



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of Rehabilitation and Community Inpatient Healthcare Services at the Benbulbin Rehabilitation Unit: St. John's Community Hospital, Sligo.

**Monitoring programme against the *National Standards
for Safer Better Healthcare***

Dates of inspection: 06 February 2020

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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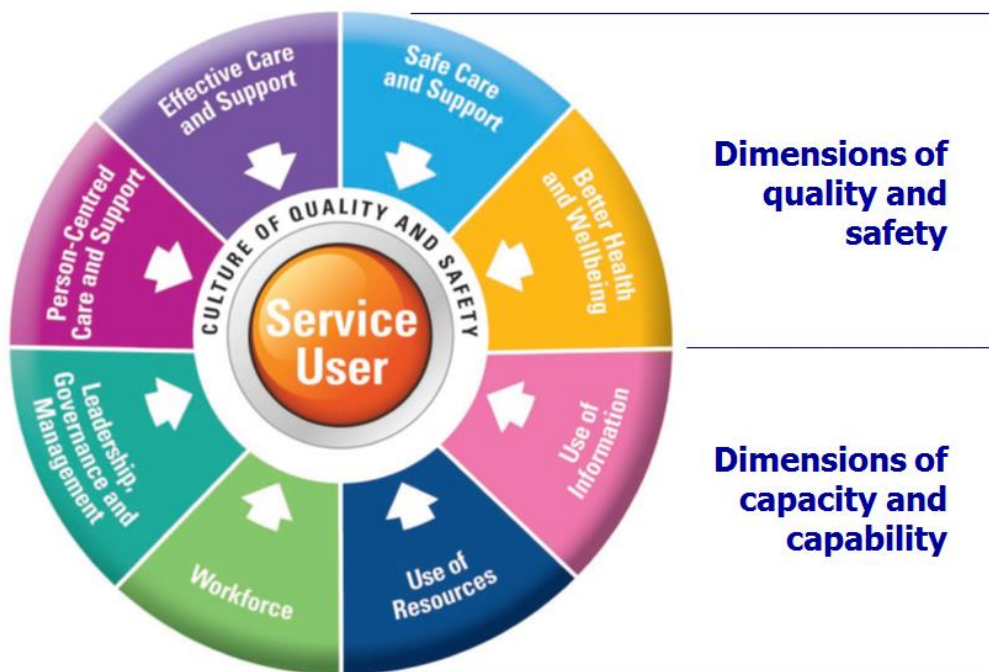
1.0 Information about this monitoring programme

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 (2012)*.¹ 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

St. John's Community Hospital is a statutory hospital, owned and managed by the Health Service Executive in Ireland (HSE) and is part of the Community Health Organisation (CHO) Area 1.* The 37-bedded Benbulbin Rehabilitation Unit comprised:

- 20 Consultant Led Rehabilitation beds
- 14 Non Consultant led Rehabilitation Beds
- one Emergency respite bed
- two Palliative Care Beds

This hospital campus also included a designated centre for older people which had 95 that was registered with HIQA.

1.2 Information about this inspection

This inspection report was completed following an unannounced inspection carried out by Authorised Persons, HIQA; Kathryn Hanly, Noreen Flannelly-Kinsella and Denise Lawler on 06 February 2020 between 09.00 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 Benbulbin Rehabilitation Unit.

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

* Community Health Organisation (CHO) 1 consists of the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo.

2.0 Inspection Findings

2.1 Capacity and Capability

Theme 5: Leadership, Governance and Management

Standard 5.2

Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

Judgment: Partially Compliant

Key finding:

- The out-of-hours on call service was provided by one Medical Officer 24/7 (with the exception of planned leave).
- One of the two consultant geriatricians did not currently have an assigned clinical pharmacist.
- The CHO 1 Drugs and Therapeutics Committee was not functioning.
- The culture of reporting medication and infection prevention and control related incidents were low when compared to other units of similar size and function.

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 there were clear lines of accountability and responsibility within the Benbulbin Rehabilitation Unit.

The hospital was managed on a day-to-day basis by a director of nursing (DoN) who, as the person with overall responsibility for the service, reported to the service manager for older people's services in CHO 1 who in turn reported to the general manager for social care in CHO 1.

The medical officer[†] employed at the hospital reported within St John's Community Hospital's governance structures. Inspectors were informed that patients admitted under the care of the medical officer were reviewed on admission, during weekly multidisciplinary ward rounds and periodically as requested. Staff reported that they

[†]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.

could contact medical officer for information and advice as required. Formalised locum arrangements were in place for periods of planned leave.

Two consultant geriatricians, who were clinical leads for stroke care and specialist gerontology services respectively, reported through the clinical governance structures at Sligo University Hospital. The consultants maintained clinical responsibility for patients under their care admitted from the acute setting to the Benbulbin Rehabilitation Unit.

The consultant geriatricians held weekly multidisciplinary ward rounds in the unit. Inspectors were informed that an Advanced Nurse Practitioner in stroke care and a Candidate Advanced Nurse Practitioner from CHO 1 Sligo/Leitrim and Sligo University Hospital also attended these ward rounds. Day-to-day medical care was provided to patients under the care of the consultant geriatricians by senior house officers (SHO) from the consultant geriatricians' teams at Sligo University Hospital.

All patients admitted to the Benbulbin Rehabilitation Unit had access to allied health professionals. Occupational therapists based at the hospital reported within CHO 1 governance structures. Physiotherapists and speech and language therapists reported to their respective managers within the primary care structures.

Pharmacy services were supplied by Sligo University Hospital. This service included a team-based clinical pharmacy service[‡] with clinical pharmacists assigned to one of the consultant geriatricians and to the medical officer. However, the second consultant geriatrician did not currently have an assigned clinical pharmacist. This issue had been escalated by management within the governance structures of Sligo University Hospital and within CHO Area 1.

Reporting arrangements in relation to committees

Hospital management had established several committees through which to govern services at the hospitals and address quality and safety issues. Clinical nurse managers attended a weekly meeting with the DoN where relevant operational and clinical issues were presented and discussed. The medical officer attended this meeting once a month.

Inspectors were informed that a Stakeholder Group had recently been established in the Benbulbin Rehabilitation Unit to co-ordinate the implementation of the National Standards for Safer Better Healthcare¹. The inaugural meeting was attended by hospital management, clinicians, allied health professionals, the community infection prevention and control nurse and the discharge co-ordinator from Sligo University Hospital. However, there were no terms of reference available to demonstrate the

[‡] Team-based clinical pharmacy is the provision of clinical pharmacy services to patients under the care of a given hospital consultant and their team.

working principles and governance arrangements for this group. While the development of this group was at an early stage, it was seen as the key link in ensuring effective teamwork and better collective quality improvement.

A local Health and Safety Committee had been established. The committee met quarterly and agenda items included infection prevention and control, staff training and a review of the hospital risk register and reported clinical incidents.

A multidisciplinary communication forum meeting was held weekly. The minutes of the communication forum meetings indicated that quality and safety metrics, patient complaints, patient safety incidents and adverse events were discussed. Inspectors were informed by hospital management that risks and concerns relating to the quality and safety of care provided to patients were escalated from this forum and monitored through the quality and patient safety structures of CHO 1 as required.

Older Persons Quality and Safety Governance Group meetings and Older Persons Quality and Patient Safety Meetings were held at CHO1 level every six weeks and were attended by the DoN. The formation of these committees demonstrated progression towards a coordinated approach to quality and patient safety at CHO 1 level.

The pharmacy service was provided by Sligo University Hospital. Inspectors were informed that the hospital was not represented on Sligo University Hospital's Drugs and Therapeutics Safety Committee. A Drugs and Therapeutics Committee had been established within CHO area 1. However, it was explained by nursing management that this committee had not been operational since 2016 and was in the process of being re-established.

An Infection Prevention and Control Committee had also been established within CHO Area 1. Membership of the committee comprised CHO Area 1 management and community infection prevention and control personnel. Relevant infection prevention and control information was communicated to and discussed at the CHO 1 Older Persons Quality & Patient Safety Meeting which was attended by the DoN. The formation of this committee demonstrated collaboration regarding infection prevention and control at CHO1 level.

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

In the event of a patient becoming acutely unwell and requiring transfer to an acute hospital, they were transferred by ambulance to the Emergency Department at Sligo University Hospital. The hospital had a transfer policy to guide and inform staff.

As previously outlined two consultant geriatricians from Sligo University Hospital were clinically responsible for the patients admitted under their care. Inspectors

were informed that if these patients became unwell or deteriorated Monday to Friday between 8am and 5pm, they were reviewed by the SHO or if the SHO was not on site, nursing staff contacted the consultant geriatrician by telephone for advice. Patients could be transferred directly back to the Acute Assessment Unit in Sligo University Hospital by ambulance for review by one of the consultant geriatricians.

If patients deteriorated outside of normal working hours[§], nursing staff contacted the medical officer to review the patient and if required the patient could be transferred by ambulance to the Emergency Department of Sligo University Hospital. However, this out-of-hours on call service was provided to the hospital by the hospital's medical officer seven days a week. This meant that the medical officer received no relief apart from during pre-planned holiday periods. Management in CHO 1 should review this arrangement to be assured that the necessary resources are in place to continue to deliver safe and sustainable out-of- hours medical cover at the hospital going forward.

Risk management

Risk management systems² were in place to ensure that the health and safety of patients, visitors and staff was promoted and protected. An organisation-wide risk register was in place and overseen by the director of nursing. The risk register was discussed locally at the quarterly health and safety committee meeting. Inspectors were informed that if risks could not be managed locally, they were escalated to the [Service Manager](#) and escalated to the [General Manager](#) and to the [Head of Social Care](#) in CHO1. Inspectors viewed the hospital risk register and noted that risks were identified, existing controls to manage risks were in place and a person was assigned to address the risk.

Nursing management had undertaken local risk assessments in relation to infection prevention and control and the safe use of medicines. These included the risk of;

- patients acquiring hospital acquired infections due to inadequate infrastructure and equipment
- occurrence of medication errors and near misses due to failure to comply with the Nursing and Midwifery Board of Ireland medication management guidelines.³

Safety pauses⁴ were held each morning and afternoon to to proactively anticipate any risks to the quality of patient care; prioritise and plan actions based on patient need and available resources. This was an example of good practice.

[§] For the purpose of this monitoring programme core working hours are considered to be 09.00am-05.00pm.

Monitoring, audit and quality assurance arrangements

Regular performance updates in relation to quality and patient safety at the hospital were consistently reported through the established CHO 1 governance structures on a monthly basis. For example, data including the number of transfers to the acute hospital, medication errors and healthcare associated infections was collated weekly.

The DoN also monitored hospital activity including admissions, discharges, and readmissions. While it was reported that this information was presented to staff locally at the Health and Safety Committee meetings there was no evidence to indicate that this information was shared at CHO area 1 level.

The functional independence of patients admitted to consultant-led rehabilitation beds was measured on admission and discharge. A 2019 audit found that the majority of patients made improvements in their Functional Independence Measure (FIM),** with 38% of patients making a clinically significant change in their functional independence.

Inspectors were informed that incidents were reported on a paper-based system and logged on the National Incident Management System (NIMS).†† Interviews with staff confirmed that adverse incidents were being trended and reported. However, it was noted that there were no infection prevention and control related incidents reported in the unit during 2019.

Adverse incidents involving medicines are one of the most common categories of adverse incidents in Ireland and internationally.^{5,6} However, the level of medicine incident reporting in the unit was not in line with internationally accepted norms with eight medicine prescribing related incidents reported in the unit during 2019.^{7, 8} The culture of reporting medication incidents needs to be broadened to include all stages of the medication management cycle³ to promote and enhance the safety culture across the organisation.

It was reported that the hospital conducted regular audits to evaluate the safety of medication management systems. For example;

- Nursing staff undertook quarterly audits of medication prescription and administration charts.

** The Functional Independence Measure (FIM) is a global measure of disability and can be scored alone or with the additional 12 items that formulate the Functional Assessment Measure (FAM).

†† 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.

- A consultant geriatrician had conducted an audit of venous thromboembolism^{##} (VTE) prophylaxis in 2019.
- A pharmacist-led audit of medication errors occurring during transitions of care from the acute to the rehabilitation setting was undertaken in 2019.

Regular audits of hand hygiene were undertaken by the clinical nurse manager. Compliance of 77.7% was achieved in an audit of hand hygiene compliance in January 2020. Inspectors were informed that results were communicated to staff and action plans were developed. This was a good initiative however the low level of compliance demonstrated the need for ongoing audit and leadership at ward level to improve hand hygiene compliance.

Management informed staff that environmental and equipment hygiene audits were carried out on a quarterly basis. However, the last environmental and equipment hygiene audit available to view by inspectors were completed in June 2019. Inspectors were informed that CHO1 was in the process of reviewing and standardising hygiene audit practices, frequencies and processes and had invested in technology to assist with environmental hygiene audits. Management must ensure that environmental and equipment hygiene audits are carried out in line with the hospital’s guidance and contain time-bound action plans. Audit findings in relation to the Benbulbin Rehabilitation Unit will be presented in section 2.2.

Taking feedback from patients and staff

A patient satisfaction survey was underway at the time of the inspection. Questions regarding the admission process, ward hygiene, nutrition, clinical care and the discharge process were included on the questionnaire.

2.2 Quality and Safety

Theme 1: Person-Centred Care and Support
Standard 1.1 The planning, design and delivery of services are informed by patients’ identified needs and preferences.
Judgment: Compliant

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

^{##} Venous thromboembolism (VTE): a blood clot consisting of deep veins thrombus (DVT) and pulmonary embolism (PE). Blood clots (thrombus) can form within deep veins (DVT) and these clots can fragment and travel to lungs leading to Pulmonary Embolism (PE).

their rights, respecting their values, preferences and diversity and actively involving them in the provision of care.

The hospital took part in a HSE programme to promote cultures of person-centeredness. The programme involved training a local work-based facilitator to review and lead culture change that supports person-centred practice within their own services. A project was undertaken in 2019 which examined workplace culture and staff morale within the unit. Evaluation demonstrated improvements in practice and workplace culture for staff and improvements in care experiences for patients.

A wide range of patient information material was available at the point of care. A new patient information booklet had recently been developed.

Coordination of care within and between services

Hospital management informed inspectors that the majority of patients were transferred from Sligo University Hospital following an episode of care for an acute illness. Defined criteria for patient referral and or admission were in place with each patient receiving a pre-admission screening assessment of their medical and rehabilitation needs. The discharge co-ordinator in Sligo University Hospital liaised closely with the DoN and provided information about the suitability of patients for admission to the unit.

The admission, transfer and discharge policy stated that all documentation including medical transfer documentation, medical notes, prescription, safety alerts and nursing transfer documents accompanied the patient on transfer. However, adherence to this policy had not been formally evaluated to date.

Continuity is fundamental to high-quality care. Consultant geriatricians provided a continuum of care from the acute setting to the Benbulbin Rehabilitation Unit. Consultant geriatricians also provided clinical leadership for integrated, multidisciplinary teams which drew together professionals across health and social care services.

In an effort to facilitate medical reviews in a time efficient manner, a new medical review request form had been developed by nursing management in consultation with the medical officer. The form aimed to standardise and add clarity to the reason and type of review requested and included information on presenting symptoms, medical history and vital signs. Completed forms were filed in the patients' medical notes.

The clinical needs, goals and preferences of patients were recorded in their care plans on admission and were regularly updated. Care plans were developed by nursing staff in collaboration with patients or their representatives and the

multidisciplinary team. Inspectors were informed that allied health professionals documented their care within the nursing record.

Evaluation of services

Inspectors spoke with a number of patients. Patients were very positive in their feedback to inspectors and expressed satisfaction about care provided.

There was a clear complaints procedure that set out how complaints would be managed in the hospital. Complaints were dealt with in the National HSE Complaints policy “Your Service, Your Say”.⁹

<p>Theme 3: Safe Care and Support</p>
<p>Standard 3.1 Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.</p>
<p>Judgment: Substantially compliant</p> <ul style="list-style-type: none"> ▪ The infrastructure of the unit was not optimal from an infection prevention and control perspective. ▪ Sanitary facilities in the ward required deep cleaning. ▪ Placement of hand moisturiser throughout the ward were not in line with best practice Intravenous drug administration guidelines were not available to staff at the point where intravenous drugs were prepared.

Prevention and control of healthcare-associated infections

Access to specialist staff with expertise in infection prevention and control

A community infection prevention and control nurse advised on all aspects of infection prevention and control and provided education and assistance in outbreak management as required.¹⁰ An infection prevention and control link nurse was available on the unit to promote and support good practice in relation to infection prevention and control.

Outbreak management

Hospital management reported that systems were in place to manage and control infection outbreaks in a timely and effective manner. The last outbreak of infection was influenza reported in January 2018. A review of documentation showed that a team was convened to advise and oversee the management of this outbreak. The community infection prevention and control nurse prepared a report at the conclusion of the outbreak. The report summarised how the outbreak was detected,

the investigations conducted and interventions carried out to control it. Learning and recommendations were detailed in the outbreak report viewed.

However, it was reported that despite efforts to increase vaccine uptake rates, flu vaccine uptake amongst staff remained considerably below the HSE uptake target of 75% for the 2019/2020 influenza season.¹¹

Environment and equipment hygiene

During the inspection it was noted that frequently used patient equipment such as raised toilet seats and wheelchairs were observed to be unclean. Damage was observed on a patient mattress in one of the single rooms.

The unit comprised four six-bedded rooms, two five-bedded rooms and three single rooms. Overall, the patient rooms inspected was generally clean with few exceptions. By way of example, the wall within one single room was stained and marked. Sanitary facilities in the ward were unclean and required deep cleaning. This was brought to attention of the ward manager to be addressed on the day of inspection.

Maintenance and Infrastructure

The infrastructure of the unit was not optimal from an infection prevention and control perspective, for example:

- Sanitary facilities in the ward required upgrading. Three toilets and shower room were shared between multi-bedded rooms which was not conducive to patient dignity or privacy.
- The three single rooms did not have ensuite toilet/shower facilities.
- Limited space between beds in multi-occupancy rooms. The unit had reduced occupancy in two multiple occupancy bedrooms.
- Surfaces, finishes and flooring in the clinical room were worn and poorly maintained and did not facilitate effective cleaning.
- Surfaces were damaged on plasterwork and paintwork in the majority of patient rooms.
- Storage space throughout the ward was limited. For example, commodes were inappropriately stored within patient showers.
- A specimen fridge was inappropriately located within the clinical room.
- The bedpan washer was out of order on the day of inspection. This issue had been risk assessed and escalated to management. Assurances were not provided at the time of the inspection that the decontamination of urinals and bedpans was being managed in line with best practice.
- Moisturiser was available at hand hygiene sinks throughout the ward. This should be reviewed as hand hygiene compliance and the appropriate use of hand hygiene products are very dependent on appropriate product placement.

Hospital management was working to mitigate risks in respect of hospital infrastructure and maintenance through ongoing refurbishment and development of existing facilities in the Designated Centre for Older People. However, there were no plans to extend this refurbishment programme to the Benbulbin Rehabilitation Unit. Inspectors were informed that the issues regarding the sanitary facilities had been escalated to the CHO1 and plans were in place to refurbish the remaining shared sanitary facilities over the next two years. It is essential that unit infrastructure in the remainder of the unit is maintained at a high standard to ensure the effectiveness of infection control practices and prevent the transmission of infection.

Environmental monitoring

A formal legionella hospital-site risk assessment had last been performed at the hospital in 2015. National guidelines¹² recommend that risk assessments be reviewed on an annual basis and independently reviewed every two years. Inspectors were informed that a follow up risk assessment was due to be completed by the estates department.

Policies, procedures and guidelines

The hospital had an up-to-date suite of infection prevention and control policies, procedures and guidelines which covered aspects of standard precautions, transmission-based precautions. These were developed at CHO area 1 level and were available to staff in electronic format on the hospital intranet.

Staff training

Hand hygiene training was delivered by local hand hygiene trainers. Documentation reviewed indicated that 91% of staff had completed hand hygiene training within the previous two years.

Infection prevention and control link nurses attended a five day infection prevention and control programme delivered by the Centre of Nursing and Midwifery Education, Sligo.

Safe use of medicines

The hospital had embedded a number of medication safety initiatives. These included:

- An information sheet was devised for SHOs coming to the unit and included information on medication prescribing.
- Red aprons were worn by nurses dispensing medications during medication rounds to remind others not to distract them as interruptions could potentially lead to error.
- An established system to respond to guidance, alerts, recalls and recommendations issued by regulatory bodies in relation to medication safety.

- Patients were encouraged to document their medications on the “My Medicine List”. This list included indications, dosage, frequency and special instructions.

Pharmacy arrangements

Pharmacists attended the weekly ward rounds and multidisciplinary team meetings. This was an important patient safety initiative. For example, clinical pharmacists provided:

- admission medication reconciliation^{§§}
- optimisation of prescribed medication therapy in relation to a patient’s condition, age, weight and other relevant parameters
- medication information to health care professionals
- patient counselling and information regarding medication.

Antimicrobial restriction

The hospital operated a policy of restricted access to certain antimicrobials which should not be prescribed without prior consultation with the clinical microbiologist in Sligo University Hospital.¹³

Policies, procedures and guidelines and other information

Generalised prescribing supports were available to clinical staff. Hard copies of the most current version of the ‘British National Formulary’ were available in the unit.

Intravenous drug administration guidelines from Sligo University Hospital to assist staff in the safe administration of intravenous medicines were available to view on the computer desktop in the nursing office on the unit. However, this information was not available to staff at the point where intravenous medicines were prepared. This information should be available where medications are prepared to provide staff with a quick reference guide to support the safe and effective preparation and administration of intravenous medications.

Storage of medicines

All medicinal products were 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 in line with the Misuse of Drugs Act 1977.¹⁴ A designated fridge for medicines requiring storage at a required temperature was available. The temperature of the medication refrigerator was noted to be within an acceptable

^{§§} Medication reconciliation involves using a systematic process to obtain an accurate and complete list of all medications taken prior to admission.

^{***} 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”.

range however, the temperature was not consistently monitored and recorded daily in line with hospital policy.

Staff training

Inspectors were informed that the HSELandD medicine management online training programme¹⁵ was completed by registered general nurses employed in the hospital. It was reported some ongoing training on medication safety was also provided by the clinical pharmacists for example on medication and falls.

Management reported that nursing staff had undergone training delivered by the Centre of Nursing and Midwifery Education, Sligo to become competent in intravenous antibiotic and fluid administration and anaphylaxis management.

3.0 Conclusion

Leadership, Governance and Management

There was a clearly defined management structure with identified lines of accountability and responsibility for the Benbulbin Rehabilitation Unit. Hospital management had put several oversight committees in place in which to govern service provision in the unit. An Infection Prevention and Control Committee met regularly at CHO level. However, the CHO 1 Drugs and Therapeutics Committee had not been operational for a number of years and was in the process of being re-established.

The Director of Nursing reported positive and supportive engagement from and with the medical team. The medical officer was onsite daily and provided 24/7 clinical advice outside core working hours. Management within CHO1 should review this arrangement to be assured that the necessary resources are in place going forward to deliver a safe and sustainable service.

Regular performance updates in relation to quality and patient safety were consistently reported through the established governance structures in CHO 1.

The unit had systems in place to identify and manage risks and good oversight of incident management. Incidents were tracked and trended and communicated to staff at staff meetings. However, the culture of reporting medication and infection prevention and control related incidents needed to be improved.

The unit had conducted a number of audits relating to medication management and infection prevention and control. The hospital had an up-to-date suite of policies, procedures and guidelines to guide and support staff in relation to infection prevention and control and the safe use of medicines.

Person-centred care and support

A suite of generic patient information leaflets in relation to the safe use of medicines and infection prevention and control. Specific information leaflets about the Benbulbin Rehabilitation Unit were available.

Inspectors found that coordination of care within and between services took account of patients' needs and preferences. Patients spoken with voiced satisfaction in relation to their care. The unit had processes in place to seek feedback from patients and to inform improvements.

Safe care and support

Prevention and control of healthcare-associated infections

HIQA found that the hospital had clear management and formalised support arrangements in place to support infection prevention and control practices. Notwithstanding the many good practices that HIQA identified during the inspection, areas for further improvement included:

- general maintenance and infrastructural deficiencies
- maintenance of equipment
- environmental and equipment hygiene and oversight of same
- storage of equipment.

Safe use of medicines

The hospital had processes in place for the safe use of medicines and practices were reviewed and monitored.

The team-based clinical pharmacy service ensured smoother transitions between and within services leading to improvements in medication safety at the hospital and community interface. However, the clinical pharmacy service was not fully comprehensive. At the time of the inspection, the clinical lead for frailty care did not have an allocated clinical pharmacist.

The unit optimised their available clinical pharmacy resources to provide standardised care and education to staff and patients. Clinical pharmacists also provided medication reconciliation to assigned patients on admission. However the hospital did not have medication reconciliation guidelines in place.

An opportunity for improvement was also identified in relation to intravenous drug administration guidelines. These guidelines should be available to staff at the point where intravenous drugs are prepared.

Following this inspection the hospital needs to address the areas for improvement identified in this report and requires the support of CHO 1 to effectively address

issues highlighted in order to facilitate compliance with the *National Standards for Safer Better Healthcare* and other existing national healthcare standards.

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