



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection at Mercy University Hospital, Cork**

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

Date of on-site inspection: 13 October 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*.<sup>1</sup>

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](http://www.hiqa.ie) – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*<sup>2</sup> – 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<sup>1</sup> 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.<sup>2</sup>

This report sets out the findings of the unannounced inspection by the Authority of Mercy University Hospital's compliance with the Infection Prevention and Control Standards.<sup>1</sup> It was undertaken by Authorised Persons from the Authority, Alice Doherty, Katrina Sugrue, Noelle Neville and Shane Grogan on 13 October 2014 between 10:20hrs and 15:05hrs.

The areas assessed were:

- St Mary's Ward (Acute Geriatric)
- St Joseph's Ward (Medical and Surgical)
- Acute Medical Assessment Unit.

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

## **2. Mercy University Hospital Profile<sup>¥</sup>**

The Mercy University Hospital is a 319-bed acute general teaching hospital providing in-patient, day patient, out-patient services, emergency department and urgent care centre secondary and tertiary services in a wide range of specialties. It is the second largest hospital in Cork, playing an important role in the delivery of acute hospital care in Cork and in the Health Service Executive Southern Region.

Located in the busy centre of Cork City since 1857, Mercy University Hospital employs approximately 950 staff. In 2013 approximately 10,300 in-patients, 21,000 day patients, 40,000 out-patients and 39,000 emergency and urgent care patients were expected to have been treated. The number of patients treated by the Mercy University Hospital has risen substantially in the last decade and will continue to do so as new facilities are brought on stream.

The hospital will shortly become the Regional Centre for Gastroenterology and a recognised site for the National Colon Cancer Screening Service.

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<sup>¥</sup> 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.

### 3. Findings

#### Overview

This section of the report outlines the findings of the unannounced inspection at Mercy University Hospital on 13 October 2014. The clinical areas which were inspected were St Mary's Ward, St Joseph's Ward and the Acute Medical Assessment Unit.

St Mary's Ward is a 15-bedded ward and consists of two six-bedded wards, one two-bedded ward and one single ensuite room which is used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. The two-bedded room on the ward may also be used for cohorting patients for isolation purposes. There were no patients isolated at the time of the inspection.

St Joseph's Ward is a 25-bedded ward and consists of three six-bedded wards, one three bedded ward and four single ensuite rooms. The single rooms are used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. At the time of the inspection, four patients were isolated in the single rooms and a fifth patient requiring isolation precautions was accommodated in one of the six-bedded wards.

The Acute Medical Assessment Unit is a separate unit which is contained within the same area as St Joseph's Ward. It comprises one six-bedded ward and shares some facilities with St Joseph's Ward.

This report is structured as follows:

- **Section 3.1** of the report outlines the key findings relating to non-compliances with Standards 3 and 7 of the Infection Prevention and Control Standards<sup>1</sup> at Mercy University 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 Mercy University 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 Standards 3 and 7**

The Authority found evidence during the inspection of both compliance and non-compliance with Standards 3 and 7 of the Infection Prevention and Control Standards.<sup>1</sup> An overview of the most significant non-compliances relating to these Standards is discussed below. Please see Appendix 1 for further details of findings.

#### **Patient equipment**

Opportunities for improvement were observed in the management of patient equipment. On St Joseph's Ward, the Authority was informed that a syringe, which was sitting on a saucer at a patient bedside, was going to be used to flush a saline drip. The placement of the syringe in this manner is not in line with best practice and had the potential to significantly increase the risk of infection to the patient. This matter was brought to the attention of the Ward Manager and addressed immediately. Also on St Joseph's Ward, the Authority observed a staff member bringing a blood glucose monitor holder to a patient bedside, which is not in line with best practice as it poses an increased risk of spreading infection by exposing the holder unnecessarily to infectious pathogens. Temperature probe holders on both St Mary's and St Joseph's Wards contained used probe covers suggesting that the probes were not being cleaned after use, which is not in line with best practice, and that the covers were not being disposed of correctly. Three temperature probe holders and two oxygen saturation probes on St Mary's Ward were unclean and there was a stain on the frame of a commode. Two mattresses on the Acute Medical Assessment Unit were heavily stained and one of the mattress covers was torn. Varying levels of dust were observed on some patient equipment on both St Mary's and St Joseph's Wards.

#### **Patient environment**

Opportunities for improvement were identified in the cleanliness of the patient environments in the three clinical areas that were inspected with varying levels of dust observed in each area. Maintenance was also an issue on St Mary's Ward where there was a leak in a patient toilet. The Authority was informed that the leak was identified during an internal audit the week prior to the inspection and that such matters would normally be addressed within a day of being reported.

#### **Isolation facilities**

The management of communicable/transmissible disease control on St Joseph's Ward was of concern to the Authority. At the time of the inspection, the four single ensuite rooms on St Joseph's Ward were occupied by patients requiring isolation facilities. Due to a lack of additional facilities, a fifth patient requiring isolation with contact precautions was accommodated in one of the six-bedded wards with

patients who did not require to be isolated. Sanitary and washing facilities were shared by all patients on the six-bedded ward. In addition, there was no signage to indicate that the patient was isolated, however, the Authority was informed that staff were updated on the patient's condition at the morning handover meeting. During the inspection, the Authority observed that appropriate hand hygiene practices and contact precaution measures were not performed by all staff involved in the management of the patient with the communicable/transmissible organism, thus increasing the risk of spread of healthcare associated infections. Such measures are not in line with best practice and do not comply with Standard 7 of the Infection, Prevention and Control Standards.<sup>1</sup>

## 3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards<sup>1</sup> and the World Health Organization (WHO) multimodal improvement strategy.<sup>3</sup> 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<sup>3</sup>:** *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 the clinical hand wash sink in the 'dirty'<sup>±</sup> utility room on St Mary's Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>4</sup> The Authority was informed that the hospital has a sink replacement programme in place.

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

**3.2.2 Training/education<sup>3</sup>:** *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 at Mercy University Hospital are required to attend annual hand hygiene training. Training records are maintained on a central register, which highlights any staff member who has not completed training within the previous year. The Infection Prevention Control Nurse facilitates training internally. The hospital also uses the HSElanD e-learning training programme (the Health Service Executive's (HSE's) online resource for learning and development).<sup>5</sup> Training records for early October 2014 showed that approximately 82% of all staff had completed hand hygiene training in the previous year.

**Local area training**

- All staff on the Acute Medical Assessment Unit and the majority of staff on St Joseph's Ward (97%) have attended hand hygiene training since January 2014. Records viewed by the Authority on St Mary's Ward showed that 61% of staff have attended hand hygiene training since January 2014. However, the Authority was informed that the records for St Mary's Ward are not a complete record of hand hygiene training on the ward.

**3.2.3 Evaluation and feedback<sup>3</sup>:** *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**

- Mercy University Hospital participates in the national hand hygiene audits which are published twice a year.<sup>6</sup> The results below taken from publically available data from the Health Protection Surveillance Centre’s website demonstrate that compliances of 90% and above have been achieved by the hospital since May/June 2012. The hospital achieved 91.9% compliance in the national hand hygiene audit in May/June 2014, with St Mary’s and St Joseph’s Wards both achieving 93.3% compliance in this audit.

<b>Period 1-7</b>	<b>Result</b>
Period 1 March/April 2011	76.2%
Period 2 Oct/Nov 2011	85.7%
Period 3 May/June 2012	90.0%
Period 4 Oct/Nov 2012	91.4%
Period 5 May/June 2013	91.4%
Period 6 Oct/Nov 2013	97.1%
Period 7 May/June 2014	91.9%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.<sup>6</sup>

**Hospital hand hygiene audit results**

- To date, hand hygiene audits in Mercy University Hospital have been carried out as part of national audits only. However, the Authority was informed that the hospital is in the process of developing a system whereby local hand hygiene audits will be carried out in all clinical areas four times each year.

## **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<sup>7</sup> and the HSE.<sup>8</sup> 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<sup>γ</sup> 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 24 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
  - five before touching a patient
  - two before clean/aseptic procedure
  - four after body fluid exposure risk
  - four after touching a patient
  - seven after touching patient surroundings
  - two hand hygiene opportunities were observed where there were two indications for one hand hygiene action (after touching a patient and before touching the next patient and after touching patient surroundings and before touching the next patient).
- Twelve of the 24 hand hygiene opportunities were taken. The 12 opportunities which were not taken comprised the following:
  - three before touching a patient
  - two before clean/aseptic procedure
  - two after body fluid exposure risk
  - four after touching patient surroundings
  - one after touching patient surroundings and before touching the next patient.

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<sup>γ</sup> The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

- Of the 12 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 ( $\geq$ ) 15 seconds as recommended.
- Five hand hygiene actions where there were barriers to the correct technique, such as sleeves to the wrist and wearing a wrist watch.
- Most of the non-compliances with hand hygiene practice involved a combination of wearing of gloves and touching the curtains around patient beds with gloved hands. The practice observed may indicate a lack of awareness of the defined healthcare area and patient zone.

**3.2.4 Reminders in the workplace<sup>3</sup>:** *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 Mercy University Hospital.

**3.2.5 Institutional safety climate<sup>3</sup>:** *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.*

- Mercy University Hospital achieved 91.9% compliance in the national hand hygiene audit in May/June 2014 which is above the HSE's national target of 90%.<sup>9</sup> In fact, the hospital has achieved compliances of 90% and above in every national hand hygiene audit carried out since May/June 2012. However, a 'snap shot' observation of a sample of hand hygiene practices by the Authority during the inspection showed that only 50% (12 out of 24) of hand hygiene opportunities were taken. While this was a small sample size, it was noted that most of the non-compliances involved a combination of wearing of gloves and touching the curtains around patient beds with gloved hands, suggesting a lack of awareness of the defined healthcare area and patient zone. The Authority notes that local hand hygiene audits have not been carried out in the hospital to date. However, it is acknowledged that the hospital is in the process of developing a local hand hygiene audit programme. It is of concern to the Authority that appropriate hand hygiene practices were not performed by all staff on a six-bedded ward where a patient who required isolation with contact precautions was accommodated.

## **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.

Opportunities for improvement were identified in the management of patient equipment on both St Mary's and St Joseph's Wards. Inappropriate placement of a syringe at a patient bedside on St Joseph's Ward had the potential to significantly increase the risk of infection to the patient.

Varying levels of dust were observed in the patient environments in the three clinical areas that were inspected. With the exception of a leak in a patient toilet on St Mary's Ward, the three clinical areas were generally well maintained.

The management of communicable/transmissible disease control on St Joseph's Ward was of concern to the Authority. A patient requiring isolation with contact precautions was accommodated in a six-bedded ward on St Joseph's Ward with patients who did not require to be isolated. Sanitary and washing facilities were shared by all patients on the six-bedded ward. In addition, the Authority observed that appropriate hand hygiene practices and contact precaution measures were not performed by all staff involved in the management of the patient with the communicable/transmissible organism, thus increasing the risk of spread of healthcare associated infections. Such measures are not in line with best practice.

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.

Mercy University Hospital has achieved compliances of 90% and above in every national hand hygiene audit carried out since May/June 2012. However, hand hygiene compliance observed by the Authority on the day of the inspection was only 50%, albeit it is acknowledged that this was based on a small sample size. To date, local hand hygiene audits have not been carried out in the hospital, although it is noted that the hospital is in the process of addressing this.

Mercy University 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 Mercy University 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<sup>‡</sup>

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<sup>‡</sup> All online references were accessed at the time of preparing this report.

## 6. Appendix 1 - Detailed description of findings from the unannounced inspection at Mercy University Hospital on 13 October 2014

In this section, non-compliances with Standards 3 and 7 of the Infection Prevention and Control Standards<sup>1</sup> 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.

### **St Mary's Ward**

The patient environment on St Mary's Ward was generally clean and well maintained with some exceptions. Opportunities for improvement were identified in the cleanliness of some patient equipment.

#### Patient equipment

- A stain was visible on the frame of one commode and the under-surface of the seat cover was worn and cracked. A small amount of rust-coloured staining was visible on the frame of this commode and on the frame of a second commode.
- Three temperature probe holders were unclean and sticky tape was observed on the base of one holder. One holder also contained used probe covers which indicated that the holder had not been cleaned after each patient.
- Two oxygen saturation probes were unclean.
- Sticky residue was visible on the surface of an intravenous pump.
- Varying levels of dust were observed on some patient equipment for example, suction apparatus, the wheels of an intravenous stand, the frame of one stand

aid and the table on a second stand aid, a wheelchair and a movement therapy device.

- The vinyl cover on a reclining chair was torn.

#### General cleanliness and maintenance

- Heavy dust was visible on the undercarriage of a bed and light dust was visible under a second bed. The ends of some beds were also dusty. Light dust was observed on a device at a patient bed used to assist the patient to sit up in bed and on patient bedside lockers. The edges of some lockers were worn. The floor edges in one of the patient areas assessed were dusty.
- Sticky residue was visible on the frame of one bed and on the casement above the bed.
- A small amount of floor covering was coming away from the wall in one of the patient areas assessed.
- The outlets in two hand wash sinks in patient areas were unclean and the sealants behind the sinks were stained. There was a soap stain on the alcohol gel dispenser at one of the sinks.
- Stains were observed on some window blinds.
- Chipped paint was observed in some areas throughout the ward.

#### Sanitary facilities

- There was liquid pooled on the floor around a toilet bowl. The Authority was informed that a leak was identified during a ward audit the previous week and that such matters would normally be addressed within a day of being reported. The floor covering and sealant around the toilet were stained.
- There was tape attached to both sides of a shower door in one of the patient shower rooms. The interior surfaces of two plastic locking mechanisms used to hold shower doors together were dusty and unclean. A small amount of rust coloured staining was visible on the frame of two shower seats.
- The sealant behind a hand wash sink was stained. Residue was visible on the end of two taps.
- Two floors were dusty and unclean. Dust was also observed above two ceiling grids and some ceiling tiles were stained.

#### Ward facilities

- Two cupboards containing medications and antibiotics were unlocked in the clean utility room. However, access to the room was controlled by a swipe card. Light dust was visible on the floor and cardboard boxes were stored on the floor. The outlet of the hand wash sink was unclean.

- The sealant and worktop behind the hand wash sink in the 'dirty' utility room were stained and light dust was visible on the floor. Two bags of clinical and non-clinical waste were stored on the floor prior to collection.
- The door of the treatment room was unlocked potentially allowing unauthorised access to needles which were stored on open shelving in the room. The edges of some shelves were missing. Dust and debris were visible on the floor and cardboard boxes were stored on the floor.
- The floor edges in the equipment room were dusty. Cardboard boxes were stored on the floors of the equipment and store rooms. The edges of shelving in the store room were missing.

#### Linen

- Dust, debris and label residue were visible on the floor of the linen store room and a cardboard box was stored on the floor. One of the ceiling tiles was missing.

#### **St Joseph's Ward**

St Joseph's Ward was generally clean and well maintained with some exceptions as listed below. Opportunities for improvement were identified in the management of some patient equipment.

#### Patient equipment

- A syringe that was due to be used to flush a saline drip was sitting on a saucer at a patient bedside.
- Three temperature probe holders contained used probe covers which indicated that the holders had not been cleaned after each patient.
- The Authority observed that a blood glucose monitor and holder were brought to a patient bedside which is not in line with best practice as it poses an increased risk of spreading infection by exposing the holder unnecessarily to infectious pathogens.
- Light dust was visible on an electrocardiograph machine, inside the drawers of the resuscitation trolley, on an oxygen tank and on a suction pump.
- The cover on a wheelchair headrest was cracked.
- A patient chair in the equipment room was unclean.

#### General cleanliness and maintenance

- Heavy dust was visible under two patient beds and light dust was visible under a third bed. Heavy dust was also visible on a bed frame in an isolation room. Dust and sticky tape residue were visible on the casement over a patient bed.
- The edges of some patient bedside lockers were chipped.

- An electrical fixture adjacent to a hand wash sink in a patient area was broken and held in place using sticky tape.
- Some ceiling tiles were lightly stained.
- The disposable curtains around two patient beds were not dated thus making it difficult to determine when the curtains were last changed.
- Radiators were marked and unclean.
- Paint was worn and incomplete behind a patient bed.
- The outlet in a hand wash sink in a patient area was unclean.
- Stains were observed on some window blinds.
- An alcohol gel dispenser in an isolation room was unclean.

#### Sanitary facilities

- Chipped paint was observed behind the door in a patient shower room.
- A jug containing a dark coloured liquid and covered with a cloth was sitting beside the hand wash sink in a patient bathroom.
- Staining was visible on the sealant in a shower and behind a hand wash sink.
- The underside of a toilet seat was unclean and the toilet bowl was unclean.
- A shower outlet was unclean.
- Heavy dust was present on the edge of the floor in one of the patient toilet/washroom facilities assessed.
- Wet paper was stuck to a wall adjacent to a toilet.
- A cleaning checklist was not completed consistently throughout each day in line with hospital policy.

#### Ward facilities

- Light dust was visible on a drugs trolley in the clean utility room and the corner edging on a trolley was not intact. Light dust was also visible on a respirator. Sticky residue was observed on a syringe pump and on the interior of cupboard doors.
- Chipped paintwork was observed under the window in the 'dirty' utility room. Liquid and debris were visible on the floor.

#### Cleaning equipment

- Light dust and grit were present on the cleaning trolley.
- A stained mop head was stored face down on the floor in the cleaning room which is not in line with best practice.

## Acute Medical Assessment Unit

### General cleanliness and maintenance

- Heavy dust was observed on floor edges and in a corner in one of the patient areas assessed.
- Two mattresses were heavily stained and one of the mattress covers was torn.
- Staining was observed on ceiling tiles in the bathroom.

### 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 temporary safety locking mechanism on a sharps waste disposal box in the clean utility room on St Mary's Ward was not engaged.
- The door of the waste sub-collection room on St Joseph's Ward was unlocked potentially allowing unauthorised access to clinical waste.

## Communicable/Transmissible Disease Control

### **Standard 7.** Communicable/Transmissible Disease Control

The spread of communicable/transmissible diseases is prevented, managed and controlled.

### Isolation facilities

- A patient requiring isolation with contact precautions was accommodated in one of the six-bedded wards on St Joseph's Ward with patients who did not require to be isolated. Sanitary and washing facilities were shared by all patients on the six-bedded ward. Such measures are not in line with best practice. In addition, there was no signage to indicate that the patient was isolated, however, the Authority was informed that staff were updated on the patient's condition at the morning handover meeting. During the inspection, the Authority observed that appropriate hand hygiene practices and contact precaution measures were not performed by all staff in the management of the patient with the communicable/transmissible organism, thus increasing the risk of spread of healthcare associated infections.

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