



Unannounced Infection Prevention/Hygiene Inspection

Royal Victoria Hospital
16 January 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 Belfast Health and Social Care Trust, Royal Victoria Hospital on 16 January 2019.

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

- Ward 4D (Fractures)
- Ward 4E (Neurology)
- Ward 4F (Neurosurgery)

Previous infection prevention and hygiene inspection reports of the Belfast Health and Social Care Trust are available on the RQIA website www.rqia.org.uk.

Service Details

Responsible Person:

Mr M D illion

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	Ward 4D	Ward 4E	Ward 4F
General environment	89	95	96
Patient linen	88	98	98
Waste	91	90	93
Sharps	79	100	89
Equipment	92	100	88
Hygiene factors/Cleaning Practices	99	99	100
Hygiene practices/Staff Questions	98	98	96
Average Score	91	97	94

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

The inspection team comprised of six RQIA inspectors. Details of our inspection team and the Belfast Health and Social Care Trust representatives, who participated in a local feedback session delivered in the Royal Victoria Hospital on 16 January 2019, can be found in Section 5.0.

Six actions for improvements have been made to the Royal Victoria Hospital.

We were very pleased to see that all the wards inspected achieved compliance with each standard assessed. We observed that the wards inspected had a high standard of environmental cleanliness and were in good decorative order. Patient equipment was clean and in a good state of repair. Staff demonstrated good practice in the management of linen, sharps and the disposal of waste.

We observed good practice in the use of personal protective equipment and hand hygiene. Hand hygiene was performed at the correct moments, and at the correct 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 Royal Victoria Hospital Wards 4D, 4E and 4F 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 entrance to the hospital was tidy and uncluttered. The main thoroughfare was bright, large windows provide a good source of natural lighting to the internal facilities (Picture 1).



Picture 1: Main hospital entrance

Chewing gum residue was present on the paving outside the main entrance to the hospital and the carpet leading to reception between the automatic doors was worn and stained with chewing gum residue. The staircase leading from the carpark to the main reception, and those difficult to reach areas, such as air-vents required more attention to detail when carrying out cleaning.

Whilst there was good signage and access to public toilets, we observed damage to walls and paintwork in the area leading to these facilities. The baby changing room required more attention to detail when carrying out high level cleaning.

Ward 4D

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ward environment was clean, bright, calm and welcoming for visitors. The environmental cleanliness of patient bed areas of the ward was of an excellent standard.
- Ward access corridors and patient bed areas were clutter free, allowing for effective cleaning practices.

- Maintenance of the ward was generally good. Damage to surfaces such as walls, corners and doors caused by the general flow of wheeled and pedestrian traffic, was kept to a minimum by the use of PVC surface protection barriers.
- When questioned, staff were aware of their roles and responsibilities in relation to cleaning of the environment.
- A range of IPC audit scores were displayed for the public to provide assurance of cleaning and IPC practices (Picture 2).



Picture 2: Displayed Ward Audit Scores

Areas for Improvement

- Greater attention to detail in high and low dusting is required in the clinical room, clean laundry store, domestic sluice and the equipment store.
- The equipment store was used for multi-purposes, which included: storage of small and large items of patient equipment, broken equipment, staff lockers and a staff coats. A lack of cupboards and shelving has resulted in equipment and supplies stored with no definite plan or pre-arranged order. We were pleased to be informed that imminent work is due to commence in refurbishing this area.

Patient Linen

Areas of Good Practice

- We observed that patient linen was visibly clean, free of damage and stored appropriately.
- Staff wore appropriate PPE when handling soiled/contaminated linen.

Areas for Improvement

- Staff should ensure that fouled or infected linen is placed into an alginate bag before being placed into a linen bag.

Waste and Sharps

Areas of Good Practice

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

Areas for Improvement

- The ward achieved partial compliance in the management of sharps. We observed a number of sharps boxes that did not have their temporary closure mechanisms deployed when not in use.
- The sharps box on the resuscitation trolley was not secured, had contents present and the aperture, and was open.
- We observed a sharp that had been inappropriately disposed of into an orange lidded burn bin which is designated for the disposal of free fluid waste only (Picture 3).



Picture 3: Sharp inappropriately disposed of into an orange lidded burn bin

Equipment

Areas of Good Practice

- Patient equipment was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- Equipment cleaning schedules were in place and appropriately completed for assurances of staff practices.
- A trigger system was effectively used to identify when equipment had been cleaned.

Areas for Improvement

- Greater attention to detail is required in the cleaning of patient commodes and shower chairs.

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, well maintained, located near to the point of care and only used for hand hygiene purposes.
- Cleaning equipment was clean, in good repair and stored appropriately.

Hygiene Practices/Staff Questions

Areas of Good Practice

- We observed that hand hygiene was performed by all staff disciplines at the correct moments, and at the correct location, within the flow of care delivery.
- We observed good IPC practice in relation to the use of personal protective equipment and good adherence to the Trust uniform policy.
- Staff were knowledgeable on the principles of IPC. Patients requiring a single room were isolated in line with trust guidance.
- To improve staff knowledge and practice, the Trust IPC team have carried out a number of visits to the ward and assessed practices in relation to hand hygiene, use of PPE, IPC risk assessment documentation and ANTT.

Quality Improvement Initiative

- Staff recently commenced an improvement project aimed at improving patients' sleep experience. Sleep deprivation can have a negative impact on a patient's recovery from ill health. A device has been installed that looks like a traffic light, which monitors sound levels (Picture 4). When the sound levels get too high, the device flashes to remind staff to reduce the level of noise.



Picture 4: Traffic Light Sound Monitor

Ward 4E

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Ward access corridors and patient bed areas were generally clutter free, allowing for effective cleaning practices.
- The environmental cleanliness of patient bed areas of the ward was of an excellent standard.
- Stored equipment used for cleaning was clean and stored appropriately. We saw evidence of cleaning rotas identifying roles and responsibilities of staff for cleaning.
- At the entrance to the ward, there was a board which displayed Key Performance Indicators (KPI) for the public awareness. The KPI scores provided assurance of good staff IPC practices and cleanliness of the ward (Picture 5).



Picture 5: Displayed Ward Audit Scores.

Areas for Improvement

- We observed damage to the floor covering from the entrance of the ward to the nurses' station. Some wear and tear of wall and doors was evident (Picture 6).



Picture 6: Damage to door.

- Greater attention to detail in high and low dusting is required within the domestic store and the equipment store.

Patient Linen

Areas of Good Practice

- We observed that patient linen was visibly clean, free of damage and stored in a clean and tidy environment.
- Staff managed linen safely to prevent the spread of microorganisms to those receiving care.

Waste and Sharps

Areas of Good Practice

- Sharps and waste were managed in line with best practice. Sharps boxes were dated and signed; temporary closure mechanisms were deployed when not in use. Waste was appropriately segregated and stored in a designated secure hold prior to collection.

Equipment

Areas of Good Practice

- Patient equipment including commodes and moving and handling aids were clean and well maintained. There was evidence of good stock rotation to ensure older stock is used first.
- Cleaning schedules were in place for the patient equipment in use. Schedules provided details of how to clean and what agents to be used.
- A trigger mechanism was in place to identify when equipment had been cleaned.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

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

Areas for Improvement

- The clinical hand-wash sink was not in line with current national specification, the drainage outlet of the clinical hand wash sink located in the treatment room was not off-set, therefore increasing the risk of contamination from splashing.

Hygiene Practices/Staff Questions

Areas of Good Practice

- We observed that hand hygiene was performed by all staff disciplines at the correct moments, and at the correct location, within the flow of care delivery.
- When questioned, staff were knowledgeable on IPC practices and procedures. We observed good practice in the use of personal protective equipment and hand hygiene and good adherence to the Trust uniform policy.

- We were informed that the trust IPC team provides good support and advice for ward staff.

Areas for Improvement

- The care pathway for a patient identified as an infection risk was not fully completed to guide and assure staff practices.

Ward 4F

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ward environment was clean and uncluttered with a calm atmosphere despite the demanding workload. Ward access corridors and patient bed areas were generally clutter free, allowing for effective cleaning practices. Patient bed areas were cleaned to a high standard and patients' personal belongings were stored appropriately.
- A range of information leaflets were available and accessible for staff, patients and visitors. The display board at the entrance to the ward clearly demonstrated good communication on IPC standards (Picture 7).



Picture 7: IPC information

Areas for Improvement

- We acknowledge that remedial work to plumbing had just commenced leading to equipment being stored in the corridor. We were told that this is a short term measure which will be promptly resolved once work has completed.
- Whilst patient bed areas were cleaned to a high standard more attention to detailed cleaning is required for high level dusting including patient bed railings.

Patient Linen

Areas of Good Practice

- Linen was observed to be visibly clean, free from damage and stored appropriately to reduce exposure to dust and debris. Staff wore appropriate PPE when handling used and contaminated linen to reduce exposing their uniforms to potentially harmful microorganisms.

Waste and Sharps

Areas of Good Practice

- There was good availability of sharps boxes on the ward. Used sharps boxes were locked, tagged and stored appropriately prior to removal from the ward.

Areas for Improvement

- Temporary closures were not always deployed on sharps boxes when they were not in use in the clinical area. Not all labels on sharps boxes were dated and signed when first used.

Equipment

Areas of Good Practice

- Single use items were managed appropriately and retained within their packaging.
- Equipment in use with patients was observed to be clean and in a good state of repair. We saw evidence of mattress and commode audits being completed. On the day of the inspection the foam of one mattress was observed to be stained, this mattress was removed from the ward and disposed of immediately. Audits were accessible and stored on an electronic database thereby reducing the volume of paper held in the ward.

Areas for Improvement

- Equipment was observed to be stored in no defined order in an extremely cluttered room (Picture 8). In order to promote effective cleaning the room requires decluttering and reorganization of equipment.



Picture 8: Cluttered equipment store

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- We saw evidence of cleaning records for both domestic and nursing staff and when questioned, staff were aware of their roles and responsibilities in relation to cleaning of the environment.
- 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.
- PPE was readily available and we observed that it was used appropriately by staff.

Hygiene Practices/Staff Questions

Areas of Good Practice

- We observed excellent hand hygiene practices. Hand hygiene was performed by all staff at the correct moments and location, within the flow of care delivery. We were informed that the trust IPC team provides good support and advice for ward staff.
- All staff when questioned had good knowledge of standard and enhanced IPC precautions which included hand hygiene, cleaning and decontamination of equipment, use of PPE and the management of sharps and waste.

- There were no patients that presented an infection control risk during the inspection; however, there were single rooms available for isolation in line with trust guidance if required.

Area for Improvement

- A number of used bottles of sterile water deemed single use by the manufacturer were sitting on patients' lockers, suggesting that the bottles would be reused. On questioning we were informed of a process to manage this practice, however, this was not evidenced during the inspection. It is recommended that the ward review this practice and seek guidance from the manufacturer and Trust IPCT.

Quality Improvement Initiatives

- A neurosciences newsletter is issued to all staff at intervals throughout the year. The purpose of the newsletter is to keep staff up to date with current events and information within the neurosciences division.
- Similar to Ward 4D, Ward 4F has also introduced the chatter tracker traffic light system. This system is designed to monitor noise levels on the ward, particularly at night, so staff can see at a glance whether the ambient noise is at an acceptable level.

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 Public shared areas	Entrance to RVH
Reception	91
Public toilets	91
Corridors, stairs lift	93

General environment Standards wards or departments	Ward 4D	Ward 4E	Ward 4F
Ward/department - general (communal)	82	95	98
Patient bed area	96	100	93
Bathroom/washroom	94	96	100
Toilet	N/A	89	95
Clinical room/treatment room	92	95	98
Clean store room	96	98	100
Dirty utility room	93	100	N/A
Domestic store	78	87	98
Kitchen	N/A	N/A	97
Equipment store	58	83	77
Isolation	96	96	96
General information	100	100	100
Average Score	89	95	96

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	Ward 4D	Ward 4E	Ward 4F
Storage of clean linen	87	96	96
Storage of used linen	88	100	100
Laundry facilities	N/A	N/A	N/A
Average Score	88	98	98

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	Ward 4D	Ward 4E	Ward 4F
Handling, segregation, storage, waste	91	90	93
Availability, use, storage of sharps	79	100	89

Standard: Patient Equipment

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

Patient equipment	Ward 4D	Ward 4E	Ward 4F
Patient equipment	92	100	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	Ward 4D	Ward 4E	Ward 4F
Availability and cleanliness of wash hand basin and consumables	100	98	100
Availability of alcohol rub	100	100	100
Availability of PPE	100	100	100
Materials and equipment for cleaning	96	100	100
Average Score	99	99	100

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	Ward 4D	Ward 4E	Ward 4F
Effective hand hygiene procedures	100	100	94
Safe handling and disposal of sharps	100	100	93
Effective use of PPE	100	100	94
Correct use of isolation	100	95	100
Effective cleaning of ward	95	91	94
Staff uniform and work wear	93	100	100
Average Score	98	98	96

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms L O'Donnell	Inspector, Healthcare Team
Mr T Hughes	Inspector, Healthcare Team
Ms J Gilmour	Inspector, Healthcare Team
Mr K McCormick	Inspector, Nursing Team
Ms J Laird	Inspector, Nursing Team
Ms M McCann	Inspector, Domiciliary Care Team

Trust representatives attending the feedback session on 16 January 2019

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

G McAlliden	Chair of Division Trauma, Orthopaedics and Rehab
M Mitchelson	Chair of Division Neurosciences
F Young	Co-Director Neurosciences
J Mulligan	Co-Director Trauma and Orthopaedics, SHWH
J McCormick	Divisional Nurse Neurosciences
P McKinney	Divisional Nurse Trauma and Orthopaedics, SHWH
C Lundy	Service Manager Neurosciences
S Douthart	Acting Assistant Service Manager Fractures
M Miskimmon	Ward Manager 4D
C Mckendry	Deputy Ward Manager 4E
D Smyth	Deputy Ward Manager 4F
M Flannery	Housekeeper Wards 4E/F
J McKeown	Senior IPCN
B Porter	Support Services Manager
C McKeown	WBH Operations Manger

Apologies:

Brenda Creany	Director of Nursing and User Experience
Aiden Dawson	Director Specialist Hospitals and Women's Health
Bernie Owens	Director of Unscheduled and Acute Care

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: Ward 4D

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Improvement is required in high and low horizontal dusting. Robust monitoring should be in place to provide continued assurance of staff practices.	Ward Manager Deputy Ward Managers & Assistant Support Services Manager PCSS	Rectify immediately. Ward Manager and Deputy Ward Managers holds safety brief meetings daily with all staff to ensure that all members of staff are aware that cleanliness is a priority within the ward. Ward manager will work in closer partnership with pcss in ensuring that all high and low dusting will be maintained daily and this will be evident through better channels of communication daily with ward pcss staff and pcss team leader who will provide ward manager with the assurance that dusting has been completed daily. Ward Manager or Deputy Ward Managers will carry out daily spot checks throughout ward to ensure that high and low dusting is completed to a high standard and will feedback to pcss if they are satisfied with standards and that this will be reinforced	28 February 2019

			with staff the importance of high and low dusting. All supervisors and frontline staff communicated with that high and low level dusting must occur in line with recommended cleaning frequencies as outlined by NPSA. Supervisors to monitor via Daily Cleaning Inspections	
2.	All staff should be updated in the safe management of sharps. Robust monitoring should be in place to provide continued assurance of staff practices.	Ward Manager	Reinforced with all staff to ensure sharps boxes closed to 3/4. Twice daily checks in place to see if sharps box full and appropriate actions taken as required. Ward Manager has programme in place to ensure all staff comply with mandatory training requirements which includes waste management training. Regular review of staff training in place.	19 February 2019

Area: Ward 4E

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Improvement is required in high and low horizontal dusting. Robust monitoring should be in place to provide continued assurance of staff practices.	Assistant Support Services Manager PCSS	Rectify immediately. Ward Manager holds safety brief meetings daily with all staff to ensure that all members of staff are aware that cleanliness is a priority within the ward. Ward manager will work in closer partnership with pcss in ensuring that all high and low dusting will be maintained daily and this will be evident through better channels of communication daily with ward pcss staff and pcss team leader who will provide ward manager with the assurance that dusting has been completed daily. Ward Manager will carry out daily spot checks throughout ward to ensure that high and low dusting is completed to a high standard and will feedback to pcss if they are satisfied with standards and that this will be reinforced with staff the importance of high and low dusting. All supervisors and frontline staff communicated with that high and low level dusting must occur in line with recommended cleaning frequencies as outlined by NPSA. Supervisors to monitor via Daily Cleaning Inspections	28 th February 2019
2.	Staff should ensure that IPC	Assistant	Immediate review and update of IPC	.22nd February 2019

	care pathway records are fully updated. Robust monitoring should be in place to provide continued assurance of staff practices.	Service Manager and Ward Sister	pathways currently in use. Reinforce IPC practices, record keeping and reviewing of pathways at team safety brief. Senior nursing teams to conduct weekly audits, monitor and feedback to teams. Ward Manager to conduct weekly spot checks in relation to care pathways. Care pathways should be incorporated into nursing handover at change of shift. Nursing Assistants should be involved in the process of completing all relevant documentation and handover to nurse in charge. IPC team will continue review and feedback to nursing teams.	
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Area: Ward 4F

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Improvement is required in high and low horizontal dusting, particularly in rooms where patient equipment is stored. Robust monitoring should be in place to provide continued assurance of staff practices.	Assistant Support Services Manager PCSS	Rectify immediately. Ward Manager holds safety brief meetings daily with all staff to ensure that all members of staff are aware that cleanliness is a priority within the ward. Ward manager will work in closer partnership with pcss in ensuring that all high and low dusting will be maintained daily and this will be evident through better channels of communication daily with ward pcss staff and pcss team leader who will provide ward manager with the assurance that dusting has been completed daily. Ward Manager will carry out daily spot checks throughout ward to ensure that high and low dusting is completed to a high standard and will feedback to pcss if they are satisfied with standards and that this will be reinforced with staff the importance of high and low dusting. All supervisors and frontline staff communicated with that high and low level dusting must occur in line with recommended cleaning frequencies as outlined by NPSA. Supervisors to monitor via Daily Cleaning Inspections	28 th February 2019
2.	Staff should seek advice and	Assistant	Discussion with IPC team in relation to	25th February 2019

	review the practice of reusing single use sterile bottles of water with patients.	Service Manager and Ward Sister	<p>the use of 1 litre bottles at patients bedside for PEG/RIGG/NG flushes. Advice from IPC is that the 1 litre bottle recommends single use. Therefore, the 1 litre bottles of water will be removed from patient bedside lockers with immediate effect.</p> <p>Single use sterile bottles of water will be used. These are available from Pharmacy Department and will be used at time of the flush. All staff will be informed at safety team meetings as instruction will be provided at nursing handover. 100ml sterile water bottle supplies will be sourced from Pharmacy Department and availability will be monitored by Ward Housekeeper. The practice will be shared across Neurosciences wards ie Ward 4E and Ward 4F.</p>	
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