



Infection Prevention/Hygiene Unannounced Inspection

Belfast City Hospital

8 June 2017

www.rqia.org.uk

Contents

1.0	Profile of Service	2
2.0	Inspection Summary.....	2
3.0	Inspection Findings	2
4.0	Adherence to Standards.....	2
5.0	Key Personnel and Information	2
6.0	Provider Compliance Improvement Plan	2

1.0 Profile of Service

An unannounced inspection was undertaken to the Belfast City Hospital on 8 June 2017.

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

- Ward 6 South (Elderly Care)
- Ward 7 North (Elderly Care)

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

Service Details

Responsible Person:
Mr Martin Dillon

Position: **Chief Executive, 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.

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	6 South	7 North
General environment	96	95
Patient linen	94	93
Waste	95	100
Sharps	92	99
Equipment	98	98
Hygiene factors	98	97
Hygiene practices	96	97
Average Score	96	97

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

The inspection team was made up of four 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.

This inspection was carried out as a result of information gathered as part of our intelligence monitoring systems. Intelligence flagged a recent outbreak of *clostridium difficile* (CDI) within ward 6 south.

This inspection of Belfast City Hospital resulted in 1 action for improvement for ward 6 South and 1 action for improvement for ward 7 North.

Both wards 6 South and 7 North achieved excellent compliance with each of the assessed hygiene and cleanliness standards. In both areas, cleaning was of high standard and hand hygiene practices and staff knowledge in relation to infection prevention and control (IPC) was excellent.

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 improvement plan will be available on the RQIA website.

When required reports and improvement 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 Belfast City Hospital 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 reception area and corridors leading to the wards, were clean, tidy and in good decorative order. Debris around the front entrance was minimal. Public toilets were clean and well maintained.

Ward 6 South

General Environment

Areas of Good Practice

- We observed that the environmental cleanliness of the ward was of a high standard. Enhanced cleaning and additional cleaning hours had continued following a recent outbreak of *C. difficile* infection.
- The ward was tidy, well organised and clutter free which ensures that effective cleaning can be undertaken. Staff were aware of their roles and responsibilities in relation to cleaning of the environment.
- We observed a ward that was in good decorative order. The ward had undergone recent refurbishment. Completed works to walls, floors and ceilings had been finished to a high standard. Sanitary areas were modern and spacious.
- A range of IPC audit scores were displayed for the public to provide assurance of good staff IPC practices

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

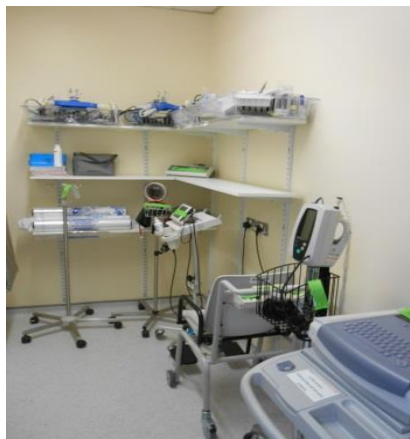
Areas of Good Practice

- 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. A trigger mechanism was in place to identify when equipment had been cleaned (Picture 1).



Picture 1: Trigger tape used to identify that equipment was clean

- We were informed that new updated equipment cleaning schedules were being developed.

Hygiene Factors

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

Areas of Good Practice

- We observed that hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.
- We observed good IPC 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.
- We were informed that the trust IPC team provides good support and advice for ward staff.
- During the inspection, two patients' praised the standard of care provided on the ward.

Area for improvement

- The medicine fridge in the clean utility room contained some medicines that had passed their use by date.

Ward 7 North

General Environment

Areas of Good Practice

- We observed that the environment was visibly clean and well maintained. Regular cleaning audits were carried out. Staff were aware of their roles and responsibilities in relation to cleaning of the environment.
- The ward was tidy, well organised and clutter free.

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

- 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. A trigger mechanism was in place to identify when equipment had been cleaned.
- Equipment cleaning schedules were in place and completed by staff.

Hygiene Factors

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.
- Adequate supplies of PPE were available and we saw staff using this appropriately when delivering care.

Hygiene Practices

Areas of Good Practice

- We observed staff washed their hands in line with the World Health Organisations (WHO) guidance “Five moments of Hand Hygiene.” There is ongoing peer auditing of hand hygiene to provide assurance of good practice.
- Side rooms were used appropriately to care for patients where a potential infection risk was identified.
- There was good promotion of patient hand hygiene after using commode and before meals (Picture 2).



Picture 2: Patient hand hygiene wipe dispenser

- We were informed of weekly meetings between ward staff and members of the IPC team. These meetings provide an opportunity for discussion and support with best IPC practices.

Area for improvement

- We observed that two patients, who had been identified with a multi resistant organism, did not have completed care plan in place which would identify control measures.

4.0 Adherence to Standards

Standard 2: General Environment

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

General Environment Standards Public shared areas	
Reception	96
Public toilets	90
Corridors, stairs lift	87

General environment Standards wards or departments	6 South	7 North
Ward/department - general (communal)	95	92
Patient bed area	97	91
Bathroom/washroom	98	92
Toilet	100	91
Clinical room/treatment room	N/A	89
Clean utility room	96	N/A
Dirty utility room	98	98
Domestic store	86	100
Kitchen	94	100
Equipment store	96	93
Isolation	100	96
General information	96	100
Average Score	96	95

Standard 3: Patient Linen

To comply with this standard, organisations must ensure that patient linen is clean, free of damage, handled safely and stored in a clean and tidy environment.

Patient linen	6 South	7 North
Storage of clean linen	96	92
Storage of used linen	94	93
Laundry facilities	N/A	N/A
Average Score	95	93

Standard 4: 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	6 South	7 North
Handling, segregation, storage, waste	95	100
Availability, use, storage of sharps	92	97

Standard 5: Patient Equipment

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

Patient equipment	6 South	7 North
Patient equipment	98	98

Standard 6: Hygiene Factors

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	6 South	7 North
Availability and cleanliness of wash hand basin and consumables	97	100
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	96	87
Average Score	98	97

Standard 7: Hygiene Practices

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	6 South	7 North
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	95	84
Effective cleaning of ward	89	100
Staff uniform and work wear	93	96
Average Score	96	97

5.0 Key Personnel and Information

Members of the RQIA Inspection Team

Mr T Hughes	Inspector, Healthcare Team
Ms M Keating	Inspector, Healthcare Team
Ms A Jackson	Inspector, Agencies Team
Ms B McFalone	Bank Inspector, Healthcare Team

Trust Representatives Attending the Feedback Session

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

C Worthington	Director Social Work/Children's Community Services and Adult Social & Primary Care Services
P Turkington	Clinical Director
G Tinsley	ADON Senior Manager
C Collins	Service Manager Adult, Social and Primary Care
U McCollam	Quality and Governance Manager Adult, Social and Primary Care
S Cullen	Senior Social Worker
C Shannon	Assistant Service Manager
R Finn	Interim Lead IPC
C Smyth	Senior IPCN
S Blythe	Temporary Ward Manager 6 South
S Boyle	Ward Manager 7 North
R Smyth	Deputy Ward Sister 7 North
S Trainor	Senior Manager PCSS
D Hamill	Estates Manager
K Aughley	Assistant Support Services Manager PCSS
P Berkery	Assistant Support Services Manager PCSS
Nigel Grey	Assistant Support Services Manager PCSS Catering
M McGovern	Physiotherapist
R Watkins	Occupational Therapist

Apologies:

Ms B Creaney	Director of Nursing and User Experience
--------------	---

6.0 Provider Compliance Improvement Plan

The improvement plan should be completed detailing the actions taken and returned to 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 actions for improvement are taken within the specified timescales.

Area: Ward 6 South

Reference number	Action for Improvement	Responsible Person	Action/Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Assurances should be provided of robust medicines stock rotation.	Pharmacy/ Nursing staff	<p>Review to be undertaken of ward checklist after patient has been discharged.</p> <p>Pharmacy SOP review to be undertaken. Currently wards have a stock list of medicines. For most wards this list would be reviewed on a weekly basis. The Stocklist is managed by the ward pharmacist, where there is a ward pharmacist/pharmacy technician. The associated procedure is reviewed annually. In relation to expiry dates there is a draft procedure that is awaiting approval. This usually will involve a specific 3 monthly expiry date check done (this may be up to 6 monthly to allow for staff changes/new staff.) A record of this is maintained in pharmacy.</p>	<p>End of July 2017</p> <p>Dec 2017</p>

Area: Ward 7 North

Reference number	Action for Improvement	Responsible Person	Action/Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Assurance should be provided that care plans to guide control measures are completed for patients' identified with a multi resistant organism.	Ward Sister	<ul style="list-style-type: none"> • Immediate contact was made with Infection control team following inspection 08.06.2017. • Multi drug resistant Organisms Care Plan provided to ward. Information has been disseminated to ward staff and other wards within Service. • Ward Sister & Deputy Ward Sister are monitoring compliance weekly using CDiff & MRSA short audit tool. • Multi resistant organism care plan audit tool currently in development in liaison with IPC. 	13.06.2017



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
 [@RQIANews](https://twitter.com/RQIANews)