



Unannounced  
Infection Prevention/Hygiene  
Inspection  
Belfast Health and Social Care Trust  
Belfast City Hospital  
5 June 2019

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Profile of Service

An unannounced inspection was undertaken to the Belfast City hospital on 5 June 2019.

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

- Ward 7 North (Elderly Care)

Previous infection prevention and hygiene inspection reports from the Belfast Health and Social Care Trust 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

Our inspection standards are intended to assess healthcare hygiene, general cleanliness and state of repair and aspects of infection prevention and control for all hospitals and other healthcare facilities in Northern Ireland.

Our audit tool is comprised of the following sections:

- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors/Cleaning Practices
- Hygiene Practices/Staff Questions

Guided by our audit tool our inspectors gather information from observations in functional areas (including direct questioning and observation of clinical practice) and, where appropriate, review of relevant documentation.

Our inspection tool is available on our website at [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/section. Scores are allocated a level of compliance using the categories described 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>

<b>Areas inspected</b>	
General environment	94
Patient linen	92
Waste	97
Sharps	76
Equipment	93
Hygiene factors/Cleaning Practices	99
Hygiene practices/Staff Questions	92
<b>Average Score</b>	<b>92</b>

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

This inspection team comprised of two inspectors from RQIA. Details of our inspection team and Belfast Health and Social Care Trust representatives who participated in a local feedback session delivered in the Belfast City Hospital on 5 June 2019 can be found in Section 5.0.

Three actions for improvement have been made to Ward 7 North.

We had previously inspected Ward 7 North on 8 June 2017. During that inspection an excellent standard of compliance with the regional hygiene and cleanliness standards was achieved. We are pleased that these standards have been maintained in all but one of the standards assessed. Cleaning was of a high standard and hand hygiene practices were excellent. Improvement is however required by staff in the management of sharps.

Escalation procedures were not required for this inspection. The escalation policies and procedures are available on the RQIA website.

This inspection report and improvement plan will be available on the RQIA website. When required, reports and action plans will be subject to discussion and performance management by the Health and Social Care Board (HSCB) and/or the Department of Health (DoH).

RQIA would like to thank the Belfast Health and Social Care Trust and in particular, Ward 7 North staff for their assistance during this inspection.

Please note: 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 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 all relevant legislation, standards and best practice.

### 3.0 Inspection Findings

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

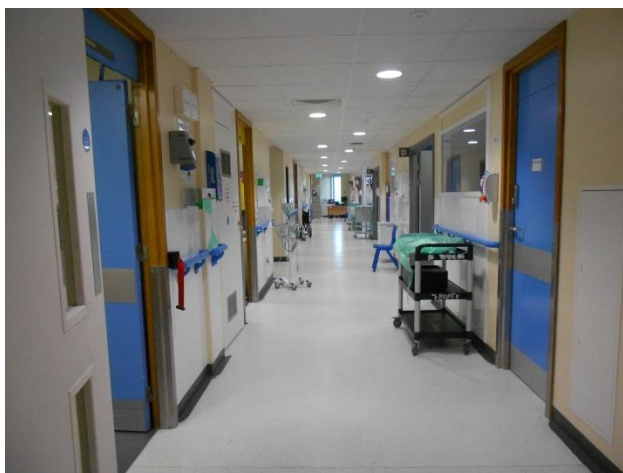
- The reception area was clean, tidy and in a good decorative order. Public toilets were clean, modern and well maintained. The lift area outside ward 7 North would benefit from additional surface cleaning and repair of the floor.

#### Ward 7 North

##### General Environment

#### Areas of Good Practice

- Ward 7 North was bright and welcoming for both patients and visitors. The ward was tidy, well organised and clutter free (Picture 1).



Picture 1: Clean and clutter free ward entrance corridor

- An excellent standard of cleanliness was observed throughout both patient and non-patient ward areas. Sanitary areas were clean modern and spacious.
- We observed a ward that was in good decorative order. Damage prone surfaces such as walls and doors caused by the general flow of wheeled and pedestrian traffic were kept to a minimum by the use of PVC surface protection barriers.
- We observed evidence of routine ward environmental cleanliness audits being undertaken by staff, with scores clearly displayed to provide assurance for the public. Staff when questioned were aware of the importance of their role and responsibilities in maintaining a clean environment.

### Area for Improvement

- The clean linen store and the electric equipment store are shared areas between both wards 7 North and 7 South. High and low horizontal surfaces of these areas were dusty, particularly in areas difficult to access. Clear responsibility and oversight of both these shared areas needs to be established. It must be noted that cleaning of these areas was undertaken immediately when identified to staff.

### Patient Linen

#### Areas of Good Practice

- We observed that patient linen was visibly clean and free of damage.
- Staff handled both clean and soiled linen safely to prevent the spread of microorganisms to those receiving care.

### Waste and Sharps

#### Areas of Good Practice

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

#### Area for Improvement

- Improvement is required in the segregation of waste. We observed the inappropriate disposal of household waste into both sharp and clinical waste bins.
- The apertures of sharps bins within the clean utility room were not closed when bins were not in use. One of the bins was filled above its designated capacity (Picture 2).



Picture 2: Aperture open and overfilled sharps box

## Equipment

### Areas of Good Practice

- Equipment that was in use on the ward was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- The standard of cleanliness of commodes and raised toilet seats throughout the ward was excellent.
- A trigger mechanism was in place to identify when equipment had been cleaned. Equipment cleaning schedules were in place and completed by staff.
- Staff were knowledgeable in the processes of equipment decontamination.

### Area for Improvement

- We observed a build-up of dust on stored items of equipment within the shared electrical equipment store.
- We observed that a small number of bedpans were not being effectively decontaminated following a cycle of the bedpan washer disinfectant.

## 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.
- Adequate supplies of PPE were available and we observed staff using PPE appropriately when delivering care.
- We observed an area of good practice. A patient hand wipe is placed on top of a commode after it has been cleaned. This ensures that patients have access to a hand wipe following use of the commode (Picture 3).





Picture 3: Patient hand wipe placed on top of commodes

## Hygiene Practices

### Areas of Good Practice

- We observed an excellent standard of hand hygiene from all staff disciplines. Hand hygiene was performed at the correct moments, and correct location, within the flow of care delivery. Posters reinforcing the correct hand hygiene technique were prominently displayed throughout the ward.
- We observed good compliance with the Trust uniform policy from all staff observed.
- Staff had a good knowledge of the range of transmission based precautions when managing patients identified with infectious organisms.
- We observed evidence of routine assessment of staff members hand hygiene practices and use of PPE. These audits were carried out locally by ward staff and independently validated by the IPC team, to provide continued assurance of adherence to trust policy.

### Area for Improvement

- Staff knowledge in the management of an inoculation injury and in managing a blood spillage, was inconsistent.

## 4.0 Adherence to Standards

### Standard: General Environment

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

<b>General Environment Standards</b>	
<b>Public shared areas</b>	
Reception	88
Public toilets	95
Corridors, stairs lift	84

<b>General environment Standards wards or departments</b>	<b>Ward 7 North</b>
Ward/department - general (communal)	93
Patient bed area	95
Bathroom/washroom	98
Toilet	88
Clinical room/treatment room	N/A
Clean Utility room	98
Dirty utility room	100
Domestic store	90
Kitchen	94
Equipment store	81
Isolation	94
General information	100
<b>Average Score</b>	<b>94</b>

### Standard: 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>Ward 7 North</b>
Storage of clean linen	83
Storage of used linen	100
Laundry facilities	N/A
<b>Average Score</b>	<b>92</b>

**Standard: 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).

<b>Waste and sharps</b>	<b>Ward 7 North</b>
Handling, segregation, storage, waste	97
Availability, use, storage of sharps	76

**Standard: Patient Equipment**

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

<b>Patient equipment</b>	<b>Ward 7 North</b>
Patient equipment	93

**Standard: Hygiene Factors/Cleaning Practices**

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.

<b>Hygiene factors</b>	<b>Ward 7 North</b>
Availability and cleanliness of wash hand basin and consumables	100
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	98
<b>Average Score</b>	<b>99</b>

**Standard: Hygiene Practices/Staff Questions**

To comply with this standard, organisations must ensure that appropriate healthcare hygiene practices are embedded into the delivery of care and related services.

<b>Hygiene practices</b>	<b>Ward 7 North</b>
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	87
Effective use of PPE	95
Correct use of isolation	100
Effective cleaning of ward	74
Staff uniform and work wear	97
<b>Average Score</b>	<b>92</b>

## 5.0 Key Personnel and Information

### Members of the RQIA inspection team

Mr T Hughes	Inspector, HSC Healthcare Team
Ms J Gilmour	Inspector, HSC Healthcare Team

### Trust representatives attending the feedback session on 14 May 2019

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

Ms P Forrest	Divisional Nurse
Ms M Devlin	Service Manager
Ms U McCollam	Quality and Governance Manager
Ms S Boyle	Ward Manager
Ms A Thomas	Deputy Sister
Ms R Bradley	Support Services Manager EC
Ms K Aughey	Assistant Support services Manager

### Apologies:

None

## 6.0 Improvement Plan

This improvement plan should be completed detailing the actions planned and returned to RQIA's Healthcare Team via the web portal for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to further action. The responsible person should ensure that all actions for improvement are progressed within the specified timescales.

**Please do not identify staff by name on the improvement plan.**

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	<b>Improvement is required in the use and safe management of sharps bins. Robust monitoring of staff practice in the management of sharps bins should be in place to provided continued assurance.</b>	Nursing	Sharps policy reniforced with all the clinical staff and discussed at Team meetings and Safety Briefs.  Independent audits of all sharps bins will be carried out monthly to provide assurance that standed is being met.	Complete and ongoing  ongoing monthly
2.	<b>Improvement is required in the standard of cleaning of both the shared equipment store and shared linen store. Robust monitoring of the standard of cleaning of these areas should be in place to provided continued assurance.</b>	Environmental Cleanliness	Clear accountablitiy is now present for Support Services Assistants. Work schedules have been amended and placed on wards with clear outlines of responsibilities. Support Services Supervisors checking and verifying completion of cleaning of shared areas on daily inspections. Amendments to schedules discussed and confirmed at team brief 04.07.19 A weekly cleaning schedule for both the shared equipment store and linen store has now commenced.	05.07.19          Complete and

		Nursing	<p>Staff sign off on all cleaning undertaken</p> <p>Cleaning schedules checked each day by nurse in charge</p> <p>All records are retained for the purpose of Audit</p> <p>All equipment to be cleaned immediately after use and trigger tape applied before equipment is put back in to store room</p> <p>All of the above reinforced with staff and discussed at Team meetings</p>	Ongoing
3.	<b>Improvement is required in staff IPC knowledge specifically in relation to the management of a needle stick injury and the management of a blood spillage.</b>	Nursing	<p>The management of a needle stick injury policy and the management of a blood spillage policy reinforced with all clinical staff and discussed at Team meetings and Safety Briefs. this will be reinforced at ward Sister meeting to share learning throughout the service</p>	Complete and ongoing



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