



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at the National Maternity Hospital, Holles Street, Dublin 2

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

Date of on-site inspection: 30 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.

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1. Introduction

Preventing and controlling infection in healthcare facilities is a core component of high quality, safe and effective care for patients. In order to provide quality assurance and drive quality improvement in public hospitals in this critically important element of care, the Health Information and Quality Authority (the Authority or HIQA) monitors the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹

These Standards will be referred to in this report as the Infection Prevention and Control Standards. Monitoring against these Standards began in the last quarter of 2012. This initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection Prevention and Control Standards.

The Authority's monitoring programme will continue in 2014, focusing on unannounced inspections. This approach, outlined in guidance available on the Authority's website, www.hiqa.ie – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*² – will include scope for re-inspection within six weeks where necessary. The aim of re-inspection is to drive rapid improvement between inspections.

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards¹ is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

- Standard 3: Environment and Facilities Management
- Standard 6: Hand Hygiene.

Other Infection Prevention and Control Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards may not be assessed in their entirety during an unannounced inspection and therefore findings reported are related to a criterion within a particular Standard which was observed during an inspection. The Authority uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene practice in one to three clinical areas depending on the size of the hospital. Although specific clinical areas are assessed in detail using the hygiene observation tools, Authorised Persons from the Authority also observe general levels of cleanliness as they follow the patient's journey through the

hospital. The inspection approach taken is outlined in guidance available on the Authority's website.²

This report sets out the findings of the unannounced inspection by the Authority of the National Maternity 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 30 September 2014 between 08:50hrs and 14:15hrs.

The areas assessed were:

- Neonatal Intensive Care Unit
- Postnatal 3 (Units 5 and 9).

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

2. National Maternity Hospital Profile[¥]

The National Maternity Hospital on Dublin's Holles Street was established in 1894. Employing approximately 820 people, it is the largest maternity hospital in the State as measured by annual deliveries and also one of Europe's largest maternity hospitals. The hospital provides obstetric, gynaecology and neonatal services. The original focus of the service was the poor people of the districts surrounding Holles Street, Dublin. However, today one in every twelve Irish citizens begins life behind its walls. Families from all over the country attend the National Maternity Hospital for childbirth and Women's Health Services. The hospital established a community midwifery service in 1998 including homebirth, domino birth and early transfer home programmes and this service covers Dublin and North Wicklow and continues to be the busiest community midwifery service in Ireland.

The National Maternity Hospital had 8755 deliveries in 2013 resulting in the birth of 8955 babies. The hospital is recognised as a national referral centre for complicated pregnancies, premature babies and sick infants. The gynaecology unit also treats over 9000 patients annually.

The National Maternity Hospital has built up a reputation for undergraduate and postgraduate training and holds international courses on the Active Management of Labour each year. The hospital also trains midwives and runs an annual Higher Diploma course in Neonatal Studies in conjunction with the two other Dublin Maternity hospitals and the Royal College of Surgeons of Ireland.

In order to address our infrastructural challenges, redevelopment has taken place with the opening of a new Fetal Assessment Unit and Semi Private Clinic. A new Neonatal Intensive Care Unit will be operational from January 2015. Project Teams are currently in place planning the new collocated hospital in St. Vincent's University Hospital campus at Elm Park.

[¥] The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

3. Findings

Overview

This section of the report outlines the findings of the unannounced inspection at the National Maternity Hospital on 30 September 2014. The clinical areas which were inspected were the Neonatal Intensive Care Unit and Postnatal 3 (Units 5 and 9).

The Neonatal Intensive Care Unit is a busy special baby unit which consists of an Intensive Care Unit, a High Dependency Unit, a Special Care Unit and a five-bedded unit which was used for isolation of two babies during the inspection. This unit is a tertiary referral centre, which means that it accepts sick children from across the country.

Postnatal 3, Unit 5 is a 16-bedded ward comprising three five-bedded wards and one single room which is not ensuite. Postnatal 3, Unit 9 is a 12-bedded ward comprising two five-bedded wards and one two-bedded ward. At the time of the inspection, there were 15 patients in Unit 3 and two patients in Unit 9. There were no patients isolated on Postnatal 3.

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 the National Maternity 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 the National Maternity 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.

Patient equipment

The cleanliness of some equipment on the Neonatal Intensive Care Unit was of concern to the Authority. Blood stains were visible on the shelf of a trolley underneath the blood gas machine and congealed blood was visible in the area where sample bottles are inserted into the machine. A used glove was sitting on the

top shelf of the trolley and a blue tray, which was on the bottom shelf of the trolley, had a blood stain and was also visibly very dusty. Red stains were visible on the base of an incubator. A used oxygen saturation probe which is designed to be discarded after each use was attached to the patient monitoring equipment, suggesting that the equipment had not been cleaned after use. Other patient equipment including a resuscitation trolley, near patient testing equipment, the base of a holder for ophthalmology equipment, suction apparatus, an electrocardiograph machine and the legs of a baby bath were observed to be dusty. The Authority was informed that dedicated staff are not permanently assigned to cleaning patient equipment in the unit and it is considered by the Ward Manager that this has a negative impact on cleaning of equipment.

Storage space for patient equipment was an issue in the Neonatal Intensive Care Unit. Clean equipment was stored in corridors and in the equipment storage room. This room was cluttered at the time of the inspection and as a result, it was difficult to access some equipment. The Authority was informed that the unit is due to be re-located within the hospital in the next couple of months and it is anticipated that the storage issues highlighted during the inspection will be addressed in the re-location.

Patient equipment on Postnatal 3 was generally clean and well maintained with a few exceptions.

Environment and facilities management

Environmental hygiene in the Neonatal Intensive Care Unit was sub-optimal with unacceptable levels of dust observed in some areas of the unit. In documentation viewed by the Authority, it was noted that similar issues regarding dust levels were highlighted in internal hospital audits in 2014. In addition, the Authority was informed that concerns regarding the standard of cleaning in the unit has been raised by the Ward Manager at internal hospital meetings.

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 risk. There was scope for improved hygiene on the Neonatal Intensive Care Unit. The Authority recommends that the hospital review the systems and processes in place in the Neonatal Intensive Care Unit to ensure the maintenance of a meticulously clean environment.

The patient environment on Postnatal 3 was generally clean and well maintained with a few exceptions.

Waste management

Opportunities for improvement were noted with regard to waste management in the Neonatal Intensive Care Unit. The Authority observed that two used blood transfusion bags were wrapped in paper and stored on bedside tables beside two cots. The Authority was informed that the bags are stored in this manner for 24 hours in case a patient suffers a blood transfusion reaction. The storage of these bags in this manner is not in line with hospital policy which states that used sealed blood bags should be retained in a sealed bio-hazard bag in a secure area. In addition, the Authority observed that a syringe was disposed of in a non-clinical waste disposal bin in the five-bedded unit used for isolation which is also not in line with hospital policies.

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 clinical hand wash sinks in both clinical areas did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁴
- The Authority was informed that antimicrobial soap only was used in the Neonatal Intensive Care Unit, however, two types of soap were observed at the hand wash sink outside the five-bedded isolation unit at the time of the inspection.

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.

Hospital training

- The Authority was informed that 89% of clinical staff and 60% of non-clinical staff in the National Maternity Hospital have attended hand hygiene training in the previous two years. Staff are required to complete the HSE LanD e-learning training programme⁵ (the Health Service Executive's (HSE's) online resource for learning and development). Hand hygiene training is also included as part of a mandatory study day for staff each year, impromptu hand hygiene sessions are carried out and training is also carried out at ward level.

Local area training

- The majority of staff in the Neonatal Intensive Care Unit and Postnatal 3 were up-to-date with hand hygiene training at the time of the inspection.

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

- The National Maternity 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 show that compliance in May/June 2013 was above the HSE’s national target of 90%.⁷ However, compliance in the second half of 2013 decreased below the national target. While compliance increased again in May/June 2014, it was still below the HSE’s national target.

Period 1-7	Result
Period 1 March/April 2011	No data available
Period 2 Oct/Nov 2011	72.4%
Period 3 June/July 2012	89.5%
Period 4 Oct/Nov 2012	85.7%
Period 5 May/June 2013	94.3%
Period 6 Oct/Nov 2013	85.7%
Period 7 May/June 2014	88.6%

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

Hospital hand hygiene audit results

- The Authority was informed that hand hygiene audits are carried out in the National Maternity Hospital three times a year in each clinical area. Two audits are carried out by the Infection Control Nurse as part of the national hand hygiene audits. A third audit is carried out by Link Midwives who are present on each ward and have completed lead or local auditor training and infection control

training. At the time of the inspection, the Infection Control Nurse was awaiting the results of an audit carried out by Link Midwives between May and September 2014.

Local hand hygiene audit results

- The Neonatal Intensive Care Unit and Postnatal 3 achieved 93% compliance in the national hand hygiene audits carried out in May/June 2014.

Observation of hand hygiene opportunities

Authorised Persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

The underlying principles of observation during inspections are based on guidelines promoted by the 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 15 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
 - one before touching a patient
 - five after body fluid exposure risk
 - four after touching a patient
 - four after touching patient surroundings
 - one hand hygiene opportunity was observed where there were two indications for one hand hygiene action (after touching one patient and before touching the next patient).
- Fourteen of the 15 hand hygiene opportunities were taken. The opportunity which was not taken was after touching a patient's surroundings.

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

- Of the 14 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 13 opportunities. Of these, the correct technique was observed in 13 hand hygiene actions.
- In addition the Authorised Persons observed:
 - Fourteen hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended.
 - Hand hygiene compliance in the Neonatal Intensive Care Unit on the day of the inspection was 100%.

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 the National Maternity Hospital.

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.*

- The overall compliance achieved by the National Maternity Hospital in the national hand hygiene audits carried out in 2013 was 90%. The hospital exceeded the national target in May/June 2013 when 94% compliance was achieved but it has since failed to attain or sustain 90% compliance in either of the national hand hygiene audits carried out since then. The National Maternity Hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is improved and national targets are achieved again.

4. Summary

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

Opportunities for improvement were noted in the Neonatal Intensive Care Unit regarding the management of patient equipment, the patient environment and waste. Some of the findings observed were of concern to the Authority given the vulnerability of the neonates accommodated in the unit. However, it is noted that a new Neonatal Unit is under construction and will be occupied from January 2015. Patient equipment and the environment on Postnatal 3 were generally clean and well maintained with a few exceptions.

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.

At the time of the inspection, 89% of clinical staff and 60% of non-clinical staff in the hospital had attended hand hygiene training in the previous two years. In the national hand hygiene audit carried out in May/June 2014, the National Maternity Hospital achieved 88.6% compliance. While this was below the HSE's national target, it is noted that the hospital previously exceeded the target in May/June 2013 and achieved an overall compliance of 90% in 2013. The hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is improved and national targets are achieved again.

The National Maternity 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 the National Maternity 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[‡]

1. Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2009. Available online 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. Available online 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. Available online from: http://www.who.int/gpsc/5may/tools/system_change/en/
4. Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. Available online from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf
5. Health Service Executive: HSELand. Available online from: <http://www.hseland.ie/tohm/default.asp?message=logout>
6. The Health Protection Surveillance Centre. National Hand Hygiene Audit Results. Available online from: <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditResults/>
7. Health Service Executive – National Service Plan 2014. Available online from: <http://www.hse.ie/eng/services/Publications/corporate/serviceplan2014/nationalserviceplan2014.pdf>
8. 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.
9. Health Service Executive. Hand Hygiene Observation Audit Standard Operating Procedure September 2014. Available online from: <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/>

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

6. Appendix 1 - Detailed description of findings from the unannounced inspection at the National Maternity Hospital on 30 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.

Neonatal Intensive Care Unit

Patient equipment

- Blood stains were visible on the shelf of a trolley underneath a blood gas machine and congealed blood was visible in the area where sample bottles are inserted into the machine. A used glove was sitting on the top shelf of the trolley, and a blue tray which was on the bottom shelf of the trolley, had a blood stain and was also visibly very dusty.
- Red stains were visible on the base of an incubator.
- A used oxygen saturation probe which is designed to be discarded after each use was attached to the patient monitoring equipment, suggesting that the equipment had not been cleaned after use.
- Dust was visible on the bottom shelf of a resuscitation trolley, on near patient testing equipment, the base of a holder for ophthalmology equipment, on suction apparatus, an electrocardiograph machine, the legs of a baby bath and on oxygen cylinders and their connections.

- The wheel areas of two dressing trolley were unclean.

General cleanliness and maintenance

- Varying levels of dust were observed in several areas in the unit, for example:
 - Dust was visible on the floors in the Intensive Care, the High Dependency and Special Care Units. Dust was also visible on the floor and bottom shelving of units in the storage area adjacent to the High Dependency Unit.
 - Dust was visible on a ledge and under a cot in the Special Care Unit.
 - Dust was visible on the interior ledges of two linen cabinets and the seal on the inside of the door on one of the cabinets was not intact. Additional linen supplies were stored on the top of one cabinet and on the floor beside it.
 - Dust was visible on a computer key board.
- Sticky residue was visible on the stand and base of a cot, a window ledge, a soap container and the door of a fridge.
- Soap stains were visible on a soap holder at one hand wash sink and the outlet on another hand wash sink was unclean.
- Chipped paint was observed on a ledge behind an incubator and on a skirting board under a hand wash sink.

Ward facilities

- The equipment storage room was cluttered making it difficult to access equipment.
- There was debris on the floor in the 'dry stores'. Miscellaneous items including boxes and sterile water were stored on the floor.
- Staining was observed on the inside of a container used to transport instruments for autoclaving. The Authority was informed that there was no cleaning process in place for these containers.

Postnatal 3

Patient equipment and the patient environment on Postnatal 3 were generally clean and well maintained with a few exceptions as listed below.

- Varying levels of dust were observed in some patient areas and on patient equipment. For example, dust was visible on the undercarriage of a bed, the casement over a patient bed, on a curtain rail, an oxygen saturation probe and on wheelchairs. Dust was also visible on an incubator frame and on some cots which had been labelled as clean, dated 30 September 2014.
- The wheel areas of one intravenous stand were unclean.
- There were two sinks in one of the patient areas assessed but it was not clear which sink was the designated hand washing sink. Access to the sink where hand hygiene advisory posters were displayed was obstructed by cots stored in front of

the sink and there was no waste disposal bin adjacent to the sink. Water from a basin used for patient hygiene was disposed of in the second sink during the inspection which is not in line with best practice.

- The surface of the floor covering at the entrance to a patient toilet/washroom was damaged and light dust was visible on the floor. Dust was also visible on some areas of the ceilings above showers. A small amount of staining was visible on a wall above the panelling in a patient shower. The exterior surfaces of toilet doors were chipped.
- The floor covering in the 'dirty'[±] utility room was coming away from the wall in places. Staining and dust were visible on the floor around the bed pan washer. The interior surface of the door was damaged.
- Dust was visible on the floor in the linen store room, on a flat sheet sliding device stored in the room and in the corners of a linen trolley. Two cardboard boxes containing patient leaflets were stored on shelving in the linen store 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.

Neonatal Intensive Care Unit

- It was observed that two used blood transfusion bags were wrapped in paper and stored on bedside tables beside two cots. The Authority was informed that the bags are stored in this manner for 24 hours in case a patient suffers a blood transfusion reaction. The storage of these bags in this manner is not in line with hospital policy which states that used sealed blood bags should be retained in a sealed bio-hazard bag in a secure area.
- In the five-bedded unit used for isolation, a syringe was disposed of in a non-clinical waste disposal bin which is not in line with hospital policies.
- The temporary closing mechanisms on three sharps waste disposal boxes in the Special Care Unit were not engaged.
- Red staining was visible on a sharps waste disposal box.
- Two used blood lancets were sitting in a disposable tray on a window sill.

Postnatal 3

- The temporary closing mechanisms on two sharps waste disposal boxes in the clean utility room were not engaged.

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

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