Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of healthcare service provider:	Kilcreene Regional Orthopaedic Hospital
Address of healthcare service:	Kilcreene Rd Kilcreene Co Kilkenny R95 DK07
Type of inspection:	Announced
Date(s) of inspection:	25 and 26 March 2024
Healthcare Service ID:	OSV-0005311
Fieldwork ID:	NS_0072

About the healthcare service

The following information describes the services the hospital provides.

Model of hospital and profile

Kilcreene Regional Orthopaedic Hospital (Kilcreene Hospital) is a model 2 specialist hospital which is under the governance of University Hospital Waterford (Waterford Hospital). In February 2024, as part of the Health Service Executive's (HSE's) health regions reorganisation,[*] Kilcreene Hospital and Waterford Hospital moved from the South South West Hospital Group (SSWHG) to the Ireland East Hospital Group (IEHG).

Services provided by the hospital include:

- elective orthopaedic inpatient and day case surgery
- orthopaedic out patients services
- arthroplasty.[†]

The following information outlines some additional data on the hospital.

Model of hospital	2 (Specialist)
Number of beds	25 Inpatient beds

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

[*] The HSE is reorganising service delivery into six new health regions, each region is responsible for providing both hospital and community care for people in the area. Each region will plan and deliver the health and social care services needed in their area. This is called 'integrated care' which covers care you would receive in a hospital or in your community.
[†] Arthroplasty is a surgical procedure to restore the function of a joint.
‡ 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 (2012)

During the inspection, inspectors:

- spoke with people who used the service to ascertain their experiences of receiving care in the service
- 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 hospital
- observed care being delivered, interactions with people who used the service and other activities to see if it reflected what people told inspectors during inspection
- reviewed documents to see if appropriate records were kept and that they reflected practice observed 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 11 national standards monitored during this inspection are presented in the following sections under the two dimensions of *Capacity and Capability* and *Quality and Safety*. Findings are based on information provided to inspectors 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 hospital. It outlines whether there is appropriate oversight and assurance arrangements in place and how people who work in the service are managed and supported to ensure delivery of high-quality, safe care.

2. Quality and safety of the service

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

A full list of the 11 national standards assessed as part of this inspection and the resulting compliance judgments are set out in Appendix 1. The compliance plan submitted by the hospital following this inspection is outlined in Appendix 2.

Compliance classifications

Following a review of the evidence gathered during the inspection, a judgment of compliance on how the service performed has been made under each national standard assessed. The judgments are included in this inspection report. HIQA judges the healthcare service to be **compliant, substantially compliant, partially compliant** or **non-compliant** with national 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.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 March 2024 26 March 2024	13:30hrs – 17:30hrs 09:00hrs – 16:15hrs	Nora O' Mahony	Lead
		Denise Lawler	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:

- infection prevention and control
- medication safety

- the deteriorating patient[§] (including sepsis)[**]
- transitions of care.[††]

During this inspection, inspectors visited St Bridget's ward and spoke with the following staff at the hospital:

- representatives from the management of Waterford Hospital and Kilcreene Hospital:
  - the Director of Nursing and Integration (Waterford Hospital)
  - the Interim Director of Nursing (Kilcreene Hospital)
  - the Assistant Director of Nursing (Kilcreene Hospital)
  - the Lead Consultant Orthopaedic Surgeon (Waterford and Kilcreene Hospitals)
- the Quality and Patient Safety Manager (Waterford Hospital)
- the Risk Manager (Waterford Hospital)
- the Patient Services Manager (Waterford Hospital)
- the Human Resource Manager (Waterford Hospital)
- a representative for the non-consultant hospital doctors (NCHD) in Kilcreene Hospital
- representatives from each of the following areas from Kilcreene Hospital:
  - infection prevention and control
  - medication safety
  - deteriorating patient
  - transitions of care.

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 using the service who spoke with inspectors about their experience.

What people who use the service told inspectors and what inspectors observed in the clinical areas visited

On the day of inspection, inspectors visited St Bridget's ward, which was a 20-bedded ward consisting of eight single rooms and one 12-bedded multi-occupancy room with

[§] 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 improve 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

partial partitions dividing every four beds. Three of the single rooms had ensuite toilet and shower facilities.

Inspectors observed effective communication between staff and patients on St Bridget's ward. Inspectors observed staff actively engaging with patients in a respectful and kind way, taking time to talk to and listen to patients.

On the day of inspection, inspectors spoke with a number of patients about their experience of care. Overall, patients were very complimentary about the staff and the care they had received, commenting that staff were '*brilliant*,' '*very approachable'* and '*very caring'*. When asked to describe what was good about their experience, patients outlined that '*it has been a very good experience so far,'* '*the pre assessment was excellent*,' '*staff very good at ensuring your pain is well managed'* and '*food is very good*.' When asked if anything could be done to improve the service or care provided on the ward, patients told inspectors that everything had been *'very good'* and they had *'nothing to complain about'*. Patients who spoke with inspectors said they would speak to staff if they had any issue or wanted to make a complaint.

Overall, there was consistency with what inspectors observed in the clinical area visited and what patients told inspectors about their experiences of receiving care.

Capacity and Capability Dimension

Key inspection findings and judgements from national standards 5.2, 5.5 and 5.8 from the theme of leadership, governance and management and national standards 6.1 from the theme of workforce 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.

Kilcreene Hospital had corporate and clinical governance arrangements in place that were evolving at the time of inspection due to the recent move from the SSWHG to the IEHG, as part of the HSE's reorganisation into six new health regions.

The hospital was governed and managed by the General Manager of Waterford Hospital supported by the Waterford Hospital's Executive Management Board (EMB). The General Manager reported directly to the Chief Executive Officer of the IEHG. The Interim Director of Nursing (DON) at Kilcreene Hospital reported to the Director of Nursing and Integration (DON) in Waterford Hospital, who in turn reported to the General Manager in Waterford Hospital.

Waterford Hospital's EMB was responsible for the governance and oversight of healthcare services at Kilcreene Hospital. The senior management team in Kilcreene

Hospital reported to Waterford Hospital's EMB. The DON (Waterford Hospital) represented Kilcreene Hospital on the EMB and demonstrated good oversight and governance of the hospital. However as per evidence provided to inspectors, the EMB did not meet quarterly in 2023 as outlined in the committee's terms of reference, and no formal reference to Kilcreene Hospital was seen on the Waterford Hospital's EMB terms of reference. These terms of reference should be updated to reflect the governance and reporting structures from Kilcreene Hospital as outlined to inspectors on the day of inspection. The EMB should meet as per its terms of reference.

The Waterford Hospital's EMB reported to the SSWHG at monthly performance meetings, and a Kilcreene Hospital performance report was presented at group performance meeting. The reporting structure had altered since February 2024 and Waterford Hospital's EMB will report to IEHG at monthly meetings going forward.

On the day of inspection, senior managers who spoke with inspectors outlined that Kilcreene Hospital's Executive Management Team, which comprised senior management team from both Waterford and Kilcreene Hospitals, met monthly. However, minutes submitted to HIQA related to the Kilcreene Hospital's operational meetings, held in February 2024 and June and July 2023, six months earlier. Minutes of those meetings outlined a set agenda which included quality, safety and risks, finance, standards, reports, policies and human resources. No terms of reference for this committee was provided to inspectors. The hospital needs to ensure that the Kilcreene Hospital's Executive Management Team has defined terms of reference and is meeting formally to maintain oversight of the quality and safety of services provided at the hospital. The hospital's organograms requires updating to reflect the governance and committee structures outlined to inspectors on the day of inspection.

Kilcreene Hospital had set up a Quality Committee whose aim was to develop, deliver, champion, implement and evaluate a comprehensive quality and safety programme. This committee was chaired by the Kilcreene Hospital's nurse lead for quality (in additional to her role as a clinical nurse manager 1). A quality assurance and improvement manager from the Waterford Hospital quality and patient safety department was a member of this committee. The Kilcreene Hospital's Quality Committee reported to the Waterford and Kilcreene Hospital's Quality and Patient Safety (QPS) Committee. A set of minutes reviewed by inspectors outlined that the committee was action focused with timelines and a responsible person identified for each action.

The Waterford and Kilcreene Hospital's QPS Committee was assigned with responsibility for improving the quality and safety of services at both hospitals. The committee was chaired by the General Manager (Waterford Hospital) and reported to the Waterford Hospital's EMB. As per the terms of reference, the committee was scheduled to meet quarterly, although from evidence provided to inspectors the committee did not meet as required. The nurse lead for quality in Kilcreene Hospital represented the hospital on the QPS Committee and provided a quarterly report.

The Waterford Hospital's Infection Prevention and Control (IPC) Committee was responsible for the governance and oversight of infection prevention and control practices at both hospitals. The IPC Committee was chaired by the QPS Manager (Waterford Hospital) and was accountable to the Waterford Hospital's EMB, and provided quarterly reports to the Waterford and Kilcreene Hospital's QPS Committee. Kilcreene Hospital was represented on the IPC Committee by the Kilcreene Hospital's DON and an IPC nurse. A Kilcreene Hospital's IPC report was provided at meetings of the IPC Committee. From evidence gathered, it was evident that there was governance and oversight of infection prevention and control practices at Kilcreene Hospital.

The Waterford Hospital's Medicines and Therapeutics Committee had overall governance of medication and oversight of antimicrobial stewardship and the medication safety programme at both hospitals. Waterford Hospital's Medicines and Therapeutics Committee was chaired by a consultant in palliative medicine, met six times a year and reported to the Waterford Hospital's QPS Committee. The pharmacist in Kilcreene Hospital was the hospital's representative on the Medicines and Therapeutics Committee. There was also a Medication Safety Committee in Waterford Hospital. The Kilcreene Hospital pharmacist and a CNM 2, represented Kilcreene Hospital on the Medication Safety Committee. At the time of inspection, the Kilcreene Hospital's pharmacy staff resources was provided from St Luke's General Hospital, Kilkenny (St Luke's Hospital). The Kilcreene Hospital's pharmacist reported to the chief pharmacist in St Luke's Hospital and liaised regularly with the chief pharmacist in Waterford Hospital. Management informed inspectors that the pharmacist staffing arrangements were under review, with a future plan to transition to Waterford Hospital. This should be progressed by the hospital to streamline management arrangements. From evidence gathered throughout this inspection, it was evident that there was governance and oversight of medication safety practices at Kilcreene Hospital.

Waterford Hospital and Kilcreene Hospital's Clinically Deteriorating Patient Committee was responsible for ensuring that the relevant national early warning systems[‡‡] and the national sepsis management guidelines were implemented to support best practice in managing a patient experiencing acute clinical deterioration. This committee, was chaired by a Waterford Hospital consultant in emergency medicine and reported to the Waterford and Kilcreene Hospital's QPS Committee, which in turn reported to the Waterford Hospital's EMB.

The Clinically Deteriorating Patient Committee's terms of reference were in draft, and a Kilcreene Hospital representative was not yet identified on the terms of reference viewed by inspectors. Hospital management told inspectors that the Kilcreene Hospital's Irish National Early Warning System (INEWS) and sepsis nurse lead will be the Kilcreene

[‡‡] Irish National Early Warning System (INEWS) Version 2 and Sepsis Management National Clinical Guidelines.

Hospital's representative on this committee. This arrangement should be progressed by hospital management following this inspection.

Due to the size and scope of the hospital there was no dedicated committee responsible for transitions of care. Inspectors were informed that any issues related to transitions of care were managed through the Kilcreene Hospital's senior management team.

Overall, the hospital had effective corporate and clinical governance arrangements in place appropriate to the size and scope of the hospital. The governance structures were evolving at the time of inspection due to reorganisation to the new health regions.

The hospital should ensure that the governance arrangements from Kilcreene Hospital's executive management team to the Waterford Hospital's EMB, as described on the day of inspection, are outlined in both committee's terms of reference. The EMB and QPS committees should meet as per their terms of reference. The hospital should ensure that Kilcreene Hospital is represented on the Clinically Deteriorating Patient Committee.

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.

Kilcreene hospital had effective management arrangements in place to support day-to-day operations in relation to infection prevention and control, medication safety, the deteriorating patient and transitions of care.

The hospital had an infection prevention and control (IPC) programme which was in line with national guidance.[§§] Kilcreene hospital had an IPC annual work plan that set out the objectives to be achieved in 2024, with oversight by the Waterford Hospital's IPC Committee. The IPC annual work plan included surveillance, clinical focus, antimicrobial stewardship,[***] education, audit, a hand-hygiene strategy and review of IPC policies, procedure and guidelines. Evidence of progress with implementing the IPC work plan was seen during the inspection, with updates provided at the Waterford Hospital's IPC Committee meetings and at the Waterford Hospital's QPS Committee meetings. The IPC team also produced an annual report which detailed the IPC activities undertaken in 2023.

[§§] National Clinical Effectiveness Committee. National Clinical Guidelines No. 30. Infection Prevention and Control. 2023. Available on line from: https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/#national-clinical-guideline-no-30-infection-prevention-and-control-ipc-summary-report

[***] Antimicrobial stewardship programme – refers to the structures, systems and processes that a service has in place for safe and effective antimicrobial use.

The Waterford and Kilcreene's Medication Safety Quality Improvement Plan for 2024 was viewed by inspectors. The Kilcreene Hospital's pharmacist was responsible for the implementation of the 2024 quality improvement plans relevant to Kilcreene Hospital, with oversight by the Waterford Hospital's Medicine and Therapeutics Committee.

A CNM 1 was the nurse lead for the INEWS and sepsis management in Kilcreene hospital, in addition to their role as a clinical ward CNM 1. The INEWS and sepsis lead, outlined that they were provided with protected time to undertake audits and monitoring. They were supported in this role by the Assistant Director of Nursing (ADON), and going forward would represent the hospital on the Waterford and Kilcreene Hospital's Clinically Deteriorating Patient Committee.

Kilcreene Hospital had processes in place to support safe transitions of care on admission and discharge such as pre-operative assessment, pre-admission surveillance testing[†††], medication reconciliation on admission, the discharge planning processes and discharge packs.

The hospital had a clear process for internal transitions of care between the wards and the operating theatre department, this was outlined in the hospital's integrated care plan. Nursing handover was supported by the use of the Identify, Situation, Background, Assessment, Recommendation (ISBAR) communication tool, which provided a structured format for information to be transferred during handover.

Evidence provided for the year to date 2023, demonstrated that no patients had delayed transfers of care and the average length of stay for the elective surgical patients was one to three days, which was in line with the HSE's target of five days or less.

In summary, the hospital had effective management arrangements in place to manage, support and oversee the delivery of high-quality, safe and reliable healthcare services in the four areas of known harm which were the focus of this inspection.

Judgment: 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.

Kilcreene Hospital had effective monitoring arrangements in place to identify and act on opportunities to continually improve the quality, safety and reliability of the healthcare services provided, relevant to the size and scope of the hospital.

There were risk management structures in place to proactively identify, manage and minimise risks. The hospital had a risk register, where all risks identified in the hospital

[†††] Surveillance testing for carbapenemase-producing Enterobacterales (CPE), Vancomycin-resistant enterococci (VRE) and methicillin-resistant Staphylococcus aureus (MRSA).

and the controls applied to mitigate these risks were recorded. Risks which required additional support or resources to address were escalated to the General Manager (Waterford Hospital). Inspectors were informed that risks were escalated to group level by the General Manager (Waterford Hospital) as required. The Kilcreene Hospital's senior management team had oversight of the hospital's risk register with support from the Risk Manager (Waterford Hospital).

The hospital collected data on a range of different clinical measurements related to the quality and safety of healthcare services in line with the national HSE reporting requirements. Data was collected and reported for the HSE's hospital patient safety indicator report and the HSE's management data report. Performance and activity data was monitored by the senior management team at the hospital and reviewed at group performance meetings.

The hospital undertook regular monitoring of IPC, medication safety, INEWS, sepsis and transitions of care documentation. Audit reports were reviewed by the relevant governing committees such as the IPC Committee, the Medicines and Therapeutics Committee and the Clinically Deteriorating Patient Committee. Examples of action plans and re-audits for areas of poor compliance were seen in documentation reviewed by inspectors.

A quality assurance and improvements manager from Waterford Hospital was available to lead, support or advise on quality assurance and improvement initiatives. This staff member was assigned to Kilcreene Hospital and visited the hospital every two weeks. The quality assurance and improvements manager worked closely with the Kilcreene Hospital's nurse lead for quality, the ADON and the DON.

The hospital identified, documented and monitored patient-safety incidents. Patient-safety incidents were reported to the National Incident Management System[‡‡‡] (NIMS), in line with the HSE's Incident Management Framework.[§§§]

Patient-safety incidents were tracked and trended and reported in the hospital's quarterly and annual Risk Management Report, which was provided to the hospital's DON and reviewed at the Waterford and Kilcreene's QPS Committee. Learning from patient-safety incidents was shared through ward safety huddles and the CNM meetings. Patient-safety incidents were discussed at governance committees such as the Medication Safety Committee and the IPC Committee. The Waterford Hospital's Serious Incident Management Team had oversight and management of serious incidents which occurred in Kilcreene Hospital.

[‡‡‡] 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).
[§§§] HSE –*Incident Management Framework and Guidance*. 2020. Available online from: Incident management - HSE.ie

Overall, the hospital had monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services in the four areas of known harm relevant to this inspection.
Judgment: Compliant

Standard 6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.
The hospital had workforce arrangement in place to effectively plan, organise and manage the workforce**.** The human resource function of the hospital was in transition at the time of inspection. Some grades of staff in Kilcreene Hospital were formally transferring from St Luke's Hospital human resource department to Waterford Hospital's human resource or medical manpower departments. This transition was to be fully effective by April 1 2024. The Human Resource and Medical Manpower Managers reported to the General Manager (Waterford Hospital), and they provided formal workforce reports to the Waterford Hospital's EMB. Kilcreene Hospital had 49.5 whole-time equivalent**** (WTE) nurses including management grades. At the time of inspection 46.43 WTE of these positions were filled, which resulted in a shortfall of 3.07 (6%). There was no shortfalls in the rostered complement of nursing staff on the day of inspection and there was no indication that the overall nursing shortfall was impacting on care provision.There were five WTE NCHDs at senior house officer (SHO) grade employed at the hospital. Nine consultant orthopaedic surgeons had joint posts between Waterford and Kilcreene Hospitals. All consultants were on the relevant specialist division of the register with the Irish Medical Council. All approved medical NCHD and consultant positions were filled at the time of inspection. During core working hours Monday to Friday an anaesthesiologist and consultant surgeon were on site at the Kilcreene Hospital. A medical officer was also on-site in Kilcreene Hospital Monday to Friday. Outside of core working hours and at weekends, a NCHD at SHO grade was on call onsite at the hospital. Kilcreene Hospital had adequate workforce arrangements in place to support and promote the delivery of day-to-day operations in relation to infection prevention and control, medication safety, the deteriorating patient and transitions of care. The hospital had an approved 0.5 WTE pharmacist who was on site Monday to Thursday. However, inspectors were informed that this post was not back filled during

**** Whole-time equivalent (WTE), this 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.

annual leave absences. This may pose a risk to the continuity and quality and safety of the services provided at the hospital and should be considered by hospital management following this inspection. Inspectors were informed that when the pharmacist was not on site, telephone advice was available from the pharmacy staff in St Luke's Hospital or the hospital staff could contact the pharmacy services in Waterford Hospital.

Kilcreene Hospital had a 0.5 WTE infection prevention and control nurse (IPC) post. This position was filled by two IPC nurses from Waterford Hospital who rotated on site two days or three days per week. Antimicrobial stewardship and surveillance was undertaken in the hospital by the pharmacist. Microbiologist advice was available by telephone 24/7 from Waterford hospital.

In February 2024 the hospital's absenteeism rate was 9.9% which was well above the HSE's target of 4% or less. Nursing absenteeism was monitored by the DON and reported by the UHW DON at group performance meetings.

It was evident from staff training records reviewed by inspectors that nursing staff in the hospital undertook training appropriate to their scope of practice. The hospital had a system in place to monitor and record staff attendance at mandatory and essential training.

Nurse's training records seen by inspectors demonstrated almost full compliance rates (90 -100%) for nurses in mandatory and essential training related to infection prevention and control, INEWS , basic life support, integrated discharge planning and complaints training. There was opportunity for improvement in nurse training in the areas of clinical handover and ISBAR training, which was 66% compliant and medication safety education, which was 63% compliant.

The hospital outlined that mandatory and required training for the SHOs at the hospital included basic life support and advance cardiac life support (ACLS) training. Training records provided to inspectors identified that 80% of SHOs were up to date with basic life support training, and only 20% were up to date with ACLS training. It is essential that hospital management ensure that all SHOs have undertaken the appropriate mandatory and required training and are up to date with this training. This issue should represent a key focus for early improvement efforts following HIQA's inspection

Overall, the hospital management were planning, organising and managing their nursing, medical and support staff in the hospital to support the provision of high-quality, safe healthcare. However, the hospital should consider the availability of a clinical pharmacy service at the hospital during the pharmacists' leave periods. Attendance at mandatory and required training for SHOs should represent a key focus for improvement, especially in the area of ACLS. Absenteeism at the hospital should be reviewed and managed to improve compliance with national targets.

Judgment: Partially 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. Key inspection findings leading to these judgments are described in the following sections.

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

Staff in the clinical area visited by inspectors respected and promoted patients dignity, privacy and autonomy. Staff used privacy curtains when providing assistance and personal care to patients. All staff communicated with patients in a manner that respected their dignity.

The design of the physical environment on St Bridget's ward did not fully promote and protect the dignity and privacy of patients on that ward. The multi-occupancy room accommodated 12 patients, but partial dividing partitions separated the ward into three areas with four beds, and privacy curtains were used as required.

In the clinical area visited during the inspection, patient's personal information was observed by inspectors to be protected and stored appropriately. Security of healthcare records was audited by the hospital as part of the patients' records audit, with good compliance. Patient's autonomy was protected and promoted, and all patients who spoke with inspectors were aware and involved in their plan of care.

Overall, there was evidence that hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care at the hospital. However, the design of the physical environment on St Bridget's ward did not fully protect the dignity and privacy of patients on that ward.

Judgment: Substantially compliant

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

Inspectors observed examples of kindness and consideration during interactions between patients and staff. This was validated by a patient who told inspectors that staff were *'gentle and caring'.* Inspectors observed staff actively listening and effectively communicating with patients using easily understood language to explain their plan of

care. Staff used patients preferred name when addressing them and patient's expressed needs and preferences were accommodated by staff. Patients who spoke with inspectors outlined that there was '*a lovely atmosphere'* that the ward was '*very calm'* and staff were '*very kind'*.

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 hospital.

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.

The complaints manager (Waterford Hospital) was the designated complaints officer for Kilcreene Hospital with responsibility for managing complaints at the hospital and for the implementation of recommendations arising from reviews of complaints.

Kilcreene Hospital used the HSE's complaints management policy '*Your Service Your Say*.'[††††] Complaints were resolved where possible at first point of contact, and '*Your service Your Say'* leaflets where available in the hospital. The number of formal complaints received by Kilcreene Hospital was low, but there was evidence that patient's complaints and concerns were responded to promptly, openly and effectively. Feedback on complaints was provided to staff on the clinical areas that were the subject of the complaint, and learning was shared through CNM meetings and at ward huddles.

Overall, there was evidence that the hospital had systems and processes in place to respond effectively to complaints and concerns raised by people using the service.

Judgment: Compliant

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

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

On the day of inspection, inspectors visited St Bridget's ward and the post anaesthetic care unit (PACU). Inspectors observed that overall the physical environment was very clean and well maintained.

St Bridget's ward had three single rooms with ensuite toilet and shower facilities for isolation purposes, if required. A 12-bedded multi-occupancy room created a risk of transmission of communicable infection diseases. This risk was identified by the hospital and recorded on the hospital's risk register, with controls in place to minimise the risk.

Environmental cleaning was carried out by an external cleaning company, but regular cleaning staff were allocated to Kilcreene Hospital. Nursing management had oversight of cleaning and cleaning schedules. Hospital staff were satisfied with the level of cleaning resources in place. Patients were complimentary about the cleanliness of the ward, outlining that '*hygiene standards are very good* and '*the ward is very clean*.' Environment audits reviewed by inspectors demonstrated high levels of compliance. Inspector's observation of the clinical environment was consistent with the positive patient's feedback and the audit findings.

Cleaning of patient equipment was assigned to nursing staff and equipment was cleaned after each use. There was an additional weekly patient equipment cleaning schedule, which was monitored by the CNM. Patient's equipment observed in the clinical area visited was very clean. This was also reflected in high levels of compliance with equipment audits reviewed by inspectors. There was appropriate storage and segregation of linen. The organisation of linen and laundry supplies was audited by the hospital, with good compliance noted on the last three audits reviewed by inspectors.

There was adequate personal protective equipment and hand-hygiene facilities available for staff. The majority of hand-hygiene sinks observed conformed to recommended standards.[‡‡‡‡]

In summary, there was evidence that the physical environment supported the delivery of high-quality, safe, reliable care and protected the health and welfare of people receiving care. However, the 12 bedded multi-occupancy rooms posed a potential risk of transmission of infection, but the hospital had controls in place to minimise this risk.

Judgment: Substantally compliant

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

[‡‡‡‡] 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

Kilcreene hospital had effective systems and processes in place to systematically monitor, evaluate and continuously improve the healthcare services provided. The quality and safety of care and its outcome was monitored using a variety of measures, including national performance indicators relevant to the size and scope of the hospital. The hospital collated activity and performance data for scheduled care in line with national metrics, which were monitored by the senior management team and reported at monthly performance meetings with the hospital group.

Audit findings were discussed directly with the CNM at the time of the audits to highlight areas of good practice and opportunities for improvement. Audit results were reported at the CNM meetings to share learning. The CNM's in turn provided updates to staff at ward huddles. Inspectors noted audit results were displayed on clinical area noticeboards.

The hospital had an IPC audit and surveillance plan which was included in the IPC's Annual Work Plan for 2024. Infection prevention and control surveillance data was collated and monitored as per the HSE's reporting requirements.

Audits of the environment, patient equipment, transmission based precautions and hand hygiene were undertaken regularly at the hospital. A high level of compliance was achieved by St Bridget's ward which was visited by inspectors on the day of inspection. There was evidence that time-bound action plans were developed to address areas requiring improvement.

The Waterford Hospital' IPC Committee had oversight of the IPC surveillance and audit data. Kilcreene Hospital IPC reports, which included surveillance and audit data, were presented to the Waterford Hospital's IPC Committee and at the Waterford and Kilcreene Hospital's QPS Committee. IPC audit results were shared at CNM meetings.

There was evidence of monitoring and evaluation of medication safety practices at the hospital. Medication safety and pharmacy practices were monitored regularly by the hospital with action plans developed for areas of non-compliance with oversight by the Waterford Hospital's Medication Safety Committee. The medication safety elements §§§§ of the nursing and midwifery quality care metrics ***** were audited monthly with good compliance on medication results reviewed from August 2023 to February 2024. Audit findings and learning was shared with nursing staff through the CNM meetings.

§§§§ Wrist band legible and correct, medication record identifications correct, allergy status recorded, legible prescription, medicine formulary available, medicine at prescribed frequency, minimum dose interval specified, independent verification of medicine, medicine related education and medication storage and custody.

***** Nursing and midwifery quality care-metrics (QCM) provide an indication of the quality of the fundamental of nursing and midwifery care consist of a core suite of quality indicators across seven care groups, including: patient monitoring and surveillance and medication safety, medication storages and safety. 2018. Available on line from: Quality care-metrics in nursing and midwifery - healthservice.ie

The INEWS and sepsis lead at the hospital undertook sepsis and INEWS audits. Compliance against national guidance on INEWS and sepsis management was monitored by the hospital through the following:

- INEWS escalation and response protocol audits
- the patient monitoring and surveillance elements of the nursing and midwifery quality care metrics
- INEWS observation chart audits
- Sepsis management audits.

Findings from audits were reported to the orthopaedic lead, the Kilcreene Hospital's ADON and the group sepsis ADON. Evidence was provided of action plans for areas of improvement from INEWS audits. The clinical area CNM was responsible for ensuring the actions plans were completed. Formal reporting structures for the oversight of INEWS and sepsis audit was moving to the Waterford and Kilcreene Hospital's Clinical Deteriorating Patient Committee and to the IEHG group sepsis ADON. The use of the ISBAR communication tool was not audited. This was an opportunity for improvement for the hospital.

The hospital's integrated care plan[†††††] was audited through regular audits by the ADON. Actions plans were developed outlining areas for improvement, with evidence of re-audit to ensure improvements had been made in practice.

Overall, the hospital was effectively monitoring and evaluating the healthcare services provided and clinical practices the hospital. The use of the ISBAR communication tool was not formally audited as part of the hospital's INEWS audits. This was an opportunity for improvement for the hospital.

Judgment: Substantially compliant

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

Risks were recorded on the hospital's risk register with existing controls in place and actions required to manage and reduce these risks outlined. The Waterford and Kilcreene Hospital's EMT had oversight of the hospital's risk register. High-rated risks on the hospital's risk register relevant to the areas of focus of this inspection are discussed in the following sections:

Infection prevention and control risks recorded on the hospital's risk registered included, the risk of transmission of communicable infectious diseases to patients in the 12-bedded multi-occupancy room, the absence of ensuite facilities in this multi-occupancy

[†††††] Multidisciplinary care pathway to record patient care which reflect the delivery of care for a patient undergoing joint replacement or revision.

ward and the inadequate spacing between beds in this ward. The hospital had controls in place which were evident throughout this inspection to mitigate these risks.

The hospital screened patients for multi-drug resistant organisms prior to planned admissions to the hospital in line with national guidance. Patients with communicable infections were isolated as per national guidance. Monthly audits of carbapenemase-producing enterobacterales (CPE) surveillance testing was undertaken by the hospital and demonstrated good compliance. In 2023, the hospital had one outbreak of COVID-19, which was managed in line with national guidance and an outbreak report was completed.

The hospital had a clinical pharmacy service available at the hospital from 9am to 1pm Monday to Thursday. At the time of inspection, the pharmacy staff resource and medicine supply for Kilcreene Hospital was provided from St Luke's Hospital. Inspectors were informed that the pharmacist liaised regularly with the chief pharmacist in Waterford Hospital, and as mentioned earlier represented Kilcreene Hospital on the Waterford Hospital's Medicines and Therapeutics and Medication Safety Committees.

Medication reconciliation was undertaken for all admitted patients by the clinical pharmacist. It was evident that the clinical pharmacist was accessible to staff for advice when on site, and over the phone at other times. Medicines information was available to staff at the point of prescribing and preparation of medicines. The hospital had a list of high-risk medicines and sound-alike look-alike medicines (SALADs). Inspectors observed the use of risk-reduction strategies to support safe use of high-risk medicines.

The hospital had systems in place to manage the deteriorating patient. This included the INEWS version 2 observation chart and an ISBAR communication tool, which was used to communicate with doctors when patient reviews were required. During core working hours Monday to Friday an anaesthesiologist and consultant surgeon were on site at the hospital. Outside core working hours and at weekends a NCHD at SHO grade was on call onsite at the hospital.

Staff at the hospital were knowledgeable about the INEWS escalation and response protocol and there were effective processes in place to ensure the timely management of patients with a triggering early warning score. Deteriorating patients requiring a higher level of care than that provided in Kilcreene Hospital were transferred to St Luke's Hospital, using the emergency inter-hospital transfer protocol.[‡‡‡‡‡] Patients could also be transferred to St Luke's Hospital's acute medical assessment unit for medical review during the units opening hours. Medical staff at the hospital had direct access to advice and support from the medical team on call at St Luke's Hospital and the orthopaedic on-call team in Waterford Hospital.

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

Kilcreene Hospital had systems in place to reduce the risk of harm associated with transitions of care. The hospital had clear criteria and documentation to support transitions of care between units within the hospital. ISBAR format was used for nurses' clinical handover.

All patients underwent pre-operative assessment prior to admission. This was provided by nursing and medical staff, with referral to an anaesthetist if relevant. Staff in the hospital provided the required education, advice and equipment for patients on discharge, with oversight by the ward CNM2. The hospital had discharge templates to support safe transitions of care. A discharge pack containing written information was provided to patients on discharge.

The hospital had up-to-date policies relevant to the areas of focus of this inspection. All policies, procedures, protocols and guidelines were available to staff on the hospital's electronic document control system.

In summary, the hospital had effective systems in place to identify and manage potential risk of harm associated infection prevention and control, medication safety, the deteriorating patient and transitions of care.

Judgment: Compliant

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

Kilcreene Hospital had patient-safety incident management systems in place to identify, report, manage and respond to patient-safety incidents in line with national legislation, policy and guidelines. Staff who spoke with HIQA were knowledgeable about the reporting system in place for patient-safety incidents.

The hospital tracked and trended patient-safety incidents in relation to the four key areas of harm which were the focus of this inspection. A quarterly and annual report of incidents was provided to the DON (Kilcreene Hospital). The Risk Manager (Waterford Hospital) attended Kilcreene senior management meetings and provided patient-safety incidents reports as requested. Patient-safety incidents were reviewed at meetings of the Medication Safety Committee, the IPC Committee and the Clinically Deteriorating Patient Committee.

Feedback and learning from patient-safety incidents was provided by the DON and ADON (Kilcreene Hospital) at CNM meetings, and the CNMs provided this feedback to staff during ward huddles. Learning from patient-safety incidents was shared through notices such as 'medication safety minutes' and news bulletins.

The Waterford Hospital's Serious Incident Management Team provided oversight and management of any serious reportable events and serious incidents which occurred in

Kilcreene Hospital. Senior management at Kilcreene Hospital were responsible for the oversight of implementation of recommendations from patient-safety incident reviews.

Overall, the hospital had effective systems in place to identify, report, manage and respond to patient-safety incidents in relation to the four key areas of harm which were the focus of this inspection.

Judgment: Compliant

Conclusion

HIQA carried out an announced inspection of Kilcreene Hospital to assess compliance with 11 national standards from the *National Standards for Safer Better Health*. The inspection focused on four areas of known harm — infection prevention and control, medication safety, the deteriorating patient and transitions of care.

Capacity and Capability

Kilcreene Hospital had corporate and clinical governance arrangements in place appropriate to the size and scope of the hospital. The management of the hospital need to ensure that governing committees meet as outlined in their terms of reference. The governance structures were evolving at the time of inspection due to HSE's reorganising into six new health regions.

The hospital had defined management arrangements in place to manage, support and oversee the delivery of high-quality, safe and reliable healthcare services in the four areas of known harm which were the focus of this inspection.

The hospital management were planning, organising and managing their nursing, medical and support staff in the hospital to support the provision of high-quality, safe healthcare. Training records reviewed by inspectors for the clinical areas visited on the day of inspection demonstrated good compliance with attendance at mandatory and essential training for nursing staff. However, attendance at mandatory and essential training for SHOs requires improvement. Absenteeism at the hospital required improvement to comply with national targets.

Quality and Safety

Staff in the clinical areas visited by inspectors respected and promoted patients dignity, privacy and autonomy. Hospital management and staff promoted a culture of kindness, consideration and respect for people accessing and receiving care at the hospital. Patients were very complimentary about the staff, and the care provided at the hospital. The hospital responded effectively to complaints and concerns raised by people using the service.

Inspectors observed that overall the physical environment was very clean and well maintained and supported the delivery of high-quality, safe, reliable care and protected the health and welfare of people receiving care.

The hospital was monitoring and evaluating the healthcare services provided appropriate to the size and scope of the hospital. The hospital had systems in place to identify and manage potential risks of harm and to identify, report, manage and respond to patient-safety incidents in relation to infection prevention and control, medication safety, the deteriorating patient and transitions of care.

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 relation to compliance with the *National Standards for Safer Better Healthcare*.

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

Compliance classifications

An assessment of compliance with the 11 national standards assessed during this inspection was made following a review of the evidence gathered prior to, during and after the onsite inspection. The judgments on compliance are included in this inspection report. The level of compliance with each national standard assessed is set out here and where a partial or non-compliance with the national 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.	Compliant
Standard 5.8: Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	Compliant
Theme 6: Workforce	
National Standard	**Judgment**
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.	Partially 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.	Substantially compliant
Standard 1.7: Service providers promote a culture of kindness, consideration and respect.	Compliant
Standard 1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Compliant
Theme 2: Effective Care and Support	
National Standard	**Judgment**
Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.	Substantially compliant
Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	Substantially compliant

Quality and Safety Dimension	
Theme 3: Safe Care and Support	
National Standard	**Judgment**
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Compliant
Standard 3.3: Service providers effectively identify, manage, respond to and report on patient-safety incidents.	Compliant

Appendix 2 Compliance Plan Service Provider's Response

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.	Partially compliant

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

(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.

(b) where applicable, long-term plans requiring investment to come into compliance with the standard

1. *Clinical Pharmacy Service during the periods of the current Pharmacists Leave.*
   a) Day-to-day Pharmacy cover is sufficient currently. Clinical Advisory support is now available from UHW Pharmacy Department during periods of leave.

   b) A Business Case is being developed to increase UHW Pharmacy resources to allow Pharmacist rotation to KROH, to provide cover during leave and to support increased capacity in KROH.

2. *Attendance at Mandatory and Required Training for the SHOs.*
   a) A training programme is underway to ensure all SHOs in KROH have ACLS completed by end of June 2024.

   b) Resources have now been transferred to the Medical Manpower Department in UHW who will monitor and manage NCHD training in KROH going forward.

3. *Nurse training in the areas of Clinical Handover and ISBAR training, and Medication Safety education.*
   a) A training programme is underway to ensure all Nursing staff have training completed by end of June 2024.

4. *Absenteeism at the hospital to be reviewed and managed.*
   a) Following transfer of resources to UHW, the HR Department in UHW now support adherence to the Managing Attendance policy and processes. Monitoring of absenteeism will now be an Agenda item on the KROH Operational meetings going forward.

Timescale:

Point 1: Business Case to be submitted by End of June 2024

Point 2: End of June 2024

Point 3: End of June 2024

Point 4: Ongoing