



## Infection Prevention/Hygiene Unannounced Inspection

Belfast Health and Social Care Trust  
Belfast City Hospital

24 August 2016

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

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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](http://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.

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

### 3.0 Inspection Summary

An unannounced inspection was undertaken to the Belfast City Hospital on 17 August 2016. The inspection team was made up of three inspectors from the RQIA healthcare team and an Adept Clinical Fellow, on secondment to RQIA. Details of the inspection team and trust representatives attending the feedback session can be found in Section 6.0.

The Belfast City Hospital was previously inspected on 13 November 2014. This was an unannounced inspection; three wards were inspected by the RQIA team. All three wards were compliant in all sections of the standards. This inspection report is available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

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

- Ward 8 North, Respiratory
- Ward 9 North, Cardiology

Overall the inspection team found evidence that the Belfast City Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards and was compliant in all of the standards.

#### Inspectors observed the following good practice:

- Both wards had the trust's new welcome and information board at the entrance to the ward. There was information for the visitor, regarding the ward staff, a contact telephone number and visiting times. Also displayed was information on infection control, falls, pressure ulcers and discharge. The information was clear and up to date (Picture 1).



Picture 1: Notice boards with relevant and up to date information

- In Ward 8 North there has been a recent drive to ensure that all staff have attended their Infection Prevention and Control training.

- In Ward 9 North we were informed that plans are in place for refurbishment of the ward. The productive ward project had been rolled out within the ward. Its focus was to improve ward process and the environment.
- Support services staff have access to the trust internet.

The inspection of the Belfast City Hospital, Belfast Health and Social Care Trust, resulted in two 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. (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

The final report and Provider Compliance 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 Belfast City 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

<b>Compliant:</b>	<b>85% or above</b>
<b>Partial Compliance:</b>	<b>76% to 84%</b>
<b>Minimal Compliance:</b>	<b>75% or below</b>

Areas inspected	8 North	9 North
General environment	95	85
Patient linen	92	87
Waste	98	90
Sharps	93	84
Equipment	99	87
Hygiene factors	99	98
Hygiene practices	100	95
<b>Average Score</b>	<b>97</b>	<b>89</b>

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)**

The reception area was clean, tidy and in good decorative order, the exterior around the main entrance was free from litter or debris.

### **Ward 8 North**

The ward achieved excellent compliance in all standards and is a good model for staff practice in relation to the Regional Healthcare Hygiene and Cleanliness standards.

The inspection team found the ward to be clean, tidy and overall in good decorative order. The domestic store and patient equipment store required some refurbishment.

Sanitary areas have been refurbished and adaptations have been made for those patients with impaired mobility.

Patient equipment in use and stored was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Cleaning schedules were in place and robustly completed by staff. Staff were aware of their roles and responsibilities in relation to cleaning the environment.

We did note that there was a build-up of soap or lime-scale on the underside of the new barrel type tap fittings.

Staff demonstrated good practice in relation to the management of clean and used linen, the safe handling of sharps and the disposal of waste. Sharps boxes were signed, dated and temporary closure mechanism were in place, however there was some inappropriate disposal of waste in sharps boxes.

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

### **Housekeeping Issues:**

- The domestic and patient equipment stores require repairs and painting.
- Taps should be clean and free from lime-scale.
- Staff should ensure waste is disposed of in line with trust policy.



## Ward 9 North

We found that while some areas were clean other areas such as the bathroom, toilet, clean utility room and linen store required more detailed cleaning.

Areas within the ward were worn; damaged paint work on doors, detached skirting, worn floor tiles and displaced and damaged ceiling tiles. We were informed there was a plan in place to upgrade the sanitary facilities and some of the ward fixtures and fittings.



We observed that some items had been abandoned in and around work stations, for example used coffee cup, staff water bottles, (Picture 2) and a gallipot on top of a printer.

Picture 2: Discarded coffee cup, sweet paper and water bottle

## Recommendation

- 1. Staff should ensure the environment is clean, tidy, and free from dust and in good repair.**

In general patient equipment in use and stored was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Cleaning schedules were in place and robustly completed by staff. Staff were aware of their roles and responsibilities in relation to cleaning the environment.

Cleaning chemicals were not stored in accordance with COSHH. Staff knowledge in the management of linen was good however water soluble bags were not used for infected or contaminated linen.



There was inappropriate segregation of waste, in clinical waste bins and sharps boxes. IV giving sets were protruding from the orange lidded burn bin and a sharps box (Picture 3). The temporary closure mechanism on sharps boxes was not in place and the sharps box on the emergency trolley contained contents.

Picture 3: Protruding IV giving set in burn bin

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

- 2. Staff need to ensure they follow the trust guidance in relation to the management and use of sharps.**

**Housekeeping issues:**

- Chemicals should be stored in line with COSHH guidelines.
- Alginate bags should be available and used for the management of infected/contaminated linen.
- Staff should ensure waste is disposed of in line with trust policy.

## 6.0 Key Personnel and Information

### Members of the RQIA inspection team

Mrs M Keating	-	Inspector, Healthcare Team
Mrs L Gawley	-	Inspector, Healthcare Team
Mr T Hughes	-	Inspector, Healthcare Team
Mrs L Thompson	-	Adept Clinical Fellow, RQIA

### Trust representatives attending the feedback session

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

B Creaney	-	Director of Nursing
B Owens	-	Director, Unscheduled Care
C Cairns	-	Co Director, PCSS
N Scott	-	Senior Manager PCSS
L McAlea	-	Service Manager, Medicine
D O'Neill	-	Assistant Service Manager, Scheduled Medicine
L Moore	-	Sister 9 North/CCU BCH
M Reid	-	8A Cardiology
S Trainor	-	Nursing and Users Experience
P Beverley	-	OP Manager, PCSS
K Aughley	-	Operations Manager PCSS
A Brown	-	AO Manager, PCSS
D Hamill	-	Estates, Operations Manager

### Apologies

D Robinson	-	Co Director, Nursing
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## 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.

<b>General environment Public areas</b>	
Reception	95
Public toilets	93
Corridors, stairs lift	97

<b>General environment Ward or Dept</b>	<b>8 North</b>	<b>9 North</b>
Ward/department - general (communal)	95	73
Patient bed area	100	86
Bathroom/washroom	97	79
Toilet	98	83
Clinical room/treatment room	95	N/A
Clean utility room	N/A	82
Dirty utility room	93	90
Domestic store	78	90
Kitchen	100	96
Equipment store	92	77
Isolation	96	84
General information	96	96
<b>Average Score</b>	<b>95</b>	<b>85</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. 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).

<b>Patient linen</b>	<b>8 North</b>	<b>9 North</b>
Storage of clean linen	96	79
Storage of used linen	87	94
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>92</b>	<b>87</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).

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.

<b>Waste and sharps</b>	<b>8 North</b>	<b>9 North</b>
Handling, segregation, storage, waste	98	90
Availability, use, storage of sharps	93	84

#### **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.

<b>Patient equipment</b>	<b>8 North</b>	<b>9 North</b>
Patient equipment	99	87

## 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	8 North	9 North
Availability and cleanliness of wash hand basin and consumables	100	96
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	94	94
<b>Average Score</b>	<b>99</b>	<b>98</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.

Hygiene practices	8 North	9 North
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	86
Effective use of PPE	100	95
Correct use of isolation	100	N/A
Effective cleaning of ward	100	95
Staff uniform and work wear	100	100
<b>Average Score</b>	<b>100</b>	<b>95</b>

### Level of Compliance

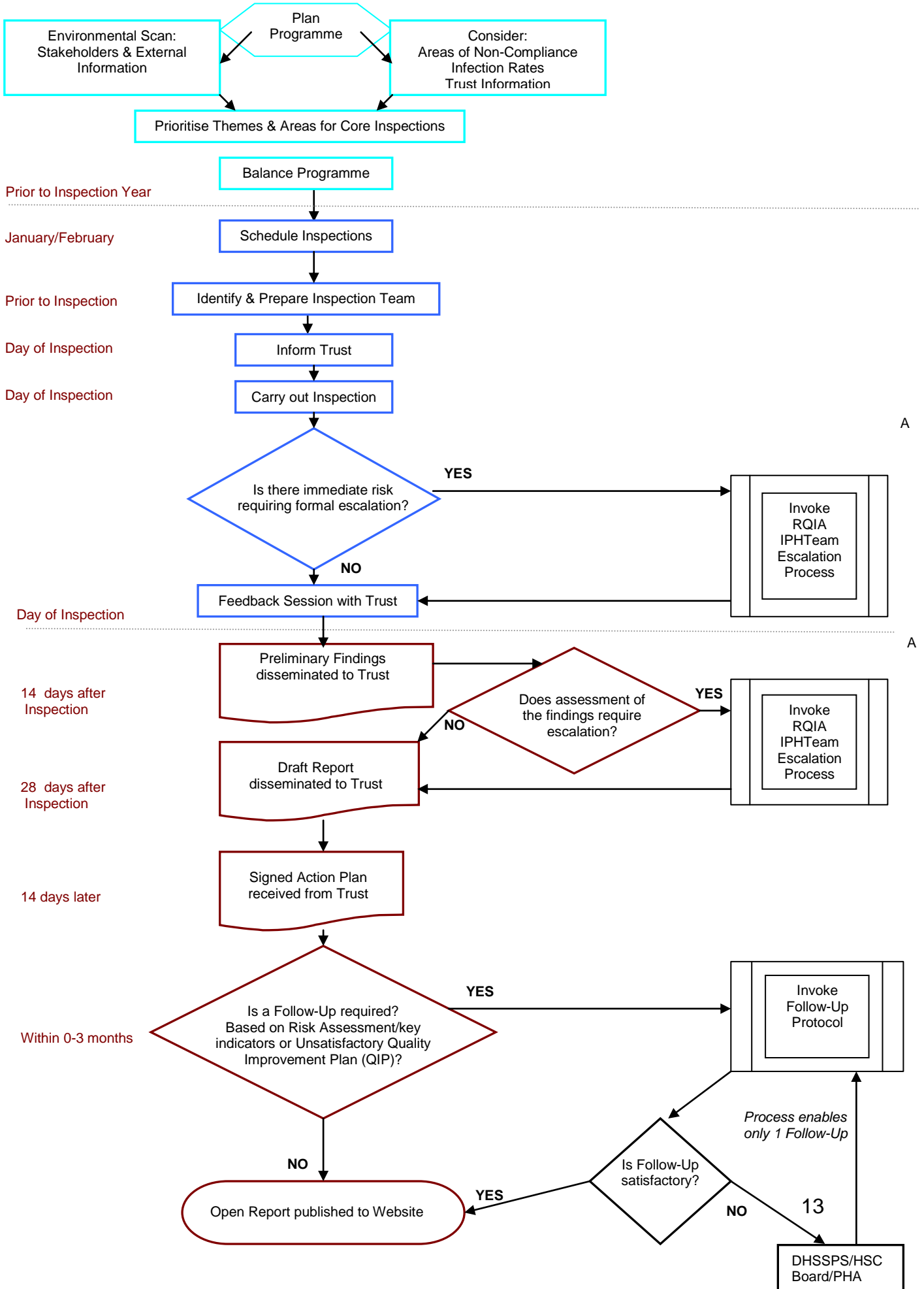
<b>Compliant:</b>	<b>85% or above</b>
<b>Partial Compliance:</b>	<b>76% to 84%</b>
<b>Minimal Compliance:</b>	<b>75% or below</b>

# 8.0 Unannounced Inspection Flowchart

Plan Programme

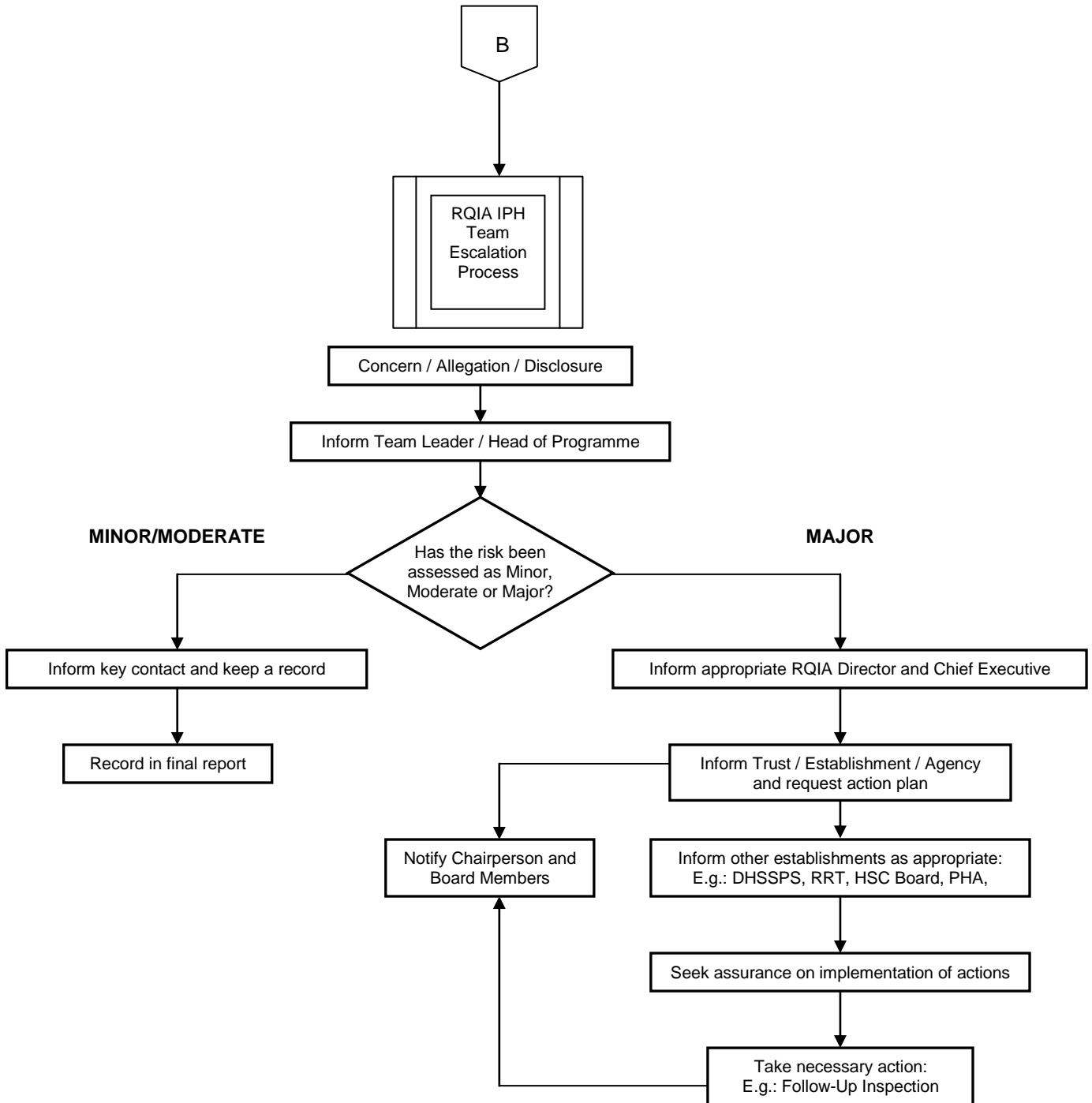
Episode of Inspection

Reporting & Re-Audit



## 9.0 Escalation Process

### RQIA Hygiene Team: Escalation Process





## 10.0 Quality Improvement Action Plan

Area: Ward 9 North CCU 30/09/16

Reference number	Recommendations	Designated department	Action required	Date for completion
<b>Recommendation for Trust</b>				
1.	Staff should ensure the environment is clean, tidy, and free from dust and in good repair.	PCSS, Ward & Estates	<p>1) RQIA feedback to all staff and all staff reminded of ensuring the daily cleaning schedule is completed and countersigned by the NIC.</p> <p>2) Continue weekly PCC and nursing environmental audits and results will be fed back to relevant staff.</p> <p>3) Reminding all staff it is everyone's role to keep the ward tidy and to de-clutter. Notes should be returned and equipment put back to its rightful place.</p> <p>4) Week end cleaning schedule and equipment checks continue</p>	Complete and Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion
			5) Staff continue to report and escalate any minor works or estates issues.	
2.	Staff need to ensure they follow the trust guidance in relation to the management and use of sharps.	PCSS, Ward & Estates	<p>Staff have been reminded of the controls in place for safe management and use of Sharps:</p> <ul style="list-style-type: none"> <li>- Safe system of work in place for disposal of sharps including instruction that sharps are only disposed of in sharps box;</li> <li>- Sharps box lids are securely fastened prior to use and are not filled beyond their safe fill line e.g. ¾ full.</li> <li>- Staff attend Infection Prevention &amp; Control Training (including sharps) as part of the mandatory Infection Prevention &amp; Control update every 2 years.</li> <li>- Sharps boxes conform to BS 7320 and UN 3291 tagged and located at the point of use prior to handling a sharps object ie bracketed to wall/ placed on trolley</li> <li>- Temporary closures on sharps boxes in place when not in use</li> </ul>	Complete and Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion
			- And correct waste is in the correct bins	



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