



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

Name of healthcare service provider:	Wicklow Community Unit
Address of healthcare service:	Glenside Road Wicklow Town Co. Wicklow A67 XC56
Type of inspection:	Announced
Date of inspection:	1 and 2 August 2024
Healthcare Service ID:	OSV-0007839
Fieldwork ID:	NS_0086

About the healthcare service

Model of hospital and profile

Wicklow Community Unit is a statutory hospital, which is owned and managed by the Health Service Executive (HSE) and is under the governance of the Community Health Organisation (CHO) 6.*

Wicklow Community Unit provided the following care and services:

- rehabilitation and convalescence - six beds
- respite care - 12 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 information submitted by the provider, unsolicited information and other publicly available information.

During the inspection, inspectors:

- spoke with people who used the healthcare service to ascertain their experiences of 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
- reviewed documents to see if appropriate records were kept and that they reflected practice observed and what people told inspectors.

About the inspection report

A summary of the findings and a description of how Wicklow Community Unit performed in relation to the 11 national standards assessed during the inspection are presented in the following sections, under the two dimensions of *Capacity and*

* HSE's Community Health Organisation 6/Community Healthcare East (CHO 6) serving Wicklow, Dun Laoighaire and Dublin South East.

† 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)

Capability and Quality and Safety. Findings are based on information provided to inspectors at a particular point in time — 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 at the hospital and how people who work in the service are managed and supported to ensure and assure the delivery of high-quality care.

2. Quality and safety of the service

This section describes the experiences, care and support people using the healthcare services in the hospital receive on a day-to-day basis. It is a check on whether the service is a good quality and caring one that is both person-centred and safe. It also included information about the healthcare 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 of this report. The compliance plan submitted by the following this inspection is included in Appendix 2.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
1 August 2024	09:00hrs – 17:15hrs	Nora O’ Mahony	Lead
2 August 2024	09.00hrs – 13.40hrs	Cathy Sexton	Support

Information about this inspection

This announced inspection of Wicklow Community Unit focused on 11 national standards from five of the eight themes of the *National Standards for Safer Better Healthcare*.

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

- infection prevention and control
- medication safety
- the deteriorating patient
- transitions of care.[‡]

[‡] Transitions of care include internal transfers, external transfers, patient discharge, shift and interdepartmental handover.

The inspection team spoke with the following staff:

- Assistant Director of Nursing
- Head of Services Older Persons CHO 6

Inspectors also spoke with a number of staff from different professions and disciplines, and people receiving care in the unit.

Acknowledgements

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

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

During this inspection inspectors observed staff actively engaging with patients in a respectful and kind manner. Staff were observed supporting and assisting patients and responding promptly to patients individual needs. Staff protected the patient's privacy and dignity when delivering care.

Inspectors spoke with a number of patients during this inspection about their experience of care in the hospital. Overall, patients were complimentary about the staff and the care they had received. When asked what had been good about the care in the hospital patients commented that *'staff are great', 'nurses are lovely'*. Patients complemented the atmosphere in the hospital saying *'its lovely here', 'very homely'*. Patients complimented the cleanliness of the ward and the food. Patients were very positive about the services provided by the hospital outlining that they had regular physiotherapy and were doing exercises. One patient commented *'I'm getting better here'*.

Patients who spoke with inspectors were aware of their plan of care. When asked if they would know how to make a complaint if required, patients outlined that they *'have nothing to complain about.'* One patient told inspectors that they had seen complaint forms on the corridor, and that they would be happy to talk to staff if they had an issue.

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 themes of leadership, governance

and management and workforce. Key inspection findings leading to judgments 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.

Wicklow Community Unit had formalised corporate and clinical governance arrangements in place with defined roles, accountability and responsibilities for healthcare services at the unit. These were described by staff on the day of inspection and outlined in the Community Healthcare East organogram viewed by inspectors.

The General Manager for Older Persons had overall responsibility for the Wicklow Community Unit and reported to the Head of Services Older Persons CHO 6. Operational responsibility for the unit was devolved to the onsite Assistant Director of Nursing (ADON). The General Manager held six weekly General Manager Services Meetings attended by the ADON of the Wicklow Community Unit. The purpose of these meetings, as per the terms of reference, was to ensure effective communication and collaboration between the General Manager and the service, to ensure compliance with relevant standards and regulations, to oversee implementation of policies and procedures, review and monitor the performance of the service, address and resolve any issues or concerns raised by the service and provide an escalation process to the Head of Services Older Persons. From evidence provided to inspectors during this inspection, it was evident that these meetings were functioning as intended.

The Wicklow Community Unit had a Quality and Safety Committee that met quarterly with multidisciplinary representation from the unit. Meetings followed a structured format with a standing agenda which included a review of incidents, the risk register, audits, infection prevention and control, feedback and learning. The Quality and Safety Committee was chaired by the unit's ADON and reported to the Community Healthcare East Older Persons Services Quality and Safety Executive Committee (QSEC). From evidence provided it was evident that Quality and Safety Committee was functioning effectively.

The Community Healthcare East Older Persons Services QSEC had overall responsibility for the quality and safety management structures, processes, and outcomes of the services within that area, including the Wicklow Community Unit. The QSEC was chaired by the Head of Service Older Persons. The QSEC had multidisciplinary membership from CHO 6, including the ADON of the Wicklow Community Unit.

Infection Prevention and Control (IPC) incorporating anti-microbial stewardship was one of the main agenda items of the QSEC. This committee had oversight of the implementation of the IPC plan through communication, education and monitoring. Inspectors were informed, and minutes viewed confirmed, that infection prevention and control nurses from CHO 6 provided an update report at this meeting and issues related to infection prevention and control were raised.

Medication safety was a standing agenda item at QSEC meetings. Inspectors were informed, and minutes viewed confirmed, that issues or incidents related to medication safety were discussed at the Wicklow Community Units Quality and Safety Committee, and escalated to the General Manager and the Community Healthcare East QSEC as required.

Overall, Wicklow Community Unit had governance arrangements for assuring the delivery of high-quality, safe and reliable healthcare relevant to the size and scope of this unit.

Judgment: Compliant

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

The Assistant Director of Nursing (ADON) of the Wicklow Community Unit was responsible for the operational management of the unit and reported to the General Manager for Older Persons Services CHO 6, who reported to the Head of Older Persons services. Inspectors were informed that the ADON also had access to support and advice from the Director of Nursing Community Support Team. Nursing, support staff, physiotherapy and occupational therapist within the unit reported to unit ADON.

The ADON in the Wicklow Community Unit held quarterly multidisciplinary staff meetings. From minutes of meetings reviewed by inspectors it was apparent that the meetings were well attended and followed a structured format with standing agenda items such as human resources, infection prevention and control, restraints, audits, policies, communication, complaints and compliments, education and training. This committee did not have a terms of reference.

A general practitioner (GP) was the medical officer for the unit with overall clinical responsibility for the medical care of the patients admitted for respite care to the unit. A consultant in medicine for the elderly was clinically responsible for the patients admitted for convalescence and rehabilitation. Out of hours medical cover was provided by the local urgent out of hour's doctor on-call service.

Infection prevention and control (IPC) advice was available from the infection prevention and control ADON and nurse in CHO 6. Inspectors were informed that unfilled infection prevention and control nursing posts in CHO 6 impacted on the availability of IPC nurses to complete regular onsite visits. However staff did report that they had access to telephone advice from the IPC nurses, and provided evidence of a recent onsite IPC nurse visit.

The unit had an IPC link nurse.[§] Inspectors were informed that the IPC link nurse attended IPC link Practitioner Network Meeting with IPC nurses in Community Healthcare East, and

[§] Infection prevention and control link nurse is a link between the clinical areas and the infection control team. A key part of their role is to help increase awareness of infection control issues in their ward

provided feedback to the Wicklow Community Unit Quality and Safety Committee. However, due to the unfilled IPC nursing posts and staff leave, formal monthly IPC link nurse meetings were not held, with evidence of only one meeting held year to date 2024. Inspectors were informed that in the absence of formal meetings the IPC nurses liaised with the link practitioners on an informal basis to provide support.

Required medications were dispensed by a local pharmacy for named individual patients in the unit. The unit did not have a clinical pharmacy service. Inspectors were informed that medication related issues were discussed with the medical officer.

Wicklow Community unit had a number of policies, viewed by inspectors, which were both written and approved at local level by the unit ADON. This was not in line with the policy approval process outlined to inspectors.

Overall, the management arrangements were effective to support and promote the delivery of high quality, safe and reliable healthcare services relevant to the size and scope of the unit. However, the oversight and approval process for Wicklow Community Unit policies and procedures should be reviewed to ensure it is in line with CHO 6 policy approval processes. The IPC link Practitioner Network were not meeting at required frequency.

Judgment: Substantially compliant

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

Wicklow Community Unit had systematic monitoring arrangements in place for identifying and acting on opportunities to continually improve the quality, safety and reliability of services provided at the unit with oversight at CHO 6 level.

The hospital had systems in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections and safe use of medications. The hospital had a risk register with identified existing controls for each risk. Inspectors were informed that the risk register was due to be formally reviewed twice a year. However, while it was evident that the risk register was discussed and risks were reviewed at various meetings, the risk register had not been formally reviewed since June 2023. Inspectors were informed that the unit ADON with support from the CHO 6 Quality and Patient Safety Advisor planned to review and update the risk register in line with the a HSE's Enterprise Risk Management Policy and Procedure 2023.

The unit proactively identified, documented and monitored patient safety incidents. Learning from incidents was shared at staff meetings and at staff handover. All incidents were uploaded onto the National Incident Management System (NIMS)** with 94% of incidents uploaded within 30 days, compliant with the HSE target.

The unit had a schedule of audit for medication safety and infection prevention and control. The audit results and findings were monitored through the Wicklow Community Unit Quality and Safety Committee. Audits in progress were discussed at the General Manager Services Meetings. Information from monitoring was used to improve the quality of services, with evidence of implementation of quality improvement plans related to findings from some audits seen by inspectors.

Information from compliments and complaints from people who use the services was shared at staff meetings and at staff handover.

The hospital had systematic monitoring arrangements in place for identifying and acting on opportunities to continually improve the quality, safety and reliability of services provided. The unit's risks register had not been formally reviewed twice a year as per the unit's schedule of review.

Judgment: Substantially Compliant

** 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).

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

Wicklow Community Unit had effective workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare. All staff in the unit reported to the unit ADON who in turn reported to the General Manager Older Persons CHO 6.

The unit had seven approved whole-time equivalent (WTE)^{††} nursing posts. Six posts were filled at the time of inspection, a 15% variance. Inspectors were informed that the unfilled post was approved but not under recruitment at present. The unfilled post was back filled by agency, although inspectors were informed that it was challenging to secure agency back fill, so shortages were also filled by staff working overtime shifts. In the four weeks prior to the inspection all nursing shifts had been filled.

Infection prevention and control advice was accessed from IPC nurses in CHO 6.^{‡‡} The unit had no clinical pharmacy service but inspectors were informed that staff could access a pharmacist in other residential units in CHO 6 for advice if needed. Other health and social care professionals' interventions, such as dietetics, chiropody and medical social worker, were requested through a referral system to CHO 6. Inspectors were informed that it was sometimes challenging to access the services required, however, no evidence of lack of services from referrals was available to inspectors.

The hospital had 7.5 WTE multi-task attendants who undertook the separated roles of healthcare assistances, household or catering. All posts were filled at the time of inspection.

The unit also had an approved WTE physiotherapist and an approved WTE occupational therapist post. Both posts were filled at the time of inspection. Inspectors were informed that the physiotherapist also worked with the Integrated Care Programme for Older Persons Team (ICPOP) located on the same grounds as the Wicklow Community Unit based on the needs of patients accessing the community services. Physiotherapist assistants from ICPOP provided physiotherapy assistance to patients in the Wicklow Community Unit to assist them in receiving their planned therapies.

The ADON of the unit had oversight of staff training. It was evident from training records provided and from speaking to staff that nursing staff, multi-task attendants and health and social care staff undertook essential and mandatory training appropriate to their scope of practice. Training records reviewed by inspectors showed that at the time of inspection 77% of staff were up to date with hand hygiene training, 85% of staff were up to date with basic life support training, 75% were up to date with standards and transmission based

^{††} 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.

^{‡‡} A 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.

precautions and 75% of staff had undertaken training in complaints management. 75% of nurses were up to date with medication management training.

Overall, workforce arrangements in the unit were planned, organised and managed to ensure the delivery of high-quality, safe and reliable healthcare and staff shortfalls across the different disciplines were relatively small. Notwithstanding this, there was a WTE nursing shortfall, which if left unfilled could impact on the delivery of care. All staff were not up to date with mandatory and essential training.

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 themes of person-centred care and support, effective care and support, and safe care and support. Key inspection findings leading to judgments are described in the following sections.

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

Care in the unit was designed and delivered to promote the dignity, privacy and autonomy of patients in the unit. Inspectors observed staff communicating with patients in a manner that respected their dignity and privacy.

Patients were accommodated in two-bedded rooms with toilets and showers across the corridor from the bedrooms. There were privacy curtains between each bed, which were seen used during the inspection to provide privacy. Patients who spoke with inspectors were familiar with their surroundings and had access to a call bell to get assistance. Patients were aware of their plan of care. Patient's personal information was seen to be protected on the day of inspection.

The unit did not have any rooms with en-suite toilet and shower facilities. This created an issue for patients requiring isolation who were cared for in a room without an en-suite toilet or shower. These patients were required to use a commode or urinal which did impact on their dignity and autonomy. Staff did outline that when possible they allocated an individual toilet and shower for use by the patient in isolation.

Overall, staff and management in the unit made every effort to ensure their patient's dignity, privacy and autonomy were respected and promoted. However, this was challenging in an environment with no toilet or shower en-suite facilities for patients requiring isolation.

Judgment: Substantially compliant

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

The staff and management of Wicklow Community Unit actively promoted a culture of kindness, consideration and respect. Staff were observed on many occasions throughout this inspection interacting with staff in a kind and respectful manner. Patient who spoke with inspectors also outlined that staff were 'lovely', 'very nice' and 'couldn't do enough for you.'

Patients outlined how their preferences and needs were taken into account and they felt they were listened to when they expressed their preferences or needs. This was outlined by patients in relation to involvement in group leisure or therapy activities. Patients told inspectors that they would feel comfortable to raise any issue relevant to their care with staff, but outlined that they currently were very happy with their care they had received.

Patient's experience surveys were given to all patients on discharge. Patient feedback was reviewed by staff. Inspectors were provided with examples of changes made based on patients' feedback such as increasing the level of activities available for patients during their stay in the unit.

Overall, staff and management of the unit promoted a culture of kindness, consideration and respect.

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.

Wicklow Community Unit had a process in place to ensure that complaints and concerns are responded to promptly, openly and effectively. The ADON was the designated complaints officer for the unit.

Wicklow Community Unit used the HSE's complaints management policy 'Your Service Your Say'.^{§§} 'Your service Your Say' leaflets were available on display in the unit. The management of complaints was guided by local policy. The complaint process, as described to inspectors on the day of inspection, aligned with the local policy.

^{§§} 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>.

All verbal complaints were managed locally by staff with a focus on point-of-care resolution. All complaints were recorded and tracked on the complaints management system. An example of the management and resolution of a complaint related to food choice was described to inspectors during the inspection.

Compliments were also tracked by the unit. Compliments far exceeded any complaints, for example in 2023, 191 positive feedback or compliments were received by the unit and 23 verbal complaints. There were no formal complaints received in 2023 or 2024 year to date.

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.

Inspectors observed that the overall physical environment of the unit was clean and well maintained. Patients were complimentary about the cleanliness of the ward, outlining that *'it's very clean'* and that *'hygiene is good.'* The physical environment supported the delivery of high-quality, safe, reliable care and protected the health and welfare of people receiving care with a few exceptions which were highlighted to the manager on the day of inspection.

There were nine two-bedded rooms in the Wicklow Community Unit with toilets and shower facilities across the corridor from the bedrooms. There was no single en-suite room available for patients requiring isolation, but the hospital had controls in place to minimise this risk, which included single person room occupancy and access to individual toilet facilities or commode for patients requiring isolation. However, clear but discrete signage, maintaining confidentiality, was not displayed on the door of a room with a patient in isolation in line with national guidance.

The unit did not have a clean utility room. However, inspectors were informed that all patients' medications were stored in locked cupboards in each patients' room and a clean trolley was used for the preparation of medications. This was observed by inspectors during the inspection.

Environmental cleaning was carried out by the multi-task attendants assigned to household cleaning duties. The unit ADON had oversight of cleaning in the unit, and they was satisfied with the level of cleaning resources in place. However, the cleaning solutions indicated on the cleaning schedules seen by inspectors did not reflect the cleaning solution in use for routine environmental cleaning as outlined to inspectors on the day of inspection.

Inspectors were informed that the cleaning of patient equipment was the responsibility of the staff member who used it. There was an additional routine equipment cleaning schedule which was completed by the multi-task attendant with oversight by the unit ADON.

Equipment observed in the clinical area visited was clean. Some, but not all, equipment was included in the environmental audits. Good compliance was found with cleanliness of equipment audited, which concurred with inspectors findings on the day of inspection.

The storage and segregation of used and clean linen was not in line with national guidance. This created a potential infection prevention and control risk. This was brought to the attention of management on the day of inspection.

There was personal protective equipment (PPE) and hand-hygiene facilities available for staff, the location of some PPE and alcohol-based hand rubs required review. 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 with a few exceptions which were highlighted to the manager on the day of inspection and included:

- The unit had no single room inclusive of bathroom facilities for patients with a suspected or confirmed infection that required transmission-based precautions.
- Clean and used linen was not segregated in line with national guidance.
- There was no clear discreet signage on the door of a patient's room with a confirmed infection that required transmission-based precautions.
- Cleaning schedules did not reflect the cleaning solutions in use for routine environmental cleaning as outlined to inspectors on the day of inspection.

Judgment: Partially compliant

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

The hospital had a number of assurance processes in place in relation to the standard of hospital hygiene and medication management. An audit schedule was in place.

An environmental audits, including some but not all equipment, was undertaken at the hospital annually. Reports of environmental audits undertaken in 2023 and 2024 were provided to inspections. Overall, good compliances was reported in both audits for the aspects of the environment included in this audit tool. A quality improvement plan (QIP) was developed for the 2023 environmental audit with evidence of some but not all actions completed. A QIP for the 2024 audit undertaken in May had not been developed at the time of inspection.

*** 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

An IPC nurse from CHO 6 had undertaken an IPC environmental in July 2024, using audit tools from a suite of clinical and healthcare audit tools developed through the community IPC audit project team. The aim outlined in the audit report was to introduce and commence the national standardised IPC clinical and healthcare audit tools issued in July 2024. The audit report, provided to inspectors following this inspection, identified a number of non-compliances for aspects for the environment not previous audited by the unit. For example the standard statement for areas found to non-compliant included — Clinical hand wash basin is accessible with no obstacles present, hand hygiene is encouraged and promoted for visitors, reception area ceilings are clean and well maintained. A quality improvement plan had been developed by the unit from the findings and recommendations of this audit. Progress with implementation of required actions was outlined in the QIP.

QIP was developed to address the areas of non-compliances identified during this audit and submitted to HIQA following the inspection. Each recommendation was addressed in the QIP, with actions completed, on-going or escalated as appropriate. However, no time frame or responsible person for outstanding actions was identified in the QIP.

The link IPC nurse and other staff were trained as hand-hygiene auditors and conducted monthly monitoring of compliance with hand hygiene. However, monthly compliance scores were not calculated and QIPs were not developed for areas requiring improvement. Inspectors were informed by management and staff, that any non-compliance with hand-hygiene audits was discussed with the staff members involved. Hand-hygiene and IPC audits were included in the agenda of staff meetings at the Wicklow Community Unit Quality and Safety Committee and on the IPC link Practitioner Network meeting viewed by inspectors.

Wicklow Community Unit sought feedback from patients on discharge to ascertain their experience of care in the unit. Results from the patient's feedback was not calculated and trended by the hospital, but feedback forms were reviewed by staff to identify areas for improvement. Examples of improvements made based on patients feedback was provided to inspectors.

Medication safety audit reports were provided to inspectors for 2023 and 2024. Overall compliance scores were not calculated for these audits, but a review of individual audit elements demonstrated good compliance with the elements audited. QIPs were developed for the areas requiring improvement with evidence of implementation of required actions.

Overall, the unit was monitoring the quality and safety of care in relation to infection prevention and control and medication safety appropriate to the size and scope of the unit. However,

- Compliance scores were not calculated for all audits to facilitate tracking and trending.
- Associated quality improvement plans were not developed for all audit findings requiring improvement.
- The audit tool and frequency of environmental audits should be reviewed in light of non-compliances identified in the July 2024 environmental audit.

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 unit had systems in place to identify and manage risks. Risks were recorded on a risk register to be formally reviewed six monthly by the unit ADON. Risks reviewed had owners assigned and existing controls in place and actions required outlined to manage and reduce recorded risks. There were no red-rated risks on the unit's risk register.

Inspectors were informed that patients for rehabilitation and convalescence were transferred from three acute hospitals, but primarily St Vincent's University Hospital as a planned admission for an average four to six week duration under the care of a consultant in medicine for the elderly. Patients were also admitted from home to Wicklow Community Unit for respite under the care of a local general practitioner for an average two week stay.

A risk on the risk register related to the potential for the communication of incorrect information during admission or discharge. To mitigate this risk, the unit ADON and the CHO 6 respite coordinator reviewed all planned respite referrals forms received from GPs, the respite coordinator, public health nurses and acute hospitals in line with the unit's admission criteria. Patient referrals for convalescence and rehabilitation were reviewed by the ADON and the consultant in medicine for the elderly. Inspectors were informed that pre-admission assessments and discharge letter were completed for all patients to support communication during transfers of care, examples of these were seen during the inspection.

There was no single en-suite room available for patients requiring isolation. This risk was not recorded on the risk register, but the hospital had controls in place to minimise the associated risk which were seen in place on the day of inspection.

The risk of medication errors was recorded on the risk register, with controls in place to minimise this risk. Patients admitted for respite brought in their own medication which were double checked by two nurses on admission to the unit, and checked against the prescription for accuracy in line with the unit's policy. Medication for patients admitted for convalescence or rehabilitation were dispensed by a local pharmacy. All individual patients' medications were kept in a medication box and stored in a locked press in the patient's room. Medications were administered by the nurses in line with local policies. Inspectors were informed medications related issues were discussed with the medical officer.

Patients' vital observations were recorded on admission and discharge and as required. A medical officer visited the unit weekly and reviewed all new respite patients, and any other patients as requested by nursing staff. A consultant in medicine for the elderly visited the unit weekly and reviewed all patients for rehabilitation and convalescence on admission, prior to discharge and as required. Weekly multidisciplinary meetings were also held to discuss patients undergoing rehabilitation and convalescence in the unit. The unit did not have a

policy on the deteriorating patient but the process in place was outlined clearly by management and staff of the unit. Inspectors were informed that all patients who became unwell had regular vital observations performed. Patients were reviewed by the medical officer during core hours Monday to Friday, or by the doctor on-call service outside core hours and at weekends. A patient's sudden deterioration or medical emergency was managed through emergency ambulance calls. Contact details for required services was observed in the nurses' station of the unit.

Overall, the service providers protected service users from the risk of harm associated with the design and delivery of healthcare services relevant to the size and scope of the services provided in the unit.

Judgment: Compliant

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

Wicklow Community Unit had systems in place to identify, manage, respond to and report patient-safety incidents, in line with national legislation, standards, policy and guidelines. Staff who spoke with the inspectors could clearly outline how to report and manage patient-safety incidents. Patient-safety incidents were recorded on the national incident management system^{†††} and reviewed and discussed at the Wicklow Community Unit Quality and Safety meetings. Reported incidents were tracked and trended by the Quality and Patient Safety Advisor for CHO 6 with oversight from the QSEC. Patient-safety incident reporting to NIMS was timely and in line with the HSE's national target. The majority of reported incidents were categorised minor or negligence. No serious incident requiring review was reported in the previous two years as per incident reports provided to inspectors.

Overall, the unit effectively identified, managed, responded to patient-safety incidents relevant to the size and scope of the unit.

Judgment: Compliant

Conclusion

An announced inspection of Wicklow Community Unit was carried to assess compliance with 11 national standards from the *National Standards for Safer Better Health*. Overall, the inspectors found good levels compliance with the national standards assessed.

^{†††} The National Incident Management System is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation

Capacity and Capability

Wicklow Community Unit had governance arrangements for assuring the delivery of high-quality, safe and reliable healthcare relevant to the size and scope of this unit. There were management arrangements in place to support and promote the delivery of high quality, safe and reliable healthcare services relevant to the size and scope of the unit. The oversight and approval process for policies and procedures at the unit should be reviewed to ensure it is line with CHO 6 policy approval processes.

Workforce arrangements in the unit were planned, organised and managed to ensure the delivery of high-quality care. However, the WTE nursing shortfall, if left unfilled, could impact on the delivery of care at the unit. All staff were not up to date with mandatory and essential training.

Quality and Safety

Staff and management in the unit made every effort to ensure their patients dignity, privacy and autonomy were respected and promoted. However, this was challenging in an environment with no en-suite facilities for patients requiring isolation. Management and staff promoted a culture of kindness, consideration and respect. The hospital had systems and processes in place to respond effectively to complaints and concerns raised by people using the service.

The physical environment supported the delivery of high-quality, safe, reliable care and protected the health and welfare of people receiving care, with a few exceptions which were highlighted to the manager on the day of inspection and outlined in this report.

The unit monitored the quality and safety of care in relation to infection prevention and control and medication safety appropriate to the size, scope and risk identified in the unit, with some opportunity for improvement identified and outlined in this report.

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 of Wicklow Community Unit was made following a review of the evidence gathered 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 was identified, HIQA issued a compliance plan 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:

<p>Compliant: A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

Capacity and Capability Dimension	
National Standard	Judgment
Theme 5: Leadership, Governance and Management	
Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high-quality, safe and reliable healthcare.	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.	Substantially compliant
Theme 6: Workforce	
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	
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Compliant
Standard 1.7: Service providers promote a culture of kindness, consideration and respect.	Compliant
Standard 1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Compliant
Theme 2: Effective Care and Support	
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.	Partially compliant
Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	Partially compliant
Theme 3: Safe Care and Support	
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

Compliance Plan Service Provider's Response

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.		Partially compliant															
<table border="1"> <thead> <tr> <th>Partial Compliance Identified</th> <th>Action taken</th> <th>Date of completion</th> </tr> </thead> <tbody> <tr> <td>The unit had no single room inclusive of bathroom facilities for patients with a suspected or confirmed infection that required transmission-based precautions.</td> <td>The General Manager has engaged with HSE Estates to establish whether this will be possible. Discussions are ongoing. If possible this will likely be included in the capital plan for 2025.</td> <td>31/12/2025</td> </tr> <tr> <td>Clean and used linen was not segregated in line with national guidance.</td> <td>Clean linen moved out of the laundry.</td> <td>Complete 06/08/2024</td> </tr> <tr> <td>There was no clear discreet signage on the door of a patient's room with a confirmed infection that required transmission-based precautions.</td> <td>Signage developed & in place.</td> <td>Complete 03/08/2024</td> </tr> <tr> <td>Cleaning schedules did not reflect the cleaning solutions in use for routine environmental cleaning as outlined to inspectors on the day of inspection.</td> <td>Cleaning schedules with appropriate cleaning solutions developed & in place</td> <td>Complete 06/08/2024</td> </tr> </tbody> </table>			Partial Compliance Identified	Action taken	Date of completion	The unit had no single room inclusive of bathroom facilities for patients with a suspected or confirmed infection that required transmission-based precautions.	The General Manager has engaged with HSE Estates to establish whether this will be possible. Discussions are ongoing. If possible this will likely be included in the capital plan for 2025.	31/12/2025	Clean and used linen was not segregated in line with national guidance.	Clean linen moved out of the laundry.	Complete 06/08/2024	There was no clear discreet signage on the door of a patient's room with a confirmed infection that required transmission-based precautions.	Signage developed & in place.	Complete 03/08/2024	Cleaning schedules did not reflect the cleaning solutions in use for routine environmental cleaning as outlined to inspectors on the day of inspection.	Cleaning schedules with appropriate cleaning solutions developed & in place	Complete 06/08/2024
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<p>Timescale:</p> <p>Structural works to establish a room with en-suite facilities will require a scoping exercise and architect engagement and due to the likely cost will require a formal tender. Expected close out date of 31/12/2025.</p>																	
National Standard		Judgment															
Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.		Partially compliant															

Partial Compliance Identified	Action taken	Date of completion
Compliance scores were not calculated for all audits to facilitate tracking and trending.	Audits amended to include compliance score.	Complete 01/09/2024
Associated quality improvement plans were not developed for all audit findings requiring improvement.	Quality improvement plans in progress and implementation plan will be monitored through the Divisional Quality & Patient Safety Forum	31/12/2024
The audit tool and frequency of environmental audits should be reviewed in light of non-compliances identified in the July 2024 environmental audit	Audits planned to be completed twice yearly and action plans in progress. Service will also be subject to periodic audits through the QPS Divisional H & S lead	Complete 01/09/2024
Timescale: To be completed by 31/12/2024		