcare-associated infections and the safe use of medicines.

Inspection findings are grouped under the National Standards dimensions of:

1. **Capacity and capability**
2. **Quality and safety**
**Report structure**

This monitoring programme assesses Rehabilitation and Community Inpatient Healthcare Services’ **capacity and capability** through aspects of the theme:

- **Leadership, Governance and Management: Standard 5.2.** Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

HIQA assesses Rehabilitation and Community Inpatient Healthcare Services’ provision under the dimensions of **quality and safety** through aspects of the themes:

- **Person-centred Care and Support: Standard 1.1.** The planning, design and delivery of services are informed by patients’ identified needs and preferences.

- **Safe Care and Support: Standard 3.1.** Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Based on inspection findings, HIQA uses four categories to describe the service’s level of compliance with the National Standards monitored.

These categories included the following:

- **Compliant:** A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standard.

- **Substantially compliant:** A judgment of substantially compliant means that the service met most of the requirements of the National Standard but some action is required to be fully compliant.

- **Partially compliant:** A judgment of partially compliant means that the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for patients over time if not addressed.

- **Non-compliant:** A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to patients.
1.1 Hospital Profile

The District Unit was part of the complex of Listowel Community Hospital, located on the outskirts of Listowel town. Listowel Community Hospital was a statutory hospital owned and managed by the Health Service Executive (HSE) and under the governance of Community Health Organisation (CHO) 4.*

Management had drafted a statement of purpose for the District Unit which outlined the services available. Listowel Community Hospitals District Unit comprised 16 beds. The Unit accommodated 13 community support beds, two respite care beds and one palliative care bed.

1.2 Information about this inspection

This inspection report was completed following an unannounced inspection carried out by Authorised Persons, HIQA; Kathryn Hanly and Bairbre Moynihan on 31 October 2019 between 09:30 hrs and 16:00 hrs.

Inspectors spoke with hospital managers, staff and patients. Inspectors also requested and reviewed documentation, data and observed the clinical environment in the District Unit.

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

* Community Health Organisation (CHO) 4 consists of Cork and Kerry Counties. This area is designated CHO 4.
2.0 Inspection Findings

2.1 Capacity and Capability

<table>
<thead>
<tr>
<th>Theme 5: Leadership, Governance and Management</th>
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<tr>
<td><strong>Standard 5.2</strong></td>
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<td>Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.</td>
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<td><strong>Judgment: Compliant</strong></td>
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This section describes arrangements for the leadership, governance and management of the service at this hospital, and HIQA’s evaluation of how effective these were in ensuring that a high quality safe service was being provided.

**Corporate and Clinical Governance**

Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management arrangements at the District Unit. There was a clearly defined management structure with identified lines of accountability and responsibility for the service.

The District Unit was managed on a day-to-day basis by a Director of Nursing who, as the person with overall responsibility for the service, reported to the General Manager for Older Persons in CHO 4 who in turn reported to the Chief Officer of CHO 4.

Patient care was provided with multidisciplinary input from nursing, medical and allied health professionals including physiotherapists, speech and language therapists, dietitians.

Three local General Practitioners were contracted to share one whole-time equivalent Medical Officer† position in the District Unit. There were well established relationships between GPs and staff in the District Unit.

Nursing and support staff within the unit reported to the Clinical Nurse Manager. Allied health professionals reported to managers within Community Services structures. Monthly multidisciplinary team meetings were held between nursing staff and allied health professionals.

† Medical Officer is a grade of Medical Doctor who has been traditionally employed across the country at district and community hospitals. They are registered on the General Register with the Medical Council and the role is sometimes filled by General Practitioners in the community.
A part-time physiotherapist was assigned to the District Unit four mornings each week and it was reported that the majority of patients received physiotherapy. A speech and language therapist attended the District Unit one morning each week and was available to review patients outside of this timeframe if required. A community based dietitian attended the District Unit once a month.

Patients requiring palliative care\(^2\) were also admitted to the District Unit. The District Unit had one single room designated to care of patients who required palliative care. Inspectors were informed that these patients were reviewed regularly by members of the community palliative care nursing team.

**Reporting arrangements in relation to committees**

The hospital had established a local Quality and Patient Safety Committee\(^2\) to monitor quality and safety of services. Committee meetings followed a structured agenda which was aligned to the eight themes of the national standards.\(^1\) Agenda items included infection prevention and control, health and safety and a review of risk assessments, risk registers, complaints and incidents. However minutes reviewed did not include actions arising from the meetings, persons responsible and timeframes afforded to actions identified.

This local Quality and Patient Safety Committee in turn submitted a monthly report to the CHO 4 Quality and Patient Safety Committee. A review of this Committee was outside the scope of this inspection. However, the formation of this Committee demonstrated progression towards a coordinated approach to quality and safety at CHO 4 level.

**Arrangements with other facilities including transfer when a patient become acutely unwell**

If patients needed medical review or if their clinical condition deteriorated it was reported that they were reviewed by their General Practitioner during normal working hours. Outside of normal working hours, patients were reviewed on request by the local on call General Practitioner services (SouthDoc). The ISBAR (Identify, Situation, Background, Assessment, and Recommendation) structured communication tool\(^3\) was used to relate and document messages about deteriorating patients.

Medical and nursing staff at the hospital had electronic access to laboratory and radiology results from University Hospital Kerry.

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\(^1\) Level 2 palliative care: Provided in any location, using a palliative care approach by health care professionals who have additional knowledge of palliative care principles and use this as part of their role.
Inspectors were informed that if patients required intravenous fluid therapy or intravenous antibiotic therapy, they were transferred to the Acute Medical Unit or the Emergency Department in University Hospital Kerry. Inspectors were informed that the hospital was reviewing the possibility of administering intravenous medicines within the District Unit with the aim of reducing admissions to the acute setting. When clinical services are expanded, the Director of Nursing is responsible for ensuring that robust clinical governance structures are in place to monitor and audit practice and ensure patient safety. A scoping exercise should be first conducted to identify the local need, key issues and risk that will be involved.

**Risk management**

Inspectors were informed that risks and concerns relating to the quality and safety of care provided to patients were escalated and monitored through the quality and patient safety structures of CHO 4 in line with HSE integrated risk management policy.  

An organisation-wide risk register was in place and regularly monitored. The risk register was managed by the Director of Nursing. Inspectors viewed the hospital risk register and noted that risks were identified, existing controls to manage risks were in place and a person assigned to address the risk.

Inspectors were informed that a ‘safety pause’ system was in operation whereby staff communicated information about patient safety issues at shift handover. Issues highlighted included patient-specific information and reminders from issues identified from safety alerts and incidents for example medication near-misses, and patients with infections.

**Monitoring, audit and quality assurance arrangements**

Regular performance updates in relation to quality and patient safety were consistently reported through the established hospital and CHO governance structures.

Management stated that incidents were logged on the National Incident Management System (NIMs). Documentation reviewed by inspectors showed that incidents were trended according to incident type and by month. Incidents about clinical care were recorded, reviewed and used for improvement. Hospital managers gave examples of how they provided feedback to front-line staff regarding lessons learned, for example via a daily safety pauses.

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5 The State Claims Agency National Incident Management System is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation.
Hospital management informed inspectors that it was hospital policy to report incidents of healthcare-associated infection on the hospital incident management system.

A high rate of incident reporting is considered a marker of a strong patient safety culture. However the level of medicine incident reporting in the unit was not in line with internationally accepted norms with only six medicine related incidents reported in 2018. Increased reporting will ensure safety surveillance is improved, learning is shared, and a safety culture is promoted and enhanced across the organisation. Management must encourage staff to actively report incidents through the establishment of a reporting environment which is open, fair and non-punitive.

Audit plan

The unit had a number of assurance processes in place in relation to the standard of environmental and patient equipment hygiene within the Unit. An audit schedule was in place.

Records viewed showed that environmental hygiene audits were performed regularly by the Clinical Nurse Manager. An environmental hygiene audit carried out by the clinical nurse manager in August 2019 demonstrated 87% compliance with desired standards.

The community infection prevention and control nurse had recently carried out an infection prevention and control audit which covered a range of topics, including hand hygiene training and assessment, the unit infrastructure and environmental and equipment hygiene. The final report was pending at the time of the inspection.

Audits of usage and legibility of medicine prescription charts were undertaken in April and August 2019. High levels of compliance were found. Inspectors were told and documentation reviewed showed that an observational audit of the administration of medicines was undertaken in June 2019.
2.2 Quality and Safety

<table>
<thead>
<tr>
<th>Theme 1: Person-Centred Care and Support</th>
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<tr>
<td><strong>Standard 1.1</strong></td>
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<td>The planning, design and delivery of services are informed by patients’ identified needs and preferences.</td>
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<td><strong>Judgment: Compliant</strong></td>
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Person-centred care and support places service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care.¹

Daily walk-rounds were undertaken by hospital management and involved meeting patients. Patients who spoke with inspectors were aware of their expected date of discharge and were very complimentary of the care received at the Unit.

Coordination of care within and between services

The hospital had defined criteria for patient referral and or admission. Inspectors were informed that the majority of patients (excluding patients for respite care) were transferred from University Hospital Kerry following an episode of care for an acute illness. Staff were knowledgeable and able to describe to inspectors the process for admitting patients from the acute hospital to District Unit. On admission to the unit patients were provided with written information about the service.

Inspectors were informed that nursing staff were rotated between St Joseph’s Unit (long-term residential care) and the District Hospital and that this enabled continuity of care where people transitioned from short to long stay care.

Feedback from service users

Patients were encouraged and supported to give feedback and make complaints.¹⁰ A patient satisfaction survey was undertaken in November 2018. Feedback was positive and patients were happy with the care they received in the unit. Patient wardrobes had been upgraded in bedrooms following patient feedback. Inspectors were informed that patients had access to patient advocacy services.
Theme 3: Safe Care and Support

Standard 3.1
Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Judgment: Substantially Compliant
The infrastructure of ancillary facilities and patient bathrooms was not optimal from an infection prevention and control perspective. Medication reconciliation and antimicrobial stewardship measures need to be further developed and formalised. The culture of reporting medicines incidents needs to be improved.

Prevention and control of healthcare-associated infections

Access to specialist staff with expertise in infection prevention and control
Inspectors were informed that infection prevention and control advice was provided by a community based infection prevention and control nurse via telephone and onsite as required. This position had been vacant for a period of time but was reinstated in April 2019. Clinical microbiology advice and expertise was sought as required from a Consultant Microbiologist at University Hospital Kerry.

Outbreak management
It was reported that uptake rates for flu vaccine amongst staff reached the national uptake target of 60% in 2018/2019 influenza season.

Inspectors were informed that four patients had tested positive for *Clostridioides difficile* infection in 2019. Infections were investigated by Public Health and it was determined the strains detected were found to be unrelated. Inspectors were informed that the increased incidence was likely facilitated by a background of increasingly susceptible patients with other risk factors such as multiple courses of broad spectrum antibiotics in the acute setting. Appropriate infection control measures had been implemented and there was no evidence of cross infection between patients within the District Unit.

Antimicrobial stewardship
The Unit participated in the 2016 National Prevalence Survey on Healthcare Associated Infections and Antibiotic use in Irish Long-Term Care Facilities. A log of antimicrobial use was maintained by the pharmacist.

However there were no ongoing antimicrobial stewardship activities within the Unit. To fully address the risk of *Clostridioides difficile* infection and emergent
antimicrobial resistance, it is important that community hospitals promote and enhance evidence based practice in antimicrobial stewardship.\textsuperscript{11}

**Infrastructure**

The décor at the Unit had been chosen to make the Unit homely and comfortable. The majority of patient rooms were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. However, ancillary rooms and showering facilities were not optimal from an infection prevention and control perspective. For example,

- Shower and sanitary facilities in the unit required upgrading. Bathrooms were small in size. A decommissioned bath remained in place in one bathroom. Access to the area beneath the shower basin grids for cleaning purposes was difficult.
- Both ‘dirty’ utility\textsuperscript{**} rooms in the unit required upgrading. These rooms did not have appropriate hand hygiene facilities\textsuperscript{12}, were small in size, poorly ventilated and did not facilitate effective infection prevention and control measures. One of the two ‘dirty’ utility rooms did not have a bedpan washer.

These infrastructural deficits were significant in the context of reducing the potential for transmission of *Clostridoides difficile*, and should be a particular focus for improvement. Inspectors were informed that one utility room would be upgraded through planned refurbishment of existing facilities.

**Environment and equipment hygiene**

There was good local ownership in relation to infection prevention and control in the unit despite the challenging circumstances posed by the unit infrastructure. Overall, the general environment and equipment in the Unit were clean and well maintained with few exceptions. Inspectors viewed daily equipment cleaning checklists and schedules and noted they were completed and were monitored by the Clinical Nurse Manager on an ongoing basis.

**Environmental monitoring**

The hospital had outsourced the legionella monitoring and control measures to an external company. The programme was overseen by the HSE Estates Department. A formal legionella hospital-site risk assessment had last been performed at the hospital in 2015. National guidelines\textsuperscript{13} recommend that every risk assessment be reviewed on an annual basis and independently reviewed every two years.

\textsuperscript{**} A ‘dirty’ utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.
Policies, procedures and guidelines
The hospital had a suite of infection prevention and control policies which were developed for use by CHO 4 community hospitals. Guidelines were approved through the Cork and Kerry Infection Prevention and Control Committee. However many of the infection prevention and control related guidelines were due for revision at the time of the inspection.

Staff training
The Community Infection Prevention and Control Nurse position had been vacant until April 2019. It was reported that this had impacted on the provision of ongoing infection prevention and control education onsite. However the position had been filled and training had been planned for November 2019.

It was reported that two nurses were trained to deliver hand hygiene training and 100% of staff had completed hand hygiene training within the past two years.

Safe use of medicines

Pharmacy arrangements
The hospital had an onsite pharmacy. A pharmacist was contracted to provide the service to Listowel Community Hospital 10 hours per week Monday to Friday. Out-of-hours medicines could be readily accessed from the hospital pharmacy by Nursing Management if required.

Medication reconciliation
Formalised medication reconciliation†† was not routinely carried out in the unit. It was reported to inspectors that patients’ medications were checked by nurses and Medical Officers on admission. The pharmacist also reviewed prescriptions and checked medicine administration documentation when dispensing medicines.

Policies, procedures and guidelines and other information
Medication management practice guidelines were developed for use by CHO 4 community hospitals. These were approved for use locally by the Director of Nursing and Pharmacist. While audits of usage and legibility of medicine prescription charts were undertaken there was no evidence that adherence to the medication safety measures outlined in the guideline were audited.

The guidelines reviewed by HIQA included information relating to the use of high-risk medicines. It outlined that these medicines required additional safeguards to reduce the risk of errors such as limiting access to high alert medications, using labels and

†† Medication reconciliation is the formal process of establishing and documenting a consistent, definitive list of medicines across transitions of care and then rectifying any discrepancies.
alerts and employing measures such as double checks when necessary. Staff reported that double checks were performed however there was no evidence of additional controls in place. Independent double checks can be a useful mid-range strategy when applied correctly and should be used in combination with other error reduction strategies.

Inspectors also identified ambiguity among staff as to which medications were high risk. Strategies such as improving information about high risk medicines should be further explored.

Medication information was available to staff including the British National Formulary. However the version available in the unit was out of date.

Storage of medications

All medicinal products should be stored in a secure manner, either in a locked trolley or clinical room. Controlled drugs‡‡ were locked in a separate cupboard from other medicinal products to in line with Misuse of Drugs legislation. Designated fridges for medicines requiring storage at a required temperature were available.

Staff training

The HSELaND medication management online training programme15 was mandatory for registered general nurses annually.

3.0 Conclusion

Effective leadership, governance and management arrangements were evident around the prevention and control of healthcare-associated infection and safe use of medicines in Listowel Community Hospital District Unit.

Leadership, Governance and Management

Inspectors found that there were clear lines of accountability and responsibility, with individuals aware of their roles and responsibilities at the District Unit. There were well established relationships between GPs and allied health professionals.

An organisation-wide risk register was in place used and regularly monitored. Medication-related incidents and near misses were entered onto the National Incident Management System.

The unit had policies and procedures that addressed key clinical risk areas, including infection control and medicines management. The hospital had established a local

‡‡ Substances, products or preparations, including certain medicines, that are either known to be, or have the potential to be, dangerous or harmful to human health, including being liable to misuse or cause social harm, are subject to control under the Misuse of Drugs Acts 1977 to 2016. They are known as “controlled drugs”. 

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Quality and Patient Safety Committee to monitor quality and safety of services. It is recommended that minutes from these meetings should include a summary of agreed actions for follow up with the aim of completing the loop by reviewing each month that previous decisions and recommendations were acted on.\textsuperscript{2}

**Person-centred care and support**

Management sought and acted on feedback from people using the service and used the feedback to inform improvements within the unit.

Infection prevention and control patient information leaflets were available in the unit and specific information leaflets about the service were provided to all patients on admission.

**Safe care and support**

**Prevention and control of healthcare-associated infections**

Overall HIQA found that the hospital was committed to improving infection prevention and control practices and were endeavouring to fully implement the National Standards for infection prevention and control in community services.\textsuperscript{16}

The general environment and equipment in the unit inspected were clean and well maintained with few exceptions. There was good local ownership in relation to infection prevention and control in the unit despite the challenging circumstances posed by the unit infrastructure.

However the overall antimicrobial stewardship programme needs to be further developed, strengthened, resourced and supported at a community level.

**Safe use of medicines**

The hospital had a formal arrangement with an external pharmacy. All medicines were stored in a secure manner. Completion of the HSE online medicine management training programme was mandatory for staff nurses annually.

The Unit should implement a formal structured process to ensure all patients admitted to the health service organisation receive accurate and timely medication reconciliation at admission, transfer of care and on discharge. This should be supported by a policy, audit and training.

The culture of reporting medication incidents also needed to be improved. Increased reporting will ensure safety surveillance is improved, learning is shared, and a safety culture is promoted and enhanced.

Following this inspection the hospital needs to address the areas for improvement identified in this report and requires the support of the CHO to effectively address
issues highlighted in order to facilitate compliance with the *National Standards for Safer Better Healthcare* and other existing national healthcare standards.

## 4.0 References


14 Misuse of Drugs Acts 1977 to 2016 and the Misuse of Drugs Regulations 2017

15 Health Service Executive. HSELandD. [Online]. Available online from: http://www.hseland.ie/dash/Account/Login

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