



Unannounced
Infection Prevention/Hygiene
Inspection
Belfast Health and Social Care Trust
Royal Victoria Hospital
13 August 2019

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Profile of Service

An unannounced inspection was undertaken to the Royal Victoria Hospital on 13 August 2019.

The Hospital was assessed against the Regional Healthcare Hygiene and Cleanliness Standards and the following area was inspected:

- Emergency Department (ED)

Previous infection prevention and hygiene inspection reports of the Royal Victoria Hospital are available on the RQIA website www.rqia.org.uk.

Service Details

Responsible Person:
Martin Dillon

Position: **Chief Executive Officer
Belfast Health and Social Care
Trust**

What We Look for

Our inspection standards are intended to assess healthcare hygiene, general cleanliness and state of repair and aspects of infection prevention and control for all hospitals and other healthcare facilities in Northern Ireland.

Our audit tool is comprised of the following sections:

- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors/Cleaning Practices
- Hygiene Practices/Staff Questions

Guided by our audit tool our inspectors gather information from observations in functional areas (including direct questioning and observation of clinical practice) and, where appropriate, review of relevant documentation.

Our inspection tool is available on our website at www.rqia.org.uk.

2.0 Inspection Summary

The table below summarises the overall compliance levels achieved in each standard/section. Scores are allocated a level of compliance using the categories described below.

Level of Compliance

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

Areas inspected	ED
General environment	91
Patient linen	91
Waste	97
Sharps	84
Equipment	88
Hygiene factors/Cleaning Practices	95
Hygiene practices/Staff Questions	96
Average Score	92

A more detailed breakdown of each table can be found in Section 4.0.

The inspection team comprised of two inspectors from the RQIA healthcare team. Details of the inspection team and trust representatives attending the feedback session can be found in Section 5.0.

Three actions for improvement have been made to the Belfast Health and Social Care Trust.

This inspection to the Royal Victoria Hospital (RVH) ED was carried out as a result of information gathered as part of our intelligence monitoring systems. This relates to a complaint about poor standards of hygiene within the ED. The Trust is currently responding to the complainant as part of its complaints procedure.

During this inspection, compliance was achieved in six of the seven assessed standards. The standard in relation to the management of sharps was partially compliant; staff need to ensure the correct procedures for the safe handling of sharps containers are adhered to.

The ED is divided in to various patient areas, Majors, Minors, Ambulatory, Resuscitation and Ambulance Attend, for patients arriving by ambulance. When the department opened in 2015 Minors was originally within the main department and at present is in a temporary location off the main ED.

We observed a department that had a good standard of environmental cleanliness and was in good decorative order. Staff demonstrated good practice in the management of linen, and the disposal of waste. We observed good practice in relation to hand hygiene. Hand hygiene was performed at the correct moments and location within the flow of care delivery.

Escalation procedures were not required for this inspection. The escalation policies and procedures are available on the RQIA website.

This inspection report and improvement plan will be available on the RQIA website. When required, reports and action plans will be subject to discussion and performance management by the Health and Social Care Board (HSCB) and/or the Department of Health (DoH).

RQIA would like to thank the Belfast Health and Social Care Trust and in particular staff at the RVH ED for their assistance during this inspection.

Please note: this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with all relevant legislation, standards and best practice.

3.0 Inspection Findings

Public Areas (Entrance, Reception, Public Toilets, Corridors, Stairs and Lift)

The ED has a separate entrance from the main Royal Victoria Hospital. The reception lobby and public toilets were clean, tidy and in good decorative order (Picture1). The paved area around the entrance required additional attention as it was grubby and stained.



Picture1: Public toilets, clean, tidy and in good decorative order.

Emergency Department

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ED was in good decorative order. This is a large department and the standard of cleanliness was consistent in both the clinical and non-clinical areas. Patient cubicles and waiting areas were clean and free from clutter.
- Sanitary facilities, clean and dirty utility room, storage room and domestic store were clean and tidy.
- The Minors area of the department have been in a temporary location but plans are under way to relocate the Minors area to a new bespoke location. Staff hope this area will be functional by September.
- Staff engaged well with inspectors; they answered questions and produced information when required.

Areas for Improvement

- A number of patient trolley mattresses were inspected, some of the vinyl covers were split or damaged and the internal foam mattress stained. These mattresses were immediately withdrawn from use. We were informed new mattress were already on order. Staff told us mattress audits were carried out regularly but were unable to show us any documentation.

Patient Linen

Areas of Good Practice

- Patient linen was visibly clean, free of damage and stored in a clean environment. Clean linen is decanted from a large store into covered linen pods; these trolleys are positioned throughout each department and topped up regularly. Staff handled clean linen safely to prevent the spread of microorganisms to those receiving care.

Areas for Improvement

- When handling used linen staff did not wear a protective apron and they were observed carrying the used linen in their arms, close to their body. Used linen skips should be taken to the patients beside and used linen disposed of immediately. Aprons and gloves should be worn when handling used linen to prevent the spread of microorganisms to those receiving care.

Waste and Sharps

Areas of Good Practice

- We observed the safe segregation, handling, transport and disposal of waste and sharps.

Areas for Improvement

- Not all sharps containers had the temporary closure mechanism in place. Sharps containers on resuscitation trolley's had contents and not changed in line with best practice guidance.

Equipment

Areas of Good Practice

- Patient equipment including commodes, Aseptic Non Touch Technic (ANTT) trays, Electrocardiogram (ECG) machine, resuscitation trolleys and blood gas machines were clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- When questioned staff had good knowledge of equipment cleaning, use of single use equipment, use of trigger tape to indicate when equipment had been cleaned. We observed trigger tape was used when cubicles were cleaned after patient use. (Picture 2)



Picture 2: Trigger tape in place to indicate cubicle clean

Areas for Improvement

- Some equipment required more detailed cleaning such as blood pressure, ultra sound and blood glucose monitoring equipment and drugs fridge. Equipment cleaning schedules were in place and completed by nursing staff; however, not all equipment was listed. The lead nurse informed us that the equipment cleaning schedules were in the process of being updated and would take note of any areas we had highlighted.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- We observed that hand washing facilities and a range of consumables were available to enable hygiene practices to be carried out effectively.
- Clinical hand wash sinks were clean, located near to the point of care and only used for hand hygiene purposes.

- Personal Protective Equipment (PPE) was readily available.

Areas for Improvement

- Equipment used for cleaning required more detailed cleaning. Patient and Client Support Services (PCSS) staff were unsure of the colour coding guidance as set out by the trust.

Hygiene Practices/Staff Questions

Areas of Good Practice

- All staff when questioned had good knowledge of standard and enhanced IPC precautions which included hand hygiene, cleaning and decontamination of equipment and the management of sharps and waste.
- There was excellent infection prevention and control (IPC) information on care pathways for patients with known infections for staff to reference. (Picture 3)



Picture 3: IPC notice board

- We observed excellent hand hygiene practices. Hand hygiene was performed by staff at the correct moments and location, within the flow of care delivery.

Areas for Improvement

- PCSS staff told us they wore gloves but not wear protective aprons when cleaning in sanitary areas. We observed that some nurses did not wear aprons when engaged in close personal contact with patients.

4.0 Adherence to Standards

Standard: General Environment

To comply with this standard, organisations must provide an environment which is well maintained, visibly clean, and free from dust and debris.

General Environment Standards	ED
Public shared areas	
Reception	97
Public toilets	100

General environment Standards wards or departments	ED
Patient bed area (Ambulatory Cubicle 5)	86
Patient bed area (Majors Bay 5)	92
Bathroom/washroom	95
Toilet (Majors)	92
Clinical room/treatment room	87
Clean store room	N/A
Dirty utility room	97
Domestic store	98
Kitchen	N/A
Equipment store	N/A
Isolation	N/A
General information	83
Average Score	91

Standard: Patient Linen

For organisations to comply with this standard, patient linen should be clean, free of damage, handled safely and stored in a clean and tidy environment.

Patient linen	ED
Storage of clean linen	96
Storage of used linen	86
Laundry facilities	N/A
Average Score	91

Standard: Waste and Sharps

To comply with this standard, organisations must ensure that waste is managed in accordance with HTM07-01 and Hazardous Waste (Northern Ireland) Regulations (2005).

Waste and sharps	ED
Handling, segregation, storage, waste	97
Availability, use, storage of sharps	84

Standard: Patient Equipment

To comply with this standard, organisations must ensure that patient equipment is appropriately decontaminated.

Patient equipment	ED
Patient equipment	88

Standard: Hygiene Factors/Cleaning Practices

To comply with this standard, organisations must ensure that a range of fixtures, fittings and equipment is available so that hygiene practices can be carried out effectively.

Hygiene factors	ED
Availability and cleanliness of wash hand basin and consumables	99
Availability of alcohol rub	97
Availability of PPE	100
Materials and equipment for cleaning	84
Average Score	95

Standard: Hygiene Practices/Staff Questions

To comply with this standard, organisations must ensure that appropriate healthcare hygiene practices are embedded into the delivery of care and related services.

Hygiene practices	ED
Effective hand hygiene procedures	95
Safe handling and disposal of sharps	100
Effective use of PPE	80
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
Average Score	96

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms M Keating - Inspector, Healthcare Team
 Mr T Hughes - Inspector, Healthcare Team

Trust representatives attending the feedback session on 13 August 2019

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

P Ferguson		Service Manager, ED/CAU/ECU
H Jackson		Divisional Nurse, Unscheduled Care
M Robinson		PCSS, WBH Assistant Manager
C Baird		Nursing Governance, USC
N Tate		Lead Nurse, RVH ED
E Hopkins		Sister, RVH ED
L Cole		Ward Manager/Sister, CAU
I Thompson		Deputy Director of Nursing
C Smyth		Infection Prevention and Control Nurse
V Newburn		Infection Prevention and Control Nurse

6.0 Improvement Plan

This improvement plan should be completed detailing the actions planned and returned to RQIA's Healthcare Team via the web portal for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to further action. The responsible person should ensure that all actions for improvement are progressed within the specified timescales.

Please do not identify staff by name on the improvement plan.

Area: ED

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Staff should ensure there are robust and ongoing assurances and mechanisms in place to regularly check and replace damaged patient trolley mattresses.	Lead Nurse/Clinical Co-ordinator	Housekeepers to undertake monthly audit of mattresses, this is to include trauma mattresses. To instigate replacement program for mattresses.	Dec 2019
2.	Staff should ensure there are robust assurances and mechanisms in place to ensure PPE is worn when there is the possibility of their uniforms becoming contaminated in the performance of their duties.	Senior Sisters and PCSS	PPE to be focus of the month To increase the number of link nurses in department PCSS workforce model currently under review to help support IPC within the Emergency Care Village.	Dec 2019
3.	Staff should ensure there are robust and ongoing assurances and mechanisms in place to ensure sharps are managed in line with best practice guidance.	Senior Sister	Encorporated into daily checklist Sharps management in the ED to be a focus of the month	Dec 2019



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