



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Children's University Hospital, Temple Street, Dublin

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

Date of on-site inspection: 22 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.....	1
2. Children's University Hospital Temple Street Profile.....	3
3. Findings.....	4
3.1 Key findings relating to non-compliance with Standard 3.....	4
3.2 Hand Hygiene.....	7
4. Summary.....	13
5. References.....	14
6. Appendix 1 - Detailed description of findings from the unannounced inspection at Children's University Hospital Temple Street on 22 September 2014	15

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 Children's University 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 22 September between 09:25hrs and 13:35hrs.

The areas assessed were:

- St Gabriel's Ward
- St Michael's B Ward.

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

2. Children's University Hospital Profile

Temple Street Children's University Hospital was founded 140 years ago on 7 November 1872 and moved to its current site in 1879. The buildings on site range in age from 1795 to the present and comprise a variety of construction ranging from Georgian houses, purpose-built 1930s and 1940s accommodation, to recently erected modular buildings. The Hospital has undertaken a number of refurbishment programmes over past number of years to upgrade inpatient / ward facilities in keeping with modern healthcare requirements.

The Children's University Hospital is an acute paediatric hospital, providing a full range of inpatient and outpatient services and paediatric critical and intensive care. It is the National Centre for Inherited Metabolic Disorders and operates the National Screening Laboratory. Additionally, the Hospital is the National Centre for Paediatric Ophthalmology, the National Craniofacial Centre, the National Airway Management Centre, National Paediatric Neurosurgery Centre and the National Meningococcal Reference Laboratory. The National Sudden Infant Death Register is also located in the Hospital.

Major specialties include neonatal and paediatric surgery, nephrology, neurology, orthopaedic, ENT and plastic surgery. The Emergency Department is one of the largest in the country and is the biggest paediatric emergency department nationally.

Bed capacity and patient attendances

The Hospital has a bed complement of 154. On the day of the monitoring assessment visit 28 beds were out of commission.

In 2011, the number of patients that attended the Emergency Department was 51,337 and the number of patients that attended the Outpatients Clinics was 77,668.

3. Findings

Overview

This section of the report outlines the findings of the unannounced inspection at Children's University Hospital on 22 September 2014. The clinical areas which were inspected were St Gabriel's Ward (Neurosurgical, Craniofacial and Surgical) and St Michael's B Ward (Neonatal).

St Gabriel's Ward is a 14-bedded ward and consists of two four-bedded wards, two two-bedded cubicles and two single ensuite cubicles 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.

St Michael's B Ward is a 14-bedded neonatal unit. It consists of eight single cubicles in the main ward and three single cubicles and three bays in the High Dependency Unit (HDU). 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 Children's 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 Children's 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 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. A small number of stains and dust was observed on the frame of an incubator, on floor corners and edges in a cubicle on the long end on St Michael's B Ward, and the wheel area of a cot/incubator was unclean in the High Dependency Unit. In addition, unacceptable levels of dust was present on the base

of a patient transfer trolley, on units used for storing patient equipment and on the surface and frame of the resuscitation trolley. Light levels of dust were present on the floor corners and edges in a patient clinical area, a patient bathroom and the 'dirty'[±] utility room in St Gabriel's Ward.

Opportunities for improvement were observed in the management of hand hygiene sinks and sanitary facilities on St Gabriel's Ward. For example, the overflow outlet on some hand hygiene sinks were visibly unclean and staining was present on sealant on a shower basin and a plug in a sink.

Both wards inspected had limited storage space which provided challenges for effective cleaning and management of equipment.

Neonates are particularly vulnerable to the risk of acquiring Healthcare Associated Infections due in part to an immature immune system; therefore the environment in which the neonates are accommodated in hospital should be managed and maintained to a very high standard in order to reduce the risk of infection. There was scope for improved hygiene on the neonatal ward inspected. The Authority recommends that the hospital review the mechanisms in place to assure itself that the physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infections.

Patient equipment

Patient equipment inspected in both areas was clean with the exception of an unclean commode viewed on St Gabriel's Ward.

Hand Hygiene

The performance of the Children's University Hospital in recent national hand hygiene audits raised a concern for the Authority prior to the day of the inspection as poor hand hygiene practices can significantly increase the risk of transmission of healthcare associated infections, particularly in more vulnerable patients. The Authority found that the hospital has recently formed a Hand Hygiene Compliance Working Group which has been in place since March 2014. This working group has the responsibility for the implementation of a comprehensive multimodal quality improvement plan. Documentation and discussion during the course of the inspection demonstrated the hospital's commitment to addressing the need to improve hand hygiene as a priority. The Authority was informed that the hospital had identified gaps in communication, education and training which had contributed to poor hand hygiene compliance and which are being addressed through the quality

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

improvement plan. In addition, 'a change of thinking' was also identified as a requirement to drive improvement where an awareness that good hand hygiene practice is everybody's responsibility. Commitment and strong leadership at all levels in the organisation are integral to achieving a sustained compliance with hand hygiene best practice. Internal hand hygiene audits carried out since the national hand hygiene audits demonstrated that hand hygiene compliance has improved and that the hospital is working toward achieving compliance with the HSE's national target of 90% by the end of 2014.

Waste Management

Opportunities for improvement were noted in the management of waste in the Children's University Hospital, Temple Street. For example, the 'dirty' utility rooms were used as designated sub collection areas for clinical waste on both wards at the time of the inspection. However, on St Gabriel's Ward, the 'dirty' utility room was not secured allowing unauthorised access. Other non-compliances noted included a sharps bin that was overfilled on St Michael's B Ward, and the temporary closure mechanism not being activated on a sharps bin on St Gabriel's Ward.

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.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 change³: *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 both wards did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁴
- Hand hygiene toggles which enable small containers of alcohol hand rub to be attached to the clothing of staff are provided in St Gabriel's Ward. The Ward Manager informed the Authority that staff on the ward have found the hand

hygiene toggles to be beneficial as the toggles facilitate hand hygiene at the point of patient care.

3.2.2 Training/education³: *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 Children's University Hospital are required to attend hand hygiene training annually. The Authority was informed that 62% of all hospital staff had attended hand hygiene training between January and August 2014. Over two thirds of all staff have completed the HSE LanD e-learning training programme⁵ (the Health Service Executive's (HSE's) online resource for learning and development) since August 2013. An external company has also facilitated hand hygiene education programmes at the hospital.

Local area training

- The Authority was informed that the majority of staff on both wards have attended hand hygiene training in the last 12 months.

3.2.3 Evaluation and feedback³: *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

- Children's University Hospital participates in the national hand hygiene audits which are published twice a year.⁶ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate that the hospital has only met the Health Service Executive's (HSE's) national target in Period 2 October/November 2011.⁷ Compliance from Period 3 to Period 7 has been well below the national target and the overall national level of compliance. Of note, there was a significant decrease in compliance from October/November 2013 to May/June 2014.

Period 1-7	Result
Period 1 March/April 2011	Not available
Period 2 Oct/Nov 2011	83.3%
Period 3 May/June 2012	75.7%
Period 4 Oct/Nov 2012	73.3%
Period 5 May/June 2013	77.6%
Period 6 Oct/Nov 2013	69.0%
Period 7 May/June 2014	62.4%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁶

Hospital hand hygiene audit results

- Documentation viewed by the Authority demonstrated that internal hand hygiene audits are carried out at Children's University Hospital in addition to the twice yearly national audits. 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 increased from 62.4% in the previous audit to 73%. The Authority was informed that a recent audit carried out on the Day Ward in September 2014 demonstrated 90% compliance.

Local area hand hygiene audit results

- St Michael's B Ward achieved 60% compliance in a hand hygiene audit carried out in May 2014. However, a significant increase in compliance was demonstrated in July 2014 when 80% compliance was achieved. Similarly, St

Gabriels's Ward also showed a significant increase in compliance from 64% in May to 80% in August 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 WHO⁸ and the HSE.⁹ 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 24 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
 - eight before touching a patient
 - one before clean/aseptic procedure
 - two after body fluid exposure risk
 - six after touching a patient
 - seven after touching patient surroundings
- All of the hand hygiene opportunities observed were taken.
- Of the 24 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 24 opportunities and the correct technique was observed in all of the hand hygiene actions observed.

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

In addition the Authorised Persons observed:

- The water from a bowl used for patient care was disposed of into the hand hygiene sink which is not in line with best practice.

3.2.4 Reminders in the workplace³: *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 Children's University Hospital. The unannounced inspection by the Authority coincided with the hospital's launch of a campaign to promote hand hygiene best practice which commenced with a presentation for all staff. The Authority viewed new hand hygiene posters and leaflets which included photographs of staff representatives from all groups within the hospital. In addition, a screen saver logo 'have you cleaned your hands?' was observed on the computer screens on St Gabriel's Ward and a notice board displaying hand hygiene posters by the children who were patients in the hospital was also visible on one of the main access corridors.

3.2.5 Institutional safety climate³: *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 62.4% was achieved by Children's University Hospital in the national hand hygiene audit carried out in May/June 2014 which is below the HSE target of 90%. However, follow up audits have demonstrated that compliance has increased significantly since then. A 'snap shot' observation of hand hygiene practices by the Authority during the inspection showed that 100% (24 out of 24) of hand hygiene opportunities were taken. The Authority notes that the hospital has implemented a comprehensive strategy aimed to improve hand hygiene compliance and attain 90% compliance in line the HSE's national target by the end of the year. The hospital has adopted a 'top down' approach to build a culture of best practice in hand hygiene within the hospital in which line managers have the responsibility for ensuring their area achieves compliance with hand hygiene best practice. Correspondence viewed by the Authority which was sent from the CEO in response to the hospital's poor performance in the national hand hygiene audits emphasised that all staff are responsible for hand hygiene compliance.
- Children's University 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, the patient environment and the management of clinical waste.

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 Children's University Hospital needs to be improved to ensure that compliance is improved and national targets are attained. Overall, the Authority found that the hospital has demonstrated that it has implemented a multimodal strategy and is working toward addressing the poor compliance seen in the May/June 2014 national audits.

Children's 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 Children's 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[‡]

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

6. Appendix 1 - Detailed description of findings from the unannounced inspection at Children's University Hospital on 22 September 2014

In this section, non-compliances with Criteria 3.6 and 3.7 of Standard 3 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.

St Gabriel's Ward (Neurosurgical, Craniofacial and Surgical)

St Gabriel's Ward was generally clean with few exceptions. Opportunities for improvement were noted in the maintenance and management of some patient equipment and the patient environment.

General cleanliness and maintenance

- The following non-compliances were observed in the patient areas:
 - Storage was limited on St Gabriel's which had the potential to impact on effective cleaning. For example, equipment such as extra beds, wheelchairs, patient hoists and trolleys were on the main corridors.
 - Dust was present on the under-carriage of two beds inspected in the corridor.
 - Chipped paint was observed on the wall behind the bins and beside a radiator in a four-bedded ward.
 - One mattress cover was found to be stained.
 - The splashboard on one sink was hanging down on one side. There was a cardboard box on the floor under the sink, hindering effective cleaning.

- Cushions and mattresses were stored on the floor under cupboards.
- In one of the rooms, the taps on a sink were not wall mounted and the overflow was unclean. There was a pink residue on the plug.

Ward facilities

- The following non-compliances were observed in the clean utility room:
 - While there was a keypad on the door, it was not secured during the inspection potentially allowing unauthorised access to medications which were stored in an unlocked cupboard and fridge.
 - The sealant behind the hand wash sink was coming away from the wall and staining was visible on the sealant and under the tap.
 - Sticky residue was visible on the splash back above the towel dispenser and the outer edge at the bottom of the splash back was hanging down.
- The following non-compliances were observed in the 'dirty' utility room:
 - There was one sink designated for hand hygiene observed. The taps were not wall mounted and the grate was not flush. A second sink was not observed to facilitate the washing of contaminated equipment.
 - A cardboard box was on top of the clinical waste bin and four sealed sharps bins were sitting on top of a commode.
 - There was light dust on the floors corners and edges.
 - Yellow staining was visible under the seat of a commode and rust-coloured staining was present in the wheel area.

Sanitary facilities

- The following non-compliances were observed:
 - There was light dust on the bathroom floor.
 - The overflows in two sinks were unclean.
 - There were stains on the sealant in a shower tray.
 - Personal items were sitting on a radiator in a shower room and a towel was hanging over the shower door.

Cleaning equipment

- The following non-compliances were observed:
 - There was dust present on the floor.
 - Sticky tape residue was observed on the long attachment of a vacuum cleaner.

Linen

- The following non-compliances were observed:
 - There was light dust present on the floor.

- Inappropriate items were stored on shelves. For example, an empty yellow sharps box, a box of disposable nappies, disposable supplies and a blind which needed to be repaired was observed.
- A ceiling tile was incorrectly in place.

St Michael's B Ward (Neonatal)

St Michael's B Ward was generally clean with few exceptions. Opportunities for improvement were noted in the maintenance and management of some patient equipment and the patient environment.

General cleanliness and maintenance

- The following non-compliances were observed in the patient areas:
 - There was dust present on one of the incubators in the high dependency unit. In Room 4, dust was observed on the base of an incubator and on the edges of the floor; some light stains were also visible. Heavy dust was observed on the base of storage units used, on the back of a transfer trolley and on sensitive patient equipment
 - The wheel area of one incubator was unclean
 - The vinyl covering was not intact on four high back chairs observed.
 - Inverted used gloves were observed on a shelf in an isolation room and were not disposed of in line with best practice
 - Equipment was stored on corridors and impeded access.

Ward facilities

- The following non-compliances were observed in the clean utility/drug storage room:
 - Light levels of dust were observed on IV stands and on one IV fluids shelf
 - Signage was missing over a non-clinical waste disposal bin.
- The following non-compliances were observed in the dirty utility room:
 - There was no non-clinical waste disposal bin which had the potential to impact on the correct streaming of waste. However, the Authority noted that there was limited space in which to place two bins.
 - Patient washbowls were not stored inverted as recommended.

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 St Gabriel's Ward is used as the designated sub-collection area for clinical waste on the ward. The door was not fully closed during the inspection potentially allowing unauthorised access to clinical waste.
- A sharps bin on St Michael's B Ward was more than three quarters full.
- The 'dirty' utility room on St Michael's B Ward is used as the designated sub-collection area for clinical waste on the ward. The Authority observed two sealed sharps bins and two clinical waste bags on the floor for collection which created clutter and obstructed access into the room.

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