



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection at St John's Hospital, 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.

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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*.<sup>1</sup>

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

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

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards<sup>1</sup> is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

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

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

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

This report sets out the findings of the unannounced inspection by the Authority of St John's Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Alice Doherty and Leanne Crowe, on 6 November 2014 between 09:05hrs and 14:05hrs.

The area assessed was:

- Ground Floor (includes St Columba's, St Ambrose's, St Brendan's, St Anthony's and St Cecilia's) – Medical Ward.

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

## **2. St John's Hospital Profile<sup>‡</sup>**

Founded in 1780, St John's is an acute general public voluntary hospital in the centre of Limerick city providing a range of in-patient and out-patient services. The hospital is governed under a High Court approved Scheme of Management by a Management Committee appointed by the Board of Governors.

The hospital has a current bed complement of 89 in-patient beds and 10 day beds. St John's Hospital is a designated Model 2S hospital under the Smaller Hospital Framework. The hospital carries out elective surgery (day case and in-patient) but receives no unscheduled, undifferentiated medical or surgical patients.

In-patient consultant services provided include general medicine and elective 5-day non-cancer surgery (breast surgery, general surgery, urology and gynaecology). The hospital has a 10-bedded day care unit for general surgery, general medicine, gynaecology, maxillo-facial surgery, gastroenterology and pain management. St John's provides a range of in-patient and out-patient diagnostic services in pathology, radiology and endoscopy. An Urgent Care Centre containing a Local Injury Unit and a Medical Assessment Unit was opened in September 2013. There are out-patient clinics in general surgery, general medicine, diabetes, gynaecology, ear, nose and throat and pain management.

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<sup>‡</sup> 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 John's Hospital on 6 November 2014. The clinical area which was inspected was the Ground Floor.

The Ground Floor of St John's Hospital is a 20-bedded medical unit comprising two five-bedded wards, two four-bedded wards and one two-bedded ward. There are no single rooms on the Ground Floor so patients colonised or infected with transmissible infective diseases or multidrug resistant organisms are usually moved to another ward in the hospital if isolation facilities are required. However, on the day of the inspection one patient was isolated in the two-bedded ward.

This report is structured as follows:

- **Section 3.1** of the report outlines the key findings relating to non-compliances with Standard 3 of the Infection Prevention and Control Standards<sup>1</sup> at St John's 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 John's 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

##### Overview

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

##### Patient equipment

There were some opportunities for improvement in the management of patient equipment on the Ground Floor. Heavy staining was observed on the underside of a commode and two temperature probe holders were unclean. In addition, one probe holder contained used probe covers suggesting that the equipment was not cleaned after use, which is not in line with best practice. Varying levels of dust were present on some items of patient equipment.

## **Environment and facilities management**

Opportunities for improvement in the management of patient areas were observed on the ward. Varying levels of dust were observed in patient areas including floor edges, the undercarriages of two beds and in other areas of the ward. A review of internal hospital audits carried out on the ward from February to October 2014 showed that dust is a recurring issue. However, the Authority was informed that one hour of additional cleaning resources was recently assigned to the ward.

The condition of the building impacts on the ability of staff to maintain a clean physical environment.<sup>1</sup> The Ground Floor of St John's Hospital was re-opened in April 2013, following a closure of several years due to financial constraints.

Documentation viewed by the Authority indicated that recurring maintenance issues have been identified during internal hospital audits. Maintenance issues were also evident during the inspection. However, the Authority was informed that Senior Management is aware of the issues on the ward and a refurbishment of the Ground Floor is planned for the summer of 2015. The First Floor in the hospital was refurbished in 2014.

At the time of the inspection, the Authority was informed that the bed pan washer on the ward was last serviced in July 2013 and further maintenance was carried out in August 2013. The Authority was also informed that a routine maintenance contract was not in place for the bed pan washer. In the majority of hospitals inspected in 2014, bed pan washers are routinely maintained every six months. Documentation provided to the Authority after the inspection indicated that the bed pan washer was serviced in the week following the inspection and that the hospital was arranging to have all bed pan washers included in an annual maintenance contract.



## 3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards<sup>1</sup> and the World Health Organization (WHO) multimodal improvement strategy.<sup>3</sup> Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

### WHO Multimodal Hand Hygiene Improvement Strategy

**3.2.1 System change<sup>3</sup>:** *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

#### **Standard 6.** Hand Hygiene

Hand hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

**Criterion 6.1.** There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections. These include but are not limited to the following:

- the implementation of the *Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre, 2005*
- the number and location of hand-washing sinks
- hand hygiene frequency and technique
- the use of effective hand hygiene products for the level of decontamination needed
- readily accessible hand-washing products in all areas with clear information circulated around the service
- service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene.

- The design of clinical hand wash sinks on the Ground Floor did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>4</sup>
- The Authority noted a lack of availability of alcohol hand rub at the point of care on the Ground Floor. The Authority was informed that alcohol hand rub dispensers were previously placed on the end of beds but the dispensers were removed because they were constantly getting damaged. The Authority was also informed that hand hygiene toggles, which enable small containers of alcohol hand rub to be attached to the clothing of staff, were previously trialled in the hospital but are not used by staff on the Ground Floor.

**3.2.2 Training/education<sup>3</sup>:** *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers.*

**Standard 4.** Human Resource Management

Human resources are effectively and efficiently managed in order to prevent and control the spread of Healthcare Associated Infections.

**Criterion 4.5.** All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees.

**Hospital training**

- Staff in St John's Hospital attend annual hand hygiene training. The Authority was informed that 83% of staff were up-to-date with training at the end of October 2014.

**Local area training**

- Documentation viewed by the Authority showed that all staff on the Ground Floor have attended hand hygiene training since January 2014. The Ward Manager demonstrated the traffic light system used in the hospital to monitor training attendance with green indicating training is up-to-date, amber indicating training is due to expire shortly and red indicating that training is out-of date.

**3.2.3 Evaluation and feedback<sup>3</sup>:** *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

**Criterion 6.3.** Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are fed back to the relevant front-line staff and are used to improve the service provided.

The following sections outline audit results for hand hygiene.

**National hand hygiene audit results**

- St John's Hospital participates in the national hand hygiene audits which are published twice a year.<sup>5</sup> The results below taken from publically available data

from the Health Protection Surveillance Centre's website demonstrate an average compliance of 82% in 2013. However, compliance increased to 92.4% in the first half of 2014 which is above the Health Service Executive's (HSE's) national target of 90%.<sup>6</sup>

<b>Period 1-7</b>	<b>Result</b>
Period 1 March/April 2011	71.2%
Period 2 October/November 2011	81.4%
Period 3 May/June 2012	82.4%
Period 4 October/November 2012	84.3%
Period 5 May/June 2013	78.1%
Period 6 October/November 2013	85.6%
Period 7 May/June 2014	92.4%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.<sup>5</sup>

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

- The Ground Floor has participated in the national hand hygiene audits since 2013, and achieved compliances of 70% in June 2013, 74% in October 2013 and 87% in May 2014.
- The Authority was informed that monthly hand hygiene audits are also carried out by the Ward Manager as part of environmental audits. Documentation viewed by the Authority showed that the average hand hygiene compliance from February to October 2014 was 54%. It is important to note however, that a maximum of five opportunities were observed in each audit and in most months, less than five opportunities were observed. The average compliance of 54% was based on a total of 37 opportunities which were observed in the nine month period which is a very small sample size (20 out of 37 opportunities were taken).

### **Observation of hand hygiene opportunities**

Authorised Persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the

hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

The underlying principles of observation during inspections are based on guidelines promoted by the WHO<sup>7</sup> and the HSE.<sup>8</sup> In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include the duration, technique<sup>7</sup> and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly observed (uninterrupted and unobstructed) during an inspection. Such an approach aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

- The Authority observed 17 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
  - one before touching a patient
  - five after touching a patient
  - eleven after touching patient surroundings.
- Four of the 17 hand hygiene opportunities were taken. The 13 opportunities which were not taken comprised the following:
  - three after touching a patient
  - ten after touching patient surroundings.
- Of the four opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for three opportunities and the correct technique was observed in all three hand hygiene actions.

In addition the Authorised Persons observed:

- Three hand hygiene actions that lasted greater than or equal to ( $\geq$ ) 15 seconds as recommended.
- Three hand hygiene actions where there were barriers to the correct technique, such as sleeves to the wrist and wearing a wrist watch.
- Most of the non-compliances involved a combination of (i) lack of availability of alcohol hand rub at the point of care and (ii) touching the curtains around patient beds after touching a patient or touching patient surroundings prior to performing a hygiene hand action. This also suggests a lack of awareness of the defined healthcare area and patient zone.

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<sup>7</sup> The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

**3.2.4 Reminders in the workplace<sup>3</sup>:** *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

- Hand hygiene advisory posters were available, up-to-date, clean and appropriately displayed in the areas inspected at St John's Hospital.

**3.2.5 Institutional safety climate<sup>3</sup>:** *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels.*

- St John's Hospital achieved 94.2% compliance in the national hand hygiene audit in May/June 2014, which is in line with the HSE's national target of 90%. However, hand hygiene compliance achieved by the Ground Floor in this audit was below the national target at 87%. The average compliance achieved by the ward in local hand hygiene audits carried out from February to October 2014 was 54%, albeit this was based on a small sample size (20 out of 37 opportunities). Hand hygiene compliance on the ward on the day of the inspection was also low. A 'snap shot' observation of a sample of hand hygiene practices by the Authority showed that 24% (four out of 17) of hand hygiene opportunities were taken.
- While the Authority acknowledges that this was a small sample size, it was noted that most of the non-compliances involved a combination of (i) lack of availability of alcohol hand rub at the point of care and (ii) touching the curtains around patient beds immediately after touching a patient or patient surroundings prior to performing a hand hygiene action. This latter observation suggests a lack of awareness of the defined healthcare area and patient zone. The Authority was informed that alcohol hand rub dispensers were previously placed on the end of beds on the Ground Floor but the dispensers were removed because they were constantly getting damaged. In addition, hand hygiene toggles are not used by staff on the ward. The Authority recommends that these matters are reviewed by St John's Hospital.

#### **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.

There were some opportunities for improvement in the management of patient equipment on the Ground Floor. Issues were also identified regarding cleanliness and maintenance of the ward in general. However, the Authority acknowledges that Senior Management is aware of these issues and a refurbishment of the Ground Floor is planned for the summer of 2015.

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.

St John's Hospital achieved 94.2% compliance in the national hand hygiene audit in May/June 2014. However, hand hygiene compliance observed by the Authority on the day of the inspection was only 24%, albeit it is acknowledged that this was based on a small sample size. It was noted that most of the non-compliances involved a combination of (i) lack of availability of alcohol hand rub at the point of care and (ii) touching the curtains around patient beds immediately after touching a patient or patient surroundings prior to performing a hand hygiene action. These matters need to be addressed by the hospital.

St John's 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 John's 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<sup>¥</sup>

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

## **6. Appendix 1 – Detailed description of findings from the unannounced inspection at St John's Hospital on 6 November 2014**

In this section, non-compliances with Standards 3 and 5 of the Infection Prevention and Control Standards<sup>1</sup> which were observed during the inspection are listed below.

### **Standard 3. Environment and Facilities Management**

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection.

**Criterion 3.6.** The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of Healthcare Associated Infections. This includes but is not limited to:

- all equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained
- the linen supply and soft furnishings used are in line with evidence-based best practice and are managed, decontaminated, maintained and stored.

### **Ground Floor (includes St Columba's, St Ambrose's, St Brendan's, St Anthony's and St Cecilia's)**

There were some opportunities for improvement in the management of patient equipment. Issues were also identified regarding the cleanliness and maintenance of the ward in general.

#### Patient equipment

- Two temperature probe holders were unclean and one holder contained used probe covers suggesting that the equipment was not cleaned after use, which is not in line with best practice. Sticky residue was also present on one probe holder.
- The under surface of the seat of one commode was heavily stained.
- Light dust was observed in two blood glucose monitor boxes, and one box was stained.
- The interior surface of a nebuliser was unclean.



- Light to moderate dust was observed on the base and wheels of a blood pressure monitor, on a resuscitation trolley, and the wheels of a patient hoist, a dressing trolley and two trolleys used to store patient supplies.
- A plastic cover was partly adhered to the underside of the top shelf of a dressing trolley.
- Sticky residue was observed on the frame of a patient hoist.

#### General cleanliness and maintenance

- Varying levels of dust were found on floor edges throughout the ward.
- Heavy dust was visible on the undercarriage of two beds inspected and on the floor under one of the beds. Grease was also observed on the undercarriage of one bed.
- The wooden panel behind one bed was damaged, exposing a large section of unpainted wood underneath.
- The end covers on the legs of some bedside tables were missing, and as a result, the interior surfaces of the legs were dusty. The edges of tables were chipped and there was a stain on the base of one table.
- Dried tissue was adhered to the sheets on a freshly-made bed.
- Residue was observed on the outlet of a tap, and wet tissue was visible at another tap.
- A soap dispenser was observed sitting on a hand wash sink.
- Chipped paint was observed on headboards and in some areas throughout the ward. Sticky residue was also observed on a headboard.
- A panel on a wall opposite the 'dirty'<sup>±</sup> utility room was not fully adhered to the wall.
- The floor tiles on the main ward corridor were cracked.

#### Ward facilities

- The following non-compliances were observed in the clean utility room:
  - The base of a storage unit, shelving and storage containers were dusty. Sticky residue was also observed on the storage containers.
  - The floor covering at the entrance to the room had lifted, and the exposed flooring was stained and dusty.
  - One paper notice was not laminated.
  - There was staining on the paint around the sealant at the clinical hand wash sink.
  - The edge of a worktop was chipped.
- The following non-compliances were observed in the 'dirty' utility room:

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

- Maintenance work was last carried out on the bed pan washer in August 2013.
- One wall tile was cracked and a segment of it was missing, and several other wall tiles were missing from the area under the sluice hopper.
- The floor was dusty and the floor covering had lifted in several places around the door.
- The following non-compliances were observed in a store room:
  - The lock on the door was broken, potentially allowing unauthorised access to needles and syringes stored on open shelving inside the room. The Authority was informed that this matter has been highlighted to the maintenance department.
  - Dust was observed on the skirting board and on the radiator.
  - A jug containing a small amount of yellow liquid was sitting on the bottom shelf of a storage trolley in the room.

### Sanitary facilities

- Dust was observed on the floor of three shower rooms inspected, one ceiling vent and in the upper corner of one shower.
- The outlets on two hand wash sinks were unclean and the coating on the taps of one sink was worn.
- Staining was visible on two shower doors, on the grouting between wall tiles and on the sealant in a shower tray.
- Rust-coloured staining was observed on one shower seat.
- One toilet seat inspected was unclean.
- There was sticky residue on the walls of one patient shower room.

### Linen

- The floor of the linen store room was dusty.
- One pillow case and one curtain that had been laundered were stained.
- Rust-coloured staining was visible on the wheels of a linen trolley.

### **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 temporary closing mechanisms on three sharps waste disposal boxes inspected were not fully engaged.

**Standard 5.** Communication Management

A communication strategy is in place which ensures information relating to Healthcare Associated Infections is communicated and responded to in an efficient, timely, effective and accurate manner.

**Criterion 5.1.** A communication strategy is in place to ensure all service users, relatives, carers, visitors and staff are made aware of the importance of the prevention, control and reduction in Healthcare Associated Infections. This includes but is not limited to:

- clear, easy to understand and effective signage relating to the prevention and control of Healthcare Associated Infections.

Isolation facilities

- Signage on the door of the two-bedded room where a patient was isolated did not sufficiently alert staff to contact precautions, instead it only requested people to check with staff before entering the room. In addition, the room door was open towards the end of the inspection which did not make the sign clearly visible to persons entering the room.

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**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](mailto:qualityandsafety@hiqa.ie)**

**URL: [www.hiqa.ie](http://www.hiqa.ie)**

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