



# Unannounced Infection Prevention/ Hygiene Inspection

Royal Victoria Hospital

22 February 2017

[www.rqia.org.uk](http://www.rqia.org.uk)

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## 1.0 Profile of Service

An unannounced inspection was undertaken to Royal Victoria Hospital on 22 February 2017.

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

- Ward 5B Cardiology/Cardiac Surgery
- Ward 5D Coronary Care Unit
- Ward 7D Endocrine

Previous infection prevention and hygiene inspection reports of Royal Victoria Hospital are available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

### Service Details

Responsible Person:  
**Mr Martin Dillon**

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

### What We Look for

The Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool provide a common set of overarching standards for all hospitals and other healthcare facilities in Northern Ireland.

The audit tool is comprised of the following sections:

- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool.

The section on organisational systems and governance is reviewed on announced inspections.

Inspections using the audit tool gather information from observations in functional areas including, direct questioning and observation of clinical practice and, where appropriate, review of relevant documentation.

This Inspection tool is available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

## 2.0 Inspection Summary

The table below summarises the overall compliance levels achieved in each standard. Percentage scores can be allocated a level of compliance using the compliance categories below.

### Level of Compliance

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

Areas inspected	5B	5D	7D
General environment	92	94	92
Patient linen	95	98	92
Waste	98	98	97
Sharps	92	92	97
Equipment	95	94	85
Hygiene factors	99	96	97
Hygiene practices	98	99	96
<b>Average Score</b>	<b>96</b>	<b>96</b>	<b>94</b>

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

The inspection team was made up of five inspectors from the RQIA healthcare team and an inspector from RQIA's regulation team. Details of the inspection team and trust representatives attending the feedback session can be found in Section 5.0.

Most areas achieved excellent compliance with each assessed standard. We observed that the ward environments were clean and that staff knowledge and practice in relation to infection prevention and control (IPC) was good. Escalation procedures were not required for this inspection. The escalation policies and procedures are available on the RQIA website.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. The findings are available on request from RQIA Healthcare Team.

The final report and provider compliance improvement plan will be available on the RQIA website.

When required, reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency.

The RQIA inspection team would like to thank the Belfast Health and Social Care Trust and in particular all staff at the Royal Victoria Hospital for their assistance during the inspection.

It should be noted that 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 on 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 legislation, standards and best practice.

### **3.0 Inspection Findings**

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

The main hospital entrance and reception area had undergone considerable refurbishment over the past number of years and its present condition is inviting to the public. We observed that the flooring on level 2 corridor had been refurbished promoting a fresh, bright environment along the main thoroughfare.

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 main reception would benefit from additional seating for members of the public.

Whilst there was good signage and access to public toilets, we observed damage to walls and paintwork in the disabled toilet. The area required more attention to detail when carrying out high level cleaning.

#### **Ward 5B**

##### **General Environment**

##### **Areas of Good Practice**

- Cleaning in the ward was of a high standard by both domestic and nursing staff. There was good availability of information leaflets for patients and relatives on the ward.

##### **Areas for Improvement**

- We observed that the treatment room was a shared space used also by another ward. The room was cluttered with miscellaneous items including patient equipment and stationary. There was no defined work preparation area to promote safe patient care.

##### **Patient Linen**

##### **Areas of Good Practice**

Staff displayed good knowledge and demonstrated good practices on the management and handling of linen.

## Waste and Sharps

### Areas of Good Practice

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

## 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.
- Trigger tape was in place to identify equipment which had been cleaned, robust cleaning schedules were in place and completed by staff.

## Hygiene Factors

### Areas of Good Practice

- There was a good supply of consumables and personal protective equipment (PPE) available on the ward.



Picture 1 well stocked consumables available in the clean utility room

## Hygiene Practices

### Areas of Good Practice

- There were no patients on the ward with an infection risk but staff were knowledgeable on how to manage patients where a known or suspected infection risk is identified. We observed good IPC practice in relation hand hygiene and good use of PPE.

## **Ward 5D**

### **General Environment**

#### **Areas of Good Practice**

- The ward was light, bright and in good decorative order. Cleaning in the ward was of a high standard by both domestic and nursing staff.

### **Patient Linen**

#### **Areas of Good Practice**

- The inspection team found arrangements for storage and handling of clean and used linen to be effective.

### **Waste and Sharps**

#### **Areas of Good Practice**

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

### **Equipment**

#### **Areas of Good Practice**

- Patient equipment was clean and in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.

### **Hygiene Factors**

#### **Areas of Good Practice**

- Clinical hand wash basins and consumables were clean and in good repair.



## Hygiene Practices

### Areas of Good Practice

- We observed good compliance with hand hygiene, use of PPE and adherence to the trust dress code policy. When questioned, staff demonstrated good knowledge on the use of disinfectants.
- Staff were knowledgeable on how to manage patients where a known or suspected infection risk is identified.

### Ward 7D

## General Environment

### Areas of Good Practice

- The IPC notice board at the entrance to the ward was very informative reinforcing important information to visitors and staff including good hand hygiene practices, the hospital visiting policy and not bringing perishable foods into the hospital.



Picture 2 IPC notice board at entrance to ward

- The inspection team found the ward to be clean and tidy. Staff were aware of their roles and responsibilities in relation to cleaning the environment.
- There was evidence of good support from senior management and infection prevention and control (IPC) team via leadership walkabouts and infection control snapshot audits.

### **Areas for Improvement**

- Like many busy wards we observed some areas of general wear and tear to walls, ceilings and paint work throughout, however, lack of storage was the biggest challenge on the ward.

#### **Patient Linen**

### **Areas of Good Practice**

- Staff managed linen safely 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.

#### **Equipment**

### **Areas of Good Practice**

- The majority of patient equipment was in good condition, clean and managed appropriately to reduce the risk of contamination with harmful microorganisms.
- Trigger tape was in place to identify equipment which had been cleaned, robust cleaning schedules were in place and completed by staff.

### **Areas for Improvement**

- We observed that the lower frames on the undersides of two commodes were stained.
- The equipment store was cluttered, we observed items stored on the floor. This made the environment difficult to clean effectively.

## Hygiene Factors

### Areas of Good Practice

- Clinical hand wash sinks were clean, well maintained, located near to the point of care and only used for hand hygiene purposes.
- A range of consumables were available to enable hygiene practices to be carried out effectively.

## Hygiene Practices

### Areas of Good Practice

- We observed a high standard of hand hygiene practices carried out in line with World Health Organisation (WHO) “five moments for hand hygiene”.
- Staff demonstrated good use of PPE, with no evidence of inappropriate wearing of PPE being observed.
- Staff adhered to the trust uniform policy.

## 4.0 Level of Compliance Tables

### Standard 2: General Environment

For organisations to comply with this standard they must provide an environment which is well maintained, visibly clean, free from dust and soilage.

<b>General Environment Standards Public Shared Areas</b>	
Reception	96
Public toilets	68
Corridors, stairs lift	91

<b>General Environment</b>	<b>5B</b>	<b>5D</b>	<b>7D</b>
Ward/department - general (communal)	90	100	92
Patient bed area	88	100	88
Bathroom/washroom	98	98	96
Toilet	95	N/A	95
Clinical room/treatment room	82	90	N/A
Clean utility room	98	78	85
Dirty utility room	94	98	96
Domestic store	84	95	93
Kitchen	N/A	N/A	N/A
Equipment store	N/A	88	79
Isolation	89	100	N/A
General information	100	92	100
<b>Average Score</b>	<b>92</b>	<b>94</b>	<b>92</b>

### Standard 3: 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.

<b>Patient Linen</b>	<b>5B</b>	<b>5D</b>	<b>7D</b>
Storage of clean linen	92	96	83
Storage of used linen	100	100	100
Laundry facilities	N/A	N/A	N/A
<b>Average Score</b>	<b>95</b>	<b>98</b>	<b>92</b>

### Standard 4: Waste and Sharps

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

<b>Waste and Sharps</b>	<b>5B</b>	<b>5D</b>	<b>7D</b>
Handling, segregation, storage, waste	98	98	97
Availability, use, storage of sharps	92	82	97

### **Standard 5: Patient Equipment**

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated.

<b>Patient Equipment</b>	<b>5B</b>	<b>5D</b>	<b>7D</b>
Patient equipment	95	94	85

### **Standard 6: Hygiene Factors**

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

<b>Hygiene Factors</b>	<b>5B</b>	<b>5D</b>	<b>7D</b>
Availability and cleanliness of wash hand basin and consumables	100	99	100
Availability of alcohol rub	100	97	100
Availability of PPE	100	100	100
Materials and equipment for cleaning	95	87	86
<b>Average Score</b>	<b>99</b>	<b>96</b>	<b>97</b>

### **Standard 7: Hygiene Practices**

For organisations to comply with this standard they must ensure that healthcare hygiene practices are embedded into the delivery of care and related services.

<b>Hygiene practices</b>	<b>5B</b>	<b>5D</b>	<b>7D</b>
Effective hand hygiene procedures	100	100	100
Safe handling and disposal of sharps	100	100	93
Effective use of PPE	100	100	100
Correct use of isolation	N/A	N/A	100
Effective cleaning of ward	95	95	90
Staff uniform and work wear	93	100	93
<b>Average Score</b>	<b>98</b>	<b>99</b>	<b>96</b>

## 5.0 Key Personnel and Information

### Members of the RQIA Inspection Team

Ms J Gilmour	Inspector, Healthcare Team
Mr T Hughes	Inspector, Healthcare Team
Ms M Keating	Inspector, Healthcare Team
Ms L Gawley	Inspector, Healthcare Team
Mr J Lavery	Inspector, Nursing Care Team
Ms G Clarke	Bank Inspector, Healthcare Team

### Trust Representatives attending the feedback session

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

Ms M Mulholland	Clinical Coordinator Acute Medicine
Ms I Collin	Clinical Coordinator Cardiology
Ms J Montgomery	Deputy Sister CCU
Ms A Kee	Ward Sister CCU
Ms M Reid	Clinical Coordinator Cardiology
Ms C Kearns	Pass Operations Manager
Mr B Arnold	Co-Director
Mr C Cairns	Co-Director PCSS
Ms N Scott	Senior Manager PCSS
Mr J Kearns	Senior Estates Officer
Mr J Leenan	BSO Intern
Ms R Finn	Infection Prevention and Control Nurse
Mr B McEnteggart	Infection Prevention and Control Nurse
Ms K Rocks	Deputy Sister Ward 7D
Ms A Costello	Clinical Coordinator
Ms A Cassidy	Clinical Coordinator Cardiothoracic
Ms J McKee	Ward Sister Ward 5B

### Apologies:

Ms B Creaney	Director of Nursing and User Experience
Ms G Byers	Assistant Director of Nursing Unscheduled Care
Ms L Bingham	Deputy Associate Director of Nursing/Manager GP out of hours
Ms C Baird	Nursing Governance Unscheduled Care

## 6.0 Provider Compliance Improvement Plan

The provider compliance improvement plan should be completed detailing the actions taken and returned to [Healthcare.Team@rqia.org.uk](mailto:Healthcare.Team@rqia.org.uk) for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken. The responsible person identified should ensure that all recommended actions are taken within the specified timescales.

### Area: Disabled toilet, main reception.

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	Maintenance and cleaning of the disabled toilet should be improved to bring it up to an acceptable standard.	Estates and PCSS	Estates to assess and repair /replace equipment as required. Cleaning Schedules to be reviewed by PCSS to ensure acceptable standards	30 <sup>th</sup> April 2017

### Area: Ward 5B

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
	None required.			

**Area: Ward 5D**

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
2.	None required.			

**Area: Ward 7D**

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
3.	Staff should put robust mechanisms in place to ensure that shared pieces of patient equipment such as commodes are thoroughly decontaminated between each patient use.	Ward Sister and Clinical Co-ordinator	Equipment checked and cleaned. Clinell labels to be used to identify clean equipment ready for patient use. Included on Ward Cleaning Schedule and Safety briefs Monitored by independent IPCT audits and spot checks by Sister and Clinical Co-ordinator	Complete 24 <sup>th</sup> February 2017





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