



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Mallow General Hospital

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

Date of on-site inspection: 06 March 2015

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. Mallow General Hospital Profile	2
3. Findings	3
3.1 Progress since the last unannounced inspection on 24 April 2014	3
3.2 Key findings of the unannounced inspection on 06 March 2015.....	4
3.3 Key findings relating to hand hygiene.....	6
4. Summary	9
5. Next steps	10
6. References	11

1. Introduction

The Health Information and Quality Authority (the Authority) carries out unannounced inspections in public acute hospitals in Ireland to monitor compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹ The inspection approach taken by the Authority is 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

The purpose of the unannounced inspection is to assess hygiene as experienced by patients at any given time. It focuses specifically on the observation of the day-to-day delivery of hygiene services, in particular environmental and hand hygiene under the following standards:

- Standard 3: Environment and facilities management
- Standard 6: Hand hygiene.

Other Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards are not assessed in their entirety during an unannounced inspection and therefore findings reported are related to a particular criterion within a 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. The Authority's approach to an unannounced inspection against these Standards includes provision for re-inspection within six weeks if standards on the day of inspection are poor. This aims to drive improvement between inspections. In addition, in 2015, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2014.

An unannounced inspection was carried out at Mallow General Hospital on 06 March 2015 by Authorised Persons from the Authority, Sean Egan and Shane Grogan between 08:30hrs and 13:30hrs. The area assessed was:

- St Joseph's Ward which is a 14 bedded mixed medical and surgical ward. It consists of two four-bedded wards, one three-bedded ward and three single ensuite rooms.

In addition, St Mary's Ward, which was inspected during an unannounced inspection by the Authority on 24 April 2014, was re-visited to assess the level of progress, which had been made after that inspection.

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

2. Mallow General Hospital Profile^{*‡}

Mallow General Hospital (MGH) was built in 1936 and is located 35 kilometres north of Cork city. MGH, along with Cork University Hospital (CUH) and Cork University Maternity Hospital (CUMH) make up the Cork University Hospital Group (CUH Group). The CUH Group is part of a network of hospitals in the HSE South west providing a range of clinical services for patients.

The Chair of the Senior Management Team (SMT) in Mallow, Mr. Jason Kenny, is also the Director of Operations in CUH, the other Senior Management Team members are, Margaux Murphy (Hospital Manager), Mary Owens (Director of Nursing), and Dr. John L. Kiely (Consultant Physician). The Mallow SMT report to the EMB CUH on a quarterly basis.

In terms of clinical governance, the Clinical Directors for CUH provide clinical governance to MGH. In addition, the Chair of the Quality, Safety and Risk Committee at MGH, and the Chair of the MGH SMT are members of the clinical governance committee in CUH.

Mallow General Hospital specializes in day surgery, has a wide range of selected acute medicine, local injuries management and a large range of diagnostic services (including endoscopy, laboratory medicine and radiology)

In 2010, when planning began for the reorganisation of services, MGH had 66 inpatient beds (36 medical, 26 surgical, four HDU beds), 10 day beds.

Following reorganisation, MGH now has 46 medical beds, 10-day beds, four surgical beds (to admit day case patients overnight if required for medical or social reasons), four HDU beds, eight Medical Assessment Unit (MAU) treatment spaces and a Local Injury Unit, both of which operate twelve hours a day, seven days a week.

MGH has one theatre and two bay theatre recovery for surgical day case procedures together with a new state-of-the-art two-procedure room Endoscopy unit with associated first and second stage recovery bays.

^{*‡} 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

This report outlines the Authority's overall assessment in relation to the inspection, and includes key findings of relevance. A list of additional low-level findings relating to non-compliance with the standards has been provided to the hospital for completion. However, the overall nature of all of the findings are fully summarised within this report.

This report is structured as follows:

- **Section 3.1** outlines the level of progress made by St Mary's Ward after the unannounced inspection on 24 April 2014.
- **Section 3.2** presents the key findings of the unannounced inspection on 06 March 2015
- **Section 3.3** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy³ during the unannounced inspection on 06 March 2015

3.1 Progress since the last unannounced inspection on 24 April 2014

The Authority observed improvements in the cleanliness and the maintenance of St Mary's Ward during the 2015 inspection. The ward had been painted, ceiling tiles had been replaced and new patient chairs had been purchased and are in place. The dual role of support staff who are responsible for cleaning and catering was a concern to the Authority in 2014. This practice is still in place in St Mary's Ward and the Authority was informed that extra cleaning shifts had been introduced on weekends. The dual role of support staff remains a concern for the Authority as it is not clear if the hospital has fully addressed this issue. The Authority has observed that the operational norm in the majority of hospitals inspected is to have designated cleaning staff for each area to ensure that hygiene is appropriately managed and maintained and the risk of transmission of infection is mitigated.

Authorised persons viewed documentation, which showed that an audit of bed spacing had been performed on the ward in order to ensure compliance with national guidelines and best practice. The Authority acknowledges that the hospital and St Mary's Ward have taken on board the recommendations of the 2014 unannounced inspection and the hospital is working towards improving the general facilities and the clinical environment.

As part of the Cork University Hospital Group, Mallow General Hospital has formal links with Cork University Hospital in relation to Infection Prevention and Control governance through membership representation on the Infection Control Committee,

and close links between the Mallow General Hospitals Infection Control Nurse and the Cork University Hospital Infection Prevention and Control Team.

An arrangement is also in place to ensure access to specialist advice from Medical Microbiologists over the phone, however, it was explained to the Authority by Mallow General Hospital that this arrangement remains informal. In the announced inspection⁴ of the Cork University Hospital Group carried out by the Authority in December 2012, this lack of a formal arrangement was highlighted as an area of concern. The management of Mallow General Hospital advised the Authority during the most recent inspection that plans are in place to formalise this arrangement through the intended recruitment of a Medical Microbiologist to the group who will have dedicated sessions at Mallow General Hospital. It is noted by the Authority that as yet, this position has not been filled. It is recommended that the hospital group acts to progress the filling of this position in the short term, as recommended by the Authority in previous reports.

3.2 Key findings of the unannounced inspection on 06 March 2015

The Authority requires that every publically funded acute hospital publish a Quality Improvement Programme (QIP) within six weeks of publication of an inspection report conducted against the *National Standards for the Prevention and Control of Healthcare Associated Infection*. A QIP for Mallow General Hospital was not published following the unannounced inspection carried out in April 2014, however during the most recent inspection it was identified that the hospital had devised an internal QIP despite its non-publication. Moreover, the Authority was able to identify that this QIP was being enacted by the hospital.

Patient environment

St Joseph's Ward was generally clean on the day of the inspection. However the ward was relatively poorly maintained, with chipped paint evident on walls, skirting boards, window ledges, heating pipes and radiators. Authorised persons observed that the external window in a patient shower area did not contain frosted panes of glass, and a temporary plastic covering was in place to obstruct the view. However it was observed that this did not provide fully adequate screening. The lack of frosted glass in this window compromised the dignity and privacy of patients. The Authority was informed that the Ward manager had highlighted this to the maintenance department for correction, but on the day of the inspection this had not been rectified.

There is limited space available on St Joseph's Ward. On the day of the inspection some maintenance work was ongoing on the ward which required additional equipment to be moved into the corridor. It was observed by inspectors that this

equipment was partially blocking a fire exit at the time of the inspection. This was raised with staff and the risk was immediately removed.

Space was also very restricted in the 'dirty'[†] utility room where there was no designated hand hygiene sink available. The utility room door was not lockable, which is not in line with best practice.

Bed spacing is sub-optimal on St Joseph's Ward with very little space between one patient zone and the next. For example, in a four-bedded ward the entrance door came into contact with the end of a patient bed when that door was open. The Authority recommends that the hospital should now review the bed spacing on St Joseph's Ward and make the necessary changes to ensure compliance with best practice.⁵

The Authority was informed that a system of maintenance works is ongoing at Mallow General Hospital, and management advised that there are plans to refurbish Joseph's Ward but this is subject to allocation of the necessary resources.

Patient equipment

Patient equipment on St Joseph's ward was generally clean and well maintained with a few notable exceptions. Yellow staining was found on the underside of a commode and brown staining was observed on the underside of a second commode. The cover on the armrest of one commode was torn which hinders effective cleaning. A small amount of brown residue was observed on the inside of a temperature probe holder, brown staining was observed on the underside of a dressing trolley and red staining was found on a patient hoist. The cover on a patient chair was torn which hinders effective cleaning.

Waste management

A wall mounted sharps bin was fixed to the wall in the corridor. This represented a potential risk to patient and public safety as the location of the bin made it impossible to ensure that only authorised personnel had access to it. This was highlighted to hospital management during the inspection, and the bin was removed from this location following this discussion.

On the day of the inspection the maintenance records for the macerator, which is housed in the dirty utility on St Josephs Ward, were not available to view by Authorised Persons. Subsequent documentation received by the Authority from Mallow General Hospital demonstrated that the macerator was last serviced on 02 January 2014. The operational norm identified in the majority of hospitals inspected

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

by the Authority is that macerators and bed pan washers receive routine maintenance every six months. Mallow General Hospital should review its current practices to assure itself that the maintenance of equipment is managed to minimise the risk of transmission of infection to patients, staff and visitors.

Legionella

It was identified by Authorised Persons during the inspection that a formal risk assessment of the Hospital's water system to ensure the prevention and control of Legionella had not been conducted in line with national guidelines.⁶ At the time of the inspection, it was explained to the Authority that the Hospital was in the process of commissioning a formal Legionella risk assessment of the hospitals water supply as recommended in relevant national guidelines⁶. In the interim, the hospital was able to demonstrate evidence of some ongoing preventative maintenance of the hospitals water system to mitigate the risk of *Legionella sp.* accumulation. In addition, details of the hospitals measures to ensure water flushing and sampling were also presented to the Authority to mitigate this risk.

3.3 Key findings relating to hand hygiene

3.3.1 System change³: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

- The design of some clinical hand wash sinks on St Joseph's Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁷

3.3.2 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 hand rubbing and hand washing, to all healthcare workers.*

- Staff at Mallow General Hospital are required to attend hand hygiene training every two years and at the time of the inspection 100% of staff were compliant with this requirement. All staff are required to complete the HSELand⁸ e-learning training programme (the Health Service Executive (HSE) online resource for learning and development) and must hold a certificate of completion. The Authority was informed that staff who are not up-to-date with this training are notified in writing by hospital management.
- All new or interim staff receive mandatory hand hygiene training as part of the induction process.

3.3.3 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.

National hand hygiene audits

- Mallow General Hospital participates in the national hand hygiene audits, which are published twice a year.⁹ The hospital has consistently achieved an above average compliance of 90% across the four audits in both 2013 and 2014, which is above the national target of 90% set by the HSE.¹⁰

Period 1-7	Result
Period 1 March/April 2011	77.1%
Period 2 October/November 2011	81.4%
Period 3 May/June 2012	85.7%
Period 4 October/November 2012	87.1%
Period 5 May/June 2013	90.5%
Period 6 October/November 2013	91.0%
Period 7 May/June 2014	91.9%
Period 8 October/November 2014	91.4%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁹

Local hand hygiene audits

- Local hand hygiene audits are carried out every six months in all areas of the hospital. These audits are conducted in addition to nationally reported audits, meaning that a hand hygiene audit is conducted every three months overall in the hospital. The results of the most recent available hand hygiene audits for St Joseph’s Ward show a compliance rating of 90%, which is in line with the HSE¹⁰ target for hand hygiene compliance. The Authority was advised that results are posted on a notice board on the ward, and are available in a folder that is accessible to all staff. The Authority was also informed that hand hygiene is a standing item that is discussed at every bi-monthly management meeting.
- The Authority was informed that hand hygiene training and education is facilitated by the Infection Prevention Nurse. A dedicated nurse, who has

protected time to assist in hand hygiene training and education, also significantly contributes to this programme.

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 external benchmarking.

The underlying principles of observation during inspections are based on guidelines promoted by the WHO¹¹ and the HSE.¹² In addition, Authorised Persons may observe other important components of hand hygiene practices that 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 seven hand hygiene opportunity during the inspection, of which six were taken.

- The Authority observed seven hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
 - one before touching a patient
 - one after body fluid exposure risk
 - five after touching patient surroundings.
- Six of the seven hand hygiene opportunities were taken. The one opportunity which was not taken comprised the following:
 - one after body fluid exposure risk.
- Of the six opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for six opportunities. Of these, the correct technique was observed in six hand hygiene actions.

^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:

- six hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended

3.3.4 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 Mallow General Hospital.

3.3.5 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.*

Mallow General Hospital has an effective hand hygiene programme in place which has resulted in 100% of staff employed at the hospital keeping up-to-date with training. In addition, the hospital has consistently exceeded the HSE compliance target in all national hand hygiene audits carried out since 2011. On the day of the inspection, the hospital successfully demonstrated practice at a local level across all facets of the WHO multimodal strategy, which supported the achievement of high performance. Strong support for hand hygiene at a senior level within the hospital was also evident.

4. Summary

Overall, St Joseph's Ward was found to be clean on the day of inspection. However, there are ongoing opportunities for improvement with respect to maintenance, bed spacing and storage on the ward.

The provision of a dedicated medical microbiology service was originally highlighted in the HIQA report of the Cork University Group⁴. It is recommended that the hospital group act quickly to progress the filling of this position.

The Authority notes that many of the findings of this inspection on St Joseph's Ward relating to bed spacing and maintenance are similar to the findings of the unannounced inspection carried out by the Authority on St Mary's Ward in April 2014. It is a matter of concern that the learning arising from the 2014 inspection has not been fully implemented in all areas of the hospital.

Mallow General Hospital continues to perform well with respect to hand hygiene, and it is recognised by the Authority that this performance is achieved as a result of a significant effort from all staff within the hospital. The Hospital is encouraged to sustain this high performance into the future.

5. Next steps

Mallow General Hospital must now revise and amend its quality improvement plan (QIP) that prioritises the improvements necessary to comply with the 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 the Mallow 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 Standards, and is making quality and safety improvements that safeguard patients.

6. References[‡]

1. Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2009. [Online]. Available from: <http://www.hiqa.ie/publication/national-standards-prevention-and-control-healthcare-associated-infections>.
2. Health Information and Quality Authority. *Guide: Monitoring programme for unannounced inspections undertaken against the national standards for the prevention and control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2014. [Online]. Available from: <http://www.hiqa.ie/publications?topic=17&type=All&date%5Bvalue%5D%5BYear%5D=>.
3. World Health Organization. *A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy*. Revised August 2009. [Online]. Available online from: http://www.who.int/gpsc/5may/tools/system_change/en/.
4. Report of the announced monitoring assessment at Cork University Hospital Group, 11 and 12 December 2012. Available online from: <http://www.hiqa.ie/healthcare/find-a-centre/inspection-reports?page=0%2C1>
5. Health Building Note 00-09: Infection control in the built environment. Available online from <https://www.gov.uk/government/publications/guidance-for-infection-control-in-the-built-environment>
6. HPSC National Guidelines for the Control of Legionellosis in Ireland, 2009. Available online from: <http://www.hpsc.ie/A-Z/Respiratory/Legionellosis/Publications/>
7. Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. [Online]. Available from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf.
8. Health Service Executive. HSELand. [Online]. Available from: <http://www.hseland.ie/tohm/default.asp?message=logout>.
9. The Health Protection Surveillance Centre. *National Hand Hygiene Audit Results*. [Online]. [Online]. Available from: <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditResults/>.
10. Health Service Executive. *National Service Plan 2015*. [Online]. Available from: <http://www.hse.ie/eng/services/publications/corporate/sp2015.pdf>.
11. World Health Organization. *Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual*. [Online]. Available from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1.

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

12. Health Service Executive. *Hand Hygiene Observation Audit Standard Operating Procedure April 2013*. [Online]. Available from:
http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File_12660,en.pdf.

Published by the Health Information and Quality Authority.

For further information please contact:

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

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hiqa.ie

URL: www.hiqa.ie

© Health Information and Quality Authority 2015