



The **Regulation** and  
**Quality Improvement**  
Authority

**RQIA**  
**Infection Prevention/Hygiene**  
**Unannounced Inspection**

**Southern Health and Social Care Trust**  
**Lurgan Hospital**

**24 May 2011**

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## 1.0 Inspection Summary

An unannounced inspection was undertaken to the **Lurgan Hospital**, on the 24 May 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness Standards and the following areas were inspected:

- Stroke Unit
- Ward 6

The Southern Health and Social Care Trust provides a broad range of health and social care services for people across the local districts of Armagh, Banbridge, Craigavon, Dungannon and Newry and Mourne.

**Lurgan Hospital** plays a lead role in Children's and Care of the Elderly services, providing day hospital, assessment, rehabilitation, respite and continuing care services. The hospital provides a range of specialist services which include:

- Child Development Services
- Community Pediatric Out patient Services
- ADHD Specialist Nursing Services
- Allied Health Professional Services
- Audiology Services
- Falls Clinic/classes
- Medical Out patients, over 65years clinics
- Rehabilitation and Assessment

### Inspection Outcomes

The inspection team acknowledge that the hospital and facilities were undergoing a major refurbishment on the day of the inspection which has impacted on some of the findings within the report.

In the Stroke Unit and Ward 6 compliance levels achieved are to be commended, inspectors observed that the environment in general was clean, tidy and in good repair. A number of issues were identified for improvement but overall the observation of staff indicated that they were compliant with hygiene and infection prevention and control practices.

The inspection resulted in 18 recommendations for the South Eastern Health Social Care Trust (SEHSCT) and the Lurgan Hospital, a full list of recommendations is listed in Appendix 2.

A detailed list of preliminary findings is forwarded to Southern Health and Social Care Trust within 14 days of the inspection to enable early action on identified areas which have achieved non complaint scores. The draft report which includes the high level recommendations in a

Quality Improvement Plan is forwarded within 28 days of the inspection for agreement and factual accuracy. The draft report is agreed and a completed action plan is returned to RQIA within 14 days from the date of issue. The detailed list of preliminary findings is available from RQIA on request.

The final report and Quality Improvement Plan will be available on the RQIA website. Reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency.

### **Notable Practice**

The inspection identified the following areas of notable practice

- **An audit programme; hand hygiene, care bundles, commodes, environmental cleanliness.**
- **The trust development of home laundry guidelines for patients with *Clostridium difficile* infection.**
- **Colour coded doors to assist dementia patients with recognition and memory.**
- **Implementation of the production ward initiative.**
- **Refurbishment programme and commitment to improving the hospital environment.**

The RQIA inspection team would like to thank the SEHSCT and in particular all staff at the Lurgan Hospital for their assistance during the inspection.

The following tables give an overview of compliance scores noted in areas inspected by RQIA:

**Table 1** summarises the overall compliance levels achieved.

**Tables 2-7** summarise the individual tables for sections two to seven of the audit tool as this assists the organisation to target areas that require more specific attention.

**Table 1**

Ward	Stroke Unit	Ward 6
General Environment	87	93
Patient Linen	91	94
Waste	83	93
Sharps	92	81
Equipment	80	93
Hygiene Factors	89	97
Hygiene Practices	87	93
<b>Average score</b>	<b>87</b>	<b>92</b>

**Table 2**

General Environment	Stroke Unit	Ward 6
Reception	71	N/A
Corridors, stairs lift	82	N/A
Public toilets	91	98
Ward/ department - general (communal)	90	95
Patient bed area	92	95
Bathroom/washroom	85	97
Toilet	85	91
Clinical room/ treatment room	82	96
Clean utility room	91	95
Dirty utility room	88	94
Domestic store	91	96
Kitchen	74	91
Equipment store	100	97
Isolation	95	94
General information	77	76
<b>Average score</b>	<b>87</b>	<b>93</b>

**Table 3**

Linen	Stroke Unit	Ward 6
Storage of clean linen	91	100
Storage of used linen	91	87
Laundry facilities	N/A	N/A
<b>Average score</b>	<b>91</b>	<b>94</b>

**Compliant:** 85% or above  
**Partial Compliance:** 76% to 84%  
**Minimal Compliance:** 75% or below

**Table 4**

<b>Waste and Sharps</b>	<b>Stroke Unit</b>	<b>Ward 6</b>
Handling, segregation, storage, <b>waste</b>	83	93
Availability, use, storage of <b>sharps</b>	92	81

**Table 5**

<b>Patient Equipment</b>	<b>Stroke Unit</b>	<b>Ward 6</b>
Patient equipment	80	93

**Table 6**

<b>Hygiene Factors</b>	<b>Stroke Unit</b>	<b>Ward 6</b>
Availability and cleanliness of wash hand basin and consumables	96	97
Availability of alcohol rub	97	100
Availability of PPE	80	93
Materials and equipment for cleaning	81	96
<b>Average score</b>	<b>89</b>	<b>97</b>

**Table 7**

<b>Hygiene Practices</b>	<b>Stroke Unit</b>	<b>Ward 6</b>
Effective hand hygiene procedures	92	94
Safe handling and disposal of sharps	100	100
Effective use of PPE	79	95
Correct use of isolation	89	90
Effective cleaning of ward	71	80
Staff uniform and work wear	88	97
<b>Average score</b>	<b>87</b>	<b>93</b>

**Compliant:** 85% or above  
**Partial Compliance:** 76% to 84%  
**Minimal Compliance:** 75% or below

## **2.0 Background Information to the Inspection Process**

RQIA's infection prevention and hygiene team was established to undertake a rolling programme of unannounced inspections of acute hospitals. The Department of Health Social Service and Public Safety (DHSSPS) commitment to a programme of hygiene inspections was reaffirmed through the launch in 2010 of the revised and updated version of 'Changing the Culture' the strategic regional action plan for the prevention and control of healthcare-associated infections (HCAIs) in Northern Ireland.

The aims of the inspection process are:

- to provide public assurance and to promote public trust and confidence
- to contribute to the prevention and control of HCAI
- to contribute to improvement in hygiene, cleanliness and infection prevention and control across health and social care in Northern Ireland

In keeping with the aims of the RQIA, the team will adopt an open and transparent method for inspection, using standardised processes and documentation.

### 3.0 Inspections

The DHSSPS has devised draft Regional Healthcare Hygiene and Cleanliness standards. RQIA has revised its inspection processes to support the publication of the standards which were compiled by a regional steering group in consultation with service providers.

RQIA's infection prevention/hygiene team have planned a three year programme which includes announced and unannounced inspections in acute and non-acute hospitals in Northern Ireland. This will assess compliance with the DHSSPS Regional Healthcare Hygiene and Cleanliness standards.

The inspections will be undertaken in accordance with the four core activities outlined in the RQIA Corporate Strategy, these include:

- **Improving care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care
- **Informing the population:** we publicly report on the safety, quality and availability of health and social care
- **Safeguarding rights:** we act to protect the rights of all people using health and social care services
- **Influencing policy:** we influence policy and standards in health and social care

## **4.0 Unannounced Inspection Process**

Trusts receive no advanced notice of the onsite inspection. An email and telephone call will be made by the Chief Executive of RQIA or nominated person 30 minutes prior to the team arriving on site. The inspection flow chart is attached in Section 14.

### **4.1 Onsite Inspection**

The inspection team was made up of four inspectors, from RQIA's infection prevention/ hygiene team. One inspector led the team and was responsible for guiding the team and ensuring they were in agreement about the findings reached. Membership of the inspection teams is outlined in Section 12.

The inspection of ward environments is carried out using the draft Regional Healthcare Hygiene and Cleanliness audit tool. The inspection process involves observation, discussion with staff, and review of some ward documentation.

### **4.2 Feedback and Report of the Findings**

The process concludes with a feedback of key findings to trust representatives including examples of notable practice identified during the inspection. The details of trust representatives attending the feedback session is outlined in Section 12.

The findings, report and follow up action will be in accordance with the Infection Prevention/ Hygiene Inspection Process (methodology, follow up and reporting).

The infection prevention/ hygiene team escalation process will be followed if inspectors/ reviewers identify any serious concerns during the inspection (Section 15).

A number of documents have been developed to support and explain the inspection process. This information is currently available on request and will be available in due course on the RQIA website.

## 5.0 Audit Tool

The audit tool used for the inspection is based on the draft Regional Healthcare Hygiene and Cleanliness standards. The standards incorporate the critical areas which were identified through a review of existing standards, guidance and audit tools (Appendix 2 of 'Regional Healthcare Hygiene and Cleanliness standards'). The audit tool follows the format of the draft Regional Healthcare Hygiene and Cleanliness Standards and comprises of the following sections.

1. **Organisational Systems and Governance:** policies and procedures in relation to key hygiene and cleanliness issues; communication of policies and procedures; roles and responsibilities for hygiene and cleanliness issues; internal monitoring arrangements; arrangements to address issues identified during internal monitoring; communication of internal monitoring results to staff

**This standard is not audited when carrying out unannounced inspections however the findings of the organisational system and governance at annual announced inspection will be, where applicable, confirmed at ward level.**

2. **General Environment:** cleanliness and state of repair of public areas; cleanliness and state of repair of ward/department infrastructure; cleanliness and state of repair of patient bed area; cleanliness and state of repair of toilets, bathrooms and washrooms; cleanliness and state of repair of ward/department facilities; availability and cleanliness of isolation facilities; provision of information for staff, patients and visitors.
3. **Patient Linen:** storage of clean linen; handling and storage of used linen; ward/department laundry facilities
4. **Waste and Sharps:** waste handling; availability and storage of sharps containers
5. **Patient Equipment:** cleanliness and state of repair of general patient equipment
6. **Hygiene Factors:** hand wash facilities; alcohol hand rub; availability of personal protective equipment (PPE); availability of cleaning equipment and materials.
7. **Hygiene Practices:** hand hygiene procedures; handling and disposal of sharps; use of PPE; use of isolation facilities and implementation of infection control procedures; cleaning of ward/department; staff uniform and work wear

## **Level of Compliance**

Percentage scores can be allocated a level of compliance using the compliance categories below. The categories are allocated as follows:

<b>Compliant</b>	<b>85% or above</b>
<b>Partial compliance</b>	<b>76 to 84%</b>
<b>Minimal compliance</b>	<b>75% or below</b>

Each section within the audit tool will receive an individual and an overall score, to identify areas of partial or minimal compliance to ensure that the appropriate action is taken.

## 6.0 Environment

### STANDARD 2.0 GENERAL ENVIRONMENT

*Cleanliness and state of repair of public areas; cleanliness and state of repair of ward/department infrastructure; cleanliness and state of repair of patient bed area; cleanliness and state of repair of toilets, bathrooms and washrooms; cleanliness and state of repair of ward/department facilities; availability and cleanliness of isolation facilities; provision of information for staff, patients and visitors*

General Environment	Stroke Unit	Ward 6
Reception	71	N/A
Corridors, stairs lift	82	N/A
Public toilets	91	98
Ward/ department - general (communal)	90	95
Patient bed area	92	95
Bathroom/washroom	85	97
Toilet	85	91
Clinical room/ treatment room	82	96
Clean utility room	91	95
Dirty utility room	88	94
Domestic store	91	96
Kitchen	74	91
Equipment store	100	97
Isolation	95	94
General information	77	76
<b>Average score</b>	<b>87</b>	<b>93</b>

### 6.1 Cleaning

At the time of the inspection there was good evidence to indicate compliance with regional specifications for cleaning. The inspectors observed that in general regular cleaning mechanisms were in place to prevent the build up of dust and debris which in turn prevents the build up of bacteria and subsequently reduces the potential risk for the transmission of infection.

In the main reception, public toilets, corridors and stairs leading to the wards some high and low level surfaces were dusty, due to building work, the carpet had ground in stains present and the external windows required cleaning, however in general the cleaning of these areas was satisfactory.

In the Stroke Unit greater attention to detail was required when cleaning toilets and the bathroom; a toilet seat, bowl and shower chair were faecally stained, shower fixtures had streak marks present, windowsills were dusty and communal items were available. Throughout the unit the external windows and internal glass panels required cleaning, there were taped labels attached to storage shelving in the clean utility room and on the fridge in the treatment room, impeding the cleaning process, in the domestic store the edges of the sluice sink required cleaning and in the dirty utility room the floor behind the washer disinfector was dusty (Picture 1) and the toilet brush holder was dirty.



Picture 1 Dust behind washer disinfector

Ward 6 was generally clean, some minor improvements were required in cleaning internal windows, floors; debris was observed in the dirty utility room and kitchen, bedside tables, toilet brush holders, and in the bathroom, as the bath and radiator were dusty, and the removal of tape residue from the drugs fridge.

In both wards attention to detail was required when cleaning high level surfaces. In the Stroke Unit dust was noted on the uplighters and trunking behind patients beds and in the air vent in the dirty utility room. In Ward 6 dust was observed in the air vent in the toilet, which was blowing out black dust. In the kitchen of both wards attention to detail was required to ensure the floor, cupboards, stainless steel appliances and the fridge are clean.

In both wards the cleaning of an isolation area inspected was generally good.

## 6.2 Clutter

As both wards inspected have recently been decanted to newly refurbished wards with improved storage there was evidence of an emphasis in providing clutter free environments, this provides effective utilisation of space and good stock management which assists with effective cleaning.

However in the Stroke Unit the treatment room and work surfaces and the clean utility room were cluttered with equipment and supplies. In the toilets and bathroom excess toilet rolls were stored on shelves and in the clean utility room boxes of sterile equipment were stored on the floor; inspectors were advised that new shelving was to be installed to negate this issue as part of the refurbishment process. In Ward 6 equipment was stored on the floor of the equipment store; inspectors were advised that the use of this room may change.

### **6.3 Maintenance and Repair**

Due to the recent refurbishment both wards were generally in a good state of repair however the inspectors observed that the decoration in the main reception, public toilets, corridors and stairs leading to the ward were old, worn and not representative of a warm and welcoming environment. There was minor damage and scuff marks on the walls and the carpet was worn with the edging/joins split in places making it pervious to moisture.

In the Stroke Unit the exposed pipe work in some patient areas was leaking (Picture 2), the bath and hot water supply in the domestic store was not working, ceiling tiles were missing and the washer disinfector was supported by a wooden plinth. Due to staff practices the wall above the skirting, facing the large nurses station was marked as a result of equipment being stored against it, the door of the dirty utility was damage as it was propped open with a waste bin and the enamel of the kitchen hand washing sink was scraped by the kitchen trolley.



Picture 2 Exposed leaking pipe

Ward 6 flooring outside the treatment room had small rips present and the pipework support brackets in the dirty utility room were corroded and rusted, staining the floor.

In Ward 6 more attention was required to ensure the isolation area inspected was fit for purpose; paint was chipped off the door, the interior of the mattress cover and foam was stained and there was no paper towel dispenser available in the en-suite. In the Stroke Unit

isolation area inspected the television panel was taped together. Damaged equipment especially in an isolation room impedes the cleaning process and had the potential to act as a reservoir for bacteria.

In both wards inspectors noted that there was a foul odour in the toilet areas. This issue was being addressed by estate services.

Inspectors were advised at the feedback session that some issues raised were identified as outstanding from the contractor maintenance list.

#### **6.4 Fixtures and Fittings**

The fixtures, fittings and equipment in both wards were generally new and fit for purpose.

In Ward 6 there was no dedicated hand washing sink or preparation work surface in the clean utility room and no soap or hand towel dispensers in the domestic store.

It is imperative that hand washing sinks and consumables are available to allow staff to carry out hand washing as necessary.

Inspectors were advised at the feedback session that issues raised were identified as outstanding from the contractor maintenance list.

#### **6.5 Information**

In the Stroke Unit there was a limited number of hand hygiene posters on display while in Ward 6 there were no hand hygiene posters available. In both wards there were no posters available on the segregation of waste and linen and there was no leaflet rack available to display information for patients and visitors.

Information leaflets on hand hygiene, common infections and infection prevention and control were available. Ward notice boards contain information of ward progress in the implementation of care bundles (Picture 3). Clear instructions were in place to advise staff and visitors of isolation precautions.



Picture 3 Care bundle information

In both wards inspectors noted that the drugs fridge temperatures had not been consistently taken or recorded. It is imperative that fridge temperature checks are taken and recorded on a daily basis to ensure medication is stored at the correct temperature and that appropriate action is taken in the event of a cold chain failure.

Cleaning schedules while available were not detailed enough to cover all equipment used at ward level. Detailed nursing cleaning schedules are required which outline all equipment to be cleaned.

## 6.6 Additional Issues

### Stroke Unit

There was no signage on the treatment room door to denote the storage of oxygen cylinders.

There were no locks on the medicine cupboards in the treatment room. Identified as part of the outstanding contractor maintenance list.

Inspectors noted in several areas radiators attached to the ceiling. A review of the cleaning schedule should be carried out to ensure these are not overlooked during routine cleaning.

### Ward 6

Linen was stored tidily in cages in a room located in the corridor away from the bays. A room which stored the commodes had been identified as a possible linen store. This room was close to all the bays and side rooms and would reduce the time staff spend storing and collecting linen from the present store.

The ward was waiting on locks to be fixed to relevant cupboards in the dirty utility and treatment room.

The ward does not complete mattress audits or check the interior of the mattress cover. Sister confirmed that checks would be initiated and audits carried out.

### **Recommendations**

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively, that patient equipment is fit for purpose and that the environment is in a good state of repair.**
- 2. The trust and staff should work to maintain clutter free ward environments.**
- 3. The trust should ensure all contactor maintenance work is effectively carried out and completed.**
- 4. The trust should review the provision of hand washing facilities and consumables available at ward level.**
- 5. The trust should ensure all relevant information is available for patients, visitors and staff to reference.**
- 6. The trust should develop detailed nursing cleaning schedules.**
- 7. The trust should ensure that all staff are aware of the importance of monitoring drugs fridge temperatures.**

## 7.0 Patient Linen

### STANDARD 3.0 PATIENT LINEN

*Storage of clean linen; handling and storage of used linen; ward/  
department laundry facilities*

Linen	Stroke Unit	Ward 6
Storage of clean linen	91	100
Storage of used linen	91	87
Laundry facilities	N/A	N/A
<b>Average score</b>	<b>91</b>	<b>94</b>

### 7.1 Management of Linen

Wards are to be commended in achieving a high compliance score in the storage of clean and used linen.

Inspectors observed that used linen was stored and segregated correctly and that clean linen was stored in a separate store and was clean, tidy and free from rips and tears. In the Stroke Unit clean linen store minor damage was noted to the wall corners and windowsills were inaccessible and dusty as a result of the movement and positioning of linen storage cages.

Good practice was generally observed in the handling of used linen, and staff were observed to wear the appropriate personal protective equipment (PPE) when handling soiled/ contaminated linen however in the Stroke Unit a nursing auxiliary was observed not wearing an apron and carrying used linen against her uniform prior to disposal.

In Ward 6 linen skips or reusable linen bags were not in use. Staff were observed carrying plastic linen bags to the bedside, an infection prevention and control and manual hanging issue.

#### Recommendations

- 8. The trust should ensure the correct storage and handling of used linen.**

## 8.0 Waste and Sharps

### STANDARD 4.0 WASTE AND SHARPS

*Waste: Effectiveness of arrangements for handling, segregation, storage and disposal of waste on ward/ department*

*Sharps: Availability, use and storage of sharps containers on ward/ department*

Waste and Sharps	Stroke Unit	Ward 6
Handling, segregation, storage, <b>waste</b>	83	93
Availability, use, storage of <b>sharps</b>	92	81

### 8.1 Waste

The inspection evidenced that there were arrangements in place for the handling, segregation, storage and disposal of waste which generally comply with local and regional guidance.

Due to the lack of household waste bins in both wards, household waste was disposed of incorrectly into clinical waste bins. In the Stroke Unit household waste was also disposed of incorrectly into a sharps box and there was no clinical waste bin in the treatment room.

In both wards a number of waste bins were dirty and damaged/rusted (Picture 4). In the Stroke Unit the waste/sharps disposal store was unlocked and easily accessible while in Ward 6 used waste bags were tied to the phlebotomists trolley, not in use.



Picture 4 Rusted base of household waste bin

## **8.2 Sharps**

In the Stroke Unit the availability, storage and handling of sharps achieved compliance however within Ward 6 a dirty sharps tray, broken sharps bracket on the drugs trolley and a sharps box not secured to the wall in a side room contributed to a partially compliant score.

Sharps boxes in use conformed to BS7320 (1990)/UN9291 standards. Boxes were assembled correctly; labelled with the date, locality and staff signature. This is good practice as correct labelling ensures that if there is a spillage of sharps waste from the sharps box or an injury to a staff member as a result of incorrect assembly/ disposal, the area the sharps box originated from can be immediately identified. Identifying the origin of the sharps box and its contents is imperative to assist in the immediate risk assessment process carried out following a sharps injury and also to ensure that staff who incorrectly assembled/ disposed of the sharps box can receive education on the correct procedures to follow. It was observed during the inspection in both wards that the temporary closure mechanisms, to prevent spillage and impede access, were not always in place when the sharps boxes were not in use.

### **Recommendations**

- 9. The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.**
- 10. The trust should ensure that waste bins and equipment used in the management of waste are kept clean and replaced as appropriate.**

## 9.0 Patient Equipment

### STANDARD 5.0 PATIENT EQUIPMENT

#### *Cleanliness and state of repair of general patient equipment*

Patient Equipment	Stroke Unit	Ward 6
Patient equipment	80	93

The cleaning of patient equipment in Ward 6 was generally of a good standard and most equipment was visibly clean. In the Stroke Unit improvement in cleaning and the use of trigger tape, to identify stored equipment is clean, is required.

In the Stroke Unit attention to detail was required when cleaning commodes, hoist slings, blood pressure cuffs, oxygen saturation probes and the ECG machine. Staff knowledge on the use of alcohol wipes for cleaning should be reviewed as a member of nursing staff was inappropriately cleaning equipment used in an area where a patient was suspected to have *Clostridium difficile* infection. Some staff were unable to describe the symbol for single use.

The inspectors observed that in the Stroke Unit laryngoscope blades on the resuscitation trolley were removed from their sterile packaging. The Association of Anaesthetists of Great Britain and Ireland guidelines 'Infection Control in Anaesthesia' states that single use resuscitation equipment should be kept in a sealed package or should be sterilised between patients according to manufacturer's instructions. It also states that packaging should not be removed until the point of use for infection control, identification and traceability in the case of a manufacturer's recall and safety.

In Ward 6 action to address the cleaning of stored standing aids, damaged catheter stands and the chipped framework of the drugs trolley would further improve the wards compliance score.

In both wards greater attention to detail was required to remove taped notices and sticky labels from equipment.

#### Recommendations

- 11. The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.**

## 10.0 Hygiene Factors

### STANDARD 6.0 HYGIENE FACTORS

*Hand wash facilities; alcohol hand rub; availability of PPE; availability of cleaning equipment and materials*

Hygiene Factors	Stroke Unit	Ward 6
Availability and cleanliness of wash hand basin and consumables	96	97
Availability of alcohol rub	97	100
Availability of PPE	80	93
Materials and equipment for cleaning	81	96
<b>Average score</b>	<b>89</b>	<b>97</b>

### Hygiene Facilities

Ward 6 is to be commended in achieving a overall high compliance score in this section of the audit tool.

Hand washing sinks and fixtures and fittings in both wards were generally clean, working and in a good state of repair. In the Stroke Unit attention to detail was required the underside of soap and hand towel dispensers are clean and that hand moisturiser is available for staff. In Ward 6 there was no hand towel dispenser in the one of the en-suite facilities and the sink in the main bay was slow to drain.

Clinical hand wash sinks were sensor operated and overflow free (Picture 5). Overflows to sinks, basins, baths and bidets are not recommended, as they constitute a potential infection control risk more significant than the possible risk of damage due to water overflowing (WCs have an internal overflow).

There were no issues identified in either ward in relation to availability or use of alcohol rub, however in the Stroke Unit there was no plunger present in the alcohol gel bottle in the treatment room.



Picture 5 Typical clinical hand wash sink

Inspectors observed a range of personal protective equipment available in the wall mounted dispensers for staff to easily access, however in both wards there was no face protection available for use.

In both wards cleaning products were not stored in line with Control of Substances Hazardous to Health (COSHH) regulations in a locked area; an issue identified as part of the contractor maintenance list. Staff in Ward 6 the were unaware of the dilution rates for Actichlor plus disinfectant while staff in the Stroke Unit were inappropriately using warm water to dissolve Actichlor plus disinfectant tablets rather than luke warm/cold water.

In the Stroke Unit cleaning, use and storage of equipment used for general cleaning requires attention; inspectors observed a dirty domestic trolley and dustpan, mixing of colour coded equipment and a bucket of an unidentified solution and cloth stored on the domestic trolley in an unlocked domestic store.

### **Recommendations**

- 12. The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair.**
- 13. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; use of disinfectants**
- 14. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 15. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, used and store appropriately.**

## 11.0 Hygiene Practices

### STANDARD 7.0 HYGIENE PRACTICES

*Hand hygiene procedures; handling and disposal of sharps; use of PPE; use of isolation facilities and implementation of infection control procedures; cleaning of ward/department; staff uniform and work wear, staff changing facilities*

Hygiene Practices	Stroke Unit	Ward 6
Effective hand hygiene procedures	92	94
Safe handling and disposal of sharps	100	100
Effective use of PPE	79	95
Correct use of isolation	89	90
Effective cleaning of ward	71	80
Staff uniform and work wear	88	97
<b>Average score</b>	<b>87</b>	<b>93</b>

### Hygiene Practices

The results of the audit indicate that in both wards effective hygiene practices were generally in place. Hand hygiene practices observed generally complied with WHO (World Health Organisation) guidance on the correct technique to use for hand washing and appliance of hand rub. Observations indicated that staff in general performed hand hygiene at the appropriate moments for hand hygiene, however in both ward a continued concerted effort is required to ensure hand hygiene occurs at all times, using the correct seven step technique.

There were no issues identified in either ward with the safe handling and disposal of sharps.

In the Stroke Unit inspectors observed that single use aprons and gloves were not always worn by staff when carrying out clinical care and in Ward 6 an apron was not worn by a nurse when in contact body fluids; carrying a jug of urine.

On the day of the inspection patients required isolation and practices observed in relation to the application of isolation precautions in Ward 6 were good and in line with current practice guidance. However in the Stroke Unit reusable equipment was not dedicated for use in isolation or cleaned appropriately after use and staff did not always wear disposable aprons or gloves.

A review of documentation evidenced that while patient centred care plans for the identified alert organism were in place they were not always completed correctly by staff.

Discussion with staff in both wards indicated that they were not aware of the appropriate dilution strengths to use for cleaning blood and body fluid spillage and nursing staff in both wards were unsure of the National Patient Safety Agency (NPSA) cleaning colour coding system. In the Stroke Unit nursing cleaning schedules were not always signed off as completed, staff were unaware of the certificate for decontamination to be completed before equipment was sent for maintenance/ service /repair. There was no mechanism in place to ensure urgent out of hours cleaning could be carried out as nursing staff are unable/ unaware of access to cleaning materials available at ward level. In Ward 6 information on dilution rates were not displayed for staff, there were no nursing COSHH data sheets available and there is no out of hours rapid response cleaning.

In the Stroke Unit a member of medical staff was wearing long sleeves, a stoned ring and had long hair which was unsecured. In Ward 6 a member of medical staff had long hair not secured and was wearing long earrings; this was challenged by the ward sister and subsequently rectified.

Staff changing facilities were available for staff to change into and out of their uniform at work.

### **Recommendations**

- 16. The trust and individual staff have a collective responsibility to ensure that all PPE is used appropriately.**
- 17. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; cleaning and decontamination of equipment.**
- 18. The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy.**

## 12.0 Key Personnel and Information

### Members of the RQIA inspection team

Mrs E Colgan - Senior Officer Infection Prevention/Hygiene Team  
Mrs L Gawley - Inspector Infection Prevention/Hygiene Team  
Mrs S O'Connor - Inspector Infection Prevention/Hygiene Team  
Mrs M Keating - Inspector Infection Prevention/Hygiene Team

### Trust representatives attending the feedback session

The key findings of the inspection were outlined to the following trust representatives

Ms Mairead McAlinden - Chief Executive  
Ms Angela McVeigh - Director, OPPC  
Ms Roisin Toner - Assistant Director, Enhanced Services  
Ms Anita Carroll - Assistant Director, Support Services  
Ms Geraldine Caldwell - Hos ICS, Stroke, Non Acute Hospitals  
Ms Pat Nugent - Nurse Manager, Non Acute Hospitals  
Mr Colin Clarke - Lead Nurse, Infection Prevention and Control  
Ms Denise McDonagh - Infection Control Nurse, Tissue Viability Nurse  
Ms Kate Corley - Locality Support Services Manager  
Ms Caroline Campbell - Ward Manager, Ward 6  
Ms Noelleen Lambe - Ward Sister, Stroke Unit  
Ms Paula McConaghy - Assistant Support Services Manager

### Supporting documentation

A number of documents have been developed to support the inspection process, these are:

- Infection Prevention/ Hygiene Inspection Process (methodology, follow up and reporting)
- Infection Prevention/ Hygiene Team Inspection Protocol (this document contains details on how inspections are carried out and the composition of the teams)
- Infection Prevention/ Hygiene Team Escalation Policy
- RQIA policy and procedure for Use and Storage of Digital Images

This information is currently available on request and will be available in due course on the RQIA website.

## **13.0 Summary of Recommendations**

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively, that patient equipment is fit for purpose and that the environment is in a good state of repair.**
- 2. The trust and staff should work to maintain clutter free ward environments.**
- 3. The trust should ensure all contactor maintenance work is effectively carried out and completed.**
- 4. The trust should review the provision of hand washing facilities and consumables available at ward level.**
- 5. The trust should ensure all relevant information is available for patients, visitors and staff to reference.**
- 6. The trust should develop detailed nursing cleaning schedules.**
- 7. The trust should ensure that all staff are aware of the importance of monitoring drugs fridge temperatures.**
- 8. The trust should ensure the correct storage and handling of used linen.**
- 9. The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.**
- 10. The trust should ensure that waste bins and equipment used in the management of waste are kept clean and replaced as appropriate.**
- 11. The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.**
- 12. The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair.**
- 13. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; use of disinfectants**

- 14. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 15. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, used and store appropriately.**
- 16. The trust and individual staff have a collective responsibility to ensure that all PPE is used appropriately.**
- 17. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; cleaning and decontamination of equipment.**
- 18. The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy.**

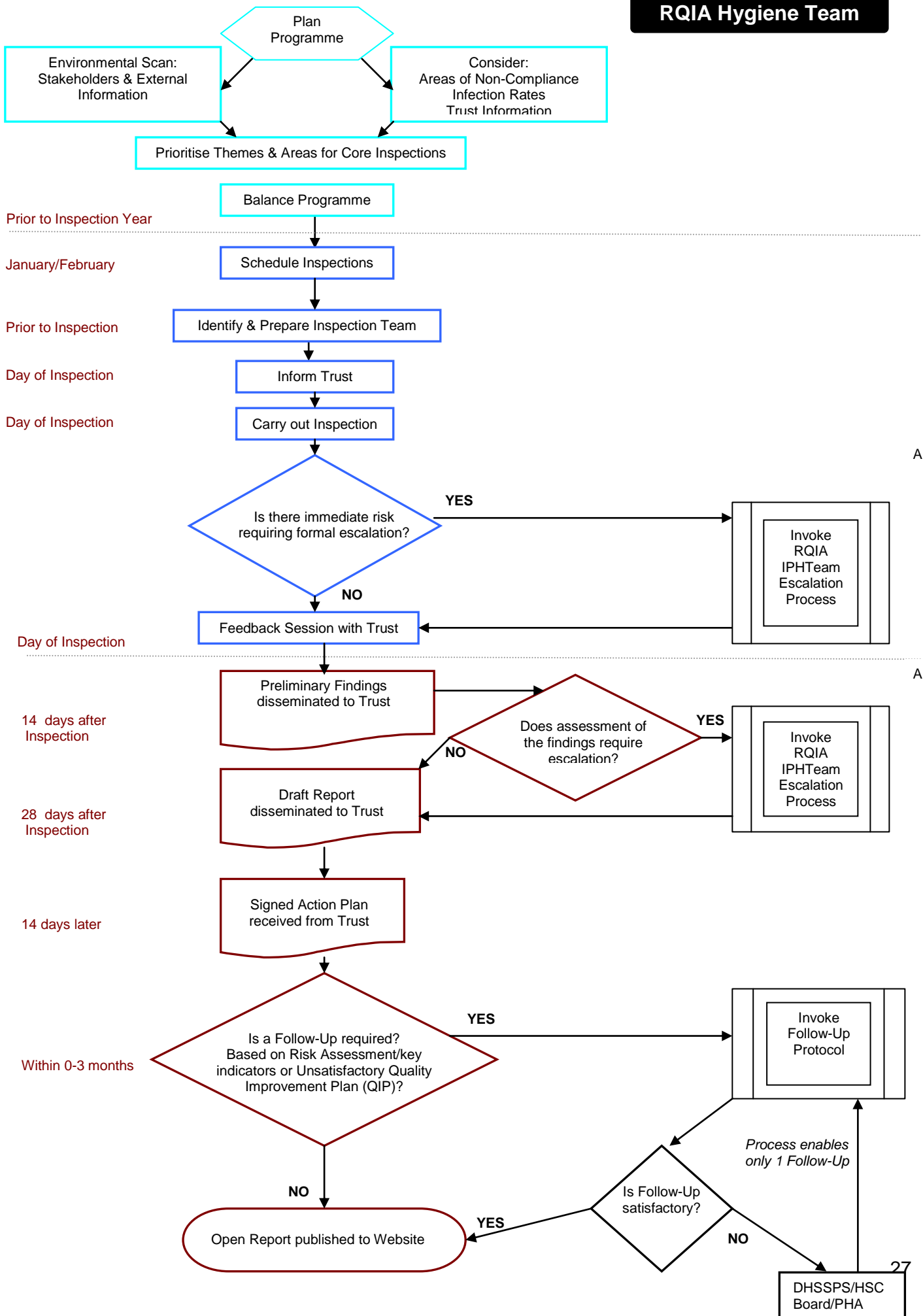
# 14.0 Unannounced Inspection Flowchart

**RQIA Hygiene Team**

Plan Programme

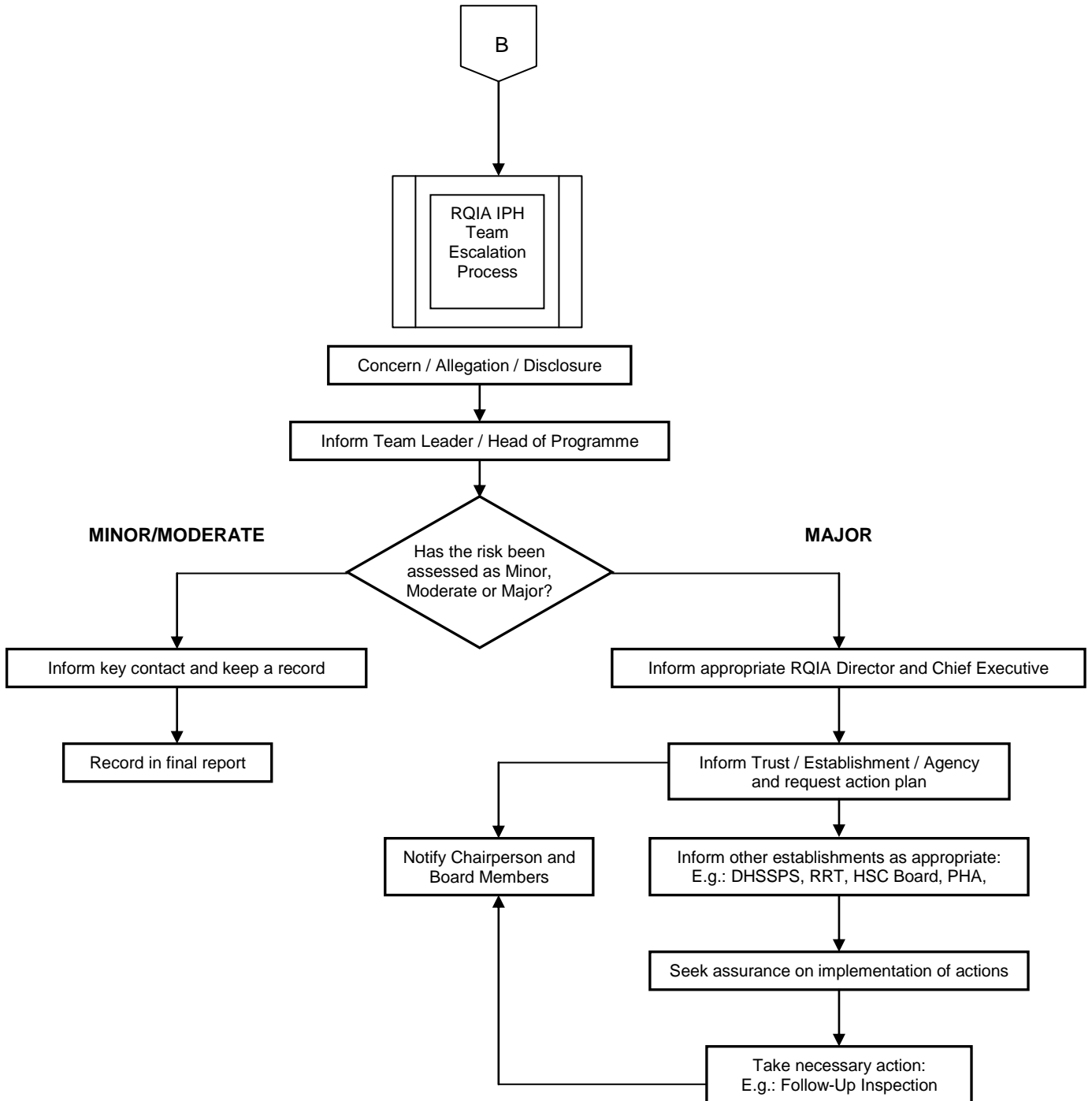
Episode of Inspection

Reporting & Re-Audit



# 15.0 RQIA Hygiene Team Escalation Process

## RQIA Hygiene Team: Escalation Process



## 16.0 Action Plan

### Action Plan Following RQIA Visit to Lurgan Hospital

RQIA Recommendations (18) have been discussed at the Trust wide HCA1 Steering Group which met on 6.7.11 and subsequently added to the agenda of the HCA1 operational group. The Steering Group agreed that Directors would communicate to all staff their roles and responsibilities for ensuring adherence to Trust policies and procedures relating to Infection Prevention and Control / Environmental Cleanliness. The HCA1 Operational Group met on 7.7.11. The recommendations reflect the ongoing work streams which this group continues to monitor.

As a result of the RQIA audit the subsequent action plans are the main agenda item for the Non-Acute Sisters Meeting in August. All Ward sisters have been instructed to hold a team meeting with RQIA action plan as the only agenda item.

Asst Director, Head of Service & Nurse Manager will monitor compliance with RQIA recommendations during their walk around on 6 weekly basis.

#### Recommendations

1	The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively, that patient equipment is fit for purpose and that the environment is in a good state of repair.	All nursing and domestic services staff will be updated on their roles and responsibilities in relation to the maintenance of a clean environment.	July end 2011
		Continuation of joint nursing & domestic services monthly environmental audit to monitor compliance	Immediate and ongoing
		Domestic Services Manager is reviewing the domestic services cleaning schedule.	July 2011
		Ward managers in Ward 7&8 and 5 have completed a review of daily / weekly and monthly nursing check lists / cleaning schedules.	Immediate

		<p>This work will be shared with all ward managers on the Non Acute sites</p> <p>Arrangements have been made for monitoring of Check lists / Cleaning Schedules on a weekly basis. Non compliance will be dealt with by Ward Managers.</p> <p>Issues highlighted by RQIA have been added to the Assistant Director / Head of Service / Nurse Manager walk around (6 weekly) audit. These audits will continue on 6 weekly basis. Non compliance with standards will continue to be addressed with individual ward managers and action plans to correct non-compliance will be submitted by these ward managers.</p> <p>Ward Managers Domestic Services Manager will review the list of responsibility for the cleaning and maintenance of all pieces of equipment.</p> <p>Ward sisters will review their training records to ensure all staff attend infection prevention and control updated training.</p>	<p>August 2011-07-08</p> <p>Immediate</p> <p>Immediate and ongoing</p> <p>August 2011</p> <p>Ongoing process</p>
2	The trust and staff should work to maintain clutter free ward environments.	<p>Ward managers have been instructed that when meeting with their team they ensure their staff understand their continued responsibility to ensure a clutter free environment at all times</p> <p>Arrangements have been made for</p>	<p>August end 2011</p> <p>Weekly</p>

		<p>monitoring of Check lists / Cleaning Schedules on a weekly basis. Non compliance will be dealt with by Ward Managers.</p> <p>Ward 5 and Ward 6 will be commencing the 1<sup>st</sup> module of releasing time to care 6<sup>th</sup> July 2011. This module includes an “activity follow through” the results of which will inform the re-designation storage / de-cluttering of areas.</p> <p>Ward managers are ensuring interim storage arrangements to reduce the likelihood of clutter.</p> <p>Ward managers will continue to monitor to ensure a clutter free environment</p> <p>All wards in Lurgan are presently being measured for the mailbox system.</p>	<p>September 2011</p> <p>Immediate</p> <p>Immediate</p> <p>July 2011</p>
<b>3</b>	The trust should ensure all contactor maintenance work is effectively carried out and completed.	<p>Nursing Representatives met with design team and the estates personnel with responsibility for the refurbishment in Lurgan. Snag list agreed by all present. A Time line of 7<sup>th</sup> July 2011 was agreed for the completion of the snag list.</p> <p>Head of Service and Nurse Manger monitoring compliance</p>	<p>28.6.11</p> <p>7.7.11</p>
<b>4</b>	The trust should review the provision of hand washing facilities and consumables available at ward level.	Head of Service, Nurse Manger Design team and Estates have reviewed hand washing facilities for ward 6 treatment room. A minor	July 2011

		work requisition has been forwarded to Director Joint monthly environmental audit with ward manager and domestic services manager	Ongoing
5	The trust should ensure all relevant information is available for patients, visitors and staff to reference.	Information racks to be installed and updated	September 2011
6	The trust should develop detailed nursing cleaning schedules.	A review of nursing cleaning schedules is ongoing on the Non-acute sites.	September 2011
7	The trust should ensure that all staff are aware of the importance of monitoring drugs fridge temperatures.	Ward sisters to monitor compliance	Ongoing
8	The trust should ensure the correct storage and handling of used linen.	Linen skips ordered.	July 2011
9	The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.	Monthly Environmental Audit. Review of waste storage completed Locks ordered for waste storage areas. Yearly environmental audit.	Ongoing
10	The trust should ensure that waste bins and equipment used in the management of waste are kept clean and replaced as appropriate.	Monthly Environmental Audits continue. Yearly environmental audits continue. Asst Director, Head of Service & Nurse Manager to monitor during walk around on 6 weekly basis.	Ongoing
11	The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.	Arrangements have been made for Check lists / Cleaning Schedules to be monitored on a weekly basis. Non compliance will be dealt with by Ward Managers  Monthly Environmental Audits continue. Yearly environmental audits continue. Asst Director, Head of Service & Nurse Manager	weekly  Ongoing

		to monitor during walk around on 6 weekly basis	
12	The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair.	Domestic cleaning schedules reviewed. Monthly Environmental Audits continue. Yearly environmental audits continue.	Ongoing
13	The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; use of disinfectants.	All ward sisters will implement a review of attendance at infection Control training On agenda for sisters meeting August 2011. On agenda for Ward Team meetings	Ongoing
14	The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.	Locks have been installed as a result of the final contractors snag list. Compliance will be monitored at the monthly environmental audits.	Completed
15	Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, used and store appropriately.	Locks have been installed as a result of the final contractors snag list. Compliance will be monitored at the monthly environmental audits	Completed  Ongoing
16	The trust and individual staff have a collective responsibility to ensure that all PPE is used appropriately.	All ward sisters will implement a review of attendance at infection Control training	Ongoing
17	The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; cleaning and decontamination of equipment.	All ward sisters will implement a review of attendance at infection Control training  Ward sister have been instructed to review and update their standard operating procedures for the cleaning and decontamination of equipment.	Ongoing  Sept 2011
18	The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy	Uniform audit increased to monthly temporarily for 3 months and reduced when compliance has improved.	August 2011 & ongoing

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