



Report of an inspection against the *National Standards for Safer Better Healthcare.*

Name of healthcare service provider:	Carlow District Hospital Rehabilitation and Community Inpatient Healthcare Service
Address of healthcare service:	Athy Road Carlow Co. Carlow R93 Y2V0
Type of inspection:	Announced
Date(s) of inspection:	15 and 16 August 2023
Healthcare Service ID:	OSV-0007832
Fieldwork ID:	NS_0052

About the healthcare service

The following information describes the services the hospital provides.

Model of Hospital and Profile

Carlow District Hospital is a 17-bed, statutory hospital, which is owned and managed by the Health Service Executive (HSE) and is under the governance of the South-East Community Health Organisation 5 (CHO 5).^{*} The hospital is on the campus of Carlow Health Services Complex that includes the Sacred Heart Hospital, which provides residential care services and accommodates the local general practitioner (GP) out of hours service.

Carlow District Hospital provides the following care and services:

- transitional care (six beds)
- palliative care support for end of life (including palliative respite care) (four beds)
- respite services for older persons (seven beds).

Patients in Carlow District Hospital had access to a GP led medical care and health and social care professional supports and therapies, if required. There was a clearly defined criteria for admitting patients to the hospital. Patients were accepted and admitted from both the acute and community settings. Patients were accepted mainly from St Luke's General Hospital, Kilkenny (SLGH) and University Hospital Waterford (UHW) after they had completed their episode of care in these hospitals. Patients were also accepted from other acute hospitals, if they lived in or around Carlow town.

^{*} HSE's South-East Community Health Organisation 5 area consists of South Tipperary, Carlow/Kilkenny, Waterford and Wexford.

How we inspect

Under the Health Act 2007, Section 8(1)(c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare among other functions. This inspection was carried out to assess compliance with 11 national standards from the *National Standards for Safer Better Healthcare*.

To prepare for this inspection, inspectors[†] reviewed information which included previous inspection findings, information submitted by the provider, unsolicited information[‡] and other publically available information.

During the inspection, inspectors:

- spoke with people who used the services to ascertain their experiences of receiving care in Carlow District Hospital
- spoke with staff and management to find out how they planned, delivered and monitored the service provided to people who received care and treatment in Carlow District Hospital
- observed care being delivered, interactions with people receiving care in Carlow District Hospital and other activities to see if it reflected what people told inspectors during the inspection
- reviewed documents to see if appropriate records were kept and that they reflected practice observed and what people told inspectors during the inspection.

About the inspection report

A summary of the findings and a description of how Carlow District Hospital performed in relation to compliance with the 11 national standards monitored during this inspection are presented in the following sections under the two dimensions of *Capacity and Capability* and *Quality and Safety*. Findings are based on information provided to inspectors at a particular point in time — before, during and after the inspection.

[†] Inspector refers to an authorised person appointed by HIQA under the Health Act 2007 for the purpose in this case of monitoring compliance with HIQA's *National Standards for Safer Better Healthcare*.

[‡] Unsolicited information is defined as information, which is not requested by HIQA, but is received from people including the public and or people who use healthcare services.

1. Capacity and capability of the service

This section describes HIQA's evaluation of how effective the governance, leadership and management arrangements are in supporting and ensuring that a good quality and safe service is being sustainably provided in Carlow District Hospital. It outlines whether there is appropriate oversight and assurance arrangements in place and how people who work in the service are managed and supported to ensure the safe delivery of high-quality care.

2. Quality and safety of the service

This section describes the experiences, care and support that people using the services in Carlow District Hospital receive on a day-to-day basis. It is a check on whether the service is a good quality and caring one that is both person-centred and safe. It also includes information about the environment where people receive care.

A full list of the national standards assessed as part of this inspection and the resulting compliance judgments are set out in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
15 August 2023	12:50-19:00hrs	Aoife O' Brien	Lead
16 August 2023	09:00-14:15hrs	Danielle Bracken	Support
		Denise Lawler	Support

Information about this inspection

This announced inspection of Carlow District Hospital focused on 11 national standards from five of the eight themes of the *National Standards for Safer Better Healthcare*. The inspection focused in particular, on the following four key areas of known harm:

- infection prevention and control
- medication safety
- the deteriorating patient[§] (including sepsis^{**})
- transitions of care.^{††}

During this inspection, the inspection team spoke with the following staff:

- Manager for older persons community nursing units (CNU), Carlow/Kilkenny/South Tipperary, CHO 5
- Clinical nurse manager grade 2 (CNM 2), Carlow District Hospital
- CNM 1, Carlow District Hospital
- Medical officer
- Pharmacist for older persons, CHO 5
- Chief pharmacist, SLGH
- Quality, risk and patient safety advisor, CHO 5
- Infection prevention and control nurses, CHO 5
- Public health liaison nurse
- Administrator (HR and Finance), Carlow District Hospital
- General manager, older persons, CHO 5

Acknowledgements

HIQA would like to acknowledge the cooperation of the management team and staff in Carlow District Hospital who facilitated and contributed to this inspection. In addition, HIQA would also like to thank people using the service who spoke with inspectors about their experience of the care received in Carlow District Hospital.

[§] The National Deteriorating Patient Improvement Programme (DPIP) is a priority patient safety programme for the Health Service Executive. Using Early Warning Systems in clinical practice improves recognition and response to signs of patient deterioration. A number of Early Warning Systems, designed to address individual patient needs, are in use in public acute hospitals across Ireland.

^{**} Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.

^{††} Transitions of Care include internal transfers, external transfers, patient discharge, shift and interdepartmental handover. World Health Organization. *Transitions of Care. Technical Series on Safer Primary Care*. Geneva: World Health Organization. 2016. Available on line from <https://apps.who.int/iris/bitstream/handle/10665/252272/9789241511599-eng.pdf>.

What people who use the service told us and what inspectors observed

Carlow District Hospital was a 17-bedded unit comprising six single rooms with ensuite bathroom facilities, one three-bedded multi-occupancy room and two four-bedded multi-occupancy room with ensuite bathroom facilities. There was a small multi-faith oratory, a patient dining room and two sitting rooms which encouraged patients to interact and engage with each other. On the day of inspection, 12 (71%) of the 17 beds were occupied in Carlow District Hospital.

During the inspection, inspectors spoke with patients receiving care in Carlow District Hospital. Patients were very complementary of staff and of the care, support and encouragement they received from staff. Patients were also very complimentary of the cleanliness of the environment. Inspectors observed staff engaging with patients in a kind, caring respectful and pleasant manner and responding promptly to patients' needs. This was confirmed by the patients who spoke with inspectors. Patients described staff and care received in Carlow District Hospital as *'fantastic'*, *'very good'* and that they *'felt listened to'*.

None of the patients who spoke with inspectors had a complaint, but they said they would speak to staff if they had a concern or complaint about the care received.

Capacity and Capability Dimension

Inspection findings in relation to the capacity and capability dimension are presented under four national standards (5.2, 5.5, 5.8 and 6.1) from the two themes of leadership, governance and management and workforce. Carlow District Hospital was compliant with one national standard, substantially compliant with two national standards and partially compliant with one national standard assessed. Key inspection findings leading to the judgment of compliance with these four national standards are described in the following sections.

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

Through discussions with staff and senior management, it was evident that, at the time of inspection, the governance arrangements in Carlow District Hospital were being revised and reconfigured, and new more defined reporting arrangements to CHO 5 were being implemented. Notwithstanding this, inspectors found that people in management roles in Carlow District Hospital and at CHO 5 level were clear about their roles and there was accountability for the healthcare services provided at the hospital. The integrated

governance structures between Carlow District Hospital and CHO 5 levels were still evolving and when completely formalised and implemented, they will need time to embed.

Organisational charts submitted to HIQA, set out Carlow District Hospital's reporting structures and accountability arrangements to the head of service, older persons in CHO 5. However, the organisational charts did not fully reflect the governance arrangements described to inspectors during inspection. The reporting and accountability arrangements of some committees were not clear and were not consistent with what inspectors were told during inspection.

Responsibility for older persons' community nursing units in CHO 5, which included Carlow District Hospital was shared between two managers. The manager responsible for the operational management of Carlow District Hospital was the manager for older persons, CNU's/Carlow/Kilkenny/South Tipperary, (referred to in this report as the manager for older persons, CHO 5). This person reported to the general manager for older persons, CHO 5. The general manager for older persons, CHO 5 reported to the head of service for older persons, CHO 5, who in turn was accountable to the chief officer for CHO 5. The chief officer for CHO 5 reported to the HSE's national director of community operations.

There was no director of nursing (DON) or assistant director of nursing (ADON) in place in Carlow District Hospital at the time of inspection. The CNM 2 in Carlow District Hospital was responsible for the day-to-day operational management of the hospital and was supported in that role by a CNM 1. The CNM 2 reported to the manager for older persons, CHO 5. Inspectors found there was a significant reliance on the CNM 2 to provide operational and strategic oversight in Carlow District Hospital. An ADON position for Carlow District Hospital was approved and a recruitment campaign to fill the position was due to begin at the time of inspection. This recruitment campaign should be progressed to fill and appoint an ADON for Carlow District Hospital.

Nursing and support staff (with the exception of catering staff) in Carlow District Hospital reported to the CNM 2. Health and social care health professionals (HSCPs) reported to relevant governance structures at CHO 5 level. During core working hours, medical care was provided by a GP from the local GP practice who reported via the manager for older persons, CHO 5 to the head of service for older persons, CHO 5. Outside core working hours, medical care was provided by the local GP out of hours service.

Governance structures at CHO 5 level

Older persons' management team, CHO5

The older persons' management team, CHO 5 was the overarching management group for older person's services in CHO 5, which included Carlow District Hospital. This team comprised the head of service for older persons (chair), the general manager for older persons and all managers of older persons' residential services within the CHO 5 catchment area. Carlow District Hospital was represented at meetings of the team by the manager for

older persons, CHO 5. Additional members attended meetings of the team depending on the operational or governance focus. The team met monthly and focused on either operational and governance issues on alternate months. Minutes of meetings of this team reviewed by inspectors showed that the team functioned effectively and had effective oversight of both operational and governance issues relating to older persons' services in CHO 5, which included Carlow District Hospital. This included financial management, capital projects, activity and bed management, governance restructuring, winter planning, recruitment, risk management, patient-safety incidents, complaints and audits. Minutes of team meetings were action oriented and the implementation of agreed time-bound actions was monitored from meeting to meeting. The head of service for older persons and the general manager for older persons, CHO 5 escalated issues as required to the senior executive team for CHO 5.

Older persons' services quality and safety executive committee, CHO 5

Inspectors were told that the structures and staffing requirements relating to the quality and patient safety function for older persons' services in CHO 5 were revised significantly in late 2022. Consequentially, at the time of inspection, the quality and safety arrangements in Carlow District Hospital were being restructured to align with the new and evolving arrangements in CHO 5.

The older persons' services quality and safety executive committee (OPS QSEC) at CHO 5 level had responsibility for ensuring and assuring the safety and quality of services and care in the older persons' services in CHO 5, which included Carlow District Hospital. The committee met monthly and reported to members of the senior executive team for CHO 5. Membership of the OPS QSEC included the head of service for older persons (chair), quality and patient safety advisors, health and safety advisors and representatives from nursing and hospital management from all the older persons' services in CHO 5. Minutes of meetings of the OPS QSEC reviewed by inspectors showed that the committee had effective oversight of quality and safety of older persons' services, including oversight of audits, compliance with quality indicators and outcome measures, quality improvement initiatives, policy development, patient-safety incident reporting, patient feedback and complaints. The OPS QSEC functioned effectively. Minutes of committee meetings were action oriented and the implementation of agreed time-bound actions was monitored from meeting to meeting.

At the time of inspection, a number of subcommittees of the OPS QSEC were being established or had recently been established with defined reporting arrangements. These subcommittees focused on specific elements of quality and safety, such as policy development, falls prevention, nutrition and hydration and clinical audit. Work in establishing and integrating these subcommittees into the overall quality and patient safety governance structures at CHO 5 level should continue. This will ensure appropriate oversight of the quality of care and safety of care provided in Carlow District Hospital and across older services in CHO 5.

Individual healthcare services in CHO 5 reported to the OPS QSEC, either via their DON or via their local quality and patient safety committee. At the time of inspection, Carlow District Hospital did not have a DON or ADON in position and there was no local quality and patient safety governance structure in place. This meant that there was no representative specifically for Carlow District Hospital on the OPS QSEC. However, the manager for older persons, CHO 5 and the quality and patient safety advisor with responsibility for Carlow District Hospital did attend committee meetings. At Carlow District Hospital level, it was clear that there was regular communication about risk and quality issues between the CNM 2, quality and patient safety advisor and manager for older persons, CHO 5. Carlow District Hospital would benefit from more formal reporting structures and stronger representation on the OPS QSEC. There was evidence that hospital management in Carlow District Hospital explored options regarding the establishment of a local QPS committee. This should be an area of focused improvement following inspection.

Infection prevention and control committee, CHO 5

The infection prevention and control (IPC) practices in Carlow District Hospital were governed and overseen at CHO 5 level by the infection prevention and control committee (IPCC) for CHO 5. Membership of the IPCC included the ADON for infection prevention and control, CHO 5 (chair) and members of the IPC team, CHO 5 (which included IPC clinical nurse specialists (CNSs),^{##} IPC nurses, a community antimicrobial pharmacist and microbiologist). Inspectors were told the ADON reported and was accountable to the national director for IPC, HSE Community Healthcare. The IPCC had oversight of IPC monitoring, surveillance and risk management, IPC training, the IPC annual work plan and annual reporting on Antimicrobial Resistance Infection Control (AMRIC) metrics submitted to the HSE. Carlow District Hospital was represented on the committee by the IPC CNS for the Carlow region who provided a verbal update every quarter. The antimicrobial stewardship (AMS) subcommittee of the IPCC met fortnightly and there were weekly team meetings between the IPC team and the national director for IPC.

At an operational level, IPC practices in Carlow District Hospital were supported by the IPC link nurse group for Carlow, which met three times per year. This meeting was also used to escalate issues upwards to the IPCC, CHO 5. Meetings of the group were chaired by the IPC CNS for the Carlow area and membership included all IPC CNSs, IPC nurses and the IPC link practitioners^{§§} from older persons' services and community mental health services in Carlow. Carlow District Hospital was represented by the hospital's IPC link practitioners. The manager for older persons, CHO 5 had oversight of any IPC risks identified and actions

^{##} Clinical nurse specialist (CNS) is a clinical career pathway for specialist roles in nursing. Specialist practice encompasses a major clinical focus of care to patients and their families in hospital, community and outpatient settings. The specialist nurse works with medical and para-medical colleagues

^{§§} Infection prevention and control link practitioners (IPCLPs) are staff who have completed the national IPCLP programme. Under this programme, a link practitioner agrees to commit to attending additional meetings and training and to undertake additional infection prevention and control duties in their clinical area.

applied to mitigate the risk in Carlow District Hospital. This will be discussed further in national standard 5.5.

Drugs and therapeutics committee, CHO 5

Inspectors were told that the medication practices in Carlow District Hospital would be governed and overseen at CHO 5 level by the newly formed drugs and therapeutics committee (DTC) for CHO 5. However, the governance structures relating to this committee were still in the process of development at the time of inspection. Inspectors were also told that this committee would provide multidisciplinary oversight for all the local medication safety or drugs and therapeutics groups within CHO 5. At the time of inspection however, this was a work in progress. This is a necessary step to ensure oversight and governance for safe medication practices in CHO 5, including in Carlow District Hospital. The pharmacy department in SLGH provided a dispensary pharmacy service in Carlow District Hospital but had no role in the oversight of broader medication practices in the hospital. In the interim, while the DTC was being embedded at CHO 5 level, medication practices in Carlow District Hospital were overseen by the Sacred Heart Hospital's drugs and therapeutics committee (SHH's DTC). The role of this committee was to review, update, implement and monitor evidence based practice in relation to medication and therapeutics for Sacred Heart Hospital and Carlow District Hospital. Membership of the SHH's DTC included the pharmacist for older persons, CHO 5 (chair), the ADON from Sacred Heart Hospital, pharmacist technician, medical officer, advanced nurse practitioner (ANP)^{***} in dementia and the CNM 2 from Carlow District Hospital. The committee met quarterly and had oversight of safe medication practices at Sacred Heart Hospital and Carlow District Hospital including patient safety alerts, prescribing guidelines and documentation, medication management errors, medication audits and ongoing quality improvement initiatives. At the time of inspection, there was no clear formalised reporting arrangement for SHH's DTC to CHO 5 level. Inspectors were told that, in time, the SHH's DTC will report to the newly formed DTC at CHO 5 level. This will ensure the effective functioning of the SHH's DTC and will provide oversight and governance of the medication practices in Carlow District Hospital.

Local governance structures at Carlow District Hospital level

Carlow District Hospital governance group

The Carlow District Hospital governance group met every two months to discuss operational and governance issues specifically relating to Carlow District Hospital. According to the group's terms of reference reviewed by inspectors, the composition of the group was discretionary but core membership included the manager for older persons, CHO 5 (chair), DON, catering manager and CNMs from Carlow District Hospital. As there

^{***} Advanced practice nursing is a defined career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent autonomous and expert practitioners.

was no DON or ADON in place in Carlow District Hospital, the CNM 2 attended as the hospital's nursing representative. Minutes of meetings of the group reviewed by inspectors showed that there was effective local oversight of the quality and safety of services in Carlow District Hospital. There was a comprehensive agenda that showed that the group had oversight of the hospital's activity and bed management, staffing and recruitment, risk management, patient-safety incidents, complaints and feedback. Although the group was small in number, it was functioning effectively. Meetings were action oriented and the implementation of agreed time-bound actions was reviewed at the beginning of each meeting. The manager for older persons, CHO 5 provided updates from the group verbally, to the head of service for older persons, CHO 5 at the management team meeting. Feedback from the governance group meetings to staff in Carlow District Hospital was provided by the CNM 2 at safety huddles and monthly ward meetings. Ward meetings were scheduled to take place monthly but that was subject to staffing availability. Inspectors saw evidence that ward meetings took place three times between March and July 2023.

Transition of care

There were no formal governance structures in place in Carlow District Hospital in relation to the safe transition of care. Carlow District Hospital did not have a transitions of care committee. However, the manager for older persons, CHO 5 had oversight of the hospital's activity data and monthly reports were produced detailing bed occupancy, admission type (palliative, transitional or respite) and average length of stay (ALOS). It was evident that bed management issues were also discussed at CHO 5 level at meetings of the older persons' management team and at hospital level at meetings of the Carlow District Hospital governance group. Transitions of care were managed operationally by the CNM 2 who liaised with external services, as required. This will be discussed further in national standard 5.5.

Deteriorating patient

There were no formal governance structures in place Carlow District Hospital in relation the deteriorating patient. Carlow District Hospital did not have a deteriorating patient improvement programme or a deteriorating patient committee with oversight of the management of the deteriorating patient. However, there were formal measures and protocols in place to guide and inform staff on how to manage and care for a deteriorating patient. These will be discussed in national standard 5.5.

In summary, while it was clear that Carlow District Hospital had some corporate and clinical governance arrangements in place, there were some areas that required improvement. The majority of the existing local governance structures were functioning as intended at the time of inspection. However, some governance structures were still incomplete and undergoing change. At Carlow District Hospital, there was also a significant reliance on the CNM 2 to provide operational and strategic oversight in Carlow District Hospital. It was evident that work was ongoing to develop and embed new governance

structures at CHO 5 and hospital levels, and this work should continue. In particular, there was scope for improvement with regard to the following:

- hospital management and management of CHO 5 should continue to develop and embed key governance structures to assure the delivery of high-quality, safe and reliable healthcare in Carlow District Hospital
- hospital management should formalise reporting structures for all governance activities and ensure committees are action oriented with time bound actions
- there should be adequate and appropriate governance representation on relevant CHO 5 governance committees from Carlow District Hospital.

Judgment: Partially Compliant

Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.

Inspectors found Carlow District Hospital had effective management arrangements in place to support the delivery of safe and reliable healthcare. Inspectors observed and were told that senior management from older persons' services, CHO 5 visited the hospital, continuously engaged with staff and provided additional resources and supports when required. There were two quality and patient safety advisors for older persons in CHO 5, each had responsibility for a different geographic region. One worked with and supported the CNM 2 in Carlow District Hospital on matters relating to risk management and quality improvement opportunities including those related to the four areas of harm. This will be discussed further in national standard 2.8.

Infection, prevention and control

The specialist IPC team for CHO 5 were available 24/7 to staff at Carlow District Hospital and provided IPC guidance, training information and audit support. The IPC team included a number of IPC CNSs, one of whom had responsibility for the Carlow area, IPC nurses and a community antimicrobial pharmacist. A microbiologist had recently been appointed at CHO 5 level and was available to staff in Carlow District Hospital 2.5 days per week. Staff in Carlow District Hospital also had access to an antimicrobial pharmacist based in SLHK.

The IPC team activities included the promotion of IPC practices during RESIST days⁺⁺⁺ and roadshows to present IPC data such as hand hygiene compliance, managing a programme of train the trainer sessions for personal protective equipment (PPE) and hand hygiene,

⁺⁺⁺ RESIST is a HSE programme of initiatives under the HPSC Antimicrobial Resistance and Infection Control programme (AMRIC). It includes a Hand Hygiene Train the Trainer programme and a communications package which includes patient information leaflets, posters, banners and other material

conducting site visits to individual services as part of the quality and patient safety walkabouts, providing local outbreak support and training and conducting risk assessments. The IPC team indicated to inspectors that they usually spent more time onsite at the adjacent residential facility at Sacred Heart Hospital and were less frequently required onsite at Carlow District Hospital. This was discussed with representatives of the IPC team during inspection and may have had an impact on the uptake of IPC training for staff in Carlow District Hospital. This will be discussed further in national standard 6.1.

One nurse in Carlow District Hospital was an IPC link practitioner and a second nurse was undergoing training to be an IPC link practitioner. IPC link practitioners attended additional meetings and training and undertook additional IPC duties in their clinical area such as providing hand hygiene training, performing IPC audits and providing feedback and information from IPC meetings to staff. The IPC link practitioner was assigned six hours protected time per week to fulfil this role. However, inspectors were told and saw evidence that staffing issues in Carlow District Hospital had impacted on the ability to release staff to fulfil their IPC link practitioner responsibilities. Inspectors were told that this may have impacted the frequency of hand hygiene audit activity in Carlow District Hospital.

Medication safety

Nursing staff at Carlow District Hospital told inspectors that medication stock was readily available and that there were no issues with pharmacy support. The pharmacy service at SLGH provided a satellite pharmacy service to Carlow District Hospital. Operational oversight and governance of the satellite pharmacy, such as medication stocking, storage, supply, delivery and recalls were the responsibility of the pharmacy department at SLGH. A pharmacy technician from SLGH managed pharmacy stock in Carlow District Hospital and stock could be ordered daily from SLGH, with same day delivery. Carlow District Hospital had an arrangement in place with a local community pharmacy to provide out of hours medicines when needed.

The medical officer for Carlow District Hospital performed medication reconciliation on all patients on admission. Any changes to medication during the patients stay in Carlow District Hospital were included in the discharge letter sent to the patient's GP and in the medication prescription given to the patient on discharge. A clinical pharmacist from SLGH visited Carlow District Hospital one day per week. During this visit, the clinical pharmacist reviewed medications for new patients and completed medication reconciliation on requested patients.

Staff in Carlow District Hospital had access to pharmacists at SLGH during core working hours for specialist advice and the antimicrobial pharmacist from the IPC team, CHO 5. There was no onsite pharmacist cover during out of hours or periods of planned annual leave, but dispensing services were provided one day per week and inspectors were told that a service was available if required from SLGH.

The deteriorating patient

While Carlow District Hospital did not have a deteriorating patient committee, processes were in place to guide and inform staff on how to manage and care for a patient whose health status was deteriorating. All nursing and healthcare assistant (HCA) staff in Carlow District Hospital were trained in the use of the Irish National Early Warning System (INEWS) version 2⁺⁺⁺ and hospital management had modified the INEWS system to ensure that it was applicable to the cohort of patients within the hospital. A trial of the modified INEWS had begun two weeks before HIQA's inspection. The CNMs in Carlow District Hospital were leading the implementation of the modified INEWS and providing staff with training and support. The calculated scores from the early warning systems were reviewed daily at safety pauses.

Inspectors were told that HCAs were accredited and trained to take vital signs observations and any triggering scores were escalated to nursing staff for verification and review. Medical escalation was to the medical officer or local GP out of hours service. Staff used the Identify, Situation, Background, Assessment and Recommendation/Read Back/Risk (ISBAR₃)^{§§§} communication tool when escalating a concern or requesting a medical review of a patient. In the event of a patient requiring transfer to an acute hospital, patients were transferred by national ambulance service using Protocol 37^{****}, when required. This will be discussed further under national standard 3.1

Transitions of care

Carlow District Hospital had arrangements in place to manage transitions of care safely. Referrals and admissions were managed operationally by the CNM 2 or CNM 1. CNMs liaised with the medical officer, home care teams, community supports and acute hospitals as required. The CNM 2 and CNM 1 from Carlow District Hospital met weekly with the public health liaison nurse to review patient flow and plan for patient discharge. The meetings were focussed on operational issues and not formally recorded although actions arising were recorded.

A daily bed census was taken and ALOS was tracked in Carlow District Hospital. Available beds in Carlow District Hospital were updated on a regional bed register system, which was used by acute hospital discharge teams in the area. In cases where there was an exceptionally long length of stay or decreased bed turnover, the CNM 2 escalated concerns to the manager for older persons, CHO 5. Similarly, although there was no direct referral system for the Integrated Care Programme for Older Persons (ICPOP), the CNM 2 would

⁺⁺⁺ Irish National Early Warning System (INEWS version 2) is used in acute hospital settings to support the recognition and response to a deteriorating adult patient.

^{§§§} ISBAR₃: Identify, Situation, Background, Assessment, Recommendation/Read Back/Risk (ISBAR₃) is a communication tool used to facilitate the prompt and appropriate communication in relation to patient care and safety during clinical handover.

^{****} Protocol 37 is a protocol used by the National Emergency Operations Centre/HSE National Ambulance Service. It has been developed for emergency inter-hospital transfers for patients who require a clinically time critical intervention which is not available within their current facility

discuss patients who met the criteria for the ICPOP service directly with the manager for older persons, CHO 5.

Carlow District Hospital had a formal admission criteria for transitional, palliative and respite patients, underpinned by a formalised policy. Inspectors were also provided with a draft of a new overarching policy for admission to community nursing units in CHO 5, which was in the final stages of ratification at the OPS QSEC and was due to be implemented when formally approved.

In summary, Carlow District Hospital had functional management arrangements, systems and processes in place to support and promote the safe delivery of healthcare. However, some arrangements were informal and dependent on arrangements in other services such as Sacred Heart Hospital and SLGH. Opportunities for improvement were identified in relation to the following:

- hospital management should review the arrangements in place for onsite visits to Carlow District Hospital by the IPC team
- IPC link practitioner protected time should be maintained to support the IPC practices and standards in Carlow District Hospital
- hospital management should formalise weekly bed management meetings and disseminate actions with relevant staff in Carlow District Hospital and CHO 5.

Judgment: Substantially Compliant

Standard 5.8: Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Carlow District Hospital had monitoring arrangements in place for identifying and acting on opportunities to continually improve the quality, safety and reliability of services provided in the hospital. Minutes of meetings reviewed by inspectors showed that performance data and quality and patient safety data were reviewed and discussed at meetings of the Carlow District Hospital governance group and at CHO 5 level, by the older persons' management team and the OPS QSEC. In addition, CHO 5 had reporting arrangements to a number of national bodies such as the Health Protection Surveillance Centre's and HSE's quality and patient safety directorate who monitored and reported on data for CHO 5 and individual service providers where relevant.

Quality and safety walk abouts were carried out in Carlow District Hospital by the quality and patient safety advisor, IPC team and the health and safety advisor. The purpose of these walk abouts was to allow management to have a focused conversation about quality and safety with staff and people using the services in Carlow District Hospital, and to identify areas for improvement.

Monitoring service's performance

Data on a range of different measurements related to the quality and safety of healthcare services, for example, bed occupancy rate, ALOS, types of admission (palliative, transitional, respite), patient-safety incidents, clinical audits, patient feedback and complaints, IPC surveillance and staffing levels were collected and collated in Carlow District Hospital. The reporting, review and oversight of performance data from Carlow District Hospital was dispersed among several governance structures and services in CHO 5 and the HSE. Inspectors were informed and saw evidence of work ongoing to ensure that the oversight of all quality and patient safety activity such as monitoring, auditing and quality improvement initiatives would be fully captured under the remit of the OPS QSEC committee. This was part of the wider governance restructuring that was discussed in national standard 5.2.

Risk management

Carlow District Hospital had risk management systems in place to proactively identify and manage risk including those in relation to the four key areas of known harm. The manager for older persons, CHO 5 had oversight of the management of identified risks and the effectiveness of the actions applied to mitigate the actual and potential risks to patient safety. Risks that could not be managed at Carlow District Hospital level were escalated to the manager for older persons, CHO 5 and onwards, as necessary to the general manager for older persons and head of service for older persons, CHO 5 for consideration to be added to the risk register for older persons at CHO 5 level.

A risk management folder was available to staff in Carlow District Hospital, which included the risk assessment forms used in the hospital. Carlow District Hospital had a risk register where identified risks and mitigating actions were recorded. There was evidence that this risk register was reviewed and updated quarterly by a team comprising the CNM 2, quality and patient safety advisor and manager for older persons, CHO 5. The risk register and the effectiveness of mitigating actions were also discussed at meetings of the Carlow District Hospital governance group, older persons' management team meetings and OPS QSEC. A small number of mitigating actions recorded on the risk register were due for review at the time of inspection and there were a number of risks on the register for up to 5 years. The management of specific reported risks related to the four areas of known harm will be discussed further in national standard 3.1.

Audit activity

The OPS QSEC had oversight of the clinical audit activity in Carlow District Hospital. Hospital managers in Carlow District Hospital told inspectors about the plans to consolidate and coordinate all aspects of audit activity at local quality and patient safety meetings, which will report to OPS QSEC. This will streamline the reporting process. Carlow District Hospital did not have a local quality and patient safety committee in place at the time of

inspection, but this was to be established as part of the wider governance restructuring discussed in national standard 5.2.

Oversight of audit activity in Carlow District Hospital was provided by the CNM 2 and by staff involved in audit activity. In some cases, where available, audit activity was also overseen by the specific governance committees, for example, medication audits were overseen by the SHH's DTC and IPC audits were overseen by the IPCC, CHO 5. Inspectors were also told about plans to introduce the 'Test your Care' nursing and midwifery quality care metrics^{††††} in Carlow District Hospital on a phased basis with support from the quality and patient safety advisors and the Nursing and Midwifery Planning and Development Unit in Waterford and oversight from the OPS QSEC. This will be discussed further in national standard 2.8.

Management of serious reportable events and patient-safety incidents

Inspectors found there was effective and efficient oversight of the reporting and management of serious reportable events (SREs), serious incidents and patient-safety incidents that occurred in Carlow District Hospital. The Serious Incident Management Team (SIMT) for CHO 5 had oversight of the management of SREs and patient-safety incidents that occurred in Carlow District Hospital. Documentation reviewed by inspectors showed that the SIMT met frequently and that SREs that occurred in Carlow District Hospital were escalated to the SIMT for consideration and review. Learnings from SREs, serious incidents and patient-safety incidents were also discussed at meetings of the OPS QSEC and Carlow District Hospital governance group, and at ward meetings.

There were effective systems and processes in place in Carlow District Hospital to proactively identify and manage patient-safety incidents. All patient-safety incidents were notified to the quality and patient safety advisor, using the National Incident Report Form (NIRF) via a designated email. Incidents were logged on the National Incident Management System (NIMS)^{‡‡‡‡} in line with the HSE's Incident Management Framework, by a data manager. The manager for older persons, CHO 5 was also informed of all serious patient-safety incidents that occurred in Carlow District Hospital. At CHO 5 level, the quality and patient safety team submitted an incident report for review at monthly meetings of the OPS QSEC, which detailed the SREs, category one^{§§§§} and category two^{*****} incidents that occurred in Carlow District Hospital. A summary patient-safety incident report for Carlow District Hospital was generated every six months by the quality

†††† Test your care is a software application available to HSE and HSE-funded settings and provides a standardised platform to measure, monitor and track the fundamentals of nursing and midwifery clinical care processes.

‡‡‡‡ The State Claims Agency National Incident Management System (NIMS) is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation.

§§§§ Category one incidents are clinical and non-clinical incidents rated as major or extreme as per the HSE's risk impact table.

***** Category two incidents are clinical and non-clinical incidents rated as moderate as per the HSE's risk impact table.

and patient safety team and reviewed at meetings of the OPS QSEC. Patient-safety incidents that occurred in Carlow District Hospital were tracked and trended by the data manager and the top five patient-safety incidents were reported to the CNM 2 and manager for older persons, CHO 5 every six months. The management of incidents related to the four areas of known harm will be discussed further in national standard 3.3

Feedback from people using the service

Carlow District Hospital had processes to encourage and obtain feedback from patients and or their families. At CHO 5 level, the OPS QSEC had oversight of the feedback and complaints received about Carlow District Hospital from patients and or families. The manager for older persons, CHO 5 was the complaints officer for Carlow District Hospital and had oversight of the management of complaints and service improvements introduced in Carlow District Hospital as a result of complaints. This will be discussed further in national standards 1.8. Inspectors saw evidence of a new booklet for patients about the feedback process, leaflets about how to make a complaint and at the time of inspection hospital management were awaiting the results of a patient satisfaction survey and a food satisfaction survey.

Judgment: Compliant

Standard 6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

Inspectors found Carlow District Hospital had effective workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare. However, at the time of inspection, there were shortfalls in some staffing groups.

It was clear from minutes of meetings of the older persons' management team and the Carlow District Hospital governance group, and from meetings with staff from Carlow District Hospital and CHO 5, that workforce issues were reviewed regularly at hospital and at CHO 5 levels. The CNM 2 and the manager for older persons, CHO 5 were operationally responsible for staff recruitment at Carlow District Hospital. At the time of inspection, the hospital did not have a workforce plan, however inspectors were told that there was a plan to incorporate staffing requirements for Carlow District Hospital into a future workforce plan for CHO 5.

Carlow District Hospital was funded for 11 whole-time equivalent (WTE)⁺⁺⁺⁺ nursing positions. This included nine staff nurses, one CNM 1 and one CNM 2. At the time of inspection, all 11 WTE nursing positions were filled. Carlow District Hospital was funded for

⁺⁺⁺⁺ Whole-time equivalent - allows part-time staff working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to staff working full-time while 0.5 refers to staff working half full-time hours.

four WTE multitask attendants (MCAs) and all four WTE positions were filled at the time of inspection. Carlow District Hospital was funded for five WTE HCAs and four of these positions were filled at the time of inspection. Efforts to fill the remaining one WTE HCA position was underway. Carlow District Hospital was also funded for two WTE household attendants and two WTE catering staff. Although Carlow District Hospital was not carrying a significant staffing shortfall on their approved and funded complement of staff, inspectors were told that Carlow District Hospital was using agency staff to fill a number of positions that were vacant due to long-term sick leave and planned leave across various staff groups. There was evidence that staffing shortfalls were kept under review and discussed at meetings of the older persons' management team and the Carlow District Hospital governance group.

A team of GPs from a local GP practice provided clinical care during core working hours and a member of the team visited Carlow District Hospital daily. Medical care was provided by the local GP out of hours service from 6.00pm.

There was no approved allocation of HSCPs for Carlow District Hospital. Inspectors were told that there was no formal referral process for services such as physiotherapy, occupational therapy, dietetics or medical social work but that support could be requested from the community services if required. Senior management at CHO 5 and Carlow District Hospital were aware of the need to formalise these referral arrangements and were committed to doing this.

Inspectors were told that one WTE basic grade pharmacist, from the pharmacy department at SLGH was allocated for CHO 5, to provide pharmacy services to Carlow District Hospital, Sacred Heart Hospital and a number of other nearby services such as the community mental health services in Carlow.

The human resource department in CHO 5 was responsible for workforce management in Carlow District Hospital. The department tracked and trended staffing levels and absenteeism rates. At the time of inspection, the nursing staff absenteeism rate year-to-date in 2023 was 7.3%, which was above the HSE's target of 4% or less. Absenteeism rates for HCAs and MTAs in Carlow District Hospital were considerably higher at 29.7% and 14.1% respectively. The absenteeism rates in Carlow District Hospital were reviewed weekly with oversight from the CNM 2 and the manager for older persons, CHO 5.

Staff training

It was evident from speaking with staff in Carlow District Hospital and from staff training records reviewed by inspectors that, for the most part, nursing staff, HCAs, MTAs and household staff had access to and were up-to-date with essential and mandatory training appropriate to their scope of practice. Training records for doctors or health and social care professionals were not provided to inspectors.

Staff in Carlow District Hospital had access to external expertise and training in medication safety from the pharmacy department at SLGH and inspectors were told that the clinical

pharmacist would also provide informal training to staff in Carlow District Hospital during onsite visits. The IPC link practitioner in Carlow District Hospital facilitated staff training on hand hygiene and donning and doffing of PPE. Staff also had access to face-to-face IPC training, which took place in Sacred Heart Hospital. The CNMs in Carlow District Hospital provided staff with training and support in the use of the modified INEWS for recognising and responding to a deteriorating patient.

The CNM 2 at Carlow District Hospital had oversight of staff attendance at mandatory and essential training, which was maintained by administrative staff but relied on staff submission of certificates and records. Staff who spoke with inspectors confirmed that they had completed training on a variety of topics on the HSE's online learning and training portal (HSELand). Agency staff told inspectors that they received a formal induction and orientation on starting employment in Carlow District Hospital.

Compliance with attendance at essential and mandatory training in hand hygiene, standard-based precautions and donning and doffing of PPE was 100% for nursing staff, HCAs, housekeeping and cleaning staff. Compliance with INEWS training was 100% for both nursing and HCA staff. Compliance with safe medication training for nursing staff was also 100%. However, staff attendance at essential and mandatory training for transmission-based precautions and basic life support (BLS) was between 48 and 50% across the different staff groups. Hospital management told inspectors that there was plan to provide BLS training for nursing staff. Inspectors were told that training in transmission-based precautions was provided in Sacred Heart Hospital and that staff in Carlow District Hospital could access this training. The possibility of arranging dedicated IPC visits and training sessions to help improve IPC training compliance rates at Carlow District Hospital was discussed with representatives of the IPC team during inspection. This should be an area of focused improvement following inspection.

In summary, inspectors found that hospital management at Carlow District Hospital were planning, organising and managing the workforce to support the provision of high-quality, safe healthcare. It is important that staffing requirements for Carlow District Hospital are incorporated into any future workforce plan for CHO 5. Hospital management should ensure that all staff in Carlow District Hospital have undertaken mandatory and essential training appropriate to their scope of practice and at the required frequency, in line with national standards.

Judgment: Substantially Compliant

Quality and Safety Dimension

Inspection findings in relation to the quality and safety dimension are presented under seven national standards (1.6, 1.7, 1.8, 2.7, 2.8, 3.1 and 3.3) from the three themes of person-centred care and support, effective care and support, and safe care and support. Carlow District Hospital was found to be compliant with four and substantially compliant with three of the national standards assessed. Key inspection findings informing judgments on compliance with these seven national standards are described in the following sections.

Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.

Inspectors found staff in Carlow District Hospital promoted a person-centred approach to care and were observed by inspectors as being respectful and caring while maintaining patients' dignity and privacy. Patients were observed to be wearing their own clothes, listening to the radio, watching TV, dining together and using their own equipment when appropriate. This was a good example of the promotion of patients' autonomy. Patients who spoke to inspectors said they were happy with the support and encouragement they received from staff and said they that they *'felt listened to'*. Inspectors noted that staff actively engaged with patients throughout the inspection and they were observed being kind and caring in those interactions. Staff were observed providing assistance and mobility to patients when needed.

Privacy curtains were in place and patient's privacy was observed to be promoted and supported during the inspection. There was an ensuite toilet and shower in each room. Patient placement was based on gender when possible. Patients also had access to two additional lounge rooms which were quiet and comfortable, softly lit and suitable for reading, relaxing and or meeting family. Patients also had secure access to a landscaped garden. Patients were encouraged to interact with each other and this was promoted by taking meals together in the dining room unless there was a clinical reason not to do so.

Patients had protected meal times and were provided with a choice of food. Catering staff outlined to inspectors how they aimed to cater for each patient's food preference. Food thickener or drinking aids were provided when required. Patients' personal information was stored appropriately and in a secure manner. Patient's nursing notes, dietary preference and patient property list were outside each room, but these were secured within a clipboard, which ensured privacy and confidentiality.

Overall, there was evidence that hospital management and staff at Carlow District Hospital were aware of the need to respect promote and protect the dignity, privacy and autonomy of patients.

Judgment: Compliant

Standard 1.7: Service providers promote a culture of kindness, consideration and respect.

Inspectors observed that a culture of kindness was actively promoted by all staff in Carlow District Hospital. Patients were communicated with in a sensitive manner. Inspectors spoke with six patients and all of them were very positive about their experiences in Carlow District Hospital and stated that they would be comfortable raising any issue with staff and that staff *'would do anything for you'*. Patients were encouraged to bring their own equipment with them and to display photographs of family and or pets, and staff used the patient's preferred name. All patients admitted to Carlow District Hospital had an assessment of needs conducted on admission and an individual care plan was developed based on recognised assessment criteria. Patients said that they felt involved in their care planning and it was evident from healthcare records that families were also involved in the process. Inspectors were told that patients' families could organise additional services such as hairdressing or chiropody when needed and the patient could travel to the appointment or the service could be provided in Carlow District Hospital. Staff in Carlow District Hospital did not wear name badges, however the names and photographs of the staff in charge were displayed in the hospital each day. There were systems in place in Carlow District Hospital to obtain patient feedback and to respond to patients' concerns.

Overall, hospital management and staff in Carlow District Hospital promoted a culture of kindness, consideration and respect for patients receiving care in the hospital. This was aligned with the human rights-based approach to care promoted by HIQA.

Judgment: Compliant

Standard 1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Inspectors found there were systems and processes in place in Carlow District Hospital to respond to complaints and concerns received from patients and their families in a timely and efficient way. At the time of inspection, the manager for older persons, CHO 5 was the designated complaints officer for Carlow District Hospital. The manager for older persons, CHO 5 was responsible for managing complaints and for implementing recommendations arising from reviews of complaints in Carlow District Hospital. At the time of inspection, the CNM 2 was undertaking complaints management training to take on this role in the future. Complaints were escalated to the head of service and chief officer CHO 5 when required and all responses to complaints were reviewed by the general manager for older persons, CHO 5 or the chief officer CHO 5 before being issued to the complainant.

The manager for older persons, CHO 5 provided updates on the number and type of complaints received in Carlow District Hospital at monthly meetings of the older persons' management team. Complaints were also discussed at meetings of Carlow District Hospital governance group. At CHO 5 level, the OPS QSEC had oversight of all feedback from patients who received or were receiving care in Carlow District Hospital.

Formal complaints received by hospital management were managed in line with the HSE's complaints management policy '*Your Service Your Say*'.^{****} Inspectors were told that the majority of complaints received in Carlow District Hospital were informal. Staff in Carlow District Hospital maintained a detailed, written record of all complaints received (formal and informal, verbal and written) and any actions or associated outcomes. Complaints were also documented in the relevant patient's nursing notes. Feedback and learning from complaints was shared at ward meetings, clinical handover, safety pauses or via staff memo by the CNM 2. This is an example of good practice.

Carlow District Hospital's compliance with HSE timelines for complaints management and resolution were collated and tracked by the OPS, QSEC at CHO 5 level. Data reviewed by inspectors indicated that the overall number of formal complaints received by Carlow District Hospital was low (two in 2022 and three in the first eight months of 2023) and that the hospital was fully compliant with the HSE timelines for complaints resolution. Inspectors were told that complaints tended to be in relation to catering issues, property and care needs. At the time of inspection, hospital management in Carlow District Hospital were managing three complaints related to the provision of respite care and management. The hospital's acceptance process for patients with complex care needs was reviewed and amended as a result.

**** Health Service Executive. *Your Service Your Say. The Management of Service User Feedback for Comment's, Compliments and Complaints*. Dublin: Health Service Executive. 2017. Available online from <https://www.hse.ie/eng/about/who/complaints/ysysguidance/ysys2017.pdf>.

Patient information leaflets informing patients and relatives on how to make a complaint using the HSE's 'Your Service Your Say' process were available in the hospital. A new booklet about the feedback process had also been developed. The hospital had arrangements in place to help patients to access independent advocacy services when required, relevant information leaflets were available in the hospital and inspectors were told that SAGE^{§§§§§} advocates came on site as required.

At the time of inspection, the effectiveness of the complaints management process was not audited in Carlow District Hospital however, inspectors noted from meeting minutes that there was a plan to audit the process. This should be an area of focused improvement. Senior staff in Carlow District Hospital had completed complaints management training. Inspectors were told that all staff received training on assisted decision making and that this was very helpful when handling complaints, particularly those made on behalf of patients by family or members of the public.

Judgment: Compliant

Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.

On the day of inspection, inspectors observed that the physical environment in Carlow District Hospital was very clean and well maintained apart from some general wear and tear. The infrastructure was modern and patient areas were bright, spacious and welcoming. Adequate physical distancing was observed to be maintained between beds in multi-occupancy rooms.

Carlow District Hospital had a mix of single and multi-occupancy rooms, each room had an ensuite shower and toilet. Single rooms were used for palliative care and prioritised for patients requiring transmission-based precautions. No patients required transmission-based precautions on the day of inspection, but staff described the process to ensure appropriate placement of these patients when needed.

Wall-mounted alcohol based hand sanitiser dispensers and PPE were strategically located throughout Carlow District Hospital. Staff were observed to be using this equipment appropriately. Inspectors observed posters in relation to correct hand washing technique displayed. However, inspectors noted that hand hygiene sinks in Carlow District Hospital did not conform to national requirements.*****

§§§§§ SAGE advocacy is the national advocacy service for older people. It also supports vulnerable adult healthcare patients in certain situations where no other service is able to assist.

***** Department of Health, United Kingdom. *Health Building Note 00-10 Part C: Sanitary Assemblies*. United Kingdom: Department of Health. 2013. Available online from: https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_00-10_Part_C_Final.pdf

Carlow District Hospital was observed to be secure but not overly restrictive. Access and egress was via swipe card or buzzer at the main door and staff had oversight of everyone (patients and visitors) who entered and left the hospital. This main entry door was observed to alarm if opened for more than 20 seconds. All patient rooms had patio doors that opened outside and these doors were alarmed.

Environmental cleaning, including deep cleaning, was carried out by suitably trained household staff. Patient equipment cleaning was carried out by HCAs. Patient equipment was observed to be clean and there was a system in place to identify equipment that had been cleaned. Cleaned equipment was stored separately, securely and off the floor. Patient's own equipment was not stored with Carlow District Hospital equipment. Inspectors reviewed cleaning checklists for a variety of tasks and noted that the majority of these lists were completed and up to date. The CNM 2 had oversight of cleaning and cleaning schedules. Staff reported that, when required, maintenance team were responsive and timely. Inspectors noted that emergency equipment and supplies were in place and were checked daily as per the hospital's policy.

Hazardous material and waste were stored safely and securely in Carlow District Hospital. Sharps containers were observed to have the temporary closure mechanism in place and were not over-filled. Sterile equipment was stored securely off the floor. Household cleaning equipment and materials were stored in a separate room, which was an improvement on previous inspection findings. Appropriate segregation of clean and used linen was observed. The dirty utility area was observed to be very clean and tidy.

In summary, the environment in Carlow District Hospital was well designed, well maintained, very tidy and had a very high level of cleanliness. Inspectors found that the physical environment supported the delivery of high-quality, safe, reliable care and protected the health and welfare of people receiving care. Notwithstanding this, hand hygiene sinks did not conform to national requirements and this should be addressed to bring the hospital into full compliance with this national standard.

Judgment: Substantially Compliant

Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

It was evident that information from multiple sources was proactively and systematically monitored, evaluated and used to inform improvement and provide assurances on the quality and safety of the service provided to patients in Carlow District Hospital. These sources of information included audit activities, performance with defined quality and safety performance metrics, patient-safety incident reviews, complaints and patient experience surveys. Carlow District Hospital had an annual audit plan that included a range of audits but did not comprehensively cover all areas of potential risk or harm. The audit plan did not

include audits of hand hygiene, ISBAR₃ or INEWS. Audit findings were discussed at ward meetings and at meetings of the IPCC, CHO 5, IPC link nurse group for Carlow and SHH's DTC.

Infection prevention and control monitoring

The IPCC, CHO 5 had oversight of the environmental, equipment and hand hygiene audits, and audits of compliance with IPC guidelines and protocols carried out in Carlow District Hospital. Environmental and equipment audits were undertaken at the hospital every six months using a standardised approach. Environmental hygiene audits reviewed by inspectors for 2023 showed a high level of compliance with results reported in the range of 97% and 98%. Audits of patient equipment hygiene were carried out every six months and results from the most recent audit showed a high level of compliance. There was no evidence that hand hygiene audits had been carried in the eight months preceding HIQA's inspection. This was discussed with the CNM 2 who confirmed that hand hygiene audits were not carried out because of staff resourcing issues. This should be an area of focused improvement following this inspection.

Antimicrobial stewardship monitoring

AMS practices were monitored and evaluated in Carlow District Hospital. The CNM 2 returned monthly metrics relating to AMS to the IPC team, via the antimicrobial pharmacist at CHO 5 level. The IPCC, CHO5 had oversight of the AMS practices in Carlow District Hospital. AMS activity was also an agenda item for meetings of SHH's DTC meetings and AMS data was shared with the manager for older persons, CHO 5. At national level, data was submitted to the HSE and was tracked and trended by the HSE Community Healthcare's quality and patient safety department.

Carlow District Hospital also participated in audits carried out at national level, for example an antimicrobial point prevalence survey, national urinary catheter audits and antimicrobial audits of older person's residential facilities. It was evident from documentation reviewed by inspectors that the results of the 2020 antimicrobial point prevalence survey and associated learning was discussed and shared at meeting of the SHH's DTC. Inspectors reviewed the hospital's antimicrobial consumption audit data from January to June 2023 and noted that the rates of antimicrobial use for both therapeutic and prophylactic use showed improvement when compared to data provided for quarter 2 of 2022. However, overall rates of antibiotic consumption in the hospital were higher than the equivalent national rates for residential care facilities. Inspectors discussed this with IPC and pharmacy representatives during inspection who outlined a number of contributing factors that impacted on the findings. This included the relatively short lengths of stay in Carlow District Hospital, the relatively small sample size due to the bed numbers in Carlow District Hospital and the high proportion of patients from the general community, as this group of

patients were usually less likely to have received multidisciplinary management of their medication for some time prior to admission.

Medication safety monitoring

Inspectors found evidence of monitoring and evaluation of safe medication practices in Carlow District Hospital. Medication audits were carried out every six months by nursing staff with oversight by the CNM 2. Inspectors reviewed audit findings relating to the medication documentation and administration between January and August 2023 where compliance ranged from 89% to 100%. Recommendations for improvement were documented and action plans were developed to improve medication practices in the hospital. Areas identified for improvement included documentation of the maximum medication dose, use of generic medicines, review and discontinue dates for antimicrobials. The CNM 2 had oversight of the implementation of actions plans to improve medication practices in the hospital.

Deteriorating patient monitoring

There were systems and processes in Carlow District Hospital to identify, manage and escalate patients whose clinical condition deteriorated and required transfer to an acute care facility. This process was formally documented. Hospital management in Carlow District Hospital had modified and approved the use of INEWS and all staff had received training on the modified early warning system. Scores from early warning systems were reviewed daily at safety pauses and an audit of compliance with the INEWS escalation protocol was to be carried out in October 2023 with input from the quality and patient safety advisor. Staff told inspectors that the early warning system was successful in identifying and facilitating early transfer of deteriorating patients. The hospital did not use the 'Test your Care' nursing and midwifery quality care metrics. Hospital management told inspectors there was a plan to introduce the care metrics on a phased basis. These plans formed part of the ongoing development and enhancement of quality and patient safety governance and functions underway in Carlow District Hospital and CHO 5 at the time of inspection.

In summary, inspectors found Carlow District Hospital had effective systems and processes in place to monitor, analyse, evaluate and respond to information from multiple sources in order to inform continuous improvement of the service. Further work is needed to ensure audits are completed at the planned frequency and findings are submitted to the appropriate governance structures in a timely manner.

Judgment: Substantially Compliant

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

Inspectors found Carlow District Hospital had systems in place to identify and manage risks including those in relation to the four key areas of known harm. Risks were recorded on a risk register and reviewed regularly as discussed in Standard 5.8. Risks that could not be managed at Carlow District Hospital level were escalated to the manager for older persons, CHO 5 and onwards as necessary to the general manager for older persons and head of service for older persons, CHO 5. Inspectors reviewed the eight risks and corresponding actions to mitigate the risk recorded on the Carlow District Hospital risk register. These risks related to falls, safeguarding, IPC and behavioural risks such as unexplained absence, self-harm, violence and aggression. There was evidence that the control measures were in place on the day of inspection to mitigate these risks.

Infection prevention and control

There was evidence that the IPCC and the IPC team at CHO 5 had oversight of IPC risks and the effective management of these risks in Carlow District Hospital. Inspectors were informed that patients were not routinely screened on admission for multidrug resistant organisms (MDROs) or transmissible infections. This was in line with the national guidance for community settings. Staff in Carlow District Hospital sought advice from the IPC team, CHO 5 if they had any concerns or queries relating to patients needing screening for MDROs and or if patients became symptomatic. Patient's infection status was routinely assessed and documented on the patient's healthcare records. At the time of inspection, Carlow District Hospital had increased the level of testing for COVID-19 on the advice of the IPC team, CHO 5. This was in response to rising cases of COVID-19 in the community and an outbreak of COVID-19 in SLGH. In addition to the antigen testing for COVID-19 of all symptomatic patients or close contacts, all patients admitted for respite care to Carlow District Hospital had an antigen test and polymerase chain reaction (PCR)⁺⁺⁺⁺⁺ test for COVID-19 carried out on admission. PCR testing for COVID-19 was carried out in UHW and inspectors were told it could take seven hours or longer for the results to be reported. Carlow District Hospital had not reported any infection outbreaks in the year preceding HIQA's inspection. There were a total of six single rooms with ensuite bathroom facilities in Carlow District Hospital and this ensured patients requiring transmission-based precautions were accommodated as per national guidance.

Medication safety

Carlow District Hospital had systems and processes in place to support safe medication practices in the hospital. The hospital had effective risk reduction strategies for high-risk medicines. For example, the hospital had a list of high-risk medications aligned with the

⁺⁺⁺⁺⁺ Polymerase chain reaction (PCR) testing is considered the most clinically effective test for the detection of COVID-19 infection.

APINCH^{*****} classification. Inspectors observed the use of risk reduction strategies to support safe use of antibiotics. Carlow District Hospital did not have a list of sound-alike look-alike medications (SALADs)^{§§§§§§} but inspectors were told that SALADs were stored separately from each other and were part of the informal medication safety training provided to all new staff during induction. Patient information leaflets about the HSE's '*Know, Check, Ask*'^{*****} were available in the hospital. Inspectors observed the use of a white board system for managing and recording patient medication times. There was photographic identification on all patient medication charts, which helped to ensure correct patient identification when administering medications. There were no risks relating to medication safety recorded on Carlow District Hospital's risk register at the time of inspection.

Medication reconciliation was carried out on the day of admission by the medical officer and reviewed by the pharmacist from SLGH weekly. The medical officer included any changes to medications in the discharge letter issued to the patient's GP and in the prescription given to patient on discharge. Medication reconciliation practices in Carlow District Hospital were not underpinned by a formalised policy. The hospital had arrangements in place to access medication out of hours from Sacred Heart Hospital or from a nearby community pharmacy.

Deteriorating patient

Inspectors found that Carlow District Hospital had measures in place to identify and reduce the risk of harm associated with the delay in recognising and responding to people whose clinical condition deteriorated and staff were able to describe the procedures. The modified INEWS charts reviewed by inspectors on the day of inspection were completed and calculated correctly, and the escalation of care was in line with the INEWS escalation protocol. Staff reported that there was no difficulty accessing medical staff to review a patient whose clinical condition had or was deteriorating. In the event of a patient requiring transfer to an acute hospital, patients were transferred using the national ambulance service and this was underpinned by a formalised policy.

Transitions of care

Carlow District Hospital had systems and processes in place to reduce the risk of harm associated with the process of patient transfer in and between healthcare services and to support safe and effective discharge planning. The hospital had defined inclusion and exclusion criteria for admitting patients. The CNM 2 had oversight of all admissions to Carlow District Hospital and worked closely with community supports such as public health

^{*****} APINCH list: acronym for high risk medicines including **a**nti-infective agents, anti-psychotics, **p**otassium, **i**nsulin, **n**arcotics and sedative agents, **c**hemotherapy, **h**eparin and other anticoagulants

^{§§§§§§} SALADs: **S**ounds **A**like, **L**ooks **A**like **D**rugs

^{*****} The '*Know, Check, Ask*' is a campaign led by the HSE, aimed at encouraging health care professionals to discuss medication and empowering people to become more informed about their medication and its use.

liaison nurse and homecare teams. On discharge, a discharge letter was sent to the patient's GP and or patient's public health nurse.

Policies, procedures, protocols and guidelines

Carlow District Hospital had a number of policies, procedures, protocols and guidelines (PPPGs) in place in relation to the four known areas of harm, infection prevention and control, deteriorating patients, medication safety and transitions of care. The hospital had a range of up-to-date IPC PPPGs which included policies on standard and transmission based precautions, outbreak management, management of patients in isolation and equipment decontamination. To guide and inform staff, the IPC team provided and maintained an IPC manual at the nurse's station containing hardcopies of up-to-date infection prevention and control policies, procedures, protocols and guidelines.

The hospital also had a range of up-to-date medication PPPGs which included medication management, nurse prescribing, medication reconciliation, high risk medicines and SALADS. However, staff who spoke with inspectors were not aware of some of the medication policies available. Prescribing guidelines were available in hardcopy at the point of prescribing and administration, but the copies available on the day of inspection were out of date. Inspectors were told that the medical officer had access to national online prescribing resources that were also used by SLGH pharmacy staff. The hospital had implemented the national guidelines on communication and clinical handover.

PPPGs were available to staff in hardcopy and stored in a dedicated folder. Carlow District Hospital did not have an electronic document management system. However, inspectors were told that the CNM 2 planned to develop a booklet with electronic links to all PPPGs. Several PPPGs in the dedicated PPPG folder, reviewed by inspectors required updating. Inspectors also noted that some of these PPPGs were adopted from other rehabilitation and community inpatient hospital services and not all had been specifically adapted for use in Carlow District Hospital. These should be areas of focused improvement following this inspection.

In summary, it was evident that there were systems in place in Carlow District Hospital to identify and manage potential risk of harm associated with the four areas of known harm. It was evident that hospital management were aware of the risks within the hospital and that the risk register was kept under regular review. Opportunities for improvement were identified in relation to:

- ensuring all PPPGs are adapted for use in Carlow District Hospital and are up to date
- ensuring that all hardcopy medication prescribing guidance is up to date
- enhancing staff awareness and accessibility to up-to-date PPPGs in Carlow District Hospital.

Judgment: Substantially compliant

Standard 3.3: Service providers effectively identify, manage, respond to and report on patient-safety incidents.

Inspectors found Carlow District Hospital had systems in place to identify, report, manage and respond to patient-safety incidents in line with national legislation, policy and guidelines. Patient-safety incidents were notified to the quality and patient safety advisor, using the HSE's NIRF. Incidents were logged by a data manager on the NIMS, in line with the HSE's Incident Management Framework.

At CHO 5 level, the SIMT, OPS QSEC and senior management group had oversight of the management of patient-safety incidents that occurred in Carlow District Hospital. The quality and patient safety advisor reported monthly to the OPS QSEC on the SREs and category one and category two incidents that occurred in Carlow District Hospital. A summary patient-safety incident report for Carlow District Hospital was generated twice per year. Patient-safety incidents were tracked and trended by the data manager and the top five or six patient-safety incidents were reported to the CNM 2 and the manager for older persons, CHO 5 twice per year. The reports provided a breakdown of the types of patient-safety incidents, type of injury, classification, and trends that occurred at Carlow District Hospital. Compliance with timeliness for the reporting and reviewing of patient-safety incidents and with open disclosure rates were tracked at CHO 5 level and reported quarterly by the HSE.

Staff who spoke with inspectors were knowledgeable about the patient-safety incident reporting and management processes in place in Carlow District Hospital. Learning from patient-safety incidents was shared and discussed at safety huddles and monthly ward meetings. Staff were also aware of the most common patient-safety incidents reported at Carlow District Hospital - slips and trips or falls.

Inspectors reviewed summary reports of NIMS reported incidents for 2022 and for January to June 2023. There were 48 patient-safety incidents reported in Carlow District Hospital in 2022. From January to June 2023, 17 patient-safety incidents were reported in Carlow District Hospital. The majority of these incidents (88%) related to near misses and falls and this was similar to the findings from other similar rehabilitation and community inpatient hospitals in CHO 5. The majority of reported patient-safety incidents were categorised as category three (negligible or minor).^{†††††††} In 2022, three patient-safety incidents were categorised as a category two and one as a category one. In 2023, between January and June, one patient-safety incident was categorised as a category two (fall) and one as a category one (SRE). This SRE was the subject of an external review, which was ongoing at the time of inspection.

^{†††††††} Category three incidents are clinical and non-clinical incidents rated as negligible or minor as per the HSE's risk impact table.

Inspectors noted that the level of reported patient-safety incidents relating medication errors and infection was low. This was discussed with pharmacy and quality and patient safety representatives during inspection and inspectors were told that measures were in place to encourage and increase reporting rates in these areas. For example, inspectors were told that training on NIRF was ongoing. There was also evidence that the reporting of medication management incidents was discussed at meetings of the SHH's DTC and that staff were reminded to record all medication errors, including near misses to ensure adherence with the hospital's medication management policy and to facilitate learning across sites.

There was evidence that after action reviews were carried out in Carlow District Hospital after patient-safety incidents and quality improvements were implemented to improve the services. Examples of such improvements included the:

- facilitation of a falls prevention week
- establishment a falls subcommittee
- updating of a range of PPPGs on the prevention and management of falls
- development of a structured process to monitor patients receiving care in Carlow District Hospital
- implementation of the safety huddle
- additional monitoring measures to enhance the security of the hospital.

Overall, inspectors found there was a system in place at Carlow District Hospital to identify, report, manage and respond to patient-safety incidents. Learnings from patient-safety incidents were shared with staff and hospital management were proactive in implementing recommendations from the SIMT and review processes.

Judgment: Compliant

Conclusion

Inspectors carried out an announced inspection of Carlow District Hospital to assess compliance with 11 national standards from the *National Standards for Safer Better Healthcare*. Overall, the hospital was found to be:

- compliant in five national standards assessed (5.8, 1.6, 1.7, 1.8, 3.3)
- substantially compliant in five national standards assessed (5.5, 6.1, 2.7, 2.8, 3.1)
- partially compliant in one national standard assessed (5.2).

Capacity and Capability

Inspectors found there was good collaboration between Carlow District Hospital and CHO 5 and good oversight of the quality and safety of healthcare services provided in the hospital by CHO 5, especially in relation to the four know areas of harm. The corporate and clinical governance arrangements for Carlow District Hospital were restructured and evolving at the time of inspection. There were some areas that required improvement, in particular the strengthening of the role and remit of the OPS QSEC and local quality and safety function.

Carlow District Hospital had effective management arrangements in place to support and promote safe, high-quality healthcare in the areas of IPC, medication safety, deteriorating patient and safe transitions of care. The hospital had effective and systematic monitoring arrangements in place for identifying and acting on opportunities to continually improve the quality and safety of healthcare services provided in Carlow District Hospital.

Inspectors found that Carlow District Hospital had effective arrangements in place to plan, organise and manage their staffing levels to support the provision of high-quality, safe healthcare. However, staff uptake of mandatory and essential training requires improvement. It is important that staffing requirements for Carlow District Hospital are incorporated into any future workforce plan for CHO 5.

Quality and Safety

Staff in Carlow District Hospital promoted a person-centred approach to care. Inspectors observed staff being kind and caring towards patients. Hospital management and staff were aware of the need to respect and promote patient's dignity, privacy and autonomy, which was consistent with the human rights-based approach to care promoted by HIQA.

Inspectors found that Carlow District Hospital had systems and processes in place to respond effectively to complaints and concerns raised by patients and or families.

Patients who spoke with inspectors were positive about their experience of receiving care in Carlow District Hospital and were very complimentary of staff and the care received. The hospital were aware of the need to support and protect more vulnerable patients.

The hospital's physical environment supported the delivery of high-quality, safe, reliable care to patients. The physical environment was very clean and well maintained on the day of inspection. The high number of single rooms at Carlow District Hospital facilitated effective placement of patients requiring transmission-based precautions.

Inspectors found that Carlow District Hospital had effective systems in place to monitor and improve healthcare services provided in the hospital. Hospital and CHO 5 management were responsive in promoting the continual improvement of healthcare services provided in Carlow District Hospital. However, further work is needed to expand the range of audits carried out in the hospital and to ensure that audits are completed frequently and as planned, and findings reported to the appropriate governance structures in a timely manner.

Inspectors found that Carlow District Hospital had effective systems in place to identify, prevent or minimise risk associated with the provision of care in Carlow District Hospital. Hospital management had appropriate oversight of the management and response to patient-safety incidents and there was evidence that learning and quality improvements occurred in response to patient-safety incidents.

Overall, inspectors found a good level of compliance in Carlow District Hospital with the 11 national standards assessed during this inspection. Following this inspection, HIQA will, through the compliance plan submitted by hospital management, continue to monitor the implementation of actions employed to bring the hospital into full compliance with the *National Standards for Safer Better Healthcare*.

Appendix 1 – Compliance classification and full list of standards considered under each dimension and theme and compliance judgment findings

Compliance classifications

An assessment of compliance with the 11 selected national standards assessed during this inspection was made following a review of the evidence gathered prior to, during and after the onsite inspection. The judgments on compliance are included in this inspection report. The level of compliance with each national standard assessed is set out here and where a partial or non-compliance with the standards is identified, a compliance plan was issued by HIQA to hospital management. In the compliance plan, hospital management set out the action(s) taken or they plan to take in order for the healthcare service to come into compliance with the national standards judged to be partial or non-compliant. It is the healthcare service provider's responsibility to ensure that it implements the action(s) in the compliance plan within the set time frame(s). HIQA will continue to monitor the hospital's progress in implementing the action(s) set out in any compliance plan submitted.

HIQA judges the service to be **compliant, substantially compliant, partially compliant** or **non-compliant** with the standards. These are defined as follows:

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 on the basis of this inspection, the service met most of the requirements of the relevant national standard, but some action is required to be fully compliant.

Partially compliant: A judgment of partially compliant means that on the basis of this inspection, 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 people using the service 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 national standard has not been met, and that this deficiency is such that it represents a significant risk to people using the service.

Capacity and Capability Dimension	
Theme 5: Leadership, Governance and Management	
National Standard	Judgment
Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare	Partially compliant
Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.	Substantially compliant
Standard 5.8: Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	Compliant
Theme 6: Workforce	
National Standard	Judgment
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare	Substantially compliant
Quality and Safety Dimension	
Theme 1: Person-Centred Care and Support	
National Standard	Judgment
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Compliant
Standard 1.7: Service providers promote a culture of kindness, consideration and respect.	Compliant
Standard 1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Compliant
Theme 2: Effective Care and Support	
National Standard	Judgment
Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.	Substantially compliant
Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	Substantially compliant

Quality and Safety Dimension

Theme 3: Safe Care and Support

National Standard	Judgment
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Substantially compliant
Standard 3.3: Service providers effectively identify, manage, respond to and report on patient-safety incidents.	Compliant

Compliance Plan for Carlow District Hospital OSV-0007831

Inspection ID: NS_0052

Date of inspection: 15 and 16 August 2023

Compliance Plan

Compliance Plan Service Provider’s Response

National Standard	Judgment
<p>Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare</p>	<p>Partially compliant</p>
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards</p> <p>(b) where applicable, long-term plans requiring investment to come into compliance with the standard.</p> <p>1. Governance Structure</p> <p>(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards The service implemented a temporary plan following the HIQA inspection, whereby a responsible person was assigned to the role of Acting Director of Nursing for an interim period up to 8th January 2024. This person has now moved posts, and the position of PIC at Carlow District Hospital (CDH) is now filled by the CNM2. The CNM2 will be supported by the appointment of the Director of Nursing at Castlecomer District Hospital as Acting DON for CDH, covering both District Hospitals. This is an interim arrangement whilst awaiting recruitment and appointment of a permanent Director of Nursing.</p> <p>(b) where applicable, long-term plans requiring investment to come into compliance with the standard. Due to the current HSE recruitment pause, the process of advertisement and recruitment for the post of Director of Nursing at Carlow District Hospital has stalled. Once the recruitment pause has been lifted, we will recommence the</p>	

process to move to interview and seek to appoint a Director of Nursing to the vacant position.

- (c) Person in charge in CDH/ADON attend the Older Person Services (OPS) SECH DON Governance group meetings quarterly
- (d) CDH Risk Register review takes place quarterly with PIC Manger OPS, and QPS advisor
- (e) PIC will carry out annual review of quality and safety of care in CDH and present to managers OPS by end of Jan 2024.
- (f) DON representation at QSEC meeting quarterly.

2. Quality and Safety

Carlow District Hospital has formed a Quality and Patient Safety Committee with Castlecomer District Hospital with the quality and patient safety advisor in attendance which will feed into the regional QSEC meetings. Initial Q&S meeting date was Jan. 9th, 2024. CMN2 Carlow District attends this meeting, terms of reference have been drawn up to include CMN1 in absence of CMN2, also H&S reps for Carlow District. The committee also consists of Health and Safety Adviser for Carlow Kilkenny, Catering Manager for Carlow Kilkenny, IPC clinical nurse specialist or Carlow Kilkenny, re-enablement team Occupational Therapist and Physiotherapist, who have responsibility for both sites, one WTE, Technical Services representative and Dietitian representative.

3. Infection and Prevention Control

Mandatory IPC training in Carlow District will be coordinated with IPC Team and plan to hold 3 training session onsite as organised with IPC CNS, dates to be confirmed. On going IPC HSEland training.

IPC Link Nurses for Carlow District, 2 total, going forward will attend regional webex meeting which take place monthly commencing 23rd Jan 2024. These meetings cover national and local IPC updates. Protected time as per national guideline will be accommodated for the IPC link nurses and reflected in weekly nursing roster of 4 hours weekly. IPC Audits as quarterly per audit plan.

The plan for IPC for 2024 is a dual site IPC committee for Carlow District and Castlecomer District IPC committee, with representation from IPC Link Nurses and IPC CNS. TOR will include IPC CNS attendance at meeting twice yearly as confirmed with IPC CNS.

Submission made for Capital funding in December 2023 to upgrade hand hygiene sinks to conform with HBN001 compliance, however CDH was not successful in securing funding therefore submitted to Manager Older Person Services for consideration and placed on risk register.

4. Deteriorating patient

Modified Early Warning Score is in place and was audited in November 2023, documentation to support same. Carlow District will attend Modified Early Warning Score Committee Meeting, held quarterly in conjunction with Castlecomer District Hospital and Rehab Unit St. Columba's Thomastown. Medical Officer invited to attend all meeting.

Goal for CDH is to implement ISBAR clinical handover as per national guidelines. CMNs attending training February 2024. Timeframe for implementation April 2024.

5. Transitions of Care

Carlow District Hospital is part of the Transitional Care committee in conjunction with Castlecomer District Hospital, St Luke's Hospital Kilkenny, the focus of committee is to improve the quality and safety of patients/service user transitioning between community and acute services as per national standards. Next meeting scheduled Feb 1st 2024 where meeting will alternate between sites.

Weekly MDT meetings with public health liaison nurse are maintained and minuted.

6. Drug and therapeutic committee

CDH is part of the drug and therapeutic committee with Sacred Heart Hospital Carlow, which take a multidisciplinary approach, the following are part of this committee from CMN2/ CMN, pharmacy governance from St Luke's Hospital Kilkenny who covers both CDH and Sacred Heart Hospital and medical officer for both sites.

Medication management policy review is currently in progress for CDH and Castlecomer District Hospital, awaiting response from regional QSEC committee.