



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Phaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection at Mid Western Regional Hospital Nenagh**

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

Date of on-site inspection: **21 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.

## Table of Contents

|   |    |
|---|----|
| 1. Introduction.....  | 1  |
| 2. Profile .....  | 3  |
| 3. Findings .....   | 5  |
| 3.2 Hand Hygiene.....   | 8  |
| 4. Summary.....   | 14 |
| 5. References .....   | 15 |
| 6. Appendix 1 - Detailed description of findings from the unannounced<br>inspection at Mid Western Regional Hospital Nenagh on 21 October<br>2014 ..... | 17 |

## **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>1</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>1</sup>

This report sets out the findings of the unannounced inspection by the Authority of Mid Western Regional Hospital Nenagh's compliance with the Infection Prevention and Control Standards.<sup>1</sup> It was undertaken by Authorised Persons from the Authority, Kay Sugrue and Shane Grogan, on 21 October 2014 between 10:20hrs and 15:05hrs.

The area assessed was:

Medical Two Ward (general medical ward).

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

## **2. Profile\***

Mid Western Regional Hospital Nenagh was officially opened as Nenagh Hospital on 30 September 1936 and is now part of the UL Hospitals serving the County of North Tipperary and surrounding counties. Under the Acute Medicine Programme, Nenagh's Local Emergency Centre has evolved into a Local Injuries Unit, which includes the appointment of an Advanced Nurse Practitioner on 30 July 2013.

The services provided at Nenagh Hospital are appropriate for a Model 2 Hospital and delivers non-complex care as close as possible to patients' homes. Access for medical admissions is via the Medical Assessment Unit, Local Injuries Unit, direct GP admissions and transfer of patient's from the University of Limerick Hospital's Group.

Site governance on a day-to-day basis is provided by the Operational Director of Nursing and the Site Administrator who work with the individual Directorates within UL Hospitals to ensure the achievement of group objectives.

### **Bed Complement**

- 49 inpatient medical beds
- 10 Surgical Day Ward beds and 4 chairs
- 8 endoscopy beds
- 6 Medical Assessment Unit (MAU) trolleys
- 5 Local Injuries Unit (LIU) trolleys.

### **Services Currently Provided at Nenagh Hospital include:**

- inpatient medicine
- endoscopy
- pre-op assessment
- OPD Department
- Medical Assessment Unit
- Local Injuries Unit (open seven days per week)
- Surgical Day Ward
- cardiology services including echo
- X-ray
- laboratory
- physiotherapy
- pharmacy
- respiratory services including pulmonary function testing, half and full sleep studies testing and pulmonary rehab clinics
- infusions service with gastroenterology CNS and governed by gastroenterologist

\* 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

- palliative care
- diabetic services.

### **3. Findings**

#### **Overview**

This section of the report outlines the findings of the unannounced inspection at Mid Western Regional Hospital Nenagh on 21 October 2014. The clinical area that was inspected was Medical Two Ward.

Medical Two Ward is a general medical ward in which there are 28 beds. The ward consists of one 10-bedded ward, two four-bedded wards, one three-bedded ward, two two-bedded wards and three single rooms. All of the single rooms were ensuite, one of which also has an anteroom. The single rooms are used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. Five 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 Mid Western Regional Hospital Nenagh. 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 Mid Western Regional Hospital Nenagh under the headings of the five key elements of a multimodal hand hygiene improvement strategy.
- **Section 4** provides an overall summary of findings

#### **3.1 Key findings relating to non-compliance with Standard 3**

The Authority found evidence during the inspection of both compliance and non-compliance with Standards 3 and 6 of the Infection Prevention and Control Standards.<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.

#### **Environment and Facilities Management**

The cleanliness of the patient environment in the 10-bedded ward on Medical Two Ward was of concern to the Authority. For example, unacceptable varying levels of dust were observed on the undercarriages of beds, the casements above beds, ledges behind beds, a cardiac monitor, skirting boards, floor edges and corners and some curtain rails in the patient areas inspected. A mattress cover was compromised and light staining was observed on the inside of the mattress cover and on the mattress base. The wall area adjacent to a window and pipes connected to a radiator were visibly stained and dark stains were also evident on the floor under the piping.

Opportunities for improvement were observed in the cleaning and maintenance of patient sanitary facilities. A radiator grill in the patient shower room was dusty and rust coloured staining was visible. Cobwebs, dust and brown staining were observed on the floor beside this radiator. Light dust was also observed on the floor of two patient shower rooms. The floor covering had 'bubbled' along the base of one wall and paint was peeling on another wall in a patient shower room. The cleaning checklists for these areas required that checks should be completed twice a day. However the Authority observed that the checklists were only consistently completed in the mornings. In all of the checklists observed the afternoon checks were incomplete.

The majority of the domestic waste bins inspected were unclean and cleaning records, used to indicate that the bins had been cleaned, were not consistently completed. The Authority was informed by the Ward Manager similar findings were identified through local hygiene audits. The findings were reflective of deficits in cleaning resources particularly for the 10-bedded ward and this was entered as a high risk on the ward risk register in April 2014 and escalated to facilities management. The matter remained unresolved at the time of the inspection. However, the hospital has indicated that they are in the process of recruiting five new Health Care Attendants, one of whom will be allocated to Medical Two, which should assist in addressing the deficits identified.

## **Patient Equipment**

Opportunities for improvement were noted in the management of patient equipment in Medical Two Ward. Authorised Persons observed two small red stains on the front of a blood gas machine located in the clean utility room. A member of staff, who was observed using the machine at the time of the inspection, did not clean the machine after use in line with local policy or best practice.

The Authorised persons also observed an integrated sharps tray containing a used small alcohol wipe and other equipment which indicated that the tray had not been cleaned after use. Adherence to recommended standard precautions and fundamental infection-control principles such as the safe management of sharps and waste, effective cleaning of equipment, hand hygiene and education are essential in preventing transmission of blood borne pathogens such as hepatitis B virus and hepatitis C virus.<sup>3</sup> A temperature probe was unclean and two commodes were stained underneath the seat. The Authority was informed that there were three patients with *Clostridium difficile* infection in the hospital at the time of the inspection. The unclean commodes are of significant importance in the context of reducing the potential for transmission of *Clostridium difficile*, and should be a particular focus for improvement. In addition, the Authority observed that not all

staff cleaned the patient monitoring equipment between each patient use, even though detergent wipes were available throughout the ward.

It was observed at the time of the inspection that a green tagging system was in use on Medical Two Ward. The labels alerted staff to when the equipment was last cleaned. The Authority was informed that this system was on trial at the time of the inspection. Some of the patient equipment viewed displayed green tags, which indicated that the equipment had been cleaned a few days prior to the inspection; however, these labels were missing from a number of other equipment, for example, a weighing scales, an electrocardiograph (ECG) machine, two intravenous syringe pumps and a nasogastric feeding pump. The deficits identified indicated that the systems in place to manage, maintain and monitor the cleaning of patient equipment were not as effective as they should be and not all equipment was being cleaned in accordance with national guidelines and best practice.<sup>4</sup>

A hospital environment should be visibly clean, free from dust and dirt, and acceptable to patients, visitors and staff.<sup>5</sup> The Authority recommends that the hospital review the systems and processes in place to assure itself that patient equipment is maintained, cleaned and decontaminated between each use.

### **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>6</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>6</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 some clinical hand wash sinks in Medical Two Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>7</sup>
- The Authority noted that hand hygiene alcohol gel dispensers were not available at each patient bed which meant that staff had to leave the patient area each

time a hand hygiene opportunity presents itself. The Authority was informed that alcohol gel dispensers were placed on the end of beds but the dispensers were constantly getting damaged and therefore were removed. The hospital has indicated that it will review the accessibility to alcohol hand rub at the point of care.

**3.2.2 Training/education<sup>6</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.

**Hospital training**

- Staff in the Mid Western regional Hospital Nenagh are required to attend annual hand hygiene training. There are 300 staff who interact with patients and 94.7% (284 out of 300) have attended mandatory hand hygiene training from 01 May 2012 to 30 April 2014. The Authority was also informed that seconded staff such as student nurses, laboratory staff, agency staff, visiting doctors and locum staff are trained in hand hygiene compliance on commencement of employment.

**Local area training**

- Local results viewed during inspection show that 100% of staff on Medical Two Ward attended hand hygiene training in 2013. At the time of the inspection 38% (8 out of 23) of staff had attended hand hygiene training since the beginning of 2014.

**3.2.3 Evaluation and feedback<sup>6</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**

Mid Western Regional Hospital Nenagh is a member of the University of Limerick Hospitals Group (UL Hospitals). There are six hospitals in this group which include the three Mid Western Regional Hospitals in Limerick, Ennis and Nenagh. The UL Hospitals Group commenced reporting data as a group in the national hand hygiene audits in October 2013 and submits results under three directorates. The national hand hygiene audits are published twice a year.<sup>8</sup>

From June 2011 to May/June 2013 Mid Western Hospital Nenagh supplied independent figures to the national hand hygiene audits. Since October 2013,<sup>8</sup> the hospital has submitted its hand hygiene data as part of the UL Hospitals Group. The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate that Mid Western Regional Hospital Nenagh has achieved compliance with the Health Service Executive's (HSE's) in 2011 and 2012<sup>8</sup> but has failed to attain 90% compliance in May/June 2013.<sup>9</sup> In Period 7 of 2014, Medical 2 Ward was randomly selected to participate in the national audit in May/June 2014 under the Medical Directorate and achieved 87%. The overall compliance of the Medical Directorate for May/June 2014 was 85.2% which was below the HSE's national target of 90%.<sup>9</sup>

| <b>Period 1-7</b>   | <b>Result</b> |
|---|---------------|
| Period 1 June 2011  | 79.0%         |
| Period 2 October 2011   | 79.0%         |
| Period 3 June/July 2012   | 86.7%         |
| Period 4 October 2012   | 85.2%         |
| Period 5 May/June 2013  | 81.9%         |
| Period 6 October 2013<br>(UL Hospitals average of data received from<br><b>three</b> Directorates)  | 87.8%         |
| Period 7 May/June 2014<br>(UL Hospitals average of data received from<br><b>three</b> Directorates) | 86.96%        |

Source: Health Protection Surveillance Centre – national hand hygiene audit results.<sup>7</sup>

### **Hospital hand hygiene audit results**

- Internal hand hygiene audit results viewed by the Authority demonstrate that the hospital has failed to achieve 90% compliance in hand hygiene audits from Q4 2013 to Q3 2014. However, a significant increase in compliance was noted when compliance increased from 66.67% in Q2 to 88% in Q3 2014. Documentation viewed by the Authority show that immediate feedback is supplied directly to staff in areas where compliance falls below 90%. However, areas where a 90% compliance was not achieved were not consistently re-audited.

### **Local area hand hygiene audit results**

- Local Audit Results viewed during the inspection show that Medical Two Ward achieved a 93% compliance rate in Q3 2014. This was a significant improvement on the audits carried out in Q2 when 40% compliance was achieved in the first audit and 87% compliance rate was achieved in the re-audit.

### **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>10</sup> and the HSE<sup>11</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>r</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 17 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
  - three before touching a patient
  - eight after touching a patient
  - four 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 surrounding and before touching the next patient).
- Ten of the 17 hand hygiene opportunities were taken. The seven opportunities which were not taken comprised of the following:
  - three before touching a patient
  - two after touching a patient
  - one after touching patient surroundings
  - one after touching a patient and before touching the next patient.
- Of the 10 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 10 opportunities. Of these, the correct technique was observed in four 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

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

**3.2.4 Reminders in the workplace<sup>6</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 inspected areas inspected at Mid Western Regional Hospital Nenagh.
- A hand hygiene poster was on display at the original entrance to the hospital however, it was not placed in a prominent position.

**3.2.5 Institutional safety climate<sup>6</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.*

Medical Two Ward at Mid Western Regional Hospital Nenagh achieved 87% compliance as one of the seven randomly selected areas audited under the Medical Directorate of the UL Hospitals during the national hand hygiene audits in May/June 2014. The overall compliance achieved by the UL Hospitals' Medical Directorate, for Period 7(May/June 2014) was 86.96% which is below the HSE's national target.<sup>7</sup> Internal hand hygiene audits also indicate that compliance is below the 90% national target. In addition, the Authority observed that 59% (10 out of 17) of hand hygiene opportunities were taken during the unannounced inspection. The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is improved particularly in reaching the national target of 90%<sup>7</sup> hand hygiene in both the national<sup>7</sup> and local audits.

#### **4. Summary**

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

Overall, Medical Two Ward was generally clean and well maintained with the exception of a 10-bedded unit, which requires improvement in the management and monitoring of environmental hygiene to ensure compliance with the hospital's own policies. The Authority also found that there were opportunities for improvement in the management of patient equipment. The Authority recommends that the hospital review the systems and processes in place to assure itself that the environment and patient equipment is effectively managed to reduce the risk of the spread of Healthcare Associated Infections.

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 be embedded in every service at all levels.

The Authority found that there is potential for improvement in the level of awareness of the importance of hand hygiene compliance in Mid Western Hospital Nenagh. The hospital should continue to build on this awareness of best practices and compliances achieved to date, to ensure that the importance of hand hygiene compliance is embedded within all staff groups in the hospital, that good hand hygiene practice is improved and that national targets are achieved.

Mid Western Regional Hospital Nenagh must now revise and amend its quality improvement plan (QIP) that prioritises the improvements necessary to 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 Mid Western Regional Hospital Nenagh 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>Y</sup>

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

10. World Health Organization. Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual. Available on line from:  
[http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1).
11. Health Service Executive. Hand Hygiene Observation Audit Standard Operating Procedure April 2014. Available on line from: <http://www.hpsc.ie/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf>

## **6. Appendix 1 - Detailed description of findings from the unannounced inspection at Mid Western Regional Hospital Nenagh on 21 October 2014**

In this section, non-compliances with Criterion 3.6 of Standard 3 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.

The Authority found that the reception area of the hospital was generally unclean. The floor was unclean and scuffed, glass in the entrance door was unclean and there were boxes stacked inside the main entrance door which had the potential to hinder effective cleaning. The Authority acknowledges that the hospital is in the process of renovating the building and the location of the reception area is moving to the newer entrance.

## **Medical Two Ward**

Medical Two Ward was generally clean, with the exception of the presence of significant levels of dust on the 10-bedded ward and some other exceptions listed below.

### General cleanliness and maintenance

- A mattress cover in a 10-bedded ward was torn and there was light staining present on the mattress underneath. This poses a potential risk of transmission of infective microorganisms to patients and staff.
- A number of walls were marked and paint was chipped.
- There were brown stains visible on a radiator, the attached piping, and the wall behind the radiator in a 10-bedded ward. Stains were also observed on the floor covering under the piping.
- Varying levels of dust were observed. For example, light dust was present on the bed rails of four beds, behind two other beds and on a patient locker in a 10-bedded ward. Dust was also observed on the casement over a patient bed and on the ledges behind some of the beds. Heavy dust was observed on a cardiac monitor. Sticky residue was observed on the same monitor, which hindered effective cleaning.
- The floor covering was marked and worn in a 10-bedded ward.

### Ward Facilities

- The pedal of clinical waste bin was stained in 'dirty'<sup>±</sup> utility room.
- Sticky residue and dust was observed inside a steel cabinet located under the sink in the dirty utility.
- Bed urinals were stored upright and not inverted.
- In the clean utility an integrated sharps tray contained a used needle cover and a stained swab.

### Patient equipment

- Two small red stains were observed on a blood gas machine in the clean utility. The Authorised Persons raised this issue with the Ward Manager who explained that this machine is used by all areas within the hospital and staff are required to clean the machine after each usage.
- Two commodes were observed to have brown staining underneath the seat area. This is of particular concern in light of the presence of three cases of *Clostridium difficile* infection in the hospital at the time of the inspection. The unclean commodes are of significant importance in the context of reducing the potential

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<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.

for transmission of *Clostridium difficile*. This matter was raised with the Ward Manager and the Hospital Management Team at the time of the inspection for immediate mitigation of the risk.

- A temperature probe was unclean. This was immediately raised with hospital staff and the issue was addressed immediately.
- Rust coloured staining was observed in the wheel area of an intravenous (IV) stand and another IV stand had protective paint missing, which may hinder effective cleaning. An IV syringe pump was stained and a nasogastric feeding pump was unclean in the clean utility.
- Light dust was observed on various patient equipment including the base of a resuscitation trolley, suction apparatus, an IV syringe pump, a patient hoist and a blood pressure monitor.
- An electrocardiograph (ECG) machine and electronic weighing scales in the equipment room did not have a green label attached indicating when they were last cleaned. These labels were missing from a number of other machines, for example, two IV syringe pumps and a nasogastric feeding pump in the clean utility. This green labelling system, which is used to indicate when an item was last cleaned, was used inconsistently throughout the ward. Where it was used, it indicated that some frequently used equipment was not cleaned daily in line with best practice.
- Dust and grit was present on the computer keyboard located at the ward work station.

### Sanitary Facilities

- Toilet cleanliness checklists in two of the patient toilets observed were incomplete. An empty jug was observed on top of a domestic waste bin and there was a small leak behind a toilet bowl.
- A radiator grill in a patient shower room was dusty and rust coloured staining was visible. Cobwebs, dust and brown staining were observed on the floor beside this radiator. Light dust was also observed on the floor of two patient shower rooms. The floor covering had 'bubbled' along the base of one wall and paint was peeling on another wall in a patient shower room.
- Water was pooled on a chair in patient shower and wet paper towels were observed on a chair in a patient shower room. This indicates that the patient shower room is not being cleaned after each patient use.

### Cleaning equipment

- Dust and grit was observed on the floor of the cleaning room.

## **Waste**

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

### **Medical Ward 2**

- The interior surfaces of the majority of the domestic waste bins observed were stained and unclean. The Authority was informed at the close out meeting that this task is the responsibility of the hospital porter on duty. The cleaning records viewed by the Authority showed that there is an inconsistency in the cleaning of these bins and this was highlighted to the hospital. This finding is reflective of deficits in cleaning resources, particularly for the 10-bedded ward, and this was entered as a high risk on the ward risk register in April 2014.

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