



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Naas General Hospital, Naas, Co Kildare

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

Date of on-site inspection: 21 August 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.

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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 Standards¹ 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 Naas General Hospital's compliance with the Infection Prevention and Control Standards.¹ It was undertaken by Authorised Person from the Authority, Kay Sugrue, on 21 August 2014 between 08:50hrs and 12:25hrs.

The area assessed was:

- Allen Ward (General Surgical Ward)

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

2. Profile

Naas General Hospital provides general medical, surgical, acute psychiatric services and a 24-hour emergency service to its immediate catchment population of Kildare/West Wicklow (approx. 220,000 according to the 2011 census). The majority of services are delivered from a new building that was part of the 2001-2004 development. Some services remain in the older part of the building which date back to the 1840s.

The hospital has a bed capacity of 243 beds which includes inpatient beds, acute psychiatry beds and day beds. The hospital provides the following services: medicine, surgery, pharmacy, pathology, radiology (including MRI, CT scanning, ultrasound, DEXA scanning), therapies including physiotherapy, occupational therapy, speech and language therapy, dietetics, orthopaedics, diabetics, respiratory, social work, pulmonary function, cardiology, oncology, palliative care, anti-coagulation, tissue viability, dermatology, rheumatology and cardiac rehab.

There are three operating theatres and a newly commissioned Central Sterile Supply Department (CSSD).

Recent developments include opening of a Stroke Unit that provides thrombolysis and rehabilitation providing a service to Laois, Offaly and Carlow. This service is augmented by the use of telemedicine based in the Emergency Department. Other recent development include the S.T.E.P.S programme in stroke service, diabetics 'One Stop Shop' service, chest pain service, Acute Medical Assessment Unit (AMAU) and a Minor Injury Unit.

Hospital Activity 2013

Item	Details
ED presentations	25,270
Total discharges	8,830
Bed days used	58,695
OPD attendances	51,297

3. Findings

Overview

This section of the report outlines the findings of the unannounced inspection at Naas General Hospital on 21 August 2014. The clinical area which was inspected was Allen Ward.

Allen Ward is a general surgical ward but also accommodates medical patients. It is a 31-bedded ward and consists of four six-bedded wards, one three bedded ward and four single rooms. All of the single rooms are ensuite, one of which also has an ante room. The single rooms 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.

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 Naas 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 Naas 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 Standards 3, and 6 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

The Authority found that Allen Ward was generally clean with some exceptions. However, unacceptable levels of dust was observed on the undercarriages of two beds inspected. Improvements were required in the maintenance of the wards paintwork where paintwork on some of the walls behind beds in the patient areas was chipped. In addition, several large chips were observed on the corner edges of the surfaces of window sills in two six bedded wards and a single room. The Authority was informed that it is planned to commence the painting of Allen Ward at the end of August where it is anticipated that the issues, identified through internal audit and also by the Authority, will be addressed.

The Authority viewed four ensuite shower/toilet facilities during the inspection. A toilet basin and seat were visibly unclean in one of the shower facilities in a six-bedded ward and a jug with remnants of urine was observed beside the toilet. The joint between the floor covering and the wall was dusty in all four and some damage was present on surface of the wall in one shower room. In addition the ceiling vents in these shower facilities were visibly dusty. In accordance with evidence-based guidelines, a hospital environment should be visibly clean and free from dust and dirt and acceptable to patients, visitors and staff.³ The findings indicate that improvements were required in the management of patient sanitary facilities on Allen Ward.

Patient Equipment

Patient equipment such as a glucometer holder and blood monitoring equipment inspected in the clean utility room was unclean. The Authority was informed that the equipment was no longer in use. The use of finger stick devices and blood monitoring equipment such as those used in the monitoring of blood sugars have been linked to outbreaks of hepatitis B and hepatitis C in healthcare settings.⁴⁻⁶ Effective cleaning and disinfecting of contaminated blood glucose monitoring equipment after each use is one of the essential principles in preventing the transmission of blood borne pathogens such as hepatitis B virus and hepatitis C virus.⁵ Other glucometers in use at the time of the inspection were visibly clean. In addition, some intravenous drip stands and pumps were visibly stained. Opportunities for improvement were noted in the management of some patient equipment.

3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards¹ and the World Health Organization (WHO) multimodal improvement strategy.⁷ 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 change⁷: *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 clinical hand wash sinks in Allen Ward that did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁸

3.2.2 Training/education⁷: *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.

Hospital training

- Staff in Naas General Hospital are required to attend hand hygiene training every two years. The Authority was informed that 75% of clinical staff have attended hand hygiene training in the last two years. Staff are encouraged to complete the HSE LanD e-learning training programme⁹(the Health Service Executive's (HSE's) online resource for learning and development) or can attend face to face hand hygiene education sessions. In addition hand hygiene technique is assessed using the 'glo box'.[‡]

Local area training

- The Authority was informed that 92% of staff in Allen Ward had attended hand hygiene training in the previous two years.

3.2.3 Evaluation and feedback⁷: *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.

[‡] The 'glo box' test uses a box with a UV light and a special hand cream which can simulate the appearance of bacteria when poor hand hygiene technique is applied.

National hand hygiene audit results

Naas General Hospital participates in the national hand hygiene audits which are published twice a year.¹⁰ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate a general increase in compliance up to October 2013. The compliance from June 2011 to October 2013 was above the HSE's national target of 75% (2011) 85% (2012) and 90% (2013/14).¹¹

Period 1-6	Result
Period 1 June 2011	No data available
Period 2 October 2011	78.1%
Period 3 June/July 2012	85.2%
Period 4 October 2012	92.4%
Period 5 May/June 2013	92.4%
Period 6 October 2013	95.2%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.¹⁰

Hospital hand hygiene audit results

- Documentation viewed by the Authority demonstrate that regular internal hand hygiene audits are carried out at Naas General Hospital in addition to the national hand hygiene audits. There are three lead hand hygiene auditors and seven local hand hygiene auditors in the hospital. The most recent hand hygiene audits viewed by the Authority showed compliance of greater than 90% in most areas audited. However where poor compliance was achieved, the area is re-audited to drive improvement in compliance.

Local hand hygiene audit results

- The Authority viewed documentation showing that Allen Ward Ward has achieved above 90% in hand hygiene audits carried out in May and June 2014.

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 WHO¹² and the HSE.¹³ 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^γ 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 15 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
 - two before touching a patient
 - one after body fluid exposure risk
 - five after touching a patient
 - seven after touching patient surroundings.
- Eleven of the 15 hand hygiene opportunities were taken. The four opportunities which were not taken comprised of the following:
 - two before touching a patient
 - one after touching a patient
 - one after touching patient surroundings.
- Of the 11 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 10 opportunities. Of these, the correct technique was observed in eight hand hygiene actions.

In addition the Authorised Persons observed:

- Ten hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended.
- The use of gloves contributed to some non-compliances with hand hygiene practice observed.

^γ The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

- Water from a basin used for patient hygiene was disposed of in a designated hand hygiene sink which is not in line with best practice.
- Some medical staff were observed wearing shoulder bags while attending to patients. The Authority was informed that there was no designated storage for handbags on Allen Ward at the time of the inspection.

3.2.4 Reminders in the workplace⁷: *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 Naas General Hospital.

3.2.5 Institutional safety climate⁷: *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.*

Naas General Hospital has achieved the targets set for hand hygiene compliance since first participating in the national hand hygiene audits in October 2011. Naas General Hospital has demonstrated a commitment to the implementation of the WHO multimodal strategy to promote hand hygiene practices and needs to continue to build on compliances achieved to date regarding hand hygiene, to ensure that good hand hygiene practice is improved and maintained, and national targets are attained.

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.

Overall, the environment and patient equipment on Allen Ward was generally clean with some exceptions. The Authority found that there was an opportunity for improvement in the maintenance and management of the patient environment relating to dust levels in some areas, sanitary facilities and the cleanliness of some patient equipment.

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.

Overall, the Authority found that Naas General Hospital demonstrated a commitment to best practice in hand hygiene. Some improvements in hand hygiene facilities are required.

Naas 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 Naas 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.

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6. Appendix 1 - Detailed description of findings from the unannounced inspection at Naas General Hospital on 21 August 2014

In this section, non-compliances with Criterion 3.6 of Standard 3 and Criterion 7.6 of Standard 7 of the Infection Prevention and Control Standards¹ 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.

Allen Ward

Allen Ward was generally clean with a few exceptions as listed below.

Patient Equipment

- Small red stains were present on the inside of a glucometer holder and on the blood monitoring equipment stored within. The Authority was informed that this equipment was no longer in use.
- Some of the intravenous stands and on intravenous pump were visibly stained. Paint was missing on the base of one of the pumps.

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. In addition, the wheel area of another bed was unclean.
- Moderate dust levels were present on the window sill behind a curtain in one of the patient areas.
- The mattress base of one bed and the mattress cover were stained.
- The impermeable cover on two armchairs were torn, hindering effective cleaning.
- Chipped paint was observed on behind some patient beds and on the corners of window sills in the areas inspected.

Ward facilities

- Heavy dust was present on the frame of a patient trolley in the treatment room.
- The alcohol hand rub dispenser was broken in room 30 and there was no top or dispenser unit on the antimicrobial soap dispenser which was also visibly stained.
- The following non-compliances were observed in the clean utility room:
 - Sticky residue was evident on a medication trolley, the top of the trolley was visibly stained and the wheel areas were unclean.
 - The bottom shelf of a cupboard used for storing intravenous fluid was visibly stained; dust and grit was also present on the inside of some of the other cupboards inspected.
- The following non-compliances were observed in the dirty[±] utility room:
 - Some of the surfaces observed were chipped, hindering effective cleaning.
 - One of the door hinges of a wall mounted cupboard was broken which resulted in the door partially hanging from the other hinges. This issue was brought to the attention of the Ward Manager at the time of the inspection.
 - Cleaning consumables were stored in an unlocked cupboard eventhough there was a locking mechanism present on the door. In addition the 'dirty' utility room was unsecured at the time of the inspection, allowing unauthorised access.
 - Rust-coloured stains were visible on the wheel areas of two of the three commodes viewed; dust was present on the frame of the third commode.

Sanitary Facilities

- A toilet bowl and seat were visibly unclean. In addition there was a jug which had the visible remnants of urine on the floor beside the toilet.
- The ceiling vents in all of the shower/toilet facilities inspected were visibly dusty.

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

- Dust was present on the joints between the wall and floor covering in four shower/toilet facilities inspected. In addition there was some staining at the edge of the wall covering in one of the shower rooms.
- Rust stains were visible on the legs of a shower stool and on the foot area of a shower chair.

Cleaning facilities

- The floor covering was visibly stained in places. In addition, stains were visible on the wall.
- Brown-coloured residue was visible on the hand hygiene sink.
- Grit and dust was observed on the floor.
- Four boxes of hand towels were stored on the floor, hindering effective cleaning.

Linen

- Magazines were inappropriately stored amongst clean linen in the linen room.

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 lid of a domestic waste bin in the clean utility was not closing fully. This matter was highlighted by the Ward Manager prior to the inspection.
- The assembly details on a large sharps container was not completed which had a potential to impact on traceability of waste.

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