Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at St Luke's General Hospital, Kilkenny, Co Kilkenny

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

Date of on-site inspection: 11 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 Standards[1] 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 St Luke's General Hospital's compliance with the Infection Prevention and Control Standards.[1] It was undertaken by Authorised Persons from the Authority, Kay Sugrue and Alice Doherty, on 11 September 2014 between 08:55hrs and 13:50hrs.

The areas assessed were:

- Medical 2
- Surgical 1.

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

2. St Luke's General Hospital Profile‡

St. Luke's General Hospital, Carlow/Kilkenny is the Acute General Hospital for Counties Carlow and Kilkenny. The hospital was opened in 1942.

St. Luke's General Hospital has a bed capacity of 250 beds of which 21 are day case beds and provides general medical, surgical, obstetrics, gynaecology, paediatric, psychiatry, cardiology, endocrinology, hepatology, gastroenterology, oncology, palliative care and anaesthetic services to the Carlow/Kilkenny area.

The following diagnostic services are also provided: radiology including 64-slice CT scanning, ultrasound, Dexa scanning, pathology, cardiac diagnostics and endoscopy. The therapy services provided include physiotherapy, speech and language, dietetic and occupational therapy. The hospital also facilitates regional onsite services including dermatology, haematology, microbiology neurology, oncology, radiotherapy and a palliative care satellite unit. Furthermore, the hospital is the site for regional services in liver diseases, ERCP (diagnostic procedure to examine diseases of the liver, bile duct and pancrease) and endo-biliary endoscopy.

Table 1: St Luke's Hospital Kilkenny – Hospital Activity 2011

Item	**Details**
ED presentations	38,111
Inpatient discharges	13,905
Day cases	11,903
Outpatient attendances	33,879

‡ 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 St Luke's General Hospital on 11 September 2014. The clinical areas which were inspected were Medical 2 and Surgical 1.

Medical 2 is a general medical ward and consists of one four-bedded ward, one five-bedded ward, one seven-bedded ward, one 12-bedded ward and two single rooms which are used for the isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. The single rooms are not en-suite. The four-bedded ward was used for accommodating patients with similar isolation requirements at the time of the inspection and another patient was isolated in a single room.

Surgical 1 is a 17-bedded ward comprising one six-bedded bay, one five-bedded bay, one four-bedded bay and two single rooms. The single rooms are not ensuite. One patient was 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 St Luke's General 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 St Luke's General Hospital under the headings of the five key elements of a multimodal hand hygiene improvement strategy.
- **Section 4** provides an overall summary of findings.

3.1 Key findings relating to non-compliance with Standard 3

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

Environment and Facilities Management

The Authority found that improvements were required in the management and maintenance of the physical environment in both areas inspected. Whilst most areas inspected were generally clean, some exceptions were noted. Light to moderate

levels of dust were observed on some floor edges and corners, some casements over patient beds, the undercarriages of beds and some paintwork was chipped.

On Medical 2, the casing covering electrical wiring was partially missing over two patient beds in the 12-bedded ward, hindering effective cleaning and posing a potential health and safety risk. The Authority was informed that this issue was referred to the Technical Services Department over eight months previously but the issue was unresolved at the time of the inspection. This matter had also been highlighted as a recurring issue in environmental audits carried out on the ward. The issue was brought to the attention of the Ward Manager and the Hospital Manager for immediate mitigation. Assurances were provided to the Authority following the inspection that the matter was addressed and closed out. The failure to address the issue in a timely manner raised a concern for the Authority on how maintenance issues were prioritised, risk rated, addressed and communicated within the hospital. The hospital has identified the deficits highlighted as an area for improvement and is in the process of creating a database for maintenance issues which should address such issues. The hospital has subsequently informed the Authority that the data base has been set up.

Improvements were required in the management of some patient sanitary facilities on both areas inspected. On Medical 2, the Authority viewed a shower room and toilet facilities adjacent to the 12-bedded ward during the inspection where cleanliness and maintenance were suboptimal. The shower outlet and the sealant between the floor and wall tiles were visibly unclean. Three tiles were missing on the wall of the shower, the shower hose holder was broken and the floor covering in the shower was not adhering to the wall in one area. In addition rust-coloured staining was observed on a joint between ceiling tiles and also on the the radiator and pipes under the sink area. Similar opportunities for improvement were noted on Surgical 1. For example, the floor covering was not adhering to the wall in some places in patient toilet/shower facilities rooms that were inspected. Chipped paint, stained ceiling tiles and staining at the bottom of wall panels beside a shower tray was also observed.

The 'dirty'[±] utility room was unsecured on Medical 2 at the time of the inspection allowing unauthorised access to hazardous chemicals stored in a small cupboard on the wall. The Authority noted that a locking system was in place on the cupboards used to store consumables however, at the time of the inspection, the key was observed to be in the lock of one of the cupboards and the door of the cupboard was open.

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

The Authority recommends that the hospital review the mechanisms in place to assure itself that the physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring Healthcare Associated Infections.

Patient Equipment

Opportunities for improvement were noted in the management of some patient equipment. For example, a glucometer and blood monitoring holders inspected in the clean utility room on Medical 2 were unclean. The Authority was informed that three pieces of equipment and their holders were no longer in use. However, this equipment should have been cleaned after use in line with best practice.[3] In addition, suction equipment and a disconnected intravenous giving set were not covered or protected from the risk of contamination. The wheel area of an intravenous drip stand and commodes were unclean and sticky tape and some residue was observed on a temperature probe. One of the two mattresses inspected was compromised where heavy staining was viewed on the inside of the mattress cover. Shared equipment used for the monitoring of patient observations was observed not to be cleaned and decontaminated after each use which posed a potential risk of inter-patient transmission of infective material and is not in line with best practice.[3]

Similar to Medical 2, two out of the three commodes inspected on Surgical 1 were unclean and a pillow, the inside of a mattress cover and the mattress were stained. A red stain was visible on a blood pressure cuff and the vinyl cover on two chairs was torn.

The Authority recommends that St Luke's General Hospital review its systems and processes relating to the management and maintenance of patient equipment to assure its compliance with Standard 3 of the Infection Prevention and Control Standards[1] and best practice.[3]

Waste Management

The Authority found that some improvements were required in the management of clinical waste at ward level and hospital level. The Authority observed one incident where a used needle and syringe was not disposed directly into a sharps bin at the point of care which was not in line with best practice. A clinical waste sub-collection area was observed in a yard in which one of the two clinical waste wheelie bins was unlocked at the time of the inspection allowing unauthorised access which is not in line with best practice.[4] In addition, a sharps bin was observed to be overfilled on Medical 2 and the lid of a non-clinical waste disposal bin on Surgical 1 was not closing correctly.

3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards[1] and the World Health Organization (WHO) multimodal improvement strategy.[5] 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[5]: *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 most clinical hand wash sinks in Medical 2 and Surgical 1 did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[6] However, the Authority was informed that a replacement programme for hand hygiene wash hand sinks is ongoing in the hospital.

3.2.2 Training/education[5]: *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 St Luke's General Hospital are required to attend hand hygiene training every year. Documentation viewed by the Authority demonstrate that 53% of staff have completed hand hygiene training since January 2014 and 88% of staff are compliant with hand hygiene training over a two yearly period in line with national mandatory hand hygiene training requirements. There was evidence of good compliance for all clinical staff. The hospital places an emphasis on hand hygiene training and has identified through its own auditing that there is a direct correlation between annual mandatory hand hygiene training and an increase in hand hygiene compliance.

Local area training

- The Authority was informed that 86% of staff on Medical 2 had completed hand hygiene training in the previous 12 months. On Surgical 1, all staff were compliant with hand hygiene training in the previous 12 months and 65% have attended hand hygiene training in 2014.

3.2.3 Evaluation and feedback[5]: *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

- St Luke's General Hospital participates in the national hand hygiene audits which are published twice a year.[7] The results below, taken from publically available data from the Health Protection Surveillance Centre's website, demonstrate that compliance was above the HSE's national target of 90% in October 2013. [7] However there was a decrease in compliance, which was below the HSE's national target, in the national audits in May/June 2014 .
- Seven wards were included in the 2014 audit. Of these, five out of the seven wards achieved 90-93.3% compliance and the other two wards achieved 73.3-80% compliance.

Period 1-7	Result
Period 1 June 2011	82.4%
Period 2 October 2011	85.7%
Period 3 June/July 2012	71.4%
Period 4 October 2012	88.1%
Period 5 May/June 2013 (	87.6%
Period 6 October 2013	91.9%
Period 7 May/June 2014	87.1%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.[7]

Hospital hand hygiene audit results

- Documentation viewed by the Authority demonstrate that regular internal hand hygiene audits are carried out at St Luke's General Hospital in addition to the national hand hygiene audits. There are two lead hand hygiene auditors in the hospital. A third auditor has recently received HPSC training. There are also seven hygiene auditors in St. Luke's General Hospital who observe hand hygiene facilities, educational records and adherence to bare below the elbows. The most recent hand hygiene audits viewed by the Authority showed compliances of 90% and above in most areas audited. Where below 90% compliance is achieved, the area is re-audited to drive improvement in compliance.

Local hand hygiene audit results

- The Authority viewed documentation showing that Medical 2 has achieved 90% in hand hygiene audits carried out in May/June 2014 as part of the national hand

hygiene audits. Surgical 1 was not randomly selected for the national hand hygiene audits in 2014. Both wards were audited by an external company in May 2013. The compliance achieved by both wards in May 2013 was between 71-77% which is well below the national target. However, re-audits carried out in July 2013 demonstrated that compliance with the 90% national target was achieved by both areas.

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[9] and the HSE.[10] 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[ϒ] 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 32 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
  - eight before touching a patient
  - three after touching a patient
  - 21 after touching patient surroundings.
- Twenty five of the 32 hand hygiene opportunities were taken. The seven opportunities which were not taken comprised of the following:
  - three before touching a patient
  - one after touching a patient
  - three after touching patient surroundings.

[ϒ] The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

- Of the 25 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 19 opportunities. Of these, the correct technique was observed in 16 hand hygiene actions.

In addition the Authorised Persons observed:

- Twenty hand hygiene actions that lasted greater than or equal to (≥) 15 seconds as recommended.
- Personal protective equipment such as gloves and aprons contributed to two of the non-compliances with hand hygiene practice observed.
- Some medical staff were observed wearing shoulder bags while attending to patients. The Authority was informed that there was no designated storage for handbags on Medical 2 at the time of the inspection.

3.2.4 Reminders in the workplace[3]: *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 St Luke's General Hospital.

3.2.5 Institutional safety climate[3]: *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*.

Compliance in national hand hygiene audits in St Luke's General Hospital decreased from 91.9% in October 2013 to 87.1% in May/June 2014 which is below the national target. The Autority observed 32 hand hygiene opportunities at the time of the inspection in which 25 (78%) were taken which was also well below the national target. St Luke's General Hospital has demonstrated a commitment to the implementation of the WHO multimodal strategy to promote hand hygiene practices. The hospital needs to continue to build on compliances achieved to date regarding hand hygiene, to ensure that good hand hygiene practice is improved and maintained, and national targets are attained.

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, the environment and patient equipment on both areas inspected was generally clean with some exceptions. The Authority found that there was an opportunity for improvement in the maintenance and management of the patient environment relating to dust levels in some areas, sanitary facilities and the cleanliness of some patient equipment.

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.

Overall, the Authority found that St Luke's General Hospital demonstrated a commitment to best practice in hand hygiene. Some improvements in hand hygiene facilities are required. The hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is improved and maintained in all clinical areas and across all staff groups, and national targets are attained.

St Luke's General 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 St Luke's 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 Infection Prevention and Control Standards and is making quality and safety improvements that safeguard patients.

5. References[¥]

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

10. Health Service Executive. Hand Hygiene Observation Audit Standard Operating Procedure April 2014. Available on line from: https://www.hpsc.ie/AZ/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf

6. Appendix 1 - Detailed description of findings from the unannounced inspection at St Luke's General Hospital on 11 September 2014

In this section, non-compliances with Criterion 3.6 of Standard 3 of the Infection Prevention and Control Standards[1] 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.

Medical 2

Medical 2 was generally clean with some exceptions. Opportunities for improvement were noted in the maintenance and management of patient equipment, the patient environement and sanitary facilities as listed below.

<u>Patient Equipment</u>

- Small red stains were present on the inside of two glucometer holders and on the blood monitoring equipment stored within one holder.The outside of the glucometer holders were unclean. The Authority was informed that this equipment was no longer in use.
- The wheel areas of an intravenous stand were unclean and rust-cloured staining was present on another intravenous stand.
- Suction equipment was not protected from the risk of contamination as it was uncovered at the time of the inspection.
- An intravenous giving set was observed hanging from a bag of intravenous fluids; the connection was unprotected from the risk of contamination.

- Equipment used for the monitoring of patient observations was not cleaned between patient use posing a risk of cross contamination between patients. In addition, the base of the blood pressure equipment was dusty.
- Light levels of dust was present on the base of a patient hoist.

General cleanliness and maintenance

- Some of the floor covering observed was stained/marked particularly in the ante room of room 31, the floor covering under the hand hygiene sink in 'beds 7-12', the floor in the shower room in the three bedded ward and the clinical treatment room.
- Dust was present on the undercarriages of two beds, the casements over some beds and some curtain rails inspected. In addition, the wheel area of another bed was unclean.
- Moderate dust levels were present on the floor edges and corners and the window sill behind a curtain in one of the patient areas.
- Many of the window blinds observed were frayed at the edges.
- The mattress base of one bed and the mattress cover were stained.
- The impermeable cover on two armchairs were torn, hindering effective cleaning.
- Chipped paint was observed on behind some patient beds and on the corners of window sills in the areas inspected. Paint work was also flaking around the sink area and above a radiator in a patient area.

Ward facilities

- Heavy dust was present on the frame of a patient trolley in the treatment room.
- The alcohol hand rub dispenser was broken in room 30 and there was no top or dispenser unit on the antimicrobial soap dispenser which was also visibly stained.
- The following non-compliances were observed in the clean utility room:
  - Dust was present on the floor edges and corners.
  - The sealant behind the hand hygiene sink was cracked and the water outlet was stained. There was only one sink observed which was for hand hygiene and was not HBN compliant. In addition, the surface of the window sill beside the sink was damaged, hindering effective cleaning.
- The following non-compliances were observed in the 'dirty' utility room:
  - One of the door hinges of a wall mounted cupboard was broken which resulted in the door partially hanging from the other hinges. This issue was brought to the attention of the Ward Manager at the time of the inspection.
  - The 'dirty' utility room was unsecured at the time of the inspection, potentially allowing unauthorised access to cleaning consumables which were stored in an unlocked cupboard.
  - Rust-coloured stains were visible on the wheel areas of two of the three commodes viewed; dust was present on the frame of the third commode.

- Some of the urinals and a bed pan were not stored inverted.

Sanitary Facilities

- A toilet seat and toilet bowl were visibly unclean.
- Some tiles were missing on the wall of a shower adjacent to the 12-bedded ward. In addition, the sealant between the floor and tiles was unclean and the floor covering was not adhering to the wall in one area.
- A ceiling tile was bubbled and rust staining was observed on the joint between tiles.
- Rust-coloured staining was visible on the radiator and pipes under the sink area in the toilet/shower facilities adjacent to the 12-bedded ward. In addition, paint was chipped and plaster was missing on the wall beside the bin. The floor covering was also marked and the shower hose holder was broken.
- In another toilet/shower facility, there was an unpleasant odour, the sealant behind the sink was stained, some wall tiles were missing and the lid of a bin was broken.

Cleaning facilities

- The floor covering was visibly stained in places and stains were also visible on the wall.
- Brown-coloured residue was visible on the hand hygiene sink.
- Grit and dust were observed on the floor.
- Four boxes of hand towels were stored on the floor, hindering effective cleaning.
- Some floor cleaning equipment was stored in the dirty utility and was visibly unclean.

Linen

- Magazines were inappropriately stored amongst clean linen in the linen room.

Surgical 1

Surgical 1 was generally clean with some exceptions. Opportunities for improvement were noted in the maintenance and management of patient equipment, the patient environment and sanitary facilities as listed below.

Patient Equipment

- A red stain was visible on a blood pressure cuff which was addressed at the time of the inspection.
- The wheel areas on two intravenous stands and a trolley carrying patient supplies were unclean.
- Sticky residue was present on the surface of a patient hoist.

- Two out of three commodes which were inspected were unclean.

General cleanliness and maintenance

- Heavy layers of dust were observed on the undercarriage of two bedframes inspected.
- Stains were visible on a mattress, the mattress cover and a pillow.
- Sticky residue was present on the surface of a patient bedside locker and the edges of two lockers were chipped.
- An alcohol hand rub dispenser in a patient zone was empty.
- The impermeable covers of two chairs in patients areas were torn.
- Staining was observed on the splashback under a hand wash sink in a patient area. The floor covering under a hand wash sink in another patient area was damaged.
- Chipped paint and a small amount of chipped plasterwork was visible on the walls in a patient area. Chipped paint was also observed on door frames and on walls in the clean utility room.

Ward facilities

- The following non-compliances were observed in the treatment rooms:
  - In one treatment room, staining was visible between wall tiles and on the sealant at the hand wash sink. A white/green-coloured residue was present on the tap. The floor covering beside the door was damaged, there was some debris on the floor and cardboard boxes were inappropriately stored on the floor. Shelves in a cupboard under the sink and under the fridge were chipped.
  - In a second treatment room, the floor covering did not extend to the wall and cardboard boxes and yellow bins were stored inappropriately on the floor. Chipped paint and plaster work was observed on the walls and dust was observed on the bottom shelves of the shelving units.
- The following non-compliances were observed in the 'dirty' utility room:
  - Dust was observed on a grid in the ceiling and at the edge of a ceiling tile. Light dust was also observed on the floor.
  - The sealant at the hand wash sink was stained.
  - The cupboard doors under the sink were visibly stained and a shelf inside a cupboard was also stained.
  - A sign posted at the sluice hopper was discoloured.

Sanitary Facilities

- A raised toilet seat was unclean.
- The floor covering was not fully adhered to the wall in three of the patient toilet/shower facilities inspected. Light dust and black sticky residue was present on the floor leading into one of the toilets.
- Staining was observed at the bottom of wall panels beside a shower tray and on some ceiling tiles. One ceiling tile was bubbled.

Cleaning facilities

- Some cleaning equipment was stored in the 'dirty' utility room which is not in line with best practice.
- The base of one cleaning trolley, a red bin on a second trolley and the base and handle of a mop were unclean.
- The floor covering at the entrance to the cleaning store room was damaged.

Linen

- Chipped paint was observed on the frame of a linen trolley.
- Linen trolleys were stored in a patient bathroom.
- Empty linen bags were stored on the floor.

Isolation Rooms

- The side panel on the door of the single room used for isolating a patient requiring contact precautions was open on Surgical 1 at the time of the inspection. A staff member was observed to remove personal protective equipment after exiting the room instead of prior to leaving the room, which in not in accordance with best practice.

Waste

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

- The lid of a domestic waste bin in the clean utility room was not closing fully on Medical 2.
- The Authority observed that a used needle and syringe were not directly disposed of into a sharps bin at the point of care but was carried in the hand of a staff member from the patient zone into the healthcare zone for disposal.

- The assembly details on a large sharps container in Medical 2 was not completed which had a potential to impact on traceability of waste.
- On Surgical 1, the lid on a non-clinical waste disposal bin was not closing correctly and rust-coloured staining was visible on the wheels of trolleys used to hold yellow bins. Chipped paint was observed on the foot pedal of a non-clinical waste disposal bin.

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