



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

Name of healthcare service provider:	Rehabilitation Unit Regional Hospital Mullingar
Address of healthcare service:	Longford Road Robinstown Mullingar Co. Westmeath N91 NA43
Type of inspection:	Announced
Date(s) of inspection:	2 August 2023
Healthcare Service ID:	OSV-0007281
Fieldwork ID:	NS_0050

About the healthcare service

The following information describes the services the hospital provides.

1.0 Model of Hospital and Profile

The Regional Hospital Mullingar operates a 10-bedded Rehabilitation Unit for older persons who are deemed in need of rehabilitation prior to discharge home from the acute hospital setting. This unit is located on the campus of St Mary's Care Centre, which was adjacent to the Regional Hospital Mullingar. The Rehabilitation Unit falls under the governance of the Regional Hospital Mullingar which is a Model 3* acute teaching hospital. The Regional Hospital Mullingar is a member of and is managed by the Ireland East Hospital Group (IEHG)[†] on behalf of the Health Service Executive (HSE).

The following information outlines some additional data on the hospital.

Model of Hospital	The Rehabilitation Unit is under the governance of the Regional Hospital Mullingar, which is a Model 3 acute hospital.
Number of beds	10 inpatient beds in the Rehabilitation Unit.

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 the *National Standards for Safer Better Healthcare* as part of the Health Information and Quality Authority's (HIQA's) role to set and monitor standards in relation to the quality and safety of healthcare. To prepare for this inspection, the inspectors[‡] reviewed information which included previous inspection

* A Model 3 hospital is a hospital that admits undifferentiated acute medical patients and provides 24/7 acute surgery, acute medicine, and critical care.

† The Ireland East Hospital Group comprises twelve hospitals. These are the Mater Misericordiae University Hospital; St Vincent's University Hospital; Midland Regional Hospital, Mullingar; St Luke's General Hospital, Kilkenny; Wexford General Hospital; Our Lady's Hospital, Navan; St Columcille's Hospital, Loughlinstown; St Michael's Hospital, Dún Laoghaire; Cappagh National Orthopaedic Hospital; Royal Victoria Eye and Ear Hospital; National Maternity Hospital and the National Rehabilitation Hospital. The hospital group's academic partner is University College Dublin (UCD).

‡ 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*.

findings, information submitted by the provider, unsolicited information and other publically available information.

During the inspection, inspectors:

- spoke with people who received care in the Rehabilitation Unit to ascertain their experiences
- 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 the Rehabilitation Unit
- observed care being delivered, interactions with people receiving care in the Rehabilitation Unit and other activities to see if it reflected what people told inspectors
- reviewed documents to see if appropriate records were kept and that they reflected practice observed in the Rehabilitation Unit and what people told inspectors during inspection.

About the inspection report

A summary of the findings and a description of how the service performed in relation to compliance with the 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 before, during and following the inspection.

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 the Rehabilitation Unit. It outlines whether there is appropriate oversight and assurance arrangements in place and how people who work in the Rehabilitation Unit are managed and supported to ensure high-quality and safe delivery of care.

2. Quality and safety of the service

This section describes the experiences, care and support people using the Rehabilitation Unit receive on a day-to-day basis. It is a check on whether the care in the Rehabilitation Unit is good quality, caring, 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
2 August 2023	08:50hrs – 17:20hrs	Danielle Bracken	Lead
		Denise Lawler	Support
		Aoife O'Brien	Support

Information about this inspection

This inspection 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 four key areas of known harm, these were:

- 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 at the hospital:

- representatives of the hospital's Executive Management Group:
 - Hospital Manager
 - Director of Nursing
 - Clinical Director
- the clinical lead for the Rehabilitation Unit
- a non-consultant hospital doctor (NCHD)
- a representative from the human resources department
- consumer and legal affairs manager
- a representative from each of the following hospital committees:
 - Hospital Healthcare Associated Infections and Antimicrobial Stewardship Committee
 - Drugs and Therapeutics Committee (DTC)
 - Deteriorating Patient Improvement Programme Committee (DPIP)
 - Unscheduled Care Committee

[§] 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>

Acknowledgements

HIQA would like to acknowledge the co-operation of the management team and staff who facilitated and contributed to this inspection. In addition, HIQA would also like to thank people receiving care in the Rehabilitation Unit who spoke with inspectors about their experience of the unit.

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

The Rehabilitation Unit was a 10-bedded unit comprising one two-bedded multi-occupancy room and two four-bedded multi-occupancy rooms. There was an adequate amount of toilet and shower facilities available for patient use. There was a communal dining and sitting room, a home from home room and a quiet room for family visits.

During the inspection, inspectors spoke with patients receiving care in the Rehabilitation Unit. Patients stated they were *'happy'* with the care they received and were very complimentary about the staff. Staff were described as *'very good', 'approachable', 'kind and caring'*, and that staff *'would do anything for you'*. Patients were very happy with the food and opportunity to sit with other patients at meal times. Patients were also very happy with the cleanliness of the unit.

Patients who spoke with inspectors said they had no complaints but knew how to make a complaint or raise a concern if needed.

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. The Rehabilitation Unit was found to be substantially compliant with three of the national standards (5.2, 5.5, 6.1) and partially compliant with one of the national standard (5.8) assessed. Key inspection findings leading to the judgment of compliance with these 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, and from a review of documentation, it was evident that the clinical governance arrangements at the Regional Hospital Mullingar had effective oversight of the care provided in the Rehabilitation Unit. Staff working in the unit were clear about their roles, responsibilities and reporting arrangements.

Organisational charts setting out the Regional Hospital Mullingar's reporting structures and governance and oversight committees submitted to HIQA detailed the direct reporting arrangements for hospital management and accountability relationships to the hospital manager. These arrangements reflected what inspectors found during inspection.

The Regional Hospital Mullingar was governed and managed by the hospital manager who was supported by the Executive Management Group. The hospital manager reported to the Chief Executive Officer of IEHG. The Regional Hospital Mullingar's clinical director provided overall clinical oversight and leadership at the hospital and was a member of the hospital's Executive Management Group. There was evidence of devolved responsibility and accountability according to clinical specialty, with the oversight and management of clinical services arranged into four clinical directorate structures – Medicine and Emergency Department Directorate, Perioperative and Radiology Directorate, Women's Directorate and Paediatrics Directorate. Each clinical directorate had an assigned clinical lead. Clinical governance of the Rehabilitation Unit was provided by the Medicine and Emergency Department Directorate. The lead clinician in the Rehabilitation Unit, a consultant physician in geriatric and general medicine had medical responsibility for patients admitted to the unit. The governance arrangements, lines of responsibility and inclusion and exclusion criteria for the Rehabilitation Unit were formalised in an operational policy.

The Regional Hospital Mullingar's Director of Nursing (DON) was responsible for the organisation and management of nursing services in the Rehabilitation Unit. A divisional nurse manager at assistant director of nursing grade (ADON) was present onsite in the unit every second week and was available through bleep, during core hours, providing oversight of the nursing care provided at the unit. The Clinical Nurse Manager grade 2 (CNM 2) was responsible for the day-to-day running of the Rehabilitation Unit and reported to the divisional ADON.

Executive Management Group

The hospital's Executive Management Group (EMG) was the main governance structure assigned with responsibility for the governance and oversight of healthcare services at the Rehabilitation Unit. Chaired by the hospital manager, membership of the group included clinical leads from each directorate including the Medicine and Emergency Department Directorate, the clinical director and director of nursing among others. The EMG met monthly in line with its terms of reference. Meeting minutes of the EMG, submitted to HIQA

were comprehensive. It was evident that meetings of the EMG followed a structured agenda, were action-orientated and progress with the implementation of agreed actions was monitored from meeting to meeting.

The hospital manager of the Regional Hospital Mullingar attended performance meetings between the hospital and the IEHG, where items such as workforce, quality and safety, risks, and hospital activity were reviewed and discussed. Inspectors noted that the frequency of these meetings were not monthly as set out in the HSE's accountability framework.** There was no evidence in the documentation reviewed by inspectors that meetings occurred in April, May or June 2023. Performance meetings with IEHG should take place monthly to ensure there is oversight of the quality and safety of the healthcare services provided in the Rehabilitation Unit and wider hospital level by IEHG.

Medicine and Emergency Department Directorate

Chaired by the directorate business manager, governance meetings of the Medicine and Emergency Department Directorate took place monthly. These meetings were attended by a multidisciplinary team which included the Regional Hospital Mullingar's clinical director and the clinical lead for the Rehabilitation Unit. The terms of reference for this meeting were not provided to inspectors. Inspectors noted that meetings followed a structured agenda with updates from a number of areas, this included quality and patient safety and clinical risk. From a review of the minutes of meetings of the Medicine and Emergency Department Directorate, inspectors noted that a representative from the quality and safety department had not attended any meetings in 2023. Inspectors did discuss this with hospital management and were told that there were staff shortages in the quality and safety department which impacted on attendance at meetings and that active recruitment to fill these positions was underway, but success in filling the positions was challenging. Minutes reviewed by inspectors from May and April 2023 showed that an update on progress with the new Rehabilitation Unit building works was provided at this meeting. In general, inspectors noted that actions arising from meetings were assigned to a named person, time-bound and progressed from meeting to meeting.

Regional Hospital Mullingar's Clinical Governance Quality and Patient Safety Committee

The hospital's Clinical Governance Quality and Patient Safety Committee was the main committee assigned with overall responsibility for the governance of and oversight for improving the quality and safety of healthcare services at the Regional Hospital Mullingar and the Rehabilitation Unit. The multidisciplinary committee reported to the EMG. Chaired by the hospital's clinical director, the committee met every two months in line with its terms of reference and membership included representatives from all hospital departments,

** *Health Service Executive Performance and Accountability Framework 2020* available online at: <https://www.hse.ie/eng/services/publications/serviceplans/service-plan-2020/performance-and-accountability-framework-2020.pdf>

including the clinical lead for the Rehabilitation Unit. An update from the Medicine and Emergency Department Directorate was provided at meetings of the committee. Minutes of meetings of the Clinical Governance Quality and Patient Safety Committee reviewed by inspectors were comprehensive and showed meetings followed a standard agenda. Meetings were action-orientated and progress with the implementation of agreed actions was monitored from meeting to meeting.

Healthcare Associated Infections and Antimicrobial Stewardship Committee

The Regional Hospital Mullingar's multidisciplinary Healthcare Associated Infections and Antimicrobial Stewardship Committee was responsible for the governance and oversight of infection prevention and control and antimicrobial stewardship activities at the Rehabilitation Unit and wider hospital. Chaired by the hospital manager, the committee reported to the Clinical Governance Quality and Patient Safety Committee and the EMG. The committee met once in 2023, previous to that the committee had last met in October 2022. This was not in line with the committee's terms of reference which outlined that the committee met quarterly. Minutes reviewed by inspectors were comprehensive and showed that committee meetings followed a structured agenda, were action-orientated and the implementation of agreed actions was monitored from meeting to meeting. In order for this committee to have effective oversight of infection and prevention control practices and antimicrobial stewardship in the Rehabilitation Unit, meetings should take place quarterly. Operational responsibility for implementing the hospital's infection prevention and control programme and plan was assigned to the hospital's infection prevention and control team. This is discussed further in national standard 5.5.

Drugs and Therapeutics Committee

The Regional Hospital Mullingar's multidisciplinary Drugs and Therapeutics Committee (DTC) were responsible for the governance and oversight of medication safety practices at the Rehabilitation Unit and wider hospital. The committee, chaired by the clinical director, was operationally accountable and reported to the Clinical Governance and Quality Patient Safety Committee and EMG. From a review of meeting minutes by inspectors it was evident that the committee met four times a year, in line with its terms of reference. Subcommittees of the DTC included the Medication Safety Committee and the Antimicrobial Stewardship Committee. Medication safety was a standing agenda item discussed at meetings, which were action-orientated and progress with the implementation of agreed actions was monitored from meeting to meeting. The DTC had effective governance and oversight of the Regional Hospital Mullingar's medication safety programme, developed by the hospital's medication safety committee, who provided regular updates on work completed in relation to the medication safety operational plan to the DTC. An update on antimicrobial stewardship activity was also provided at each meeting of the DTC.

Medication Safety Committee

The Regional Hospital Mullingar's Medication Safety Committee (MSC) was responsible for supporting the implementation of the medication safety programme at the Rehabilitation Unit and wider hospital. The committee oversaw the implementation of the hospital's medication safety programme and provided verbal progress updates at each meeting of the DTC. The MSC met quarterly, in line with its terms of reference. Minutes of meetings of the MSC, reviewed by inspectors, demonstrated that the MSC had effective oversight of medication safety practices in the Rehabilitation Unit, meetings were action-orientated and progress in implementing agreed actions was monitored from meeting to meeting.

Deteriorating Patient Improvement Programme Committee

The Regional Hospital Mullingar's Deteriorating Patient Improvement Programme committee (DPIPC) was responsible for the implementation of national guidance in relation to sepsis management, early warning systems, adult and paediatric resuscitation. Chaired by a consultant anaesthesiologist, the committee had met quarterly in 2023, in line with its terms of reference. The committee reported to the hospital's Clinical Governance and Quality and Patient Safety Committee. Minutes of meetings reviewed by inspectors were comprehensive and showed meetings followed a structured agenda, were action-orientated and the implementation of agreed actions was monitored from meeting to meeting.

Unscheduled Care Committee

The Regional Hospital Mullingar's multidisciplinary Unscheduled Care Committee had oversight of activity and performance within the hospital, including patient flow. Chaired by the hospital's operations and clinical services manager, the committee reported and was accountable to the hospital manager and EMG. The clinical lead for the Rehabilitation Unit was a member of this committee. The committee met monthly, in line with its terms of reference. Minutes of committee meetings reviewed by inspectors showed that the committee had effective oversight of unscheduled and patient flow activity in the Regional Hospital Mullingar, including emergency department activity, delayed transfers of care (DTC), average length of stay (ALOS) and factors affecting inpatient capacity in the hospital, which included capacity issues in the Rehabilitation Unit when they arose.

In summary, inspectors found that there were effective corporate and clinical governance arrangements in place in the Regional Hospital Mullingar to ensure the governance and quality of care provided in the Rehabilitation Unit. At wider hospital level, performance meetings with the IEHG had not taken place monthly as per the HSE's accountability framework. The Healthcare Associated Infections and Antimicrobial Stewardship Committee was not meeting quarterly as per their terms of reference. There was no representative from the quality and patient safety department at meetings of the Medicine and Emergency Department Directorate governance meetings. In order to have effective oversight of the quality and safety of services provided in the Rehabilitation Unit and wider Regional Hospital Mullingar, governance committees should meet as planned and key personnel

should be in attendance. These are areas for focused improvement following this inspection.

Judgment: Substantially Compliant

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

Effective management arrangements were in place in the Rehabilitation Unit to support the delivery of safe and reliable healthcare.

Infection, prevention and control

Staff in the Rehabilitation Unit had access to the multidisciplinary infection prevention and control (IPC) team 24/7 through a dedicated bleep number where they could seek advice on screening and placement of patients requiring transmission based precautions. Staff could also access advice and support from a microbiologist and antimicrobial pharmacist when needed. Onsite visits to the unit by an IPC nurse were as required. The IPC nurse conducted hand hygiene and urinary catheter care bundle audits onsite every one to two months during visits. Environment and equipment hygiene audits were carried out monthly in the Rehabilitation Unit by the household supervisor.

The infection prevention and control team were responsible for implementing the Regional Hospital Mullingar's IPC programme and related work plan with oversight by the Healthcare Associated Infections and Antimicrobial Stewardship Committee. This included actions relating to maintaining and improving IPC practices in the Rehabilitation Unit.

Medication safety

The Rehabilitation Unit did not have a comprehensive clinical pharmacy service.^{§§} However, staff at the unit told inspectors that they could access advice from a pharmacist should they need it. Medication reconciliation for patients transferring to the unit was completed prior to transfer and repeated by NCHDs if needed when in the unit. The Rehabilitation Unit received their pharmacy supplies from the pharmacy department in the Regional Hospital Mullingar during core working hours. Outside these hours, an ADON accessed medicines that the unit required.

Inspectors reviewed the Regional Hospital Mullingar's Medication Safety Operational Plan 2023 and the Medication Safety Strategy 2022-2024 and found that both documents were

^{§§} Clinical pharmacy service - is a service provided by a qualified pharmacist which promotes and supports rational, safe and appropriate medication usage in the clinical setting.

comprehensive. These documents clearly outlined the key areas of focus to support safe medication practices at the Rehabilitation Unit and wider hospital.

Deteriorating patient

The Regional Hospital Mullingar's Deteriorating Patient Improvement Programme Committee (DPIPC) was responsible for progressing the hospital's deteriorating patient improvement programme. The appropriate national early warning systems – Irish National Early Warning Score (INEWS) version 2,^{***} was used for patients receiving care in the Rehabilitation Unit. The unit did not have a dedicated nursing lead for the deteriorating patient, but could access support and advice from the clinical skills facilitator in the main hospital. Due to its offsite location, deteriorating patients in the unit requiring a higher level of observation and monitoring were transferred to the Regional Hospital Mullingar using Protocol 37⁺⁺⁺ for patients requiring urgent care, this was underpinned by a formalised policy.

Transitions of care

The Regional Hospital Mullingar's patient flow department was responsible for monitoring and overseeing the safe transitions of care within and from the hospital, this included transfers to the Rehabilitation Unit. The admission and discharge of patients to and from the Rehabilitation Unit was underpinned by a formalised policy. The operational policy for the Rehabilitation Unit detailed the processes involved in the care pathway for patients referred there. A comprehensive referral form was in place for patient referrals made to the lead clinician of the Rehabilitation Unit.

CNMs and staff nurses in the Rehabilitation Unit arranged the transfer of patients from the Rehabilitation Unit, including transfer to long-term care units. A number of systems were in place to enhance the safe transfer of patients in and from the Rehabilitation Unit. An interdepartmental handover policy using the Identify, Situation, Background, Assessment, Recommendation, Read-back, Risk (ISBAR₃)⁺⁺⁺ communication tool was used.

A multidisciplinary meeting took place weekly in the Rehabilitation Unit to plan for the safe discharge of patients. Multidisciplinary members included the clinical lead, nursing staff and health and social care professionals (HSCPs), including occupational therapists,

^{***} Irish National Early Warning System (INEWS) is an early warning system to assist staff to recognise and respond to clinical deterioration. Early recognition of deterioration can prevent unanticipated cardiac arrest, unplanned ICU admission or readmission, delayed care resulting in prolonged length of stay, patient or family distress and a requirement for more complex intervention.

⁺⁺⁺ The Emergency Inter-Hospital Transfer Policy Protocol 37 had been developed for emergency inter-hospital transfers for patients who require a clinically time critical intervention which is not available within their current facility.

⁺⁺⁺ Identify, Situation, Background, Assessment, Recommendation, Read-back, Risk (ISBAR₃) communication tool is a structured framework which outlines the information to be transferred in a variety of situations, such as bedside handover, internal or external transfers (for example, from nursing home to hospital, from ward to theatre), communicating with other members of the multidisciplinary team, and upon discharge or transfer to another health facility.

who carried out an assessment of needs for patients. For patients requiring long-term care, a common summary assessment report^{§§§} was completed. Inspectors were told that requirements for patients that needed long-term care were discussed at the local placement forum. Referrals were made to two dedicated Public Health Nurses (PHN) to ensure the required supports were in place for patients being discharged home. InterRAI^{****} assessment forms were used to assess suitability for continuing care referral. Discharge letters and prescriptions were completed by NCHDs.

The Regional Hospital Mullingar's patient flow department traced activity data in relation to the Rehabilitation Unit, this included percentage of occupancy of rehabilitation beds, ALOS, number of discharges from the unit and discharge destination. The unit's bed occupancy rate was 85% in 2022 and 86% year to date in 2023. The unit's ALOS for 2022 was 23.13 days and 16.63 days year to date in 2023. This indicated good patient flow through the unit. 'Discharge destination', a new performance indicator introduced in 2023 showed that out of 98 patients discharged from the unit year to date in 2023, 65 (66%) were either discharged home or to long-term care facility and 28 (29%) were transferred back to the Regional Hospital Mullingar.

Overall, HIQA found that the Rehabilitation Unit had systems and processes in place to support the safe transitions of patients in and from the Rehabilitation Unit. At the time of inspection, the Rehabilitation Unit did not have a clinical pharmacy service and onsite visits by the infection prevention and control team were not routinely scheduled. Although dependant on the availability of resources, these are areas for improvement following this inspection.

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.

The Rehabilitation Unit had some monitoring arrangements in place for identifying and acting on opportunities to improve the quality, safety and reliability of healthcare services. However, these required strengthening.

Monitoring service's performance

There were no defined key performance indicators (KPIs) or metrics used to benchmark and compare the Rehabilitation Unit's performance at the time of inspection. Some data in relation to patient flow was being tracked, this included ALOS, bed occupancy and

^{§§§} The common summary assessment report is used as part of a national common assessment approach, primarily for older persons seeking access to long term residential care.

^{****} The interRAI assessment tool identifies clinical, functional and psychosocial problems as part of a comprehensive assessment.

discharge destination. Other information and data in relation to the quality and safety of services provided in the Rehabilitation Unit, such as complaints, patient-safety incidents and rates of infection were reported at wider hospital level. Hospital management at the Regional Hospital Mullingar told inspectors about the plan to introduce the HSE's Test Your Care^{††††} nursing and midwifery care metrics in the unit, however, the timeline for implementation of these metrics had not been agreed.

Risk management

The Rehabilitation Unit had risk management structures and processes in place to proactively identify, analyse, manage and minimise identified risks. Risks identified in the unit along with corrective actions were recorded on a local risk register. Inspectors were told that risks that could not be managed at local unit level were escalated to directorate level. If necessary, more serious risks were escalated further from directorate level to the EMG and recorded on the Regional Hospital Mullingar's corporate risk register. The Regional Hospital Mullingar's EMG and Clinical Governance Quality and Patient Safety Committee had oversight of the management of identified risks in the Rehabilitation Unit. Risks were also discussed at monthly meetings of the Regional Hospital Mullingar's Serious Incident Management Team (SIMT). High-rated risks not managed at hospital level were escalated to IEHG. The management of reported risks related to the four areas of known harm is discussed further in national standard 3.1.

Audit activity

The CNM 2 in the Rehabilitation Unit had oversight of local audits carried out in the unit, these included hand hygiene and urinary catheter audits carried out by the infection prevention and control team, and environment and equipment hygiene audits carried out by the household supervisor. However, medication safety audits, audits in relation to INEWS and the use of the ISBAR₃ tool and safe transitions of care were not carried out in the unit. Inspectors were told that feedback from audit activity relating to the Rehabilitation Unit was shared with staff in the unit, and that where quality improvement plans were implemented, the CNM 2 and ADON had oversight of how these were progressing. Audit findings were discussed at meetings of the Medicine and Emergency Department Directorate and the Clinical Governance Quality and Patient Safety Committee had oversight of all clinical audit activity carried out in the Regional Hospital Mullingar.

Management of serious reportable events and patient-safety incidents

The Regional Hospital Mullingar had effective systems and processes in place to proactively identify and manage patient-safety incidents and serious reportable events (SREs) that occurred in the Rehabilitation Unit. Patient-safety incidents, including SREs

^{††††} Performance metrics that measure, monitor and track the fundamentals of nursing and midwifery clinical care processes.

were reported to the National Incident Management System (NIMS),^{****} in line with the HSE's Incident Management Framework. There were no SREs reported in the Rehabilitation Unit in 2022 or year to date in 2023. The Regional Hospital Mullingar's SIMT were responsible for ensuring that all SREs and serious incidents were managed in line with the HSE's Incident Management Framework. The Clinical Governance Quality and Patient Safety Committee had governance and oversight of reported patient-safety incidents and SREs in the unit and wider hospital. The management of patient-safety incidents are discussed in more detail under national standard 3.3.

Feedback from people using the service

There was a suggestion box in place at the Rehabilitation Unit for patients to provide feedback on care received. The CNM 2 reviewed the feedback provided by patients weekly. Staff in the Rehabilitation Unit were not aware of the results of the National Inpatient Experience Survey 2022. However, at wider hospital level, a quality improvement plan to address findings from the survey was being implemented at the time of inspection.

In summary, while the Rehabilitation Unit had some monitoring arrangements in place to identify opportunities to improve the quality, safety and reliability of the healthcare services, areas for improvement were identified. Inspectors were not fully assured that monitoring arrangements in relation to performance of the Rehabilitation Unit were comprehensive and or extensive. There were no defined KPIs or metrics in place to measure performance and clinical outcomes for the Rehabilitation Unit. Clinical audit and other audit activity in the unit could be improved. A number of key areas were not monitored through audit, including medication safety, recognising acutely deteriorating patients and safe transitions of care. Measuring performance using audit, metrics and performance indicators is important in order to provide the Regional Hospital Mullingar's EMG with assurances in relation to the quality and safety of care in the Rehabilitation Unit. The limited monitoring and audit activity in place in the unit is an area that requires strengthening following this inspection.

Judgment: Partially compliant

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

^{****} The National Incident Management System (NIMS) is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation to the State Claims Agency (Section 11 of the National Treasury Management Agency (Amendment) Act, 2000).

The Rehabilitation Unit had effective workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare in the unit. The clinical lead for the unit, a consultant physician in geriatric and general medicine was onsite in the Rehabilitation Unit once a week and when not onsite was contactable by phone during core working hours. The consultant was supported by two NCHDs at senior house officer (SHO) grade, both were on the General Practitioner (GP) training scheme and were onsite in the Rehabilitation Unit during core working hours. There was no medical cover at the Rehabilitation Unit outside of core hours. This was a risk documented on the unit's local risk register. Controls in place to mitigate this risk included transferring patients to the main hospital if and when they became unwell.

Staffing requirements for the Rehabilitation Unit were considered as part of the overall workforce plan for the Regional Hospital Mullingar. The hospital had applied in June 2023 for an uplift of nursing staff as determined by the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Ireland*^{§§§§} which identified that the unit was running at a deficit of 1.3 whole-time equivalent (WTE)^{*****} nursing staff. The Rehabilitation Unit had an approved complement of 8.72 WTE nurses (inclusive of management grades). At the time of inspection, 7.72 WTE nursing positions were filled, and 11% were unfilled. Nursing staff were supported by an approved complement of 3.82 WTE healthcare assistants (HCAs). All HCA positions were filled at the time of inspection.

Two nurses were rostered on duty during the day and one nurse was rostered on duty during the night. This was a low-rated risk documented on the unit's local risk register. Controls in place to mitigate this risk included rostering a HCA at night alongside the staff nurse and putting a provision in place that staff could contact nursing administration if they required additional staff support. On Tuesdays, two additional nurses were rostered on duty to ensure the unit was sufficiently staffed while the CNM 2 attended the weekly multidisciplinary meeting. The ADON was onsite in the Rehabilitation Unit every second week and was available through bleep, during core hours, and the DON attended the unit when required.

The Rehabilitation Unit had a daily onsite presence of HSCPs from the main complement of HSCPs in the Regional Hospital Mullingar. This included two occupational therapists, a physiotherapist and a speech and language therapist. Two therapy assistants – one occupational therapy assistant and one physiotherapy assistant attended the Rehabilitation Unit daily. The therapy assistants were employed by the Cluain Lir Care Centre⁺⁺⁺⁺ and

§§§§ *The Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Ireland* 2018, provides recommendations in relation to the number and type of nurses and healthcare assistants required within a ward based setting
<https://www.gov.ie/en/publication/2d1198-framework-for-safe-nurse-staffing-and-skill-mix-in-general-and-speci/>

***** Whole-time equivalent (WTE) is the number of hours worked part-time by a staff member or staff member(s) compared to the normal full time hours for that role.

++++ The Cluain Lir Care Centre is a community nursing unit, located near the Regional Hospital Mullingar's Rehabilitation Unit on the grounds of St. Mary's Care Centre. This community nursing unit

provided a set number of care hours to the Rehabilitation Unit. Catering services to the Rehabilitation Unit were also provided by the Cluain Lir Care Centre.

The Rehabilitation Unit did not have a designated clinical pharmacist, however the pharmacy in the main hospital could be contacted with any queries. The unit did not have a designated social worker, however, when needed a social worker from the Regional Hospital Mullingar assisted with complex discharges.

Recruitment to fill vacant positions in the Rehabilitation Unit was the responsibility of the human resource department in the Regional Hospital Mullingar. Metrics such as staff absenteeism rates were not recorded at local level for the Rehabilitation Unit, this data was recorded at hospital level.

Staff training

It was evident from staff training records reviewed by inspectors that staff in the Rehabilitation Unit undertook multidisciplinary team training appropriate to their scope of practice every two years. Inspectors were told that new staff attended a formal induction programme. Training records provided to inspectors for the Rehabilitation Unit demonstrated that overall, compliance with training was high, but training on transmission-based precautions and hand hygiene could be improved for HCAs. Inspectors noted that no staff in the unit had undergone complaints handling training, this training should be provided for staff involved in the complaints resolution process.

Overall, inspectors found that the Rehabilitation Unit were planning, organising and managing their workforce to support the provision of high-quality, safe healthcare. The risks associated with no medical cover and nursing staff levels outside core working hours were documented on the local risk register with controls in place. This is an area that requires sustained monitoring by hospital management. Attendance at and uptake of mandatory and essential training for some staff requires improvement particularly in areas such as infection prevention and control and complaints management.

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.

provides some services to the Rehabilitation Unit including catering services and therapy assistant hours.

The Rehabilitation Unit was found to be compliant with two national standards (1.6, 1.7), substantially compliant with four national standards (1.8, 2.7, 3.1, 3.3) and partially compliant with one national standard (2.8) assessed. Key inspection findings informing judgments on compliance with these national standards are described in the following sections.

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

Staff in the Rehabilitation Unit promoted a person-centred approach to care and were observed by inspectors to be respectful towards patients and actively engaging with them in a kind manner. Inspectors observed staff promptly responding to patients and offering assistance to patients with their individual needs, for example providing assistance with activities of daily living.

Individual care plans were based on assessed needs. Activities in the unit such as breakfast club were designed to encourage independence and to help patients integrate back in to activities of daily life. A home from home room in the unit containing a washing machine, iron, open fire and Hoover, which helped patients prepare for living independently and or living with assistance at home. Patients wore their own clothes while in the unit. Patients who spoke with inspectors told them that they were made aware of the plan of care and felt involved in the decision-making process, this promoted their autonomy.

The physical environment in the Rehabilitation Unit promoted the privacy, dignity and confidentiality of patients receiving care. For example, privacy curtains were used in multi-occupancy rooms when patients were being assessed and receiving personal care. Patient's personal information was protected and stored appropriately.

Overall, there was evidence that hospital management and staff promoted autonomy and independence and were aware of the need to respect and promote the dignity and privacy of people receiving care in the Rehabilitation Unit and this was consistent with the human rights-based approach to care promoted by HIQA.

Judgment: Compliant

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

On the day of inspection there was a good atmosphere observed in the Rehabilitation Unit. Inspectors observed staff being kind, caring and friendly. Staff encouraged patients

to interact with each other and with other staff. Inspectors noted a 'Hello my name is'^{*****} board on the corridor, which identified staff so that patients were aware of who was caring for them. Inspectors observed information leaflets in place in the Rehabilitation Unit for patients and families describing the services provided and the treatment programme in place.

Staff were observed actively listening and effectively communicating with patients in an open and sensitive manner. Staff were focused on individual care needs and aware of patients needing additional help with activities of daily living. Staff ensured that call bells and other aids were beside the patient for ease of access when needed. Patient needs were attended to promptly, for example a patient who spoke with inspectors requested a mirror and this was sourced straight away. Patients who spoke with inspectors were highly complimentary of staff.

Overall, there was evidence that hospital management and staff promoted a culture of kindness, consideration and respect for people accessing and receiving care at the Rehabilitation Unit.

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.

There were effective systems and processes in place in the Regional Hospital Mullingar to respond to complaints and concerns received from patients and their families about the Rehabilitation Unit. The hospital had a designated complaints officer and complaints management system, and used the HSE's complaints management policy '*Your Service Your Say*'.^{*****} The complaints manager who was a designated complaints officer responded to formal complaints received. Inspectors found evidence that data in relation to complaints was discussed at the Clinical Governance Quality and Patient Safety Committee meetings.

There was a local resolution approach to managing complaints in the Rehabilitation Unit. Complaints were managed by the CNM 2. When a complaint was received, inspectors were told that information in relation to it was shared with staff at safety huddles, staff meetings and was documented in the unit's staff communication book.

If a complaint could not be managed locally there was a process in place to escalate to the divisional ADON and or DON. No formal complaints were received so far in 2023 or in

^{*****} 'Hello my name is', was a campaign adopted by the HSE to encourage staff to introduce themselves to patients.

2022 relating to the Rehabilitation Unit. Staff told inspectors that they had received a number of compliments so far in 2023.

Of note, staff who spoke with inspectors were not aware of the complaints policy and had not had any complaints management training provided, this is an area for improvement following this inspection.

Judgment: Substantially 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.

Inspectors observed that the Rehabilitation Unit was bright and spacious and that overall, the physical environment was clean and generally well maintained with some minor wear and tear on doors and the corridor noted which precluded effective cleaning.

An automatic door allowed for wheelchair access to the unit and the unit was secure, requiring swipe access to enter. The design of the unit promoted rehabilitation and preparation for discharge home. A communal dining and sitting area encouraged patients to have meals and to engage in activities together. There was a home from home room to help prepare patients for discharge home.

There were no isolation rooms within the Rehabilitation Unit. However, the unit did not admit patients requiring transmission-based precautions. Inspectors were told that if a patient required transmission-based precautions, they were transferred back to the main hospital under the guidance of the infection prevention and control team.

Environmental cleaning was carried out by dedicated cleaning staff. The unit had a dedicated cleaner onsite daily during core working hours and could access cleaning services outside core working hours through the main hospital. Equipment was observed to be clean and there was a tagging system in place to identify equipment that had been cleaned. There was evidence of oversight of daily cleaning schedules by cleaning supervisors and clinical staff. The staff nurse reported satisfaction with the current cleaning arrangements and maintenance services in place for the Rehabilitation Unit.

Personal protective equipment was observed by inspectors to be in place and used appropriately. Hazardous material and waste were safely and securely stored in the unit. Inspectors also observed appropriate segregation of clean and used linen. There was adequate storage space in the unit.

Wall-mounted alcohol based hand sanitiser dispensers were readily available with hand hygiene signage clearly displayed throughout the unit. Inspectors noted that hand

hygiene sinks throughout the unit did not conform to national requirements.^{§§§§§} Inspectors were informed that the Rehabilitation Unit was due to move to a newly refurbished area in September 2023, which should improve compliance with the national standards related to the physical environment.

Emergency equipment such as a resuscitation trolley, suction machine and oxygen were available and accessible in the Rehabilitation Unit.

In summary, the physical environment and patient equipment in the Rehabilitation Unit were observed to be clean and generally well maintained. However, hand hygiene sinks throughout the unit did not conform to national requirements. Inspectors acknowledged that the Rehabilitation Unit was due to move to a newly refurbished area. Should the existing unit continue to be used for patient use, upgrading the hand hygiene sinks in the unit and ensuring an ongoing programme of maintenance to address issues such as wear and tear are areas for improvement.

Judgment: Substantially compliant

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

Inspectors found that the Rehabilitation Unit monitored and reviewed information from some sources, including patient-safety incidents, complaints, risk assessments and audit findings to improve care provided in the unit. However, local KPIs and metrics, specific to the Rehabilitation Unit were not developed. These KPIs and metrics are important in order to monitor the unit's performance and clinical outcomes.

The Rehabilitation Unit did not have a designated audit facilitator to support the unit in carrying out clinical audits, this function was carried out by the CNM 2 for the unit. Inspectors were told that when audit findings highlighted areas requiring improvement, the CNM 2, together with staff in the unit developed a quality improvement plan to improve the quality and safety of healthcare. The CNM 2 for the unit and the divisional ADON were responsible and had oversight of the implementation of quality improvement plans.

Infection prevention and control monitoring

Monthly environment and patient equipment hygiene audits were carried out by the Regional Hospital Mullingar's household supervisor. From a review of audits carried out in 2023, it was evident to inspectors that the Rehabilitation Unit performed well in this area

^{§§§§§} 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

with scores in the range of 96.2% to 98.4%. Hand hygiene audits were carried out every one to two months by the infection prevention and control team. Inspectors reviewed results from July 2023 where the unit obtained a score of 90%, which in line with the HSE's target. Urinary catheter care bundle audits were also carried out every one to two months by the infection prevention and control team. The Rehabilitation Unit performed well in this area achieving a score of 100% in the first quarter of 2023. The Healthcare Associated Infections and Antimicrobial Stewardship Committee had oversight of the monitoring of infection prevention and control practices at the hospital including the Rehabilitation Unit. At hospital level, management monitored and regularly reviewed performance indicators in relation to the prevention and control of healthcare-acquired infection⁺⁺⁺⁺⁺ and antimicrobial stewardship.

Medication safety monitoring

There were no local medication safety audits carried out in the Rehabilitation Unit. There was evidence of monitoring and evaluation of medication safety practices at wider hospital level, which included medication safety audit.

Deteriorating patient monitoring

There were no local audits in relation to recognising and responding to acute clinical deterioration carried out in the Rehabilitation Unit. However, inspectors were told that the plan was to monitor the use of INEWS and the ISBAR communication tool as part of the 'Test you Care' nursing and midwifery care metrics. At wider hospital level, there was some evidence of auditing in relation to INEWS and sepsis management.

Transitions of care monitoring

Transitions of care processes were not audited in the Rehabilitation Unit, but activity data in relation to patient flow at the unit was tracked.

Overall, HIQA found that the Rehabilitation Unit had some systems in place to monitor and evaluate healthcare services provided at the unit, what was audited was audited well and showed good compliance with national guidance and best practice. However, a number of gaps were identified, there was no monitoring in relation to medication safety practice, recognising and responding to acute clinical deterioration and or transitions of care processes. This resulted in missed opportunities to continuously improve the quality and safety of the healthcare provided in the unit. Monitoring of the unit's performance through a comprehensive audit plan that includes all areas of known harm should be an area of focused improvement for the Rehabilitation Unit following this inspection.

Judgment: Partially compliant

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

The Rehabilitation Unit had effective systems in place to identify, evaluate and manage risks to people using the service that were in line with the HSE's risk management framework. Staff who spoke with inspectors were knowledgeable about the risk management processes in place. CNMs were assigned with the responsibility for identifying and implementing corrective actions and controls to mitigate any actual and or potential patient safety risks in the unit. There was a local risk register in place with corrective actions overseen by the divisional ADON who escalated risks to directorate level if required. Staff had access to advice from a risk manager in the Regional Hospital Mullingar, if required.

One of the main risks in the unit outlined to inspectors was the risk of patient falls. To mitigate against this risk staff in the unit carried out a falls risk assessment on all patients on admission to the unit. A daily safety huddle took place each morning after shift handover where concerns about patients in the unit were discussed. A staff communication book was used to facilitate the exchange of information including risks and communicate important information with staff.

Infection outbreak preparation and management

Patients were screened for multi-drug resistant organisms prior to transferring from the Regional Hospital Mullingar to the Rehabilitation Unit. The patient's infection status was also recorded on a sample of healthcare records reviewed by inspectors. Patients were tested for COVID-19 if displaying symptoms, inspectors were told that there were quick turnaround times for test results.

A COVID-19 outbreak had occurred in the Rehabilitation Unit in May 2023. The COVID-19 outbreak report reviewed by inspectors demonstrated that outbreaks were monitored and managed by the hospital outbreak control team. The outbreak report was comprehensive and outlined control measures to mitigate the risk to patient safety and a recommendation was made to reduce reoccurrence.

Medication safety

There were limited clinical pharmacy services at the Regional Hospital Mullingar and pharmacy-led medication reconciliation was not undertaken for patients in the Rehabilitation Unit. Medication reconciliation was carried out before patients were transferred to the unit and by the NCHDs onsite in the unit when required.

The Rehabilitation Unit had implemented risk reduction strategies for high-risk medicines. A list of high-risk medications was in place, which aligned to the acronym 'A PINCH'. *****

***** Medications represented by the acronym 'A PINCH' include anti-infective agents, anti-psychotics, potassium, insulin, narcotics and sedative agents, chemotherapy and heparin and other anticoagulants.

Staff were observed using risk-reduction strategies to support the safe use of high-risk medicines and the use of high-risk medications was underpinned by a formalised policy. The unit had a list of sound-alike look-alike medications (SALADs) displayed on medication safety notice boards, information on the Know, Check Ask⁺⁺⁺⁺⁺ campaign was also displayed in the unit. Prescribing guidelines, including antimicrobial guidelines and medication information was available to staff on the hospital's intranet. Inspectors noted that a number of policies at hospital level in relation to medication safety were overdue for review, this was raised with the EMG who assured inspectors that review of medication documentation was underway with oversight by the DTC and was due to be completed in October 2023.

Deteriorating patient

The INEWS observation chart was used in the Rehabilitation Unit to support and enable the timely recognition and response to acute clinical deterioration in patients. Staff in the unit were knowledgeable about the INEWS escalation process for the deteriorating patient. There were systems in place to manage patients with a triggering early warning system. Staff reported that there was no difficulty accessing medical staff to review a patient whose clinical condition was deteriorating. The ISBAR communication tool was used when requesting a patient review. Inspectors observed resuscitation equipment was present in the unit, hypoglycemia kits were also available for the timely response to patients requiring immediate intervention for low blood sugars.

Transitions of care

The Rehabilitation Unit had effective systems in place to enable the safe transfer of patients into the unit, between healthcare services, and safe and effective discharge processes.

Patients were admitted to the Rehabilitation Unit in adherence with the unit's defined inclusion and exclusion criteria. ISBAR was used to handover pertinent clinical information about patients and to facilitate the safe transfer of patients in and from the unit.

NCHDs ensured that discharge prescriptions were written. Discharge letters were issued for each patient, but inspectors were told that there were sometimes a delay in issuing these. Inspectors noted that the timely issue of discharge letters was an item discussed at Medicine and Emergency Department Directorate meetings who were tracking performance in this area.

At Regional Hospital Mullingar level a larger multidisciplinary meeting took place weekly, this meeting was attended by the clinical lead of the Rehabilitation Unit, some HSCPs providing services to the Rehabilitation Unit, PHNs and representatives from the

+++++ The Know, Check, Ask campaign, encourages patients, to Know their medicines and keep a list, Check that they are using the right medicine in the right way and Ask a health professional if unsure.

community psychology services, which helped to facilitate the safe discharge of patients from the unit.

Policies, procedures and guidelines

Staff in the Rehabilitation Unit accessed policies, procedures, protocols and guidelines (PPPGs) on the Regional Hospital Mullingar's intranet. This included a suite of PPPGs relating to infection prevention and control, medication safety, deteriorating patient and the admission, transfer and discharge processes at wider hospital level. Inspectors noted that a number of PPPGs, that were relevant to the Rehabilitation Unit were overdue for review at the time of inspection.

In summary, the Rehabilitation Unit had effective systems in place to identify potential risk of harm associated with the four areas of known harm. Reducing delays in issuing discharge letters should continue to be an area of focused improvement. A number of PPPGs relevant to the Rehabilitation Unit, were not reviewed in line with the three years recommended by the HSE. This should be an area of focused improvement following this inspection.

Judgment: Substantially compliant

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

Inspectors found the Regional Hospital Mullingar had effective systems and processes in place to identify, report, manage and respond to patient-safety incidents that occurred in the Rehabilitation Unit. These systems and processes aligned with the HSE's Incident Management Framework.

Patient-safety incidents occurring in the Rehabilitation Unit were documented on a paper-based report form and entered on to NIMS. In 2022, 25 patient-safety incidents were reported in the Rehabilitation Unit, 19 of these were classified as minor. The most commonly reported patient-safety incidents (12 of the 25 incidents) were slips, trips and falls. Year to date in 2023, there were nine reported patient-safety incidents in the unit, the majority of these were slips, trip and falls. There was one medication safety patient-safety incident reported in 2022 and none year to date in 2023.

Staff who spoke with inspectors were knowledgeable about what and how to report and manage a patient-safety incident. Staff were aware that falls were the most common patient-safety incidents reported. A number of measures were introduced in the Rehabilitation Unit to reduce this risk. Patients were assessed for falls risk on admission to the unit, visual alerts were in place to help staff identify patients at risk of falls and these

patients were placed in rooms close to the nurses' station where there was a higher level of observation.

Inspectors were told that information in relation to patient-safety incidents was discussed with staff at ward meetings and safety huddles, and documented in the unit's staff communication book.

Serious patient-safety incidents and SREs including associated recommendations arising from their review were discussed at meetings of the SIMT with oversight provided by the EMG. At hospital level, patient-safety incidents were tracked and trended, according to numbers, location and severity. The staff nurse in the Rehabilitation Unit told inspectors that they received feedback in relation to patient-safety incidents. A summary report on patient-safety incidents was prepared and submitted to relevant governance committees and the Clinical Governance and Quality and Patient Safety Committee each quarter.

Infection prevention and control patient-safety incidents were discussed at meetings of the Healthcare Associated Infections and Antimicrobial Stewardship Committee. Inspectors noted that one of the medication safety objectives documented in the Regional Hospital Mullingar's Medication Safety Annual Operational Plan 2023 was to increase reporting and learning from medication incidents and near misses. A review of minutes of the hospital's Medication Safety Committee showed that patient-safety incidents were not discussed as a standing agenda item, this is a missed opportunity for shared learning and for ensuring safe medication practices in the Rehabilitation Unit and wider hospital.

Overall, inspectors found effective systems and processes in place to identify and report, patient-safety incidents that occur in the Rehabilitation Unit. However, opportunities for improvement were identified in relation to increasing reporting and learning from medication safety related patient-safety incidents.

Judgment: Substantially compliant

Conclusion

HIQA carried out an announced inspection of the Rehabilitation Unit in the Regional Hospital Mullingar to assess compliance with 11 national standards from the *National Standards for Safer Better Healthcare*. The inspection focused on four areas of known harm – infection prevention and control, medication safety, deteriorating patient and transitions of care. The unit was found to be;

- compliant with two national standards assessed (1.6, 1.7)
- substantially compliant with seven national standards assessed (5.2, 5.5, 6.1, 1.8, 2.7, 3.1, 3.3)

- partially compliant with two national standards assessed (5.8, 2.8).

Capacity and Capability

There were effective, defined corporate and clinical governance arrangements in place in the Rehabilitation Unit. Clinical governance of the Rehabilitation Unit was provided by the Medicine and Emergency Department Directorate. The lead clinician in the Rehabilitation Unit, a consultant physician in geriatric and general medicine had medical responsibility for patients admitted to the unit. The governance arrangements, lines of responsibility and inclusion and exclusion criteria for the Rehabilitation Unit were formalised in an operational policy. At wider hospital level, not all governance committees were meetings as per their terms of reference and key personnel were not always in attendance.

The Regional Hospital Mullingar had systems and processes in place to support the safe transitions of patients in and from the Rehabilitation Unit. At the time of inspection, the Rehabilitation Unit did not have a clinical pharmacy service and onsite visits by the infection prevention and control team were as required and not routinely scheduled.

Monitoring activity within the Rehabilitation Unit was limited. Measuring performance using clinical audit findings, metrics and performance indicators is important in order to provide the Regional Hospital Mullingar's EMG with assurances about the quality and safety of care in the Rehabilitation Unit. This is an area that requires strengthening.

The Rehabilitation Unit planned, organised and managed their workforce to support the provision of high-quality, safe healthcare. The risk associated with current medical and nursing staff arrangements outside core working hours is an area that requires sustained monitoring by hospital management and arrangements to ensure safe staffing levels need to be regularised.

Quality and Safety

Staff in the Rehabilitation Unit promoted a person-centred approach to care and were observed by inspectors to be respectful towards patients. On the day of inspection, there was a good atmosphere in the Rehabilitation Unit. Inspectors observed staff being kind, caring and friendly with patients. There were effective systems and processes in place at the Rehabilitation Unit to respond to complaints and concerns received from patients and their families. Attendance at complaints management training is an area requiring improvement.

The physical environment of the Rehabilitation Unit supported the delivery of high-quality, safe reliable healthcare. Hand hygiene sinks did not conform to requirements, however, inspectors noted that the unit was due to move to a newly refurbished area in September 2023.

HIQA found that the Rehabilitation Unit monitored and reviewed information from some sources to improve the effectiveness of the healthcare provided. There were no local

clinical and non-clinical audits carried out or metrics measured in the Rehabilitation Unit in relation to medication safety, the deteriorating patient or safe transitions of care. Monitoring and auditing can support the continual improvement of healthcare provided in the Rehabilitation Unit and this should be an area of focused improvement following this inspection.

The Rehabilitation Unit had effective systems in place to identify, evaluate and manage risks to people. A number of PPPGs relevant to the Rehabilitation Unit, were overdue for review at the time of inspection.

There were effective systems and processes in place in the Rehabilitation Unit to identify, report, manage and respond to patient-safety incidents. Opportunities for improvement were identified in relation to increasing reporting and learning from medication safety related patient-safety incidents.

Following this inspection, HIQA will, through the compliance plan submitted by hospital management as part of the monitoring activity, continue to monitor the progress in implementing the actions identified to bring the unit 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 11 national standards assessed during this inspection of the Rehabilitation Unit in the Regional Hospital Mullingar 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.	Substantially 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.	Partially 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.	Substantially 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.	Partially compliant
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.	Substantially compliant

Compliance Plan for Rehabilitation Unit Regional Hospital Mullingar

OSV-0007281

Inspection ID: NS_0050

Date of inspection: 02 August 2023

Compliance Plan Service Provider's Response

National Standard	Judgment
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.	Partially compliant
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p><u>Short Term plan</u></p> <ul style="list-style-type: none">• The Divisional Nurse Manager, Clinical Audit Facilitator, and Clinical Nurse Manager 2 (Rehabilitation Unit) aim to develop specific metrics in relation to medication safety, that will include auditing of the Medication Prescription, Administration Record Charts to measure compliance with National and Hospital Policies, Procedures and Guidelines.• All Nursing Staff will be enabled and supported to complete the HSE medication safety module on HSEland.• The Rehabilitation Unit will be included in RHM's INEWS audit plan for 2024.• The ISBAR handover tool will be used within the unit in relation to the deteriorating patient and transitions of care in line with National Clinical Guideline, No. 11. <p><u>Long Term Plan</u></p> <ul style="list-style-type: none">• It is envisaged that the HSE "Test Your Care" will be implemented in the Rehabilitation Unit, to measure nursing care metrics.• The Rehabilitation Unit will be included in RHM's ISBAR audit plan for 2024.• As a result of this report, a standard-specific document for the Rehabilitation unit which will incorporate the ISBAR / INEWS tool will be developed. This document will	

potentially enhance transitions of care and the reporting of the deteriorating patient, to and from the Rehabilitation Unit.

Timescale: 6-12months

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

Outline how you are going to improve compliance with this standard. This should clearly outline:

Short Term Plan

- Staff will be supported and encouraged to undertake complaints training on HSEland. The Divisional Nurse Manager in concurrence with this report will advise staff on the management of complaints at local level and how to escalate a complaint and the documentation necessary.
- Clinical Nurse Managers 1 and 2 in the Rehabilitation Unit will be trained to perform the "Test Your Care" nursing metrics by colleagues from the Nursing and Midwifery Practice Development Unit prior to implementation at local level.
- Representative of the Rehabilitation Nurse Manager team will participate in the newly formed Metrics Governance Committee.
- Regional Hospital Mullingar has a 0.5 WTE Clinical Audit Facilitator who will be available to support the Rehabilitation Unit in carrying out audits within the unit.

Long Term Plan

- It is envisaged that the HSE "Test Your Care" will be implemented in the Rehabilitation Unit, to measure nursing care metrics.
- The Rehabilitation Unit will be included in the INEWS / ISBAR compliance plan for 2024.
- As a result of this report, a standard-specific document for the Rehabilitation unit which will incorporate the ISBAR / INEWS tool will be developed. This document will potentially enhance transitions of care and the reporting of the deteriorating patient, to and from the Rehabilitation Unit.

Timescale: 6-12 Months