



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Inspection
Belfast Health and Social Care Trust**

Royal Victoria Hospital

29 June 2016

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

Contents

1.0	Regulation and Quality Improvement Authority	2
2.0	The Inspection Programme	3
3.0	Inspection Summary	4
4.0	Overall Compliance Rates	6
5.0	Inspection Findings	7
6.0	Key Personnel and Information	11
7.0	Level of Compliance Tables	12
8.0	Unannounced Inspection Flowchart	15
9.0	Escalation Process	16
10.0	Quality Improvement Action Plan	17

1.0 Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our Hygiene and Infection Prevention and Control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on the RQIA website at www.rqia.org.uk.

2.0 The Inspection Programme

RQIA undertake a rolling programme of unannounced inspections to assess compliance with the Regional Healthcare Hygiene and Cleanliness Standards, using the regionally agreed Regional Healthcare Hygiene and Cleanliness audit tool. www.rqia.org.uk.

Inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities.

Our inspections might result in one of the following:

- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for patients
- **recommendations:** where standards were found to be partially or minimally compliant will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines

RQIA also carries out announced inspections. These examine the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice.

Unannounced inspections are conducted with no prior notice. Facilities receive six weeks' notice in advance of an announced inspection, but no details of the areas to be inspected.

The inspection programme focuses mainly on acute hospital settings. Other areas such as: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service; and other specialist and regulated services are included as and when required. Inspections may be targeted to areas of public concern, or themed to focus on a particular type of hospital, area or process.

Further details of the inspection methodology and process are found on the RQIA website www.rqia.org.uk.

3.0 Inspection Summary

An unannounced follow up inspection was undertaken to the Royal Victoria Hospital, on 29 June 2016. The inspection team was made up of three inspectors from the RQIA healthcare team, a peer reviewer and an inspection observer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 6.0.

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

- Ward 4A Orthopaedics
- Ward 5F Respiratory

Wards 4A and 5F had been previously inspected on 10 March 2016. Ward 4A was minimally compliant in three standards, Environment, Sharps and Patient Equipment and achieved an overall minimally compliant score. Ward 5F was minimally compliant in two standards, Environment and Patient Equipment and achieved an overall, partially compliant score. As a result both wards required a follow up inspection.

The report highlights areas of strengths as well as areas for further improvement, including recommendations and housekeeping points.

The inspection team found evidence that the Royal Victoria Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards. The inspection reports are available on the RQIA website www.rqia.org.uk.

Inspectors observed the following good practice:

- There had been significant improvements in both wards since the initial inspections. This improvement has demonstrated that the trust places infection prevention and control practices high on the agenda for effective and safe patient care.
- Substantial refurbishment, which promotes effective cleaning practices, has significantly improved the appearance of both wards. Both wards have been repainted throughout and fixtures and fittings repaired or replaced.
- Improved staff awareness of their roles and responsibilities in relation to infection prevention and control (IPC).
- Ward storage areas had been reconfigured, high density storage units and/ or shelving had been purchased which has eliminated clutter. Equipment was stored in a more defined order.

- Doors and frames in ward 5F had been repaired and repainted in colours to provide effective colour contrasting for patients with dementia.
- Staff in ward 4A had worked in partnership with a trust sister from Musgrave Park hospital. The aim of this collaboration was to implement positive change and improve IPC practices within the ward.

Following the inspection of Ward 4A on 10 March 16, four recommendations were made, four have been addressed and there are no new recommendations. Following the inspection of Ward 5F, three recommendations were made, three have been addressed and there are no new recommendations. One recommendation common to public areas has been repeated.

A full list of recommendations is listed in Section 7.0

Inspectors found that further improvement was required in:

- The reception and public toilet areas

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 Infection Prevention and Hygiene Team).

The final report and Quality Improvement Action 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.

4.0 Overall Compliance Rates

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool. The audit tool is comprised of the following sections: The section on organisational systems and governance is reviewed on announced inspections.

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

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

General Environment Standard: Wards or departments	Ward 4A 10 March	Ward 4A 29 June	Ward 5F 10 March	Ward 5F 29 June
General environment	68	96	74	94
Patient linen	79	100	89	94
Waste	84	98	88	100
Sharps	56	100	76	100
Equipment	62	96	68	100
Hygiene factors	93	98	96	98
Hygiene practices	78	98	92	97
Average Score	74	98	83	98

A more detailed breakdown of each table can be found in Section 7.

5.0 Inspection Findings

Public Areas (Entrance, reception, public toilets, corridors, stairs and lift)

In the main reception, and public toilets, maintenance and cleaning issues continue to be identified. There was some damage noted to flooring, walls and ceiling tiles and dust, debris and stains were observed on high and low level surfaces.

Recommendation

- 1. It is recommended that general public areas are kept clean and furnishings and fixings are in a good state of repair.**

Ward 4A Orthopaedic

A concerted effort had been made by ward staff to raise compliance with the Healthcare Hygiene and Cleanliness Standards. The ward has now achieved compliance in all standards. Ward staff had worked in partnership with a ward sister from Musgrave Park hospital. The aim of this collaboration was to implement positive change and improve IPC practices within the ward.

There has been significant improvement in the general environment standard. The standard of cleaning has improved. We observed greater attention to detail in the cleaning of high and low horizontal surfaces throughout the ward.

Damages to walls, floors, ceilings, fixtures and fittings have been repaired. The ward has been repainted throughout. These improvements have considerably improved the appearance of the ward.

Many areas of the ward during the initial inspection were cluttered; this was most notable within the clean utility room. Previously, the clean utility room was disorganised, supplies were stored on the floor and the work surface was cluttered (Photo 1). We now observed a room that was tidy, organised with supplies and equipment stored in a defined order (Photo 2).



Photo 1: Disorganised clean utility room
(First Inspection)



Photo 2: Organised clean utility room
(Second Inspection)

There had been an increased awareness from staff in recognising their roles and responsibilities in relation to the storage of clean linen and the handling and storage of used linen.

We now observed good staff compliance with the safe segregation, handling, transport and disposal of waste and sharps.

Patient equipment was clean, in a good state of repair and managed appropriately in order to limit the risk of contamination. Equipment cleaning schedules were robustly completed.

We observed good infection control practice in relation to the use of personal protective equipment and hand hygiene.

Housekeeping points:

- Substances hazardous to health should be stored in line with COSHH guidance.
- A plan of care should be in place for patients identified with alert organisms.
- Flushing records should be maintained for infrequently used water outlets.
- Greater attention to detail is required in the cleaning of domestic equipment.

Ward 5F Respiratory

The standards for the general environment, sharps and patient equipment have now achieved compliance. A concerted effort had been made by ward staff to achieve an overall compliant score.

There has been significant improvement in the general environment standard. Substantial refurbishment has improved the appearance. The ward has been freshly painted with repairs to walls, ceilings, furniture and fixtures and fittings, almost complete. Doors in the ward had been repainted in colours to provide effective colour contrasting to assist patients with dementia (Photo 3).



Photo 3: Colour contrasting doors to assist patients with dementia

Throughout the ward, we observed a high standard of cleaning of high and low horizontal surfaces and inaccessible areas.

During the initial inspection, we observed that storage areas were cluttered with equipment that was stored with no defined order. Since then, ward storage areas had been reconfigured and high density storage units purchased which has eliminated clutter. Equipment was more accessible and stored in a defined order which also promotes effective cleaning of these areas.

We observed staff compliance with the safe segregation, handling, transport and disposal of sharps. The temporary closure mechanisms of sharps boxes were deployed between uses and sharps trays were clean and dry.

We observed equipment that was clean, in a good state of repair and managed appropriately in order to limit the risk of contamination. Equipment cleaning schedules were up to date and robustly completed and trigger tape was in use to identify when the item of equipment was

last cleaned. New items of equipment had been purchased which included commodes, shower chairs and a medicine fridge.

Housekeeping Points:

- Substances hazardous to health should be stored in line with COSHH guidance.
- Alginate bags should be used for infected or contaminated linen.
- For patients who have been identified with alert organisms and have not been placed in a single room, staff should ensure that they record the rationale for this variance from best practice in the patient records.
- Greater attention to detail is required in the cleaning of domestic equipment.
- The dirty utility room which is shared with ward 5E remains insufficient for the equipment requirements of both wards. Further work is required to improve this.

6.0 Key Personnel and Information

Members of the RQIA inspection team

Mr T Hughes	-	Inspector, Healthcare Team
Mrs S O'Connor	-	Inspector Healthcare Team
Mrs L Gawley	-	Inspector, Healthcare Team
Mrs A. Jackson	-	Peer Reviewer
Mr R Tumuslime	-	Observer

Trust representatives attending the feedback session

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

Ms L Bingham	-	Deputy Assistant Director of Nursing
Mr D Robertson	-	Co-Director Nursing
Ms M Kearney	-	Co Director T.O.R SHWH
Mr C Cairns	-	Co Director PCSS
Ms L Mc Alea	-	Service Manager Medicine
Ms S Duffin	-	Acting Service Manager
Ms N Scott	-	Senior Manager, PCSS
Ms S Moffett	-	Assistant Service Manager (Acting)
Ms V Cartmill	-	Nurse Development Lead Unscheduled Care
Ms C Baird	-	Nursing Governance Unscheduled Care
Ms C Kearns	-	PCSS Manager
Mr J Kearns	-	Estates
Ms R Gillan	-	Infection Prevention and Control Team
Ms J Mc Coy	-	Infection Prevention and Control Team
Ms S Douthart	-	Ward Sister 4A
Ms C Devlin	-	Deputy Sister Ward 4A
Ms E Robertson	-	Deputy Sister Ward 5F

Apologies

Ms B Creaney	-	Executive Director of Nursing
Ms B Owens	-	Director Unscheduled Care
Mr B Armstrong	-	Co-Director Surgery and Specialist Services
Mr A Dawson	-	Interim Director SHWH

7.0 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. A clean, tidy and well maintained environment is an important foundation to promote patient, visitor and staff confidence and support other infection prevention and control measures.

General Environment	10 March	29 June
Public Areas		
Reception	82	76
Public toilets	93	84
Corridors, stairs lift	78	92

General environment	Ward 4A 10 March	Ward 4A 29 June	Ward 5F 10 March	Ward 5F 29 June
Ward/department - general (communal)	67	98	97	98
Patient bed area	73	92	77	89
Bathroom/washroom	69	92	82	98
Toilet	N/A	N/A	N/A	N/A
Clinical room/treatment room	65	98	N/A	N/A
Clean utility room	61	95	62	91
Dirty utility room	80	100	53	86
Domestic store	88	97	71	94
Kitchen	N/A	N/A	67	N/A
Equipment store	57	92	58	94
Isolation	77	96	85	96
General information	40	96	83	100
Average Score	68	96	74	94

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. The provision of an adequate laundry service is a fundamental requirement of direct patient care. Linen should be managed in accordance with HSG 95(18).

Patient linen	Ward 4A 10 March	Ward 4A 29 June	Ward 5F 10 March	Ward 5F 29 June
Storage of clean linen	87	100	95	100
Storage of used linen	71	100	83	88
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	79	100	89	94

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).

The safe segregation, handling, transport and disposal of waste and sharps can, if not properly managed, present risks to the health and safety of staff, patients, the public and the environment. Waste bins in all clinical areas should be labelled, foot operated and encased. This promotes appropriate segregation, and prevents contamination of hands from handling the waste bin lids. Inappropriate waste segregation can be a potential hazard and can increase the cost of waste disposal.

Waste and sharps	Ward 4A 10 March	Ward 4A 29 June	Ward 5F 10 March	Ward 5F 29 June
Handling, segregation, storage, waste	84	98	88	100
Availability, use, storage of sharps	56	100	76	100

Standard 5: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated. The Northern Ireland Regional Infection Prevention and Control Manual, states that all staff that have specific responsibilities for cleaning of equipment must be familiar with the agents to be used and the procedures involved. COSHH regulations must be adhered to when using chemical disinfectants.

Any ward, department or facility which has a specialised item of equipment should produce a decontamination protocol for that item. This should be in keeping with the principles of disinfection and the manufacturer's instructions.

Patient equipment	Ward 4A 10 March	Ward 4A 29 June	Ward 5F 10 March	Ward 5F 29 June
Patient equipment	62	96	68	100

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.

Hygiene factors	Ward 4A 10 March	Ward 4A 29 June	Ward 5F 10 March	Ward 5F 29 June
Availability and cleanliness of wash hand basin and consumables	96	100	96	99
Availability of alcohol rub	100	100	100	100
Availability of PPE	100	100	100	100
Materials and equipment for cleaning	75	91	86	94
Average Score	93	98	96	98

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.

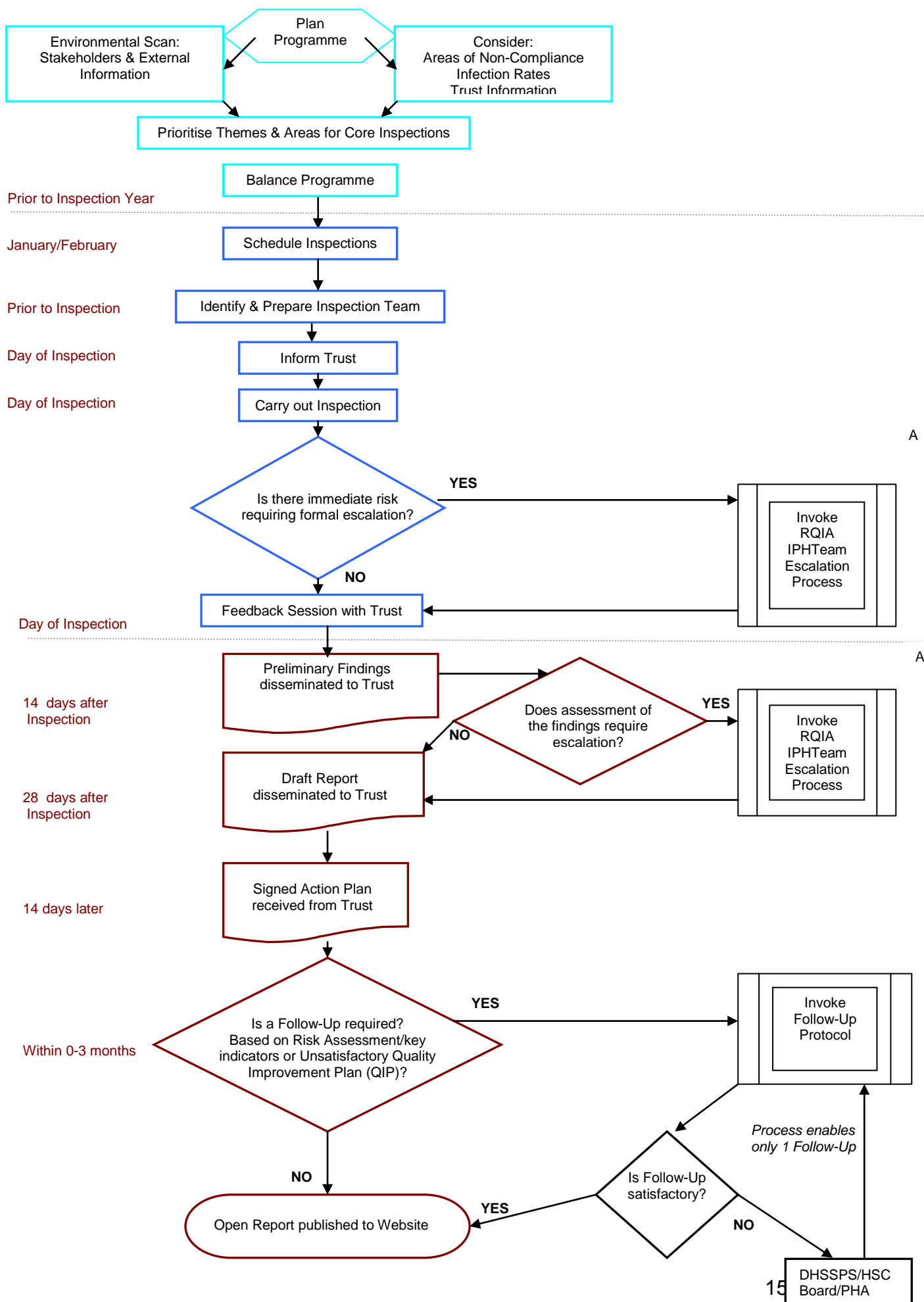
Hygiene practices	Ward 4A 10 March	Ward 4A 29 June	Ward 5F 10 March	Ward 5F 29 June
Effective hand hygiene procedures	62	95	85	100
Safe handling and disposal of sharps	93	100	100	100
Effective use of PPE	80	100	94	100
Correct use of isolation	88	95	95	90
Effective cleaning of ward	72	100	84	100
Staff uniform and work wear	72	97	93	89
Average Score	78	98	92	97

8.0 Unannounced Inspection Flowchart

Plan Programme

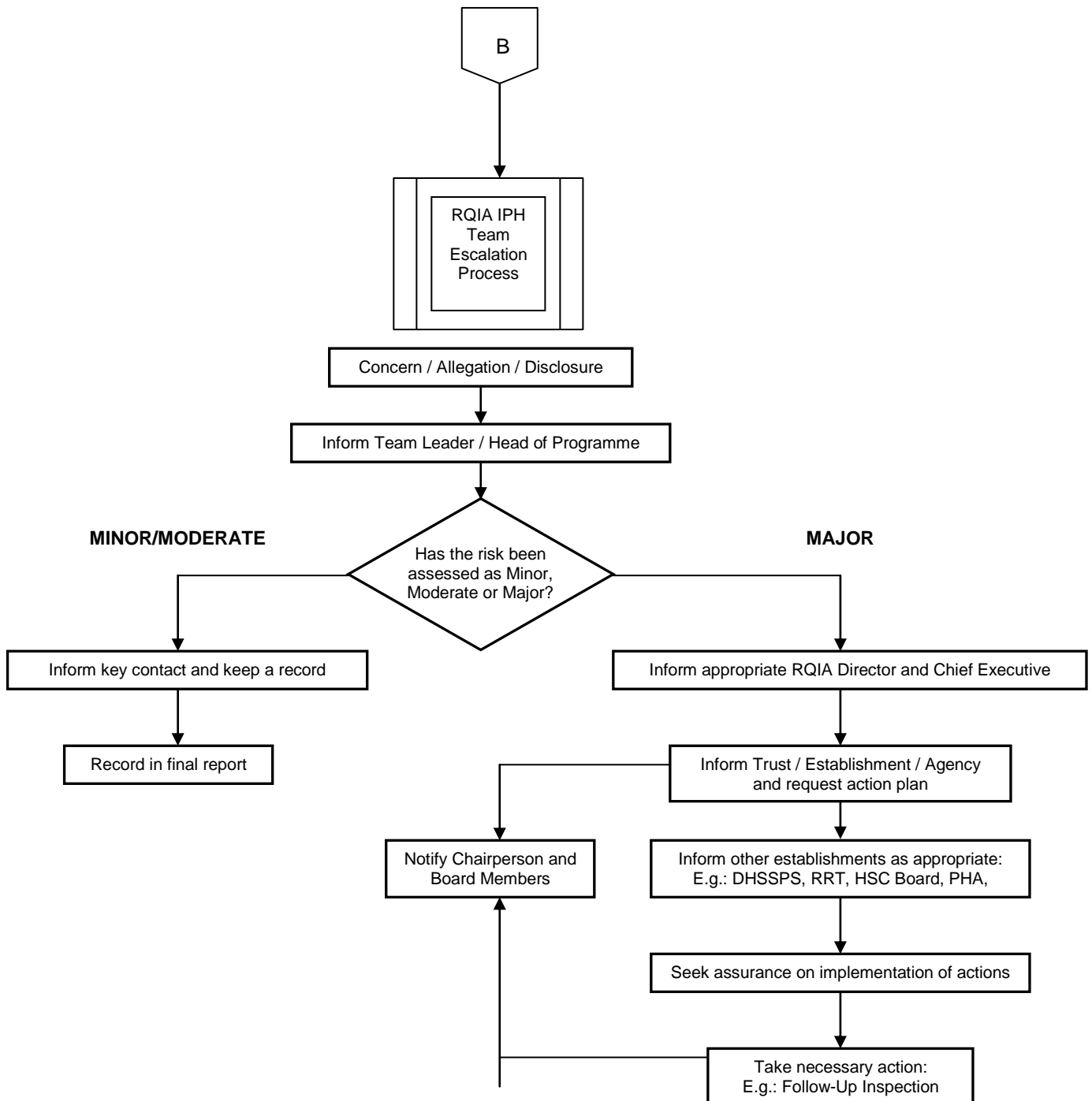
Episode of Inspection

Reporting & Re-Audit



9.0 Escalation Process

RQIA Hygiene Team: Escalation Process



10.0 Quality Improvement Action Plan

Reference number	Recommendation: Ward 5F Respiratory	Designated department	Action/ Required	Date for completion/ timescale
1.0	It is recommended that the trust use this model to assess and improve environmental cleanliness and infection prevention and control in all wards throughout the trust.	NURSING PCSS	Daily Observational Checks carried out by WBH Supervisors and signed off by ward manager. Weekly/Fortnightly IPC Snap Shot Audit carried out by SR / PCSS. Monthly Environmental Cleanliness Audits carried out by PCSS and ward manager.	Complete and ongoing
2.0	It is recommended that general public areas are kept clean and furnishings and fixings are in a good state of repair.	PCSS ESTATES	Carpet cleaned and shampooed. Cleaned daily by PCSS night services team. Checked cleaned by PCSS day team throughout their shift. Cleaned in accordance with National standards and according to Infection Control guidance.	Complete and ongoing



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk