Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at Kerry General Hospital, Co Kerry

Monitoring programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections

Date of on-site inspection: 17 September 2014

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement –** Supporting services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Table of Contents

1. Introduction

Preventing and controlling infection in healthcare facilities is a core component of high quality, safe and effective care for patients. In order to provide quality assurance and drive quality improvement in public hospitals in this critically important element of care, the Health Information and Quality Authority (the Authority or HIQA) monitors the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.[1]

These Standards will be referred to in this report as the Infection Prevention and Control Standards. Monitoring against these Standards began in the last quarter of 2012. This initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection Prevention and Control Standards.

The Authority's monitoring programme will continue in 2014, focusing on unannounced inspections. This approach, outlined in guidance available on the Authority's website, www.hiqa.ie – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*[2] – will include scope for re-inspection within six weeks where necessary. The aim of re-inspection is to drive rapid improvement between inspections.

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards[1] is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

- Standard 3: Environment and Facilities Management
- Standard 6: Hand Hygiene.

Other Infection Prevention and Control Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards may not be assessed in their entirety during an unannounced inspection and therefore findings reported are related to a criterion within a particular Standard which was observed during an inspection. The Authority uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene practice in one to three clinical areas depending on the size of the hospital. Although specific clinical areas are assessed in detail using the hygiene observation tools, Authorised Persons from the Authority also observe general levels of cleanliness as they follow the patient's journey through the

hospital. The inspection approach taken is outlined in guidance available on the Authority's website.[2]

This report sets out the findings of the unannounced inspection by the Authority of Kerry General Hospital's compliance with the Infection Prevention and Control Standards.[1] It was undertaken by Authorised Persons from the Authority, Alice Doherty and Katrina Sugrue, on 14 September between 08:50hrs and 13:25hrs.

The areas assessed were:

- Sceilig Ward (Medical and Coronary Care Unit)
- Rathass Ward (Medical, Surgical and Orthopaedic).

The Authority would like to acknowledge the cooperation of staff with this unannounced inspection.

2. Kerry General Hospital Profile[¥]

Overview

Kerry General Hospital provides Acute General Hospital services to the population of Co. Kerry (145000) and additionally to a proportion of the populations of West Limerick and North Cork. Kerry General Hospital is a Level 3 Hospital with service links to Cork Hospitals, particularly Cork University Hospital.

Hospital Activity

The hospital treats over 14000 in-patients per annum, approximately 10000 day cases and approximately 53000 out-patients. Additionally, the Emergency Department (ED) manages attendances in the region of 36000 per annum. Activity levels in 2013 can be seen hereunder:

Year	Inpatient Discharges	Day Cases	Emergency Presentations	Emergency Admissions	Outpatients
2013	13198	10872	36517	10150	54014

Bed Capacity and Workforce

The hospital bed capacity is presently 222 in-patient beds in addition to 16 day procedure beds and 8 Acute Medical Assessment Unit beds. Excluded from this figure are 38 Mental Health beds which come under the remit of Kerry Community Services. The workforce at Kerry General Hospital presently comprises 896 Whole Time Equivalents including 35.69 Consultant staff and 101.5 Non-Consultant House Doctors.

New/Ongoing Developments at the Hospital

- New Emergency Department.
- Endoscopy new 2 roomed suite completed.
- Plans for reconfiguration of Medical floor to include hybrid unit, short stay unit and acute stroke unit.
- Plans for Education Centre.
- Additional Consultant posts (Obstetrics and Gynaecology, Radiologist).

Performance Monitoring

Kerry General Hospital participates in Regional/National Performance Management Framework which includes metrics around healthcare acquired infections (HAIs). Kerry General Hospital consistently out-performs the national targets around HAIs.

[¥] The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

Service Profile

The full range of Specialties provided at Kerry General Hospital and Specialist Services provided by visiting Consultants include:

- Emergency Medicine
- Acute Medical Assessment Unit
- General Medicine including Medicine of the Elderly
- Endocrinology
- General Surgery
- Gynaecology (Colposcopy and Urodynamics)
- Obstetrics
- Rheumatology
- Orthopaedics
- Ear, Nose and Throat Services
- Paediatric including Special Baby Care Unit
- Pathology
- Psychiatry
- Radiography including C.T. Scanning Service
- Renal Dialysis Satellite Unit
- Oncology Satellite Unit
- Palliative Care
- Coronary Care Unit
- Intensive Care Unit
- Pathology
- Paediatric Assessment Unit
- Anaesthestics
- Medical Rehabilitation.

The following additional Specialist Out-Patient Services are provided by visiting Consultants:

- Cardiology
- Dermatology
- Nephrology
- Neurology
- Oncology
- Ophthalmology
- Plastic Surgery
- Dental
- STD Clinic.

3. Findings

Overview

This section of the report outlines the findings of the unannounced inspection at Kerry General Hospital on 17 September 2014. The clinical areas which were inspected were Sceilig Ward and Rathass Ward.

Sceilig Ward is a 28-bedded ward and consists of one three-bedded ward, three six-bedded wards, four coronary care unit beds and three single ensuite rooms which are used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. Two patients were isolated at the time of the inspection.

Rathass Ward is a 30-bedded surgical services unit which accommodates a mix of medical, surgical and orthopaedic patients. It consists of four six-bedded wards, one three-bedded ward and three single ensuite rooms. Twenty-four beds is the normal number of beds open on the ward, however six additional beds were in use at the time of the inspection due to the activation of the hospital's escalation policy in response to the increased number of patients in the emergency department awaiting admission. One patient was isolated at the time of the inspection.

This report is structured as follows:

- **Section 3.1** of the report outlines the key findings relating to non-compliance with the Standards which include environment and facilities management at Kerry General Hospital. In addition, a detailed description of the findings of the unannounced inspection undertaken by the Authority is shown in Appendix 1.
- **Section 3.2** presents the findings relating to hand hygiene at Kerry General Hospital under the headings of the five key elements of a multimodal hand hygiene improvement strategy.
- **Section 4** provides an overall summary of findings.

3.1 Key findings relating to non-compliance with Standard 3

The Authority found evidence during the inspection of both compliance and non-compliance with Standard 3 of the Infection Prevention and Control Standards.[1] An overview of the most significant non-compliances relating to these Standards is discussed below. Please see Appendix 1 for further details of findings.

Environment and facilities management

Both wards were generally clean with some exceptions. The Authority found that improvements were required in the management and maintenance of the physical environment on both wards. Dust was observed in some patient areas on Sceilig

Ward and on the undercarriage of a bed. On Rathass Ward, light to moderate levels of dust were observed on the undercarriages of two beds inspected and heavy dust was observed on the monkey pole used to assist patients to sit up in bed.

Improvements were also required in the management of some sanitary facilities on Rathass Ward where there was a lack of clarity as to who was responsible for cleaning the sanitary waste unit on a daily basis. This issue was highlighted as a result of a blood stain viewed by the Authority on the surface of the sanitary waste unit located in the toilet facility in the three-bedded ward. In addition, a raised toilet seat which was visibly unclean was stored on the floor of the same toilet. A wall hook was available for the storage of the raised toilet seat but was not used at the time of the inspection. Opportunities for improvement were noted in the management of cleaning equipment on Rathass Ward where some equipment viewed was not managed in line with best practice.

The Coronary Care Unit on Sceilig Ward was cluttered during the inspection. For example, patient equipment and cardboard boxes containing patient supplies were stored on the floor at the entrance to the unit and a bag containing personal items belonging to a patient was sitting on the floor. Other personal items belonging to patients and suction apparatus were stored on the window ledge. The Authority was informed that it is difficult to work in the unit due to lack of storage space and that the toilet in the unit is used as a patient toilet, a 'sluice' and as a storage area for items such as commodes and bedpans. At the time of the inspection, a white plastic bag was stored on the floor in the toilet. The Authority was subsequently informed by senior management that it is planned to re-organise the Coronary Care and High Dependency Units as part of the hospital's development programme. A business case is also being prepared by the Hygiene Committee to address lack of storage space in the hospital in general.

The Equipment and Maintenance Committee, which reports to the hospital's Executive Management Board, reviews maintenance issues in the hospital on the basis of risk and priority. However, the Authority was informed that the hospital does not have a maintenance budget and therefore cannot decide at a local level which issues are funded. The Authority viewed communications dated June and September 2014 from the General Manager to the Interim Chief Executive Officer and the Assistant National Director, Estates requesting funding to address outstanding maintenance issues which were highlighted by the Authority during an unannounced inspection of the hospital in 2013. The Authority was informed that cots and commodes were replaced last year from the hospital's general budget allocation.

Patient equipment

Opportunities for improvement were noted in the management of some patient equipment. For example, on Sceilig Ward, there was a red stain on the interior

surface of a glucometer holder and staining was also visible on a commode and the base of an intravenous stand. On Rathass Ward, two thermometer probes were unclean and suction equipment on an emergency trolley was not protected from the risk of contamination. Syringes which were inserted into small containers of saline were left on top of two intravenous pumps and not disposed of after use, which is not in line with best practice. A green labelling system was in operation on Rathass Ward to identify equipment that had been cleaned. However, the labels viewed on four intravenous stands at the time of the inspection indicated that they had not been cleaned on a daily basis, in line with best practice. A mattress cover on Sceilig Ward was dusty and two mattresses on Rathass Ward were compromised, with staining observed on the inside of the mattress covers and on the mattress bases. The Authority was informed by senior management that mattresses are 'non-stock' items and therefore, replacement mattresses are not stored on site. However, the replacement of mattresses is prioritised across the hospital.

3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards[1] and the World Health Organization (WHO) multimodal improvement strategy.[3] Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.2.1 System change[3]: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene*.

Standard 6. Hand Hygiene

Hand hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

Criterion 6.1. There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections. These include but are not limited to the following:

- the implementation of the *Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre*, 2005
- the number and location of hand-washing sinks
- hand hygiene frequency and technique
- the use of effective hand hygiene products for the level of decontamination needed
- readily accessible hand-washing products in all areas with clear information circulated around the service
- service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene.

- The design of some clinical hand wash sinks in Sceilig Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[4]

3.2.2 Training/education[3]: *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers*.

Standard 4. Human Resource Management

Human resources are effectively and efficiently managed in order to prevent and control the spread of Healthcare Associated Infections.

Criterion 4.5. All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees.

Hand hygiene training

- Staff in Kerry General Hospital are required to attend hand hygiene training annually. The Authority was informed that 80% of all hospital staff had attended hand hygiene training in the 12 months up to June 2014. It is noted that this figure is based on a two-year 'rolling' monthly record which is submitted to the Business Intelligence Unit of the Health Service Executive (HSE) on a monthly basis.

Local area training

- The Authority was informed that all staff on Sceilig Ward and the majority of staff on Rathass Ward (23 out of 24) have attended hand hygiene training in the last 12 months.

3.2.3 Evaluation and feedback[3]: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff*.

Criterion 6.3. Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are fed back to the relevant front-line staff and are used to improve the service provided.

The following sections outline audit results for hand hygiene.

National hand hygiene audit results

- Kerry General Hospital participates in the national hand hygiene audits which are published twice a year.[5] The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate an increase in compliance in the second half of 2013, however, it was still below the HSE's national target of 90%.[6] There was a decrease in compliance from October/November 2013 to May/June 2014.

Period 1-7	Result
Period 1 March/April 2011	82.4%
Period 2 Oct/Nov 2011	80.5%
Period 3 May/June 2012	81.9%
Period 4 Oct/Nov 2012	81.0%
Period 5 May/June 2013	81.0%
Period 6 Oct/Nov 2013	88.6%
Period 7 May/June 2014	85.2%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.[5]

Hospital hand hygiene audit results

- Documentation viewed by the Authority demonstrated that quarterly hand hygiene audits are carried out at Kerry General Hospital. Following the national hand hygiene audit in May/June 2014, a further hospital-wide audit was carried out in July/August 2014. Compliance in this audit decreased from the previous audit to 84.4%. In this audit, allied health/other staff achieved 100% compliance, nurses achieved 84.4% compliance, auxiliary staff achieved 87.1% compliance

and medical staff achieved 67.2% compliance. The result for medical staff is a decrease from a previous audit in March 2014 where this staff group achieved 77.6% compliance.

Local area hand hygiene audit results

- Sceilig Ward achieved 90% compliance in a hand hygiene audit carried out in May 2014. On Rathass Ward, an overall compliance of 90.7% was achieved in hand hygiene audits carried out on a quarterly basis in 2013.

Observation of hand hygiene opportunities

Authorised Persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

The underlying principles of observation during inspections are based on guidelines promoted by the WHO[7] and the HSE.[8] In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include the duration, technique[ϒ] and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly observed (uninterrupted and unobstructed) during an inspection. Such an approach aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

- The Authority observed 18 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
  - four before touching a patient
  - two before clean/aseptic procedure
  - one after body fluid exposure risk
  - four after touching a patient
  - six after touching patient surroundings
  - one hand hygiene opportunity was observed where there were two indications for one hand hygiene action (after touching patient surroundings and before touching the next patient).

[ϒ] The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

- Ten of the 18 hand hygiene opportunities were taken. The eight opportunities which were not taken comprised the following:
  - four before touching a patient
  - two before clean/aseptic procedure
  - one after body fluid exposure risk
  - one after touching patient surroundings and before touching the next patient.
- Of the ten opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for nine opportunities and the correct technique was observed in all nine hand hygiene actions.

In addition the Authorised Persons observed:

- Ten hand hygiene actions that lasted greater than or equal to (≥) 15 seconds as recommended.
- The Authority observed that most of the non-compliances with hand hygiene practice occurred when gloves were applied after taking a hand hygiene action and then the curtains around a patient bed were pulled with the gloved hand before touching the patient. The practice observed may indicate a lack of awareness of the defined healthcare area and patient zone.
- Inappropriate use of personal protective equipment was observed. For example, two staff members were observed mobilising a patient when there was no indication to do so.

3.2.4 Reminders in the workplace[3]: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it*.

- Hand hygiene advisory posters were available, up-to-date, clean and appropriately displayed in the areas inspected at Kerry General Hospital.

3.2.5 Institutional safety climate[3]: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels*.

- A compliance of 85.2% was achieved by Kerry General Hospital in the national hand hygiene audit carried out in May/June 2014 which is below the HSE target of 90%. A 'snap shot' observation of hand hygiene practices by the Authority during the inspection showed that 56% (10 out of 18) of hand hygiene opportunities were taken. The Authority notes that this is a small sample size but the observations may indicate a lack of awareness of the defined healthcare area and patient zone. Kerry General Hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is

improved and maintained in all clinical areas and across all staff groups, and national targets are attained. The Authority notes that this is part of the hospital's hand hygiene improvement strategy for 2014.

4. Summary

The risk of the spread of Healthcare Associated Infections is reduced when the physical environment and equipment can be readily cleaned and decontaminated. It is therefore important that the physical environment and equipment is planned, provided and maintained to maximise patient safety.

Both wards were generally clean with some exceptions. Opportunities for improvement were noted in the maintenance and management of some patient equipment and the patient environment.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of Healthcare Associated Infections in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

Hand hygiene practice at Kerry General Hospital needs to be improved to ensure that compliance is improved and national targets are attained.

Kerry General Hospital must now revise and amend its quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the Infection, Prevention and Control Standards. This QIP must be approved by the service provider's identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP must be published by the Hospital on its website within six weeks of the date of publication of this report and at that time, provide the Authority with details of the web link to the QIP.

It is the responsibility of Kerry General Hospital to formulate, resource and execute its QIP to completion. The Authority will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key performance indicators. Such an approach intends to assure the public that the Hospital is implementing and meeting the Infection Prevention and Control Standards and is making quality and safety improvements that safeguard patients.

5. References[¥]

1. Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections.* Dublin: Health Information and Quality Authority; 2009. Available online from: http://www.hiqa.ie/publication/national-standards-prevention-and-control-healthcare-associated-infections
2. Health Information and Quality Authority. *Guide: Monitoring programme for unannounced inspections undertaken against the national standards for the prevention and control of Healthcare Associated Infections.* Dublin: Health Information and Quality Authority; 2014 Available online from: http://www.hiqa.ie/publications?topic=17&type=All&date%5Bvalue%5D%5Byear%5D=
3. World Health Organization. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. Revised August 2009. Available online from: http://www.who.int/gpsc/5may/tools/system_change/en/
4. Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. Available online from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf
5. The Health Protection Surveillance Centre. National Hand Hygiene Audit Results. Available online from: http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceofAntimicrobialConsumptionESAC/PublicMicroB/HHA/Report1.html
6. Health Service Executive – National Service Plan 2014. Available online from: http://www.hse.ie/eng/services/Publications/corporate/serviceplan2014/nationalserviceplan2014.pdf
7. World Health Organization. Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual. Available on line from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1.
8. Health Service Executive. Hand Hygiene Observation Audit Standard Operating Procedure September 2014. Available on line from: http://www.hpsc.ie/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf

[¥] All online references were accessed at the time of preparing this report.

6. Appendix 1 - Detailed description of findings from the unannounced inspection at Kerry General Hospital on 17 September 2014

In this section, non-compliances with Criteria 3.6 and 3.7 of Standard 3 of the Infection Prevention and Control Standards[1] which were observed during the inspection are listed below.

Standard 3. Environment and Facilities Management

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection.

Criterion 3.6. The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of Healthcare Associated Infections. This includes but is not limited to:

- all equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained
- the linen supply and soft furnishings used are in line with evidence-based best practice and are managed, decontaminated, maintained and stored.

Sceilig Ward

Sceilig Ward was generally clean with some exceptions. Opportunities for improvement were noted in the maintenance and management of some patient equipment and the patient environment.

Patient equipment

- A red stain was visible on the interior surface of the lid of a glucometer holder. White debris was observed inside the holder.
- Staining was visible on an insert under the seat on a commode.
- Splash stains were visible on the base of an intravenous stand at a patient bedside.
- Rust-coloured staining was visible at the wheel areas on two dressing trolleys.

General cleanliness and maintenance

- The following non-compliances were observed regarding dust:

  - Light dust was observed on floors, skirting boards and curtain rails in the patient areas assessed.
  - A mattress cover was observed to be dusty.
  - Dust was visible on the undercarriage of a bed and a black sticky substance was visible under a second bed.
  - Dust was visible on two keyboards in a treatment room.
- Boards behind some patient beds were chipped. The Authority was informed that the hospital hopes to replace these before the end of the year.
- Three bedside tables and a radiator in one of the patient areas assessed were unclean.
- The hand wash sink in one of the patient areas was cracked and staining was visible on the sealant. Part of a floor tile under the sink was missing. Staining was also visible between wall tiles at another hand wash sink. The cover on a splash back under a third hand wash sink was coming away from the wall.
- Sticky residue was visible on a wall beside a patient bed.
- The floor covering beside a radiator pipe in one of the patient areas assessed was incomplete.
- Personal items belonging to patients were stored in bags on the floor beside patient beds.
- Chipped paint was observed in some areas of the ward and facilities, for example, skirting boards, door frames and walls.

Coronary Care Unit

- Patient equipment and cardboard boxes containing patient supplies were stored on the floor at the entrance to the unit and a bag containing personal items belonging to a patient was sitting on the floor. Dust was visible on the floor and a floor tile was missing beside the hand wash sink. Other personal items belonging to patients and suction apparatus were stored on the window ledge.
- The outer surface of a bedside locker was chipped and there was chipped paint on the wall behind the radiator and on the skirting board.
- Dust was visible on the floor in the toilet, the floor covering behind the toilet was worn and a white plastic bag was stored on the floor.

Ward facilities

- The following non-compliances were observed in the clean utility room:
  - The door was not secured potentially allowing unauthorised access to intravenous antibiotics which were stored in an unlocked cupboard and hypodermic needles.
  - A light layer of dust and a small amount of debris were observed on the floor. Two cardboard boxes were stored on the floor.

  - While the majority of signage was laminated, there was one paper notice which was not laminated.
  - The sealant behind the hand wash sink was cracked. Chlorhexidine solution was spilled on the sink and wall tiles behind the sink.
  - The edges on some cupboards were missing.
- The following non-compliances were observed in the 'dirty'[±] utility room:
  - Black staining was visible on the sealant behind the hand wash sink.
  - The floor and skirting board inside the door were unclean. Staining was visible on the floor beside the macerator. Two linen bags and a black plastic bag were stored on the floor.
  - The edges on some cupboards were missing and the interior of one cupboard was dusty.

Sanitary facilities

- A toilet and sink were observed to be unclean.
- Dust was visible on a floor in a patient shower room and part of the floor covering was worn. A plastic jug was sitting on the floor in a patient toilet.
- Staining was observed on wall panels, floor coverings and ceiling tiles.

Linen

- Clean linen was stored in plastic bags on open shelving on the main ward corridor with no protection from external contamination. The surface of some of the shelving was chipped.

Rathass Ward

Rathass Ward was generally clean with some exceptions. Opportunities for improvement were noted in the maintenance and management of some patient equipment and the patient environment.

Patient equipment

- Two syringes which were inserted into 10 millilitre containers of saline were left on top of two intravenous pumps and not disposed of after use. This was brought to the attention of the Ward Manager for immediate mitigation.
- Two thermometer probes were unclean.
- Suction equipment on an emergency trolley was not protected from the risk of contamination as it was uncovered at the time of the inspection.
- The mattress base of two beds and their mattress covers were stained.

[±] A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

- A green labelling system was used to identify equipment which had been cleaned. Whilst the intravenous stands were clean at the time of the inspection, the labels in place indicated that the intravenous stands had not been cleaned on a daily basis in line with best practice.
- Light levels of dust were present on the base of a patient hoist.
- Dust and grit were evident on a computer keyboard in use at the ward work station.

General cleanliness and maintenance

- Some of the floor covering observed was stained/marked particularly in the ante room of room 31, the floor covering under the hand hygiene sink in 'beds 7-12', the floor in the shower room in the three-bedded ward and the clinical treatment room.
- Dust was present on the undercarriages of two beds inspected and the heavy dust was observed on the monkey pole used to assist patients to sit up in bed.
- Stains were visible on the legs of a bedside table.
- Chipped paint was observed on some radiators and the edges of doors leading into the wards.

Ward facilities

- A wet tissue was present in the hand hygiene sink in a shared ante room between two isolation rooms. In addition, a wall cover under the sink was not fixed on the wall as one of the hinges was broken.
- The following non-compliances were observed in the 'dirty' utility room:
  - The floor covering was marked in places.
  - Clinical waste bags were stored around the hand hygiene sink area, partially obstructing access to the sink.

Sanitary facilities

- A raised toilet seat was visibly unclean and stored on the floor in the toilet facilities of the three-bedded ward at the time of the inspection.
- A ceiling tile was not fully fixed into position.
- A blood stain was observed on the top of a sanitary waste disposal unit in the toilet of the three-bedded ward. The Authority was informed that it was not the responsibility of the external cleaning staff to clean the unit; however the issue was addressed immediately. The Authority recommends that the responsibility for cleaning across the ward be reviewed and clarified.
- The rubber seal on a shower frame was not fixed in place and sticky residue was present on the end of the wall in the shower area.

- A cleaning consumable containing bleach was stored on a shelf over the sink in the toilet of room 4 which is not in line with best practice.

Cleaning facilities

- Grit and dust were observed on a shelving unit.
- A cleaning daily checklist was not available to view for the week/day of the inspection.
- The floor mop head was stored with mop head on the floor and a mop stored upright and covered by a blue J-cloth was visibly dusty.
- Dust was present on the floor corners, edges and skirting in the cleaning store room.
- The Authority was informed that detergent holders are cleaned on a weekly basis which is not in line with best practice.

Linen

- The roller cover on the linen trolley was not closing at the time of the inspection which left the clean linen exposed to a low risk of contamination. However, the Authority was informed that this issue had been referred to the maintenance department on the morning of the inspection to be addressed.

Waste

Criterion 3.7. The inventory, handling, storage, use and disposal of hazardous material/equipment is in accordance with evidence-based codes of best practice and current legislation.

- The 'dirty' utility room on Sceilig Ward is used as the designated sub-collection area for clinical waste on the ward. While there was a keypad on the door, it was not locked during the inspection potentially allowing unauthorised access to clinical waste.
- An integrated sharps tray containing an empty syringe was sitting on a patient bedside table in the Coronary Care Unit on Sceilig Ward. The temporary safety locking mechanism was not engaged on the sharps waste disposal box.
- A non-clinical waste disposal bin in one of the patient areas assessed on Sceilig Ward was more than two thirds full.

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hiqa.ie

URL: www.hiqa.ie