



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Follow up Inspection

Belfast Health and
Social Care Trust

Royal Victoria Hospital

20 November 2013

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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

A rolling programme of unannounced inspections has been developed by RQIA 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.

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 includes acute hospital settings and 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, 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 the 20 November 2013. The Royal Victoria Hospital was previously inspected on 19 September 2013. The inspection identified issues of minimal compliance with the Regional Healthcare Hygiene and Cleanliness Standards in Ward 4D. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The inspection report of that inspection is available on the RQIA website www.rqia.org.uk.

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

- Ward 4D

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

Overall the inspection team found evidence that the Royal Victoria Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Improvements and Developments since the Previous Inspection

The inspection team noted significant improvement and found that 84 per cent of the preliminary findings raised at the previous inspection have been addressed. The majority of those still requiring action are in relation to replacing old and worn fixtures and fittings, maintenance and repair.

Good practices observed by the inspection team:

- Minimum clutter of stock and equipment throughout the ward
- The ongoing refurbishment programme has improved the appearance of the ward and promotes effective cleaning practices
- Daily completion of the nursing equipment cleaning schedule and good use of trigger tape to indicate clean equipment. This is further enhanced by a more formal snapshot of audits by ward senior staff with feedback given at ward meetings
- Closer collaboration and awareness of all staff roles and responsibility; estates, support services and nursing
- Shared learning in staff achievements and the improved standards following the previous inspection

On the inspection of 19 September, 24 recommendations were made in relation to Standards 2-7. Nineteen have been addressed, five have been repeated and there are no new recommendations.

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. (There will no longer a need to return this as an action plan). (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 BHSCT 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:

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

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

Table 1 below summarises the overall compliance levels achieved. Percentage scores can be allocated a level of compliance using the compliance categories below.

Areas Inspected	Ward 4D 19 September 2013	Ward 4D 20 November 2013
General Environment	68	94
Patient Linen	70	98
Waste	95	97
Sharps	71	95
Patient Equipment	70	98
Hygiene Factors	94	99
Hygiene Practices	90	96
Average Score	80	97

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

5.0 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	Ward 4D 19 September 2013	Ward 4D 20 November 2013
Reception	54	82
Corridors, stairs lift	89	93
Public toilets	97	93
Ward/department - general (communal)	39	97
Patient bed area	60	95
Bathroom/washroom	79	96
Toilet	80	98
Clinical room/treatment room	40	95
Clean utility room	93	92
Dirty utility room	76	98
Domestic store	81	94
Kitchen	N/A	N/A
Equipment store	35	94
Isolation	83	93
General information	50	96
Average Score	68	94

The findings in the table above indicate that there has been significant improvement in the general environment standard. The main hospital reception achieved partial compliance; all ward areas are now compliant. All disciplines of staff are to be commended for their hard work and effort. This improvement demonstrates that all staff now place infection prevention and control practices high on the agenda for effective and safe patient care.

At the entrance to the Royal Victoria Hospital, cigarette butts still littered the ground. It is disappointing that the general public do not use the available bins to assist trust staff in maintaining a clean and tidy environment.

Repair and maintenance work has commenced on the hospital main reception, this includes the revolving door which has been out of commission for a period of time. The removal of the dusty and mainly dead plants in the central islands, torn seating and the commencement of repair and painting to surfaces have contributed to a brighter, clutter free environment. Issues still outstanding were missing laminate edging on the reception desk, dirty public

telephone handsets and a broken signage board. There was minor dust from the on-going maintenance work and a temporary floor repair at the domestic store room.

The refurbishment of the female public toilets has provided extra toilet cubicles and an upgrade to the hand washing facilities. Some dust was noted on surfaces. A poster removed from the door of the male toilet has contributed to paint damage (Picture 1).



Picture 1: Damaged door paint on male public toilet

The corridor, stairs and lifts leading to the ward were clutter free. The damaged bumper rail has been repaired however chipped door paint and ground in stains on flooring were still outstanding.

Ward 4D

The standard of maintenance and cleaning within this ward at the 19 September 2013 inspection was poor and immediate attention was required to address the many issues identified.

- All the issues identified from the previous inspection in regard to cleaning have been addressed.
- Maintenance and repair to walls, doors, lights, ceiling and furniture and fixtures was almost complete (Picture 2). Many surfaces have been painted, metal door protectors have been fixed to the bottom half of doors. Broken or damaged items of equipment or furniture have been repaired or replaced.



Picture 2: Corridor following repair to walls, doors and ceiling

- The clinical room and the equipment store had been extremely cluttered in appearance; many surfaces were dusty, dirty and in poor repair. Refurbishment of the equipment store was almost finished. Staff lockers have been removed, the amount of stock reduced; the room was clean and tidy. Following refurbishment, electrical equipment cluttering the clinical room can be stored appropriately in the equipment store (Picture 3).



Picture 3: Refurbished and tidy equipment store

- Felt covered notice boards have been removed and a new whiteboard has been installed on the wall of the ward corridor. This provided information on hand hygiene, infection control and leaflets that are available for visitors and patients to read and reference. Environmental cleanliness audit score had been displayed however up to date hand hygiene and care bundles were missing (Picture 4).



Picture 4: Whiteboard with information

- Other outstanding issues identified were in regard to a tarnished mirror, lime scale on taps and a small amount of faecal staining in the slop hopper.

6.0 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 4D 19 September 2013	Ward 4D 20 Nov 2013
Storage of clean linen	58	96
Storage of dirty linen	81	100
Laundry facilities	N/A	N/A
Average Score	70	98

The above table outlines the findings in relation to the management of patient linen. Ward 4D has improved on the previous inspection, achieving almost full compliance. The linen store was clutter free, in good repair; linen was store tidily on shelves. The only outstanding issue was a re-usable linen bag containing laundry bags was on the floor. An improvement in staff practice and linen skips in good repair contributed to the full compliance achieved for the storage of dirty linen.

7.0 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 4D 19 September 2013	Ward 4D 20 Nov 2013
Handling, segregation, storage, waste	95	97
Availability, use, storage of sharps	71	95

7.1 Waste

The above table indicates that staff in Ward 4D improved their compliance with the handling, segregation and storage of waste. Previous issues had been addressed, two new issues were identified. Household waste had been disposed of into clinical waste bins and cotton wool had been disposed of into a sharps box.

7.2 Sharps

Staff are to be commended for the high compliance achieved at this inspection. There were no new issues identified, however staff should ensure temporary closures are in place when the sharps box is not in use and all sharps boxes are signed and dated.

8.0 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 4D 19 September 2013	Ward 4D 20 Nov 2013
Patient equipment	73	98

The above table indicates significant improvement and that staff almost achieved full compliance in this standard. All the issues identified at the previous inspection have been addressed, demonstrating the hard work and effort of nursing staff and their commitment to ensure equipment is clean and in good repair (Picture 5 and 6).



Picture 5: Clean arterial blood gas machine in clinical room



Picture 6: Clean and tidy vital signs machine

The two new issues identified were in regard to in use nebuliser masks which were not covered between use and the castors and wheels of some IV stands were rusted. Inspectors observed new IV stands still in packaging in the equipment store awaiting assembly.

9.0 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 4D 19 September 2013	Ward 4D 20 November 2013
Availability and cleanliness of WHB and consumables	96	96
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	79	100
Average Score	94	99

The above table indicates staff have not only maintained but improved their compliance in this standard. The materials and equipment for cleaning section was fully compliant.

The outstanding issue identified was the lack of a soap dispenser in the clinical room and treatment room. These are due for replacement. At this inspection it was also noted that a soap dispenser was not available in the domestic store.

10.0 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 4D 19 September 2013	Ward 4D 20 November 2013
Effective hand hygiene procedures	89	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	N/A	90
Effective cleaning of ward	78	90
Staff uniform and work wear	85	95
Average Score	90	96

The above table indicates improvement in compliance in this standard. Three sections achieved full compliance, safe handling and disposal of sharps, effective use of PPE and effective hand hygiene procedures. The section effective cleaning of the ward also achieved compliance at the re-audit.

Two new issues were identified at this inspection. A member of nursing staff was unsure how to manage a blood spillage and not all nursing staff were aware of the NPSA colour coding system. The outstanding issue relates to the lack of staff changing facilities for nursing and domestic staff.

At this inspection, there were two patients in the ward with a known infection. The care plans of both patients were reviewed. Both care plans required more detail and daily updates with regard to infection prevention and control interventions and assessments.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- | | | |
|--------------|---|--|
| Mrs L Gawley | - | Inspector, Infection Prevention/Hygiene Team |
| Mr T Hughes | - | Inspector, Infection Prevention/Hygiene Team |

Peer Reviewers

Trust representatives attending the feedback session

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

- | | | |
|-----------------|---|--|
| Rosie Byrne | - | Acting Co Director |
| Linda McBride | - | Co Director PCSS |
| T.J Kennedy | - | Service Manager |
| Cecilia Kearns | - | WBH-Head of Service |
| Caroline Leckey | - | Assistant Service Manager Medicine |
| Oonagh Boyd | - | WBH-Operations Manager |
| Bill Castles | - | Estates Manager |
| Jonny Ravey | - | Senior Estate Officer |
| Roisin Gillen | - | Infection Prevention and Control Nurse |
| Karalyn Browne | - | Sister Ward 4D |
| Janeen McKeown | - | Infection Prevention and Control Nurse |

Apologies:

- | | | |
|----------------|---|--|
| Brenda Creaney | - | Executive Director of Nursing and Experience |
|----------------|---|--|

12.0 Summary of Repeated Recommendations

Recommendation for General Public Areas Main Reception

1. The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.

Ward 4D

Standard 2: Environment

2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
3. Ward key performance data should be displayed for public viewing.

Standard 4: Waste and Sharps

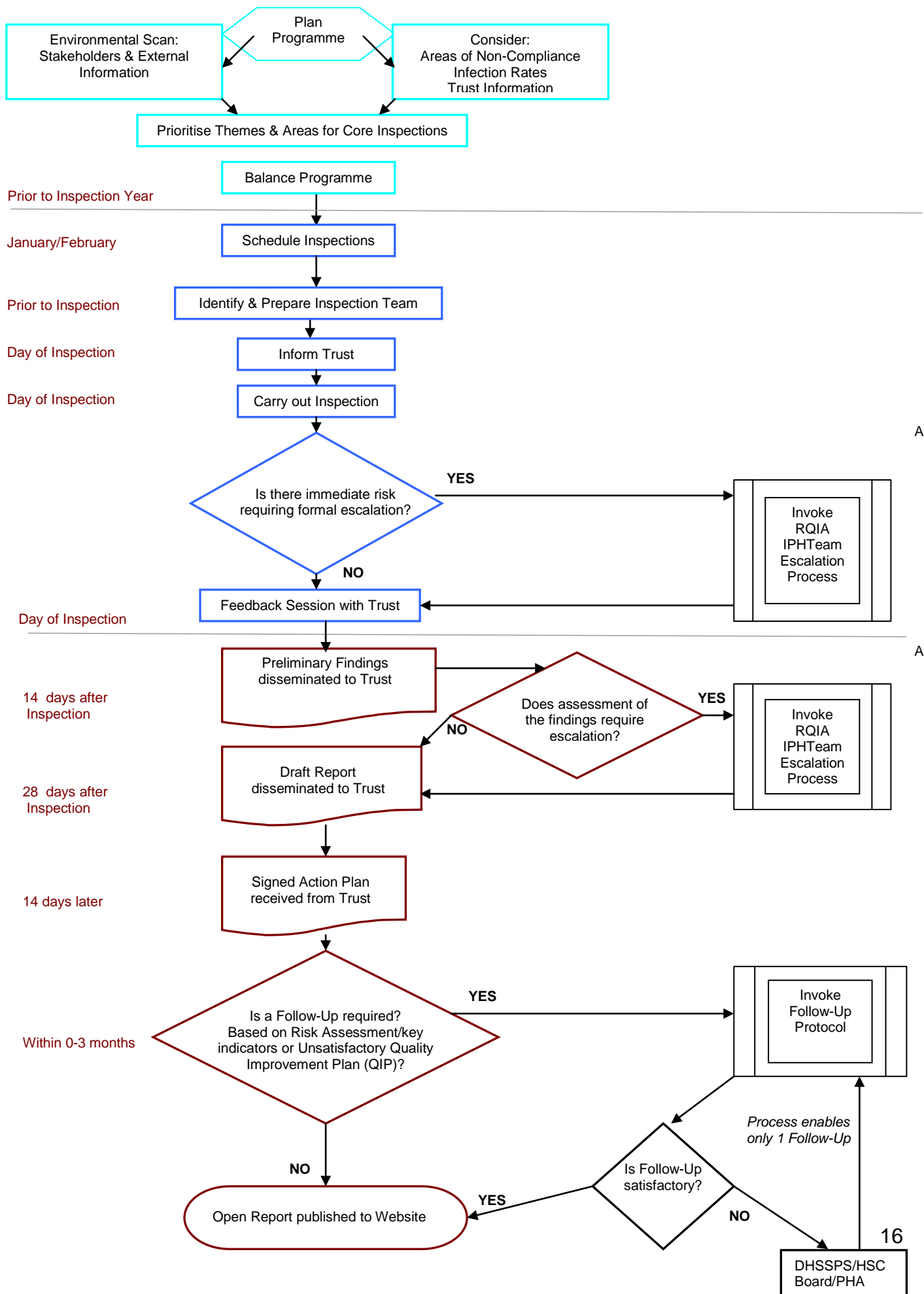
4. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
5. Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between use.

13.0 Unannounced Inspection Flowchart

Plan Programme

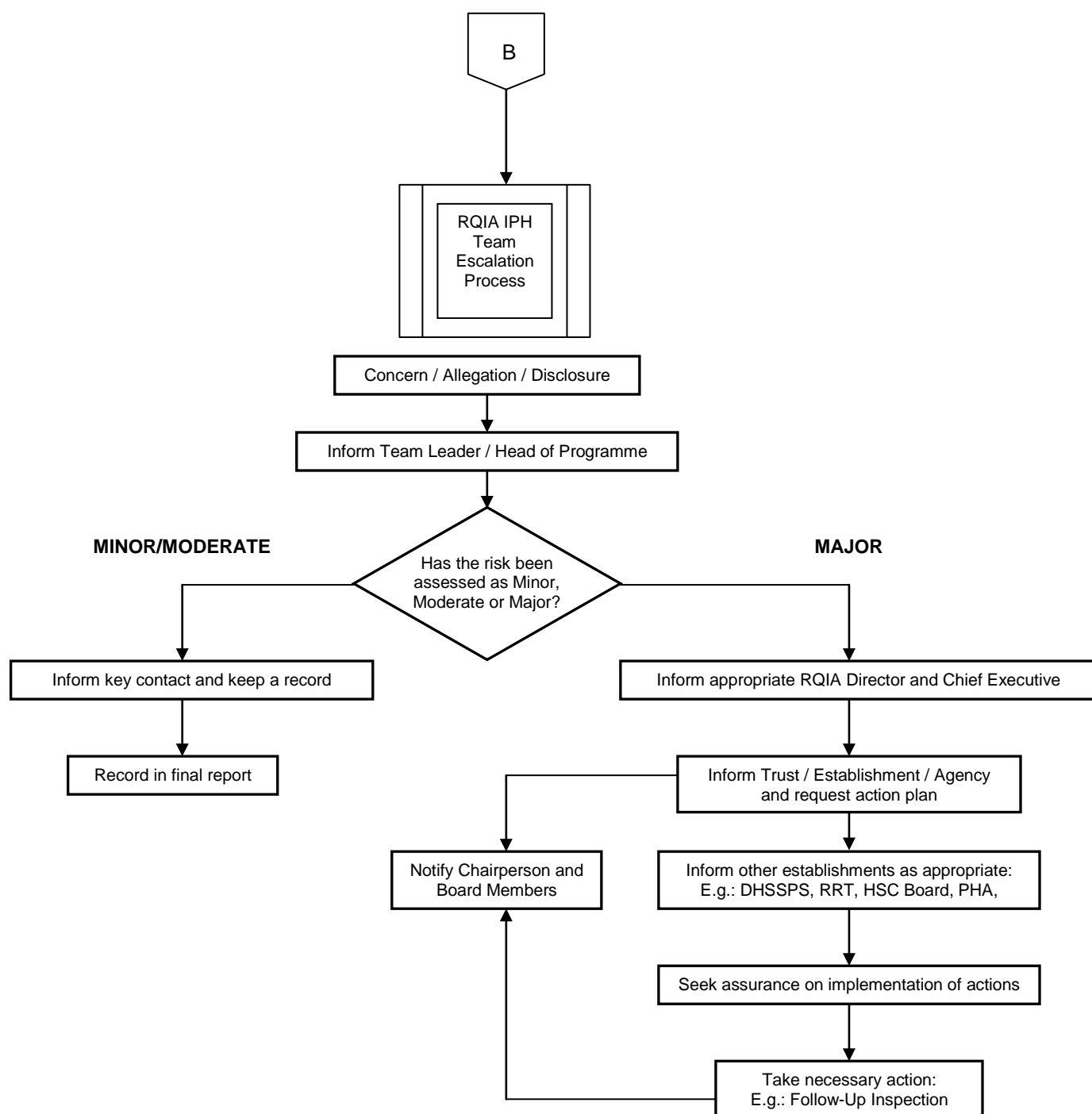
Episode of Inspection

Reporting & Re-Audit



14.0 RQIA Hygiene Team Escalation Policy Flowchart

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Ref No.	Recommendations	Designated department	Action required	Date for completion/ timescale
Recommendation for hospital atrium entrance reception/public area				
1. *	The Trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	PCSS	General public areas have received a thorough clean. Refurbishment work has started. Doors have been replaced and the toilets have been upgraded. Plants and plant pots have been removed. Finance has been made available for new floor covering and seating.	31 Mar 2014
Recommendations to Ward 4D				
Standard 2: Environment				
2. *	A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates	A maintenance programme is in place as per Estates protocol.	Complete and ongoing
3. *	Ward key performance data should be displayed for public viewing.	Nursing	Noticeboard in place for results and displayed weekly.	Complete and ongoing
Standard 4: Waste and Sharps				
4. *	Staff should ensure waste is disposed of into the correct waste stream in accordance with Trust policy.	Nursing	Staff reminded of correct procedure. This issue has been addressed directly with PCSS and nursing staff.	Complete and ongoing.

* indicates stated for a second time

Ref No.	Recommendations	Designated department	Action required	Date for completion/ timescale
5. *	Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between use.	Nursing	Notice placed at storage point of sharps bins. Raised at ward meeting December 2013. Staff reminded of adherence to closing sharps boxes between use.	Complete and ongoing



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