Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at the Croom Hospital, Croom, Co. Limerick

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

Date of on-site inspection: 6 November 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

2. Croom Hospital profile 3

3. Findings 4

3.2 Hand Hygiene 7

4. Summary 12

5. References 13

6. Appendix 1 - Detailed description of findings from the unannounced inspection at Croom Hospital on 6 November 2014 15

1. Introduction

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

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

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

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control 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 Croom Hospital's compliance with the Infection Prevention and Control Standards.[1] It was undertaken by Authorised Persons from the Authority, Katrina Sugrue and Noelle Neville on 6 November 2014 between 09:30hrs and 12:20hrs.

The area assessed was:

- St. Mary's Ward.

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

2. Croom Hospital profile*

Croom Hospital(CH) is a standalone specialty hospital focusing on Orthopaedics, Pain Management and Rheumatology Services. The building which currently houses Croom Hospital was erected in 1852 as a workhouse and continued in this capacity until 1921 when it was closed. In 1924 the building was reopened as the Limerick County Hospital and incorporated as a general hospital, fever hospital and maternity hospital.

This Hospital which is situated 20km from Limerick City forms part of UL Hospitals which comprises of:-

- University Hospital Limerick (UHL) 438 beds & 76 day beds
- Ennis Hospital (EH) 50 inpatient & 16 day beds
- Nenagh Hospital (NH) 46 inpatient & 25 day beds
- Croom Hospital (CH) 37 inpatient, 13 day & 4 Rheumatology beds
- University Maternity Hospital Limerick (UMHL) 83 inpatient beds and 19 cots
- St John's Hospital Limerick (SJH) (Voluntary) 69 inpatient & 10 day beds

Croom Hospital is a dedicated elective Orthopaedic centre for adults and children. It also accepts the transfer of Orthopaedic patients from UHL for post acute care. In addition to Orthopaedic services, Rheumatology and Pain Management services are provided. Site governance on a day to day basis is provided by the Clinical Nurse Manager and Site Administrator who operate as part of the Peri-Operative Care Directorate governance structure at UL Hospitals.

The following services are provided at Croom Hospital.

- Grade 1 to Grade 4 Orthopaedic surgery
- Out Patient services
- Pre-Assessment
- Day care surgery
- X-Ray services
- Physiotherapy services
- Rheumatology Infusion service & OPD clinic
- Day care Pain Management
- Ponsietta Serial Casting Service for Children
- Musculoskeletal (MSK) Triage Programme
- Prosthetic/Orthotic and footwear service (Cappagh Hospital led service)
- Bone Bank Service in collaboration with Cappagh Hospital

* 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 Croom Hospital on 6 November 2014. The clinical area which was inspected was St. Mary's Ward.

St. Mary's Ward is a 17-bedded elective orthopaedic ward and consists of two four-bedded wards, a three-bedded ward, two two-bedded wards and two ensuite single rooms. The single rooms are used for the isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. There were no patients 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 Croom 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 Croom 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 Standards 3 and 7 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 patient equipment observed on St. Mary's Ward was sub-optimal. Red staining was visible on the outer packaging of patient swabs stored in an integrated sharps tray which was used for carrying out phlebotomy. The tray contained unused blood sampling equipment and was not cleaned after use. The Authority was informed by the Ward Manager that it is the responsibility of the staff member carrying out the procedure to clean the equipment after each use. Small red stains were visible on the inside of a blood glucose monitor holder which contained supplies of finger stick blood sampling devices and swabs. The Authority was informed that the holder was taken to the patient bedside when blood glucose monitoring was carried out. This raised a concern for the Authority as it is not in line

with best practice. It is recommended that only the equipment required for a single procedure on an individual patient should be brought to the patient's bedside.

Adherence to recommended standard precautions and fundamental infection-control principles such as effective cleaning of equipment are essential in preventing the transmission of blood borne pathogens such as hepatitis B virus and hepatitis C virus and failures in infection control practices have been attributed to outbreaks of hepatitis B.[3]

Frequently used patient equipment such as some temperature probe holders and two oxygen saturation probes were observed to be unclean. In accordance with national and evidence-based guidelines, direct contact patient equipment should be clean[4] and equipment which is shared by patients should be cleaned and decontaminated between each use.[5] The Authority brought these matters to the attention of staff and the equipment was cleaned immediately. In addition, varying levels of dust were visible on the legs of patient monitoring equipment, a dressing trolley and a work station keyboard.

Environment and facilities management

Opportunities for improvements in the cleanliness of patient areas and sanitary facilities were observed on St. Mary's Ward. Staining was visible on a mattress and mattress cover assessed by the Authority. The cover of another mattress was also torn. This matter was brought to the attention of the Ward Manager who arranged for immediate replacement of the stained mattress and cover. The Authority was informed that a mattress audit was carried out in May 2014 which identified nine mattresses requiring replacement. An order was placed for the mattresses, however at the time of the inspection, Croom Hospital was still awaiting delivery.

Areas of exposed and missing plaster and electrical wiring were observed in several patient bathrooms. The Authority was assured that the electrical wiring was not live and was informed that plastic sheeting was ordered to cover the exposed areas. Staining was visible on the grouting surrounding tiles, a shower curtain rail and several shower doors. The integrity of the coating on shower basin grids was not intact and the underside of the grids were heavily stained and unclean.
Shower basins were visibly unclean and difficult to access due to the presence of shower basin grids.

Unacceptable levels of dust were observed in some patient areas inspected on St. Mary's Ward. For example, varying levels of dust were present on floor edges, floor corners and under radiators. Staining was visible on some ceiling tiles in several patient rooms. Chipped paint was visible on some skirting boards and on the legs of several patient tables. The floor under a hand washing sink was stained and lifting. Ceiling fans were in place in the clinical areas on St. Mary's ward which is not

advised, as their use in the clinical area can increase the risk of transmission of Healthcare Associated Infections.

The Authority also observed that the cleaning room was not secured potentially allowing unauthorised access to cleaning products which were stored on open shelving. The base of a cleaning trolley and cleaning buckets were visibly unclean. Heavy dust was visible on a buffer which had been signed as cleaned on 29 October 2014.

Communicable/Transmissible Disease Control

A risk assessment for the prevention and control of Legionella was carried out at Croom Hospital in 2013 which highlighted significant deficiencies in Croom Hospital's hot and cold water systems which were previously identified in the risk assessement carried out in 2010. A tender report for completion of the priority works was completed in 2013. However, to date, the Authority was informed that authorisation to proceed with these works has not been received by the hospital. The Authority noted that Croom Hospital's Environmental Monitoring Committee recommended increasing water outlet flushing from once per week to three times per week in an effort to mitigate the risks associated with Legionella.

Waste Management

The temporary closing mechanisms on two sharps bins were not activated. The Authority observed that one sharps bin was overfilled and as a result some tubing was sticking out of the opening which is not in line with best practice.[6]

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.[7] 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[7]: *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 St. Mary's Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[8] However, the Authority was informed that clinical hand wash sinks are due to be replaced in Croom Hospital.

3.2.2 Training/education[7]: *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 87% of staff, including 100% of nursing and auxillary staff and 51% of medical staff, in Croom Hospital have completed hand hygiene training from 1 January 2012 to 1 October 2014. The Authority was informed that local trainers within each department of Croom Hospital are responsible for hand hygiene training.

Local area training

- Documentation viewed by the Authority demonstrated that 88% (15 of 17) of staff on St. Mary's Ward had completed hand hygiene training in the previous year.

3.2.3 Evaluation and feedback[7]: *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

Croom Hospital, together with five other hospitals, is a member of the University of Limerick Hospitals Group (UL Hospitals Group). 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.[9]

From June 2011 to May/June 2013 Croom Hospital submitted data as part of the Mid Western Regional Hospital, Dooradoyle to the national hand hygiene audits. Since October 2013, the hospital has submitted its hand hygiene data as part of the UL Hospitals Group Peri-Operative Directorate. The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate that the Peri-Operative Directorate has failed to meet the Health Service Executive's (HSE's) national target of 90% for Period 6 and 7.[10]

Period 1-7	Result
Period 1 March/April 2011 (Mid Western Regional Hospital)	78.1%
Period 2 October/November 2011 (Mid Western Regional Hospital)	83.8%
Period 3 May/June 2012 (Mid Western Regional Hospital)	77.6%
Period 4 October/November 2012 (Mid Western Regional Hospital)	82.4%
Period 5 May/June 2013 (Mid Western Regional Hospital)	83.8%
Period 6 October/November 2013 (UL Hospitals Group)	88.6%
Period 7 May/June 2014 (UL Hospitals Group)	87.6%

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

Hospital hand hygiene audit results

- The Authority was informed that regular hand hygiene audits are carried out in Croom Hospital. Documentation viewed by the Authority show that Croom hospital has been randomly selected for participation in the national hand hygiene audits in 2011, 2012 and 2013. Compliance achieved ranged from 63% in November 2011 to 100% in May 2013.

Local hand hygiene audit results

- The Authority viewed documentation showing that St. Mary's Ward achieved 87% compliance in local hand hygiene audits carried out in February and 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 WHO[11] and the HSE.[12] 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 nine hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
  - one before a clean/aseptic procedure
  - one after body fluid exposure risk
  - six after touching a patient
  - one after touching patient surroundings
- seven of the hand hygiene opportunities were taken. The two opportunities which were not taken comprised of the following:
  - one before a clean/aseptic procedure
  - one after body fluid exposure risk
- Of the seven opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for seven

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

opportunities. Of these, the correct technique was observed in seven hand hygiene actions.

In addition the Authorised Persons observed:

- seven hand hygiene actions that lasted greater than or equal to (≥) 15 seconds as recommended.

3.2.4 Reminders in the workplace[7]: *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 area inspected at Croom Hospital.

3.2.5 Institutional safety climate[7]: *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*.

- Croom Hospital was not randomly selected for participation in the national hand hygiene audit carried out in May/June 2014. However, audits conducted on St Mary's Ward in May demonstrated an average compliance of 87% which is below the HSE's national target of 90%.[9] A 'snap shot' observation of hand hygiene practices observed by the Authority during the inspection showed that 78% (seven out of nine) of hand hygiene opportunities were taken, albeit the sample size was small. The UL Hospitals Peri-Operative Directorate, of which Croom Hospital is a member, 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 consistently 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, opportunities for improvement were identified in the management and maintenance of some patient equipment and the patient environment on St. Mary's Ward. The deficits observed in the cleaning of frequently used patient equipment after each use and the practice of bringing a blood glucose monitor holder containing supplies of blood sampling and monitoring equipment to the patient bedside for blood glucose monitoring raised a concern for the Authority.

The Authority was also concerned with the lack of action with regard to significant deficiencies identified in the hospital's 2010 and 2013 risk assessments on the control and prevention of Legionella. The Authority recommends that Croom Hospital review the processes and practices in place to assure itself that the physical environment and patient equipment is effectively managed and maintained to minimse the risk of patients and staff acquiring a Healthcare Associated Infection.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of Healthcare Associated Infections in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

Hand hygiene practice at Croom Hospital needs to be improved to ensure that compliance is improved and national targets are attained.

Croom 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 Croom 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 Organisation. *Guidelines for the screening, care and treatment for persons with hepatitis C infection 2014.* [Online]. Available from: http://www.who.int/hiv/pub/hepatitis/hepatitis-c-guidelines/en/ .
4. Health Service Executive. *National Cleaning Manual Appendices*. [Online]. Available from: http://www.hse.ie/eng/services/publications/Hospitals/HSE_National_Cleaning_Standards_Manual_Appendices.pdf.
5. Loveday, H.P., Wilson, J.A., Pratt, R.J., Golsorkhi, M., Tingle, A., Bak, A., Browne, J., Prieto, J., Wilcox, M. Epic 3: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *Journal of Hospital Infection*. 2014; S1-70. Available online from: http://www.sciencedirect.com/science/article/pii/S0195670113600122.
6. Health Service Executive. *Healthcare Risk Waste Management Segregation. Packaging and Storage Guidelines for Healthcare Risk Waste*. [Online]. Available from: http://lenus.ie/hse/bitstream/10147/120929/1/healthcare_waste_packaging2010.pdf.
7. World Health Organization. *A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy.* [Online]. Available from: http://www.who.int/gpsc/5may/tools/system_change/en/.
8. Department of Health, United Kingdom. *Health Building Note 00-10 Part C: Sanitary Assemblies.* [Online]. Available from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf.
9. The Health Protection Surveillance Centre. *National Hand Hygiene Audit Results.* [Online]. Available from: http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditResults/.

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

10. Health Service Executive. *National Service Plan 2014.* [Online]. Available from: http://www.hse.ie/eng/services/Publications/corporate/serviceplan2014/nationalserviceplan2014.pdf.
11. World Health Organization. *Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual*. [Online]. Available from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1.
12. Health Service Executive. *Hand Hygiene Observation Audit Standard Operating Procedure April 2013*. [Online]. Available from: http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf.

6. Appendix 1 - Detailed description of findings from the unannounced inspection at Croom Hospital on 6 November 2014

In this section, non-compliances with Criterion 3.6 and 3.7 of Standard 3 and Criterion 7.6 of Standard 7 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.

St. Mary's Ward

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

Patient equipment

- Two integrated sharps trays were observed to be unclean. Red staining was visible on the outer packaging of patient swabs stored in one integrated sharps container used for phlebotomy. The tray contained unused blood sampling equipment and was not cleaned after use. Another intergrated sharps tray was also unclean.
- Red staining was visible on the inside of a blood glucose monitor holder which contained supplies of finger stick blood sampling devices and swabs.
- Staining was visible on several temperature probe holders, two oxygen saturation probes and on the wheel areas of intravenous stands.

- Dust was visible on the legs of monitoring equipment, on a dressing trolley and on a work station keyboard.

General cleanliness and maintenance

- Staining was visible on a mattress and cover assessed by the Authority. The cover of another mattress was also torn.
- Staining was visible on some ceiling tiles in several patient rooms. Ceiling fans were also observed in all patient rooms.
- Chipped paint was visible on some skirting boards and on the legs of several patient tables.
- Dust was present on floor edges, floor corners and under radiators. The floor under a hand washing sink was stained and lifting.
- The casements of some electrical fixtures were missing in several patient rooms.

Ward facilities

- The following non-compliances were observed in the clean utility/treatment room:
  - Access to the hand washing sink and hand towels was obstructed by equipment. The hand washing sink was visibly stained, the surface was worn and a sign over the sink was in poor condition.
  - The treatment room environment was cluttered and some areas were obstructed by several items of equipment.
  - A water flushing checklist viewed by the Authority showed that scheduled water flushing had not been completed on the 5 November 2014.
- The following non-compliances were observed in the 'dirty' utility:
  - Dust was observed on floor edges and the underneath of a sluice hopper was visibly stained and unclean.

Sanitary facilities

- Exposed and missing plaster and wiring was observed in several patient bathrooms. The Authority was assured that the wiring was not live and plastic covers were due to be placed over the exposed wiring.
- Staining was visible on the grouting surrounding tiles, a shower curtain rail and several shower doors. The integrity of the coating on the shower basin grids were not intact and the underside of the grids were heavily stained and unclean. The floor of the shower was visibly unclean and difficult to access due to the presence of shower floor grids.
- Dust was observed on floor edges, floor corners, window frames and wall ledges. The seals around several windows were not intact. A floor covering was lifting at the corner of a patient bathroom.

- White powder was visible on a shower chair which indicated that the shower chair had not been cleaned after patient use.
- Cobwebs were visible on a patient bathroom ceiling.
- A hot water tap was leaking in a patient bathroom.

Cleaning Room

- The cleaning room was not secured potentially allowing unauthorised access to cleaning products which were stored on open shelving.
- Heavy dust was visible on a floor buffing machine which had been signed on a cleaning checklist on 29 October 2014.
- The base of a cleaning trolley and cleaning buckets were visibly unclean.
- Flaking paint was observed on a wall area.

Linen

- Inappropriate items were stored in the linen room including trolleys, trolley pumps and abduction wedges. The covers of two abduction wedges assessed were torn.
- Dust was visible on linen trolleys and linen was not segregated into appropriate colour coded bags.

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.

St. Mary's Ward

- The temporary closing mechanisms on two sharps bins were not activated. The Authority observed that one sharps bin was overfilled and as a result some tubing was sticking out of the opening.
- Staining was observed on the inside lids of a clinical waste bin and a non-clinical waste bin.
- A clinical waste bin and a rigid bin were overfilled.

.

Communicable/Transmissible Disease Control

Standard 7. Communicable/Transmissible Disease Control

The spread of communicable/transmissible diseases is prevented, managed and controlled.

Criterion 7.6. Evidence-based best practice, including national guidelines, for the prevention, control and management of infectious diseases/organisms are implemented and audited.

- A risk assessment for the prevention and control of Legionella was carried out at Croom Hospital in 2013 which highlighted significant deficiencies in Croom Hospital's hot and cold water systems which were previously identified in the risk assessment carried out in 2010. A tender report for completion of the priority works was completed in 2013. However, to date, the Authority was informed that authorisation to proceed with these works has not been received by the hospital. The Authority noted that Croom Hospital's Environmental Monitoring Committee recommended increasing water outlet flushing from once per week to three times per week in an effort to mitigate the risks associated with Legionella.

Published by the Health Information and Quality Authority.

For further information please contact:

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

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hiqa.ie

URL: www.hiqa.ie