



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of Rehabilitation and Community Inpatient Healthcare Services at Our Lady's Hospice and Care Services, Harold's Cross, Dublin.

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

Dates of inspection: 13 February 2020

About the Health Information and Quality Authority (HIQA)

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

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

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionizing radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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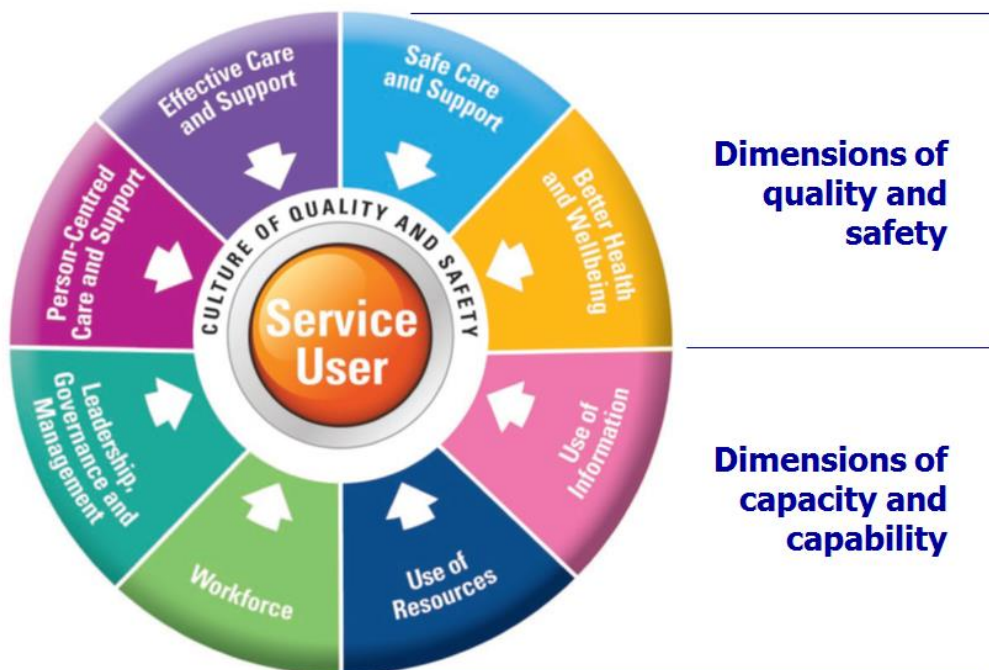
1.0 Information about this monitoring programme

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

This inspection programme monitors compliance of Rehabilitation and Community Inpatient Healthcare Services against the *National Standards for Safer Better Healthcare (2012)*.⁴ The focus of inspection is on governance and risk management structures, and measures to ensure the prevention and control of healthcare-associated infections and the safe use of medicines.

Inspection findings are grouped under the National Standards dimensions of:

1. Capacity and capability
2. Quality and safety



Report structure

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

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

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

- **Person-centred Care and Support: Standard 1.1.** The planning, design and delivery of services are informed by patients' identified needs and preferences.
- **Safe Care and Support: Standard 3.1.** Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

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

These categories included the following:

- **Compliant:** A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standard.
- **Substantially compliant:** A judgment of substantially compliant means that the service met most of the requirements of the National Standard but some action is required to be fully compliant.
- **Partially compliant:** A judgment of partially compliant means that the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for patients over time if not addressed.
- **Non-compliant:** A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to patients.

1.1 Hospital Profile

Our Lady's Hospice and Care Services, Harold's Cross was a non-statutory voluntary hospital with a section 38* service level agreement with the Health Service Executive. Our Lady's Hospice and Care Services is funded by Community Health Organisation (CHO) 7.†

The hospital comprised 58 rehabilitation beds; 18 beds in the Community Reablement Unit and 40 beds in the Rheumatic and Musculoskeletal Disease Unit. The Rheumatic and Musculoskeletal Disease Unit was divided into two wards – St Teresa's ward and Sacred Heart ward.

The hospital also had a designated centre for older persons and palliative care beds onsite.

1.2 Information about this inspection

This inspection report was completed following an unannounced inspection carried out by Authorised Persons, HIQA; Bairbre Moynihan and Denise Lawler on 13 February 2020 between 09:00hrs and 16:20hrs.

Inspectors spoke with hospital managers, staff and patients. Inspectors also requested and reviewed documentation, data and observed practice in two clinical areas, in:

- Community Reablement Unit (CRU).
- St Teresa's Ward in the Rheumatic and Musculoskeletal Disease Unit (RMDU).

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

* Section 38 of the Health Act allows the HSE to enter in to an arrangement for the provision of a health or social service on behalf of the HSE.

† Community Health Organisation 7 area consists of South Dublin, Kildare and West Wicklow.

2.0 Inspection Findings

2.1 Capacity and Capability

Theme 5: Leadership, Governance and Management
Standard 5.2 Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.
Judgment: Substantially compliant The hospital risk register had not been updated to include infection prevention and control risks in relation to infrastructure which were identified by management.

This section describes arrangements for the leadership, governance and management of the service at Our Lady's Hospice and Care Services, and HIQA's evaluation of how effective the service was in ensuring that a high-quality, safe service was being provided.

Inspectors found that there was defined leadership, governance and management arrangements with clear lines of accountability and responsibility at the hospital.

Corporate and Clinical Governance

Hospital management outlined integrated corporate and clinical governance arrangements at Our Lady's Hospice and Care Services. An organisational chart, viewed by inspectors, clearly outlined responsibility, accountability and authority arrangements and reporting relationships for staff within the hospital.

The hospital was governed by a board of directors who had appointed a chief executive officer. The chief executive officer had overall accountability and responsibility for the hospital, reported to the board of directors and presented a performance report to the board of directors every two months. Senior management reported that there were eight sub-committees of the board and each of the sub-committees was chaired by a member of the board.

The senior management team at the hospital comprised the director of nursing, quality and clinical services, medical director, director of human resources, and director of finance. All members of the team within their own respective roles and responsibilities, reported to the chief executive officer.

The chief executive officer and members of the senior management team attended governance meetings with the general manager for social care in the HSE's community healthcare organisation (CHO) 7 every six weeks.

Clinical governance arrangements

Oversight and responsibility for clinical services at the hospital was assigned to a medical director. The medical director was appointed on a rotational basis. Furthermore, the Community Reablement Unit and Rheumatic and Musculoskeletal Disease Unit had clinical leads who were responsible and accountable for the clinical services provided in their respective units and had a dual reporting relationship. They reported to the medical director in Our Lady's Hospice and Care Services and to the clinical director in their respective acute hospitals.

The role of the director of nursing included responsibility for nursing and quality and clinical services at the hospital. Allied health care professionals were employed by the hospital, reported to their respective managers who reported to the deputy head of clinical services. Management reported that both units did not have on-site access to a dietitian or speech and language therapist. If these services were required, patients were referred to a dietitian and or a speech and language therapist in the community. Management stated that a business plan had been submitted for these two posts.

Reporting arrangements in relation to committees

Hospital management had established several hospital committees through which to govern services and address quality and safety. Committees included the Quality and Safety Committee, Infection Prevention and Control Committee and the Drugs and Therapeutic Committee. Terms of reference of the Infection Prevention and Control Committee and Drugs and Therapeutic Committee outlined that both committees should meet quarterly and reported directly to the Quality and Safety Committee. However, documentation reviewed from the Infection Prevention and Control Committee showed that the committee met twice in 2019.

Membership of the Quality and Safety Committee included the director of nursing, who was chair of the committee, chief executive officer, risk officer and a medical representative. The terms of reference outlined that the Quality and Safety Committee should meet monthly but minutes of the meetings reviewed by inspectors indicated that in the past year the committee met bi-monthly. Minutes of the Quality and Safety Committee were aligned to selected themes from the *National Standards for Safer Better Healthcare*¹ and included actions, an assigned person for the action and action updates. The prevention and control of healthcare-associated infections was a standing agenda item.

Terms of reference of the Drugs and Therapeutics Committee reviewed outlined that the committee was chaired by a consultant, meetings took place four times per year and a report was provided to the quality and safety committee twice yearly.

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

Management reported that out-of-hours medical cover was provided by a senior house officer who covered the entire campus. Two consultants provided on-call cover on alternate weeks to the Community Reablement Unit. Consultant cover for the Rheumatic and Musculoskeletal Disease Unit was provided by the on-call rota in St Vincent's University Hospital. Staff from Rehabilitation and Musculoskeletal Disease Unit also reported that they could contact the consultants directly if required. Patients who became acutely unwell were transferred via ambulance to St James's Hospital. Our Lady's Hospice and Care Services monitored the number of patient transfers and reasons for transfer and place of transfer.

Management reported that they had a service level agreement in place with St Vincent's University Hospital for obtaining and reporting of diagnostic radiology examinations and the processing and reporting of pathology specimens. Staff could access the results of these tests on-site via information technology system.

Risk management

Hospital management reported that they had no risks on the hospital risk register in relation to infection prevention and control and safe use of medicines. Inspectors were informed that there was a risk of infection to patients accommodated in open bays in the Rheumatic and Musculoskeletal Disease Unit but this had not been placed on the hospital risk register.

Inspectors viewed one broad risk in relation to the risk of failing to maintain or improve the quality and safety of services provided. The risk had been risk rated, existing controls were in place and additional controls were identified and with an accompanying action plan. However it was unclear to inspectors when the risk was last updated. Identified risks should be escalated to the risk register, managed and updated in line with national guidance.² Hospital risks that could not be managed locally were escalated to the board of directors and CHO 7 corporate risk register.

Risks from both units were recorded on their respective local risk registers and discussed with the relevant assistant directors of nursing. Risks not managed at local level were escalated to the assistant director of nursing for the respective unit and risk manager and discussed at the Quality and Safety Committee meetings.

Monitoring, Audit and Quality assurance arrangements

Inspectors were informed that incidents were reported on a paper-based system and logged on the National Incident Management System (NIMS).[‡] Incidents were a standing agenda item at the Quality and Safety Committee meeting.

The hospital had a Continuous Improvement Group Medication Safety Committee in place which was a subcommittee of the Drugs and Therapeutics Committee. The Continuous Improvement Group Medication Safety Committee had good oversight of medication incidents, follow-up and learning in the hospital. The committee had a number of objectives including promoting and advancing a culture of medication safety. The committee, chaired by an assistant director of nursing, met bi-monthly and provided quarterly updates to the Drugs and Therapeutics Committee and a briefing summary to Quality and Safety Committee yearly. Medication incidents requiring discussion were analysed and graded by the committee and learnings identified. Medication incidents were also tracked and trended by the committee. Documentation reviewed by inspectors identified that medication incident reporting had decreased in 2019. Management must continue to encourage staff to actively report incidents.

Inspectors were informed that newly acquired healthcare-associated infections were reported and entered on NIMS. Management stated that infection prevention and control team were notified of newly acquired healthcare-associated infections by unit staff and an incident form was completed by the infection prevention control team. Documentation reviewed showed that there were no newly acquired healthcare-associated infections in 2019. Inspectors identified from a review of meeting minutes of the Infection Prevention and Control Committee that incidents and learning from incidents were not an agenda item at these meetings.

The members of the Quality and Safety Committee were responsible for communicating the feedback to staff on incidents and safety notices.

Infection prevention and control and safe use of medicine audits will be discussed under Theme 3: Safe Care and Support.

Taking feedback from patients and staff

The hospital had a complaints officer onsite. Management stated that complaints were tracked and trended yearly and the complaints informed the quality improvement plan for the hospital. Inspectors were informed that the Community

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

Reablement Unit was moved from the first floor to the ground floor allowing patients easier access to the unit following patient feedback.

Quality and safety walk arounds were rotated between members of the management team including the chief executive officer every two months. Feedback was sought from staff and patients on the walk arounds.

Management informed inspectors that a staff survey was due to take place at the end of February 2020 and a sample of this survey was viewed by inspectors. Staff stated that they received quarterly updates via email from the chief executive officer.

2.2 Quality and Safety

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

Person-centred care and support places service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care.¹

A comprehensive suite of patient information leaflets were available and clearly displayed in both units. Hospital-specific leaflets included information about services provided in both units and integrated discharge planning processes. Generic patient information leaflets included condition-specific information with information and advice on medications contained in the patient information leaflets, for example, on dementia and "Living with Psoriatic Arthritis".

Information on influenza was provided to patients, as part of the pre-admission process to the Rheumatic and Musculoskeletal Disease Unit. Staff stated that they would access patient information leaflets from the Health Protection Surveillance Centre website if required. An information booklet on the Rheumatic and Musculoskeletal Disease Unit was available on the unit and contained for example general information on the unit, the multi-disciplinary team, mealtimes, medication advice and advice if the patient had a previous healthcare-associated infection.

A rehabilitation timetable was available on the ward for patients to check the times of for example their physiotherapy, hydrotherapy and occupational therapy appointments.

Coordination of care within and between services

The Community Reablement Unit had a defined criteria for referral and or admission to the unit. Patients were pre-assessed by the clinical nurse specialist, consultant and occupational therapist prior to admission to ensure adherence to the criteria for admission to the unit.

Patients admitted to the Rheumatic and Musculoskeletal Disease Unit were referred by a consultant rheumatologist from St Vincent's University Hospital to the clinical lead of the Rheumatic and Musculoskeletal Disease Unit. The referral was reviewed by the clinical lead and patients were then placed on a waiting list. Information was sent to the patient prior to their admission, for example, on medications, previous history of multidrug-resistant organisms, what items to bring to hospital and information on discharge.

Patients returning to both units after the weekend were risk assessed using a condition specific tool for influenza and COVID-19[§] prior to being readmitted back to the units.

A sample of nursing and medical admission, transfer and discharge documentation was reviewed. Information concerning infection prevention and control was evident in the nursing admission assessment form for both units. Management stated that staff completed an alert organism and history reporting form on admission and transfer of patients if the patient had an infection prevention and control alert history.

Evaluation of services

Management stated that patients could evaluate the services by completing a form "Tell us what you think". Comments and feedback were reviewed at unit level and when required were escalated to the complaints officer. Staff reported that a handful of suggestions and or complaints were provided per week and as a result of a suggestion extra shelving for patient belongings was placed on the Rheumatic and Musculoskeletal Disease Unit.

"You said we listened" quality boards had been recently placed on the units. This was a modified version of HSE "your service your say".³

Management informed inspectors that a Rheumatic and Musculoskeletal Disease Unit service user's focus group was held in 2019 with positive feedback received regarding the food. Issues highlighted included lack of evening activities, draught

[§] Coronavirus (COVID-19) is a new respiratory illness. It has not previously been seen in humans. This type of coronavirus is also known as 2019-nCov or novel coronavirus

coming in from the windows. Following the focus group, management stated that evening activities were introduced. Management stated that they placed the issue with the draught coming in from the windows on the hospital risk register.

Patients who spoke with inspectors were complimentary of the staff, the service provided and the care they received. Patients were clear about the name of their consultants with overall responsibility for their care and the date and place of discharge. Patients were aware of how to make a complaint and were aware of “you said we did” quality board. Patients stated that patient information leaflets were accessible.

<p>Theme 3: Safe Care and Support</p>
<p>Standard 3.1 Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.</p>
<p>Judgment: Substantially compliant</p> <p>Environmental and equipment audits had not been completed since 2018.</p> <p>Environmental and equipment cleaning checklist should be in line with National Standards.⁴</p> <p>Hand hygiene sinks located in both units were not compliant with HBN 00-10 Part C: Sanitary assemblies.⁵</p> <p>Design and layout of facilities and infrastructure in the Rheumatic and Musculoskeletal unit was not in line with best practice. For example, open bays where patients were accommodated were also a thoroughfare to patient rooms, spatial separation between beds in a small number of the multi-occupancy rooms was minimal and did not comply with best practice guidelines.⁶</p> <p>No medication reconciliation policy was in place.</p>

Prevention and control of healthcare-associated infections

Access to specialist staff with expertise in infection prevention and control

The hospital had access to specialist microbiology advice from a microbiologist in St Vincent’s University Hospital. Management stated that this was a formalised arrangement and that a service level agreement was in place.

A 0.8 whole-time equivalent (WTE)** infection prevention and control nurse was employed by the hospital and provided onsite infection prevention and control service for the entire hospital campus including the designated centre for older persons and the palliative care unit.

Both units inspected had infection prevention and control champions††. They attended the infection prevention and control committee meetings and provided feedback from the committee to the clinical nurse managers who disseminated the information to staff in their units.

Outbreak management

Inspectors were informed that there had been no outbreaks in either the Rheumatic and Musculoskeletal Disease Unit or Community Reablement Unit. Hospital management were able to describe the identification and follow-up processes that should be applied should an outbreak be identified. The hospital had an up-to-date “management of an infectious disease outbreak” policy in place.

Risk assessments were available to aid staff including “When to implement standard precautions versus contact precautions for patients colonised with a multi-drug resistant organism” and “infectious gastroenteritis symptoms”.

The hospital had peer vaccinators in place for the administration of the flu vaccine to staff. Management stated that uptake of the flu vaccine in 2019-2020 so far was 68% which exceeded the HSE target of 65%.⁷

Maintenance and Infrastructure

General wear and tear was noted throughout both units including wall paintwork, and woodwork. The infrastructure in the Rheumatic and Musculoskeletal Disease Unit was outdated. Open bays where patients were accommodated were also a thoroughfare to patient rooms. This is not ideal from an infection prevention and control point of view. An inspector noted minimal spatial separation between beds in a small number of the multi-occupancy rooms did not comply with best practice guidelines.⁶ An en-suite room viewed by inspectors contained a bath. Showers are generally more practical than baths and are easier to keep clean. Staff stated that patients are risk assessed prior to using the bath. Despite the challenges in relation

** Whole-time equivalent (WTE): allows part-time workers’ working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

†† Infection prevention and control champions are hospital staff who in addition to performing their own job support the Infection Prevention and Control Team to promote good practice in relation to infection prevention and control.

to infrastructure the ward area was uncluttered and there appeared to be adequate storage space for unit supplies, patient equipment and cleaning equipment. There was a designated room for the storage of linen.

The Community Reablement Unit had adequate bed-spacing in each of the four-bedded multi-occupancy wards. Each four-bedded multi-occupancy ward had en-suite facilities.

Hand hygiene sinks located in both units were not compliant with HBN 00-10 Part C: Sanitary assemblies.⁵

Environment and equipment hygiene

Healthcare facilities should be planned, developed and maintained in a way that enables effective cleaning and compliance with infection prevention and control best practice, appropriate to the service provided.

There was good local ownership of infection prevention and control in both units.

Overall the environment and equipment was clean in both units with the exception of dust which was present on bed frames, on the undercarriages of beds, on shelving and on hand gel dispensers. This was brought to management's attention on the day. Additionally, patient wardrobes and lockers were damaged and a number of wooden-framed beds were chipped and as such did not facilitate effective cleaning.

The hospital had recently introduced the "green tagging system" which identified when equipment had been last cleaned.

The clinical nurse manager in both units had oversight of equipment cleaning in the unit. There was a designated responsible person assigned to the cleaning of patient equipment on a daily basis. The equipment checklist for the Rheumatic and Musculoskeletal Unit was not dedicated to cleaning only and included for example preparing admission packs. The environmental and equipment cleaning checklist should be dedicated to cleaning only and should be in line with National Standards.⁴

Equipment and environment audits had not been conducted in both units inspected in 2019. An audit plan for 2020 was provided to inspectors but environmental or equipment cleaning was not detailed in the plan. This is not in line with National Standards.⁴ Hospital management stated that there was a plan to do environmental and equipment audits in quarter one of 2020. In the absence of environmental and equipment audits the hospital does not have an assurance mechanism in place for the hygiene of both units. These audits should be progressed.

Audits

Hand hygiene audits were conducted in Community Reablement Unit by the infection prevention and control team. A hand hygiene audit conducted in the unit in 2018 revealed that 87% of staff were compliant with the practice of hand hygiene. Actions were recommended and a person assigned responsibility for ensuring compliance of greater than 90%. However, there was no evidence that a follow-up audit was conducted.

A hospital wide bare below wrist audit was conducted in June 2019 with a total compliance of 67% in the Rheumatic and Musculoskeletal Disease Unit and 75% in the Community Reablement Unit. The audit report contained both recommendations and an action plan but no persons were identified to carry out the actions or a timeframe for the actions.

Planned audits for 2020 in both units included hand hygiene, bare below elbow and care bundle audits.

Environmental monitoring

National guidelines⁸ recommend that legionella risk assessment be reviewed on an annual basis and independently reviewed every two years. A formal legionella hospital-site risk assessment had last been performed at the hospital in December 2019.

Policies, procedures and guidelines

The hospital had a number of infection and prevention and control guidelines. The majority of policies viewed by inspectors were in date but a policy on standard precautions was out of date and needed revision. Management stated that this was currently being revised.

Staff training

Management reported that it was mandatory for staff to complete the HSElanD⁹ online hand hygiene training programme and breaking the chain of infection training programme every two years. Overall 90% of staff had completed hand hygiene training on the day of inspection.

Safe use of medicines

Pharmacy arrangements

Pharmacy arrangements were in place for the hospital. The hospital had an onsite pharmacy. Out of hours, the clinical site manager had access to a supply of medications. Both units had a clinical pharmacy service and pharmacist technician. If medication was not available onsite out of hours the medication was dispensed from a local pharmacy. This was not a formalised arrangement.

The hospital accessed medications that require strict controls from the hospital's onsite pharmacist and staff confirmed this arrangement.

Audit

The Health Service Executive (HSE) quality care-metrics on safe use of medicines were completed monthly in both units. The Quality and Safety Committee provided oversight of the quality care-metric results. Results viewed by an inspector from both units showed an overall result of between 80% and 100%. The quality care-metrics included medication safety, medication storage and custody, medication prescribing and medication administration.

The hospital had introduced the "red apron" initiative which indicated that staff were not to be disturbed while administering medications. "Patient own dispensing" (PODs) had been introduced in the Community Reablement Unit and there was a plan to introduce it to the Rheumatic and Musculoskeletal Disease Unit. This initiative needs to be audited when fully implemented.

Medicine reconciliation

Staff were knowledgeable about the medication reconciliation process. Medication reconciliation was conducted on admission by the pharmacist and hospital management reported that medical and nursing staff were also involved in the process. Any discrepancies noted were reported to the unit manager and or prescribing doctor. Medication reconciliation on discharge was nurse led. A patient information leaflet on medication reconciliation was available. Medication reconciliation had not yet been audited.

Policies, procedures and guidelines and other information

The hospital did not have a policy on medication reconciliation to guide and inform staff. Inspectors were informed that a policy would not be in place until the new "patient own dispensing" system was introduced in the Rheumatic and Musculoskeletal Disease Unit. Hospital management reported that a standard operating procedure was in place to guide pharmacists. In the interim it is recommended that a medication reconciliation policy is devised to guide and inform staff on the current process.

The hospital had a policy for the safe storage of medicines including medications requiring strict controls and unused and or out-of-date medicines but the policy was out of date. Local up-to-date intravenous drug administration guidelines were available. Medication guidelines were available online from a local model four hospital.

Staff had access to medication information for example the British National Formulary (BNF). Guidelines on patient self dispensing were available in the

Community Reablement Unit and drug monographs were available in both units inspected at the point of preparation.

Storage of medicines

Medicines were stored in locked drug trolleys and presses. Controlled drugs^{**} were locked in a separate cupboard from other medicinal products in line with Misuse of Drugs legislation.

An anaphylaxis kit was available and accessible to staff in both units.

Designated fridges for medicines requiring storage at a required temperature were available. Fridge temperatures were not consistently recorded on a daily basis.

Staff training

The HSE LanD medication management online training programme⁹ was mandatory for registered general nurses annually. Intravenous drug administration was completed by staff on induction and staff competencies were assessed by the nurse practice development department prior to the administration of intravenous medications. Onsite refresher training was completed every three years by the nurse practice development unit. Mandatory anaphylaxis training was available to staff.

3.0 Conclusion

Leadership, Governance and Management

Inspectors found that there were clear lines of accountability and responsibility in relation to corporate and clinical governance arrangements at Our Lady's Hospice and Care Services.

The hospital had a risk register in place although issues highlighted by management in relation to infrastructure had not been escalated to the hospital risk register.

The hospital had systems in place for the reporting of clinical incidents. Medication incident analysis, tracking, trending and learning was evident from the Continuous Improvement Group Medication Safety. The group had identified that medication incident reporting had decreased this year. The Continuous Improvement Group Medication Safety provided good oversight of the medication safety in the hospital.

The hospital had an Infection Prevention and Control Committee however clinical incidents were not an agenda item or discussed at meetings of the committee. This

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

needs to be reviewed to ensure that incidents are analysed and learning from clinical incidents is shared.

Person-centred care and support

Patients who spoke with inspectors during the inspection were complimentary of the staff, the service provided and the care that they received. A comprehensive suite of patient information leaflets was available and clearly displayed in both areas inspected.

The hospital had a defined process for admission of patients to both units inspected. Patients returning to both units after the weekend were risk assessed using a condition specific tool for influenza and COVID-19^{§§} prior to being readmitted back to the units.

The hospital had recently introduced an initiative called “you said we listened” quality boards where patients could provide feedback and make suggestions.

Safe care and support

Prevention and control of healthcare-associated infections

Overall HIQA found that the hospital was committed to improving infection prevention and control practices and was endeavouring to implement the National Standards for Infection Prevention and Control in Community Services.⁴

The hospital had access to specialist infection prevention and control advice. Overall, with the exception of dust, the environment and equipment was clean in both units. However, no environmental or equipment hygiene audits had been carried out in 2019. The hospital plan to undertake audits in quarter one of 2020. In the absence of environmental and equipment audits the hospital needs to have an assurance mechanism in place for the oversight of environment and equipment hygiene of both units.

Safe use of medicines

Inspectors found that the safe use of medicines agenda was being actively progressed by the Drugs and Therapeutic Committee and the Continuous Improvement Group Medication Safety.

There was clinical pharmacy service in both units. Medication reconciliation was being carried out and a standard operating procedure was in place to guide

^{§§} Coronavirus (COVID-19) is a new respiratory illness. It has not previously been seen in humans. This type of coronavirus is also known as 2019-nCov or novel coronavirus

pharmacists. However, the hospital did not have guidelines in place to guide staff nor was the medication reconciliation process being audited. These need to be progressed.

Following this inspection the hospital needs to address the areas for improvement identified in this report and requires the support of the CHO to effectively address issues highlighted in order to facilitate compliance with the *National Standards for Safer Better Healthcare*¹ and other existing national healthcare standards.

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