



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at South Tipperary General Hospital, Clonmel

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

Date of on-site inspection: 10 July 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 South Tipperary General Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Alice Doherty and Kay Sugure, on 10 July 2014 between 11:10hrs and 16:55hrs.

The areas assessed were:

- Intensive Care Unit
- Coronary Care Unit including the Step-Down Ward
- Medical One (St Monica's Ward).

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

2. South Tipperary General Hospital Profile[‡]

South Tipperary General Hospital was established in 2007. The hospital is a 193-bed (168 in-patient and 25-day patient) Level III acute general hospital providing emergency department, general medicine, general surgery, obstetrics/gynaecology, paediatrics and day case oncology services to the catchment area of South Tipperary, West Waterford and part of North Tipperary. Thus individual speciality catchment population varies from 92,000 to 134,000. Outreach clinics are provided at several locations including Thurles, Tipperary Town and Cashel.

[‡] 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 South Tipperary General Hospital on 10 July 2014. The three clinical areas which were inspected were the Intensive Care Unit, the Coronary Care Unit including the Step-Down Ward and Medical One.

The Intensive Care unit is a six-bedded ward comprising five cubicles and a single room. The single room has a 'dirty'[±] utility room attached and is used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. One patient was isolated at the time of the inspection.

The Coronary Care Unit including the Step-Down Ward is a nine-bedded unit with three coronary care beds and six 'step down' beds which are used to accommodate patients that are transferred from a critical care setting. There are no isolation facilities on the unit. There is one toilet/shower room located on an adjacent corridor which is shared between nine patients.

Medical One is a 23-bedded ward comprising four four-bedded wards, two two-bedded wards and three single rooms. Two of the single rooms are ensuite. The single rooms are used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. On occasion, one of the two-bedded wards is used for cohorting patients for isolation purposes. Two patients were isolated at the time of the inspection.

On inspection at South Tipperary General Hospital on 10 July 2014, there was evidence of both compliance and non-compliance with the criteria selected in the Infection Prevention and Control Standards.¹ 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, waste management and communicable/transmissible disease control and environmental auditing activities carried out at South Tipperary 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 South Tipperary 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.

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

3.1 Key findings relating to non-compliance with the Standards

The Authority found evidence during the inspection of both compliance and non-compliance with Standards 3, 6 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.

Environment and Facilities Management (Standard 3)

Overall, the Intensive Care Unit was clean at the time of the inspection. A strong awareness of Infection Prevention and Control Standards was evident in the unit. Improvements in the maintenance and management of the environment, facilities and patient equipment are required on the Coronary Care Unit including the Step-Down Ward. Improvements are also required in the maintenance and management of the environment on Medical One.

At the time of the inspection, the Authority was informed that the General Manager had only been in the position for the previous eight weeks and was keen to express a commitment that compliance with the Infection Prevention and Control Standards would be achieved at South Tipperary General Hospital. It was also explained that the hospital governance structure was under review.

Environmental Auditing

Regular environmental audits were carried out in the three areas inspected by a member of the Household staff and an Infection Prevention Control Nurse. Issues relating to increased dust levels were highlighted through audit in ICU, CCU and Medical One. However, the dust levels were only fully addressed in ICU where a full time member of household services was assigned to the unit, seven days of the week. The Authority was informed that the issue relating to unacceptable dust levels had been referred to the Household Manager by the Ward Managers on CCU and Medical One but remains an ongoing issue. The differences relating to the management of dust on each area indicates that there is an opportunity for improvement in the local ownership and management of the matter and governance at more senior management levels for the areas where dust is an ongoing issue.

Patient Equipment

The cleanliness of equipment associated with blood monitoring was identified as an issue in the Intensive Care Unit where blood stains were visible on a blood gas machine. On Medical One, red stains were visible on a mattress cover and a pillow.

Adherence to recommended standard precautions and fundamental infection-control principles such as the safe management of sharps and waste, effective cleaning of

equipment, hand hygiene and education are essential in preventing transmission of blood borne pathogens such as hepatitis B virus and hepatitis C virus.³

Other patient equipment such as thermometer probes, blood pressure cuffs, a commode and glucometer holders were unclean on the Coronary Care Unit. In accordance with national and evidence-based guidelines, direct contact patient equipment should be clean⁴ and equipment which is shared by patients should be cleaned and decontaminated between each use.⁵

Patient Environment

The cleanliness of the patient environments on the Coronary Care Unit and Medical One was of concern to the Authority. On the Coronary Care Unit, unacceptable levels of dust were present on floor edges and corners, on skirting boards, high surfaces such as curtain rails and bed frames. On Medical One, dust was observed on the under surfaces of beds, on the casements above beds, on skirting boards, floors, window ledges and curtain rails. It was also noted that the patient sanitary facilities in both areas were unclean. A hospital environment should be visibly clean and free from dust and dirt and acceptable to patients, visitors and staff.⁵ The findings of the inspection indicate that environmental hygiene is suboptimal and dust has been highlighted through internal hygiene audits as an ongoing issue.

Dual Role of Staff

The dual role of support staff who are responsible for cleaning and catering was highlighted to the Authority by the General Manager at the start of the inspection. This practice was evident on the Coronary Care Unit and Medical One. The General Manager's plan to segregate this dual role for cleaning and catering staff was outlined to the Authority and is expected to be addressed within the next six months.

The Authority has observed that the operational norm in the majority of hospitals inspected in 2014 is to have designated cleaning staff for each area to ensure that hygiene is appropriately managed and maintained and the risk of transmission of infection is mitigated. The Authority is concerned that the lack of a dedicated cleaning staff on the Coronary Care Unit and Medical One may have contributed to the findings on the day of the inspection.

Ward Facilities

A designated facility for the storage of cleaning equipment was not evident in the CCU. Cleaning equipment was stored in the 'dirty' utility room which is not in line with best practice.

The patient accommodation provided on CCU, particularly the three-bedded unit, appeared to have limited space between the beds with little to no space observed between the armchairs within one patient zone and the next. The Authority was informed by the ward manager that this has been identified as a potential infection control risk and has been placed on the hospital's risk register. The Authority recommends that the hospital should review the bed spacing on CCU Ward to ensure that the risk of the spread of healthcare associated infections (HCAIs) is minimised and to assure itself that it is in compliance with the Infection Prevention and Control Standards¹, national guidelines⁶ and best evidence.⁷⁻⁸

Waste Management

The Authority observed a collection of clinical waste bins in an open yard at the back of the hospital which was not secured and was accessible to unauthorised personnel. This is not in line with the national guidelines⁹ or the Infection Prevention and Control Standards.¹

Hand Hygiene (Standard 6)

Between July 2013 and the day of the inspection, 80% of staff at South Tipperary General Hospital had attended hand hygiene training. The hospital achieved 90% compliance in national hand hygiene audits carried out in October 2013. However, audits carried out as part of the national hand hygiene audits for May 2014 showed a decrease in compliance to 86.2%. Hand hygiene compliance observed by the Authority on the day of the inspection was low (39%), albeit this was based on a low sample size. In addition, inappropriate use of gloves where there were no indications for hand hygiene was noted on Medical One during the inspection and some staff were also observed to apply alcohol hand rub to the gloves they were wearing.

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.¹⁰ 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 change¹⁰: *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 the three clinical areas that were inspected did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.¹¹

3.2.2 Training/education¹⁰: *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 South Tipperary General Hospital are required to attend hand hygiene training every year. The Authority viewed documentation showing that 80% of staff attended hand hygiene training between July 2013 and the day of the inspection. Staff groups with the lowest levels of training in this period included doctors (54%), health care assistants (55%) and administration staff (46%).
- The Infection Control Nurses in the hospital have recently introduced a new system for hand hygiene training. Each month a different ward is selected and all nursing and health care assistants in that ward are trained. The Authority was informed that the 'glo box'[†] test is generally used once a year to promote good hand hygiene technique. It is also expected that link nurses in each area will assess the competency of hand hygiene technique in their areas in future.

Local area training

- Over 90% of staff in the Intensive Care Unit have attended hand hygiene training since January 2014.
- On the Coronary Care Unit, 96% of staff have attended hand hygiene training in March 2014. One staff member had not attended training but was due to attend on the day of the inspection.
- On Medical One, 87% of staff (13 out of 15) have attended hand hygiene training since January 2014. The remaining two staff attended training in July 2013.

[†] The 'glo box' test uses a box with a UV light and a special hand cream which can simulate the appearance of bacteria when poor hand hygiene technique is applied.

3.2.3 Evaluation and feedback¹⁰: *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

- South Tipperary General Hospital participates in the national hand hygiene audits which are published twice a year.¹² The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate a general increase in compliance up to October 2013. The compliance in October 2013 was in line with the Health Service Executive's (HSE's) national target of 90%.¹³

Period 1-6	Result
Period 1 June 2011	71.9%
Period 2 October 2011	72.9%
Period 3 June/July 2012	86.7%
Period 4 October 2012	84.3%
Period 5 May/June 2013	88.6%
Period 6 October 2013	90.0%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.¹²

- The Authority viewed documentation showing that South Tipperary General Hospital achieved 86.2% compliance in audits carried out in May 2014 as part of the national hand hygiene audits for Period 7. While this is a decrease from October 2013 and is below the HSE's national target of 90%, it was noted that four out of the seven clinical areas which were included in these results achieved 93.3% compliance. It was also noted that three out of the four staff groups included in the audit achieved compliances between 90% and 100%.

Hospital hand hygiene audit results

- The Authority viewed documentation showing that eleven hand hygiene audits have been carried out across 18 wards/departments in the hospital in 2014. Each audit is based on 30 hand hygiene opportunities. Compliances for 2014 ranged from 70-93%.
- Hand hygiene audit action plans were viewed by the Authority. If compliance is less than 75%, re-training of staff in the area is one of the first steps in the action plan. This is followed by a re-audit in the area. One of the clinical areas included in the national hand hygiene audit for May 2014 achieved 70% compliance. The Authority viewed documentation showing that re-training of staff members in this area had started.
- Forty hand hygiene audits were carried out across 18 wards/departments in 2013. Two of the wards/departments were audited in each quarter of 2013 and five wards/departments were audited three times in the year. Compliances for 2013 ranged from 70-100%.

Local area hand hygiene audit results

- In the intensive care unit, a hand hygiene audit carried out in the second quarter of 2014 showed a compliance of 93%. All three staff groups included in this audit achieved between 80-100% compliance. The Authority was informed that audit results are communicated to all ward staff at hand over time and issues relating to hand hygiene best practice are followed up by the Ward Manager.
- Two hand hygiene audits were carried out on the Coronary Care Unit in the first two quarters of 2014. Compliance increased from 83% in the first quarter to 93% in the second quarter. The Authority notes that one of the three staff groups included in this audit achieved only 30% compliance.
- The most recent hand hygiene audit carried out on Medical One was in the second quarter of 2014. Results viewed by the Authority showed 80% compliance for all staff with two staff groups achieving 100% compliance.

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 WHO¹⁴ and the HSE.¹⁵ 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^r 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 18 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
 - seven before touching a patient
 - seven after touching a patient
 - three after touching patient surroundings
 - one hand hygiene opportunity was observed where there were two indications for one hand hygiene action (after touching a patient and before touching the next patient).
- Seven of the 18 hand hygiene opportunities were taken. The eleven opportunities which were not taken comprised of the following:
 - five before touching a patient
 - two after touching a patient
 - three after touching patient surroundings
 - one after touching a patient and before touching the next patient.
- Of the seven opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for all seven 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 (\geq) 15 seconds as recommended.
- One hand hygiene action where there was a barrier to the correct technique (wearing sleeves to the wrist).
- The Authority observed that inappropriate use of personal protective equipment such as gloves has the potential to have a negative impact on hand hygiene compliance. Healthcare workers were observed applying gloves without taking the appropriate hand hygiene opportunity. In addition staff

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

were observed wearing gloves when there was no indication to do so. Staff were also observed to apply alcohol hand rub to their hands after putting on gloves.

3.2.4 Reminders in the workplace¹⁰: *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 South Tipperary General Hospital.

3.2.5 Institutional safety climate¹⁰: *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.*

- South Tipperary General Hospital demonstrated a general increase in compliance in the national hand hygiene audits carried out from Period one in 2011 up to Period six in October 2013 when 90% compliance was achieved. However, records viewed by the Authority for a hand hygiene audit carried out as part of the national hand hygiene audits for Period seven in May 2014 showed a decrease in compliance to 86.2%. A 'snap shot' observation of hand hygiene practices by the Authority during the inspection showed that 39% (seven out of 18) of hand hygiene opportunities were taken. The Authority notes that this is a small sample size but the observation highlighted poor practice which was of concern such as staff applying alcohol hand rub to the gloves they were wearing.

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 Intensive Care Unit was clean at the time of the inspection and a strong awareness of Infection Prevention and Control Standards was evident in the unit. On the Coronary Care Unit including the Step-Down Ward and Medical One, various levels of improvement in the maintenance and management of the patient environment and sanitary facilities were identified as being required. It was also identified that the cleaning of patient equipment on the Coronary Care Unit needs to be managed more effectively in order to mitigate the risks associated with the transmission of Healthcare Associated Infections.

The Authority recommends that South Tipperary General Hospital reviews the dual role of catering and environmental hygiene practiced within the Coronary Care Unit and Medical One with respect to the potential risks associated with this practice and to ensure that the cleanliness of the physical environment is effectively managed and maintained in line with Standard 3 of the Infection Prevention and Control Standards.¹

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 training was carried out for 80% of staff at South Tipperary General Hospital between July 2013 and the day of the inspection. The hospital achieved 90% compliance in national hand hygiene audits carried out in October 2013. However, audits carried out as part of the national hand hygiene audits for May 2014 showed a decrease in compliance to 86.2%. Hand hygiene compliance observed by the Authority on the day of the inspection was low (39%). In addition, inappropriate use of gloves where there were no indications for hand hygiene was noted on Medical One and some staff were also observed to apply alcohol hand rub to the gloves they were wearing.

South Tipperary 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 South Tipperary General 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.

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6. Appendix 1 - Detailed description of findings from the unannounced inspection at South Tipperary General Hospital on 10 July 2014

In this section, additional 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.

Intensive Care Unit

General cleanliness and maintenance

- Blood stains were visible on a blood gas machine. The Ward Manager explained to the Authority that the machine is cleaned at regular intervals during the day and the area that was visibly stained has to be removed from the unit in order to be cleaned and should not be wiped down externally.
- Light dust was present on the inside of a storage cupboard in the main unit, on a stainless steel casing on a wall and on top of a shelf in a clinical storage room.
- A protective film was observed on the underside of a dressing trolley which may hinder effective cleaning.

Coronary Care Unit including the Step-Down Ward

Patient Equipment

- Some of the patient equipment was stored in an ante room leading into the ward office, such as patient monitoring equipment and intravenous stands. The ante

room opened onto a main access corridor which may have contributed to the levels of dust observed on the equipment viewed in this room.

- Two blood pressure cuffs were visibly stained.
- Three of the thermometer probes viewed were unclean
- Near patient testing equipment such as glucometers were visibly unclean.

General cleanliness and maintenance

- Various levels of dust were observed in some areas. For example,
 - Heavy dust was present in the corners and edges of the floor in the three-bedded area.
 - Dust was observed on high and low surfaces such as curtain rails, bedframes, the casements over patient beds and fixtures and fittings.
 - Light dust was present on the surface of suction apparatus located at a patient's bedside.
- Paper signage was present, hindering effective cleaning.
- The inside of a mattress cover was stained. This matter was brought to the attention of the Ward Manager.
- The joint in the floor covering of the six-bedded unit was torn and was partially sealed with tape. Residue from tape previously used was evident.
- The skirting board was missing under the desk area in the six-bedded unit, hindering effective cleaning.
- The impermeable material covering a patient chair was not intact.
- Computer keyboards inspected in the work station were dusty.

Sanitary facilities

- The following non-compliances were observed in patient sanitary facilities:
 - Residue was evident on the wall tiles surrounding the shower area and the shower door.
 - Brown/black staining was observed on the grouting between tiles in the shower area and the sealant behind the sink.
 - The shower basin was unclean.
 - The toilet brush was stained.

Ward facilities

- A ceiling tile was visibly stained on the corridor leading into the ward.
- The following non-compliances were observed in the 'dirty' utility room:
 - Dust was evident on the edges and corners of the floor.
 - Whilst some of the bed pans were stored inverted as recommended, some were not.

- Staining was visible underneath the seat area of a commode. Rust-coloured staining was visible on the wheel area of another commode and the impermeable cover was torn, hindering effective cleaning.
- Rust-coloured staining was visible on a urinal holder, hindering effective cleaning.

Cleaning facilities

- A designated facility for the storage of cleaning equipment was not observed. Cleaning equipment was stored in the 'dirty' utility room which is not in line with best practice.
- Daily cleaning checklists viewed by the Authority showed that they were not fully completed on 17, 24 and 25 June.

Linen

- A linen bin was stored in the office.
- The Authority observed that bags of clean linen which had been delivered to the hospital were stored on a corridor inside exit doors. Some of the clean linen bags were stored on the floor which is not in line with best practice.

Dual role of support staff on CCU and Medical One

- The dual role of support staff who are responsible for cleaning and catering was highlighted to the Authority by the General Manager at the start of the inspection. The General Manager's plan to segregate this dual role for cleaning and catering staff was outlined to the Authority. It is proposed that routine cleaning on the wards will be carried out at fixed times. The Authority was informed that there has been a significant loss of resources in the Support Services Department which is expected to be addressed within the next six months.
- On the Coronary Care Unit, support staff provide a dual role of catering and cleaning on the ward. They also provide catering services to the Medical Assessment Unit which can pose a significant challenge when activity levels in both areas are high. Similarly, the Authority was informed that there are two support staff on Medical One who perform a dual role of catering and cleaning on the ward. One member of the support staff works in the ward kitchen in the morning and is involved in cleaning in the afternoon. The second member of the support staff is responsible for 'high risk' cleaning in the morning and other cleaning in the afternoon. This staff member also delivers food to patients at mealtimes. The Authority was informed that there was previously a third support staff member on the ward who worked full-time in the kitchen.

Medical One (St Monica's Ward)

Patient equipment

- Sticky tape residue was observed on the surface of an intravenous pump and splash stains were visible on the base of the stand.
- Rust-coloured staining was observed on the wheels of a dressing trolley and one of the plastic covers above a wheel was unclean.

General cleanliness and maintenance

- Red stains were visible on a mattress cover and a pillow. Staining was also observed on a second mattress cover.
- Varying levels of dust were observed in some areas. For example, dust was observed on the surfaces under beds, on the casement above beds and on floors, window ledges and curtain rails in patient areas. Heavy layers of dust were observed on skirting boards in patient areas and in the main ward corridor.
- Sticky residue was observed on the casement above a bed in one of the patient areas assessed, hindering effective cleaning.
- The cover on a chair in a patient area was torn, hindering effective cleaning.
- Pink staining was observed on the sealant behind a hand wash sink in a patient area and in the water outlet in the sink. The container of alcohol gel beside the sink was dusty, unclean and sticky residue was observed on the container, hindering effective cleaning.
- There was no sealant behind the hand wash sink in a second patient area. The overflow in the sink and wall tiles at the sink were unclean.
- Chipped paint was observed at windows, around door frames and on walls in some areas.

Sanitary facilities

- The following non-compliances were observed in patient sanitary facilities:
 - Dust was visible in the corners and edges of the floor in a toilet/shower room, there was paper lying on the floor and the floor was wet around the toilet. The skirting board was dusty and unclean. The shower tray was unclean and staining was visible in the shower tray and between wall tiles at the shower. There was label residue on wall tiles, hindering effective cleaning. The sealant behind the hand wash sink was stained.
 - The sealant behind a hand wash sink in a toilet was not intact, hindering effective cleaning. Black staining was visible in the overflow in the sink and the pipe work under the sink was unclean. Heavy dust was visible on the floor and on the skirting board. It was noted that the 'Bathroom Cleaning and

Flushing Sheet' posted in the toilet had been signed for the day of the inspection.

- The floor in a second patient wash room was dusty. Staining was visible around the shower tray and the shower door. There was an unpleasant odour in the room.

Ward facilities

- The following non-compliances were observed in the clean utility room:
 - Dust and debris were observed on the floor and the floor was unclean around the edges of the door frame.
 - Opening shelving was stained, and the shelving and a worktop were chipped, hindering effective cleaning.
 - There was debris in the grate in the hand wash sink.
- The Authority was informed that the 'dirty'[±] utility room is due to be upgraded with plans to replace the flooring, sinks, work areas and tiles. The following non-compliances were observed in the 'dirty' utility room:
 - The 'dirty' utility room is located at the end of a short corridor off the main ward. While there is a door at the entrance to the short corridor, it is not locked and there is no door at the entrance to the 'dirty' utility room, potentially allowing unauthorised access to hazardous cleaning products stored in an unlocked cupboard.
 - Dust was observed in the corners of the floor and pipework was dusty and unclean.
 - Sticky tape residue was observed on wall tiles and some wall tiles were chipped, hindering effective cleaning.
 - Staining was observed on the sealant behind the sluice hopper.
 - Rust-coloured staining was visible on the frames and wheel areas on two commodes.
 - While the majority of signage was laminated, there was one paper sign inside a cupboard which not laminated, hindering effective cleaning.

Cleaning facilities

- The following non-compliances were observed in the cleaning room:
 - The base of a cleaning trolley stored in the room was unclean.
 - There are no hand hygiene facilities at the point of care.
 - Access to the sink was restricted by equipment and a bag of rubbish stored in front of the sink.
 - Dust was observed on skirting boards and sticky residue was observed on wall tiles, hindering effective cleaning.

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

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 Authority observed a collection of clinical waste bins in a yard at the back of the hospital which was not secured and was accessible to unauthorised personnel. This is not in line with the national guidelines⁹ or the Infection Prevention and Control Standards.¹
- The temporary safety locking mechanisms were not engaged on three sharps waste disposal boxes in the clean utility room on Medical One, which is not in line with best practice.
- Two non-clinical waste disposal bins in patient areas on Medical One were not labelled. The lid on a non-clinical waste disposal bin in a patient shower room on Medical One was not opening fully.

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