Unannounced Augmented Care Inspection
Laurel House

Antrim Area Hospital
10-11 January 2019

Contents

1.0 Profile of Service

The three year improvement programme of unannounced inspections to augmented care areas commenced in Laurel House, Antrim Area Hospital on 10 and 11 January 2019.

Laurel House Chemotherapy Unit (Picture 1) provides an outpatient service and a day unit for the delivery of chemotherapy, and other treatments for the care of patients with cancer or haematology conditions.

Picture 1: Laurel House Entrance

Service Details

Responsible Person: **Dr. Tony Stevens**	Position: **Chief Executive Officer** **Northern HSC Trust**

What We Look for

Inspection Audit Tools

This augmented care ward was assessed against the following regionally agreed standards and audit tools:

- Regional Augmented Care Infection Prevention and Control Audit Tool
- Regional Infection Prevention and Control Clinical Practices Audit Tool
- Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool

These Inspection tools are available on the RQIA website www.rqia.org.uk.

2.0 Inspection Summary

This inspection is the first of a three year cycle of inspection carried out within this area. Compliance scores for the first inspection are 85 per cent, rising to 95 per cent by the end of the third inspection.

	Year 1	Year 2	Year 3
Compliant	85% or above	90% or above	95% or above
Partial Compliance	76% to 84%	81 to 89%	86 to 94%
Minimal Compliance	75% or below	80% or below	85% or below

Table 1: Laurel House overall compliance score with the regional audit tools

Inspection Tools	Year 1 Compliance Level
Regional Augmented Care Infection Prevention and Control Audit Tool.	97
Regional Infection Prevention and Control Clinical Practices Audit Tool.	85
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool.	97

Laurel House is a bright and welcoming environment for patients, visitors and staff. It is a modern facility that was tidy, well-maintained and in good decorative order. The standard of cleanliness of the facility was excellent. Infection prevention and control (IPC) had evidently been factored into the function of the unit, with well-placed clinical hand wash sinks, positioned to allow for optimal workflow. Fixtures, fittings and furnishings throughout the department were modern and finished to a high standard.

During busy periods, we observed that staff found it a challenge to accommodate all patients and visitors in the waiting area. Additionally we noted that the core clinical space of treatment beds and chairs was limited which caused challenges for staff when undertaking certain procedures. Staff have however endeavoured to make best use of the limited space throughout the department and optimise patient and visitor comfort during their stay.

Patient equipment was clean and in a good state of repair. Staff demonstrated good practice in the management of linen, sharps and the disposal of waste.

Through observation of staff practices and examination of documentation, we found that IPC governance arrangements within Laurel House were good. Staff had a clear knowledge and awareness of how to prevent and manage infection risks. Trust surveillance programmes were in place to allow for detection and implementation of infection preventative strategies when required. Trust screening policies were in place and we were told that patients could be isolated within the consultation rooms if they present an infection risk.

During this inspection, we identified that a water testing regime was not in place for the detection of Pseudomonas *aeruginosa.* On completion of this inspection and during our feedback to Trust representatives, we were advised that following a clinical risk assessment, the Trust had made the decision not designate Laurel House Chemotherapy Unit as an Augmented Care area and therefore routine water testing regime was not necessary. Following the inspection we had confirmed that this determination was made in line with *Annex A of the CMO letter (REF HSS(MD) 16/2012) Water sources and potential Pseudomonas aeruginosa contamination of taps and water systems*, which identifies that water testing in haemato-oncology units can be guided by the clinical surveillance of patients. We have been advised that the trust will provide RQIA with an updated *Pseudomonas aeruginosa* risk assessment for the NHSCT augmented care settings to support their decision making around water testing.

We observed good practice in relation to aseptic non-touch technique (ANTT) practices in its application and management with invasive devices. We observed evidence of staff training and the routine monitoring of staff practice in carrying out invasive procedures. Improvement is required in the management of blood cultures, specifically in the monitoring of staff practice when obtaining cultures and additionally the implementation of a system to compare the rate of positive and contaminated cultures.

The findings of the inspection were discussed with trust representatives, as part of the inspection process and can be found in the main body of the report.

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

The RQIA inspection team would like to thank the Northern Health and Social Care Trust and in particular all staff at the Laurel House Chemotherapy Unit, Antrim Area Hospital for their assistance during the inspection.

3.0 Inspection findings: Regional Augmented Care Infection Prevention and Control Audit Tool

The Regional Augmented Care Infection Prevention and Control Audit Tool contains six sections. Each section aims to consolidate existing guidance in order to improve and maintain a high standard in the quality and delivery of care and practice in augmented care. This will assist in the prevention and control of healthcare associated infections.

Table 2. Regional Augmented Care Infection Prevention and Control Audit Tool Compliance Levels

Areas inspected	**10/ 11 January 2019**
Local Governance Systems and Processes	100
General Environment – Layout and Design	78
General Environment – Environmental Cleaning	100
General Environment – Water Safety	100
Clinical and Care Practice	100
Patient Equipment	N/A
Average Score	**97**

Local Governance Systems and Processes

Areas of Good Practice

- Throughout the inspection, the ward sister and deputy sister both demonstrated good leadership and knowledge of IPC.
- We were informed that the IPC team provides good support for department staff.
- We were provided with evidence of leadership walkrounds to the department. We were informed that the walkrounds provide an opportunity for staff to connect with senior trust leadership and discuss any potential IPC safety issues.
- Local and regional audits were undertaken to improve IPC practices and environmental cleanliness. Audit results evidenced good compliance with IPC performance indicators and were clearly displayed for visitors to the department.
- 95% of the department staff were up to date with IPC mandatory training.
- A review of documentation evidenced a range of meetings, from management level to frontline staff which feed into each other. Key IPC information is reported to staff through the safety briefs which were undertaken daily within the department.
- Occupational Health guidance on the Northern Health and Social Care Trust (NHSCT) intranet site has been updated to provide advice and guidance for trust staff in managing common infectious conditions.

- We were informed that there have been no notifiable IPC events recorded within the unit over the last two years. Trust surveillance programmes were in place, which allow detection and implementation of preventative strategies. The trust uses the mechanism of post infection review to investigate, action and report on IPC safety incidents.
- We observed a range of leaflets and posters to inform visitors to the department of the importance of hand hygiene and actions to minimise the risk of infection e.g. not to visit if you have symptoms of flu.

General Environment - Layout and Design

Areas of Good Practice

- The layout of Laurel House and its interior design create a friendly and welcoming environment for patients, visitors and staff. It is a modern facility with IPC evidently factored into its function.
- Fixtures, fittings and furnishings throughout the department were modern and finished to a high standard.
- Environmental cleanliness throughout the department was of a high standard. Sanitary areas were modern, clean and spacious.
- Clinical hand wash sinks were positioned to allow for optimal workflow and prevent splashing of patients, beds and equipment. The number of bed and chair spaces did not exceed the number of commissioned spaces.
- There were separate clean and dirty utility rooms and clean storage areas allowing for clean to dirty workflow.

Areas for Improvement

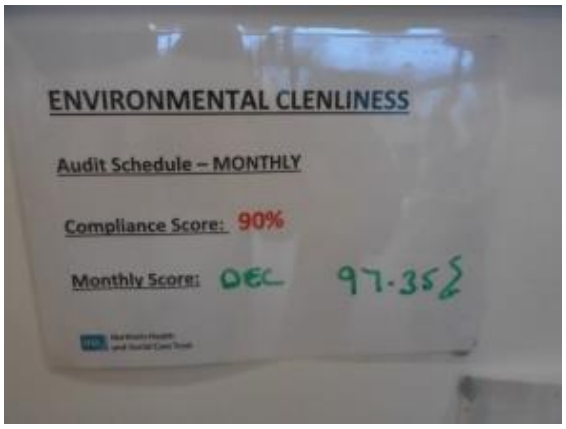
- The clinical treatment area of the department consists of twelve chairs and two beds. The core clinical space of chair and bed areas does not comply with 80 per cent of the minimum dimensions set by the Department of Health (DoH) and outlined in the audit tool. This space limitation considerably inhibits staff members' ability to deliver care interventions without impinging on adjacent patients.
- During busing periods, staff found it challenging to accommodate all patients and visitors in the waiting area. Throughout these periods, staff were observed adding additional seats to the waiting area and offering refreshments to optimise patient and visitor comfort.

Picture 2: Laurel House Waiting Area

General Environment - Environmental Cleaning

Areas of Good Practice

- Environmental cleaning guidelines, audit and staff competency based training were in place and reviewed. We observed evidence of regular auditing of environmental cleaning.



Picture 3: Environmental Cleaning Audit Compliance

- On questioning, staff had good knowledge on appropriate cleaning procedures. A protocol for cleaning clinical hand wash sinks was in place and known and demonstrated by domestic staff.

General Environment - Water Safety

Area of Good Practice

- Throughout the inspection we observed that hand washing sinks were used correctly - only for hand washing.
- An up to date overarching trust water safety plan was in place.

Clinical and Care Practice

Areas of Good Practice

- For those patients attending Laurel House that have been identified as presenting a potential infection risk, staff can utilise consultation rooms for isolation purposes.
- We observed evidence that records were maintained of patient placement, which allows for the retrospective identification of the location of patients throughout the department.
- Trust wide screening policies were available for guidance and used by staff when required.
- When patients have a direct admission to the ward from Laurel House, staff were required to record the patient's infection status on the transfer form.

Patient Equipment

Patient equipment has been audited in the Regional Healthcare Hygiene and Cleanliness Audit Tool.

4.0 Inspection Findings: Regional Infection Prevention and Control Clinical Practices Audit Tool

The Regional Infection Prevention and Control Clinical Practices Audit Tool contains nine sections. The observations of key clinical procedures have shown to reduce the risk of infection if performed correctly. Each section aims to consolidate and build on existing guidance in order to improve and maintain a high standard in the quality and delivery of care and practice in augmented care. This will assist in the prevention and control of healthcare associated infections.

Table 3: Regional Infection Prevention and Control Clinical Practices Audit Tool Compliance Levels

Areas inspected	10/ 11 January 2019
Aseptic non touch technique (ANTT)	87
Invasive devices	89
Taking Blood Cultures	*71
Antimicrobial prescribing	92
Clostridium *difficile* infection (CDI)	N/A
Surgical site infection	N/A
Ventilated (or tracheostomy) care	N/A
Enteral Feeding or tube feeding	N/A
Screening for MRSA colonisation and decolonisation	N/A
Average Score	**85**

* Staff practice was not observed during the inspection.
Information was gained through staff questioning and review of documentation.

Aseptic Non-touch Technique

Areas of Good Practice

- An ANTT policy and guidance was in place and accessible for all staff. Staff have received training and competency assessment on the principles of ANTT. Training updates were provided in line with trust policy.
- Staff displayed a clear understanding on the principles of ANTT with good adherence to ANTT procedures during the preparation of intravenous (IV) chemotherapy treatment for patients.

Areas for Improvement

- A number of policies including the ANTT policy had passed their revision dates. It is imperative that staff have access to up to date evidence based and best practice guidance to underpin knowledge and practice of ANTT procedures. We were told that many of these policies were currently being reviewed.

Invasive Devices

Areas of Good Practice

- Staff had received training and competency assessment, demonstrating good knowledge and practice in relation to the management of invasive devices. There had been no reported infections associated with the management of invasive devices. This provides evidence of the robust nature of staff training and the routine monitoring of staff practice in carrying out this procedure. All intravenous lines were labelled in line with the current regional line labelling policy.
- Two nurses within the unit have been trained and competency assessed to insert peripherally inserted central catheter (PICC) lines and run clinics on two days each week. We were told and we reviewed evidence of peer auditing of PICC insertion practice to provide assurance of consistent adherence to a high standard of competence in this procedure.
- Information relating to the insertion of devices was recorded on a sticker and placed in patient notes. We consider this good practice and the information could be further enhanced to include the size and batch number of the device inserted.
- Information to support adherence to good hand hygiene practice was displayed outside the treatment room (Picture 4).

Picture 4: Poster reinforcing hand hygiene practices in the treatment area.

- Staff report that they have good support from the Infection Prevention and Control Team (IPCT). We were provided with evidence of independent validation audits of hand hygiene and the management of invasive devices carried out in Laurel House by the IPCT, results of which confirmed good adherence to IPC practices by staff.

Taking Blood Cultures

Areas of Good Practice

- The trust blood culture policy had been reviewed and is available on the trust intranet site to guide staff in this procedure. Staff demonstrated good knowledge in the collection of blood for blood culture processing. Nursing staff have received initial competency assessment training for the taking of blood cultures.
- Blood culture packs were available for use in the unit and staff confirmed that they use these packs when taking blood cultures. The use of blood culture packs when carrying out this procedure promotes standardisation of practice and can help to reduce the risk of poor adherence to ANTT practices.

Areas for Improvement

- Whilst there was, a system in place in the trust to compare the rate of positive and contaminated cultures with other trust wards/ departments this information was not shared with the manager in Laurel House.
- Compliance with best practice in obtaining a blood culture was not being monitored.

Antimicrobial Prescribing

Areas of Good Practice

- A trust wide multidisciplinary antimicrobial stewardship team was in place. This group reviews antimicrobial usage, guideline concordance and other aspects of stewardship in line with the strategic objectives.
- The unit has a dedicated pharmacy department with a sterile area for the preparation of chemotherapy drugs. The unit based pharmacist has good support from the antimicrobial pharmacist in the Trust.
- We were informed that the prescribing of antimicrobials within the unit is an infrequent occurrence however support is available from the antimicrobial pharmacist and microbiology team when required.

- The Electronic/computer aided prescribing tool Regional Information System for Oncology and Haematology (RISOH) was introduced into Laurel House within the past year, the benefit of which is intended to support practitioners when prescribing chemotherapy treatment.

Clostridium *Difficile* Infection (CDI)

Not applicable for this unit.

Surgical Site Infection (SSI)

Not applicable for this unit.

Ventilated (or Tracheostomy) Care

Not applicable for this unit.

Enteral Feeding or Tube Feeding

Not applicable for this unit.

Screening for MRSA Colonisation and Decolonisation

Not applicable for this unit.

5.0 The Regional Healthcare Hygiene and Cleanliness Audit Tool

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. 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.

The Regional Healthcare Hygiene and Cleanliness Audit Tool

Compliance Levels

Areas Inspected	10/ 11 January 2019
General environment	97
Patient linen	98
Waste	95
Sharps	97
Equipment	99
Hygiene factors	98
Hygiene practices	95
Average Score	**97**

A more detailed breakdown of each table can be found in Section 6.

General Environment

Areas of Good Practice

- We observed that the department was in good decorative order and environmental cleanliness was of a high standard. The department was tidy and well organised and best use was made of the limited storage facilities. Cleaning staff followed agreed protocols and had access to adequate resources and cleaning equipment.

Patient Linen

Area of Good Practice

- We observed that patient linen was visibly clean, free of damage and stored in a clean and tidy environment.

Area for Improvement

- One member of staff was observed carrying used linen from the patients' bed area to the dirty utility area.

Waste and Sharps

Area of Good Practice

- We observed the safe segregation, handling, transport and disposal of waste and sharps**.**

Equipment

Areas of Good Practice

- We observed that patient equipment was clean, in a good state of repair. Good auditing and monitoring processes were in place to ensure equipment was clean (Picture 5).

Picture 5: Example of a sticker to identify clean equipment

Hygiene Factors

Areas of Good Practice

- We observed that there were adequate clinical hand wash facilities and a range of consumables available to enable hand hygiene practices to be carried out effectively. Clinical hand washing sinks were clean, located near to the point of care and only used for hand hygiene.

Hygiene Practices

Area of Good Practice

- All staff when questioned had good knowledge of both the standard and enhanced IPC precautions, which included hand hygiene, cleaning, and decontamination of equipment, use of PPE and the management of sharps and waste.

Area for Improvement

- Although hand hygiene was performed at the correct moments and at the correct location, within the flow of care delivery, we observed that a number of staff did not carry out hand hygiene practices effectively when using alcohol hand sanitiser.

6.0 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.

General Environment	10/ 11 January 2019
Reception	100
Corridors, stairs lift	100
Public toilets	100
Ward/department - general (communal)	97
Patient bed area	100
Bathroom/washroom	N/A
Toilet	N/A
Clinical room/treatment room	100
Clean utility room	90
Dirty utility room	93
Domestic store	100
Kitchen	100
Equipment store	90
Isolation	98
General information	96
Average Score	**97**

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.

Patient Linen	10/ 11 January 2019
Storage of clean linen	100
Storage of used linen	95
Laundry facilities	N/A
Average Score	**98**

Standard 4: Waste and Sharps

For organisations to comply with this standard they must ensure that waste is managed in accordance with HTM07-01and Hazardous Waste (Northern Ireland) Regulations (2005).

Waste and Sharps	**10/ 11 January 2019**
Handling, segregation, storage, waste	95
Availability, use, storage of sharps	97

Standard 5: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated.

Patient Equipment	**10/ 11 January 2019**
Patient equipment	99

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	**10/ 11 January 2019**
Availability and cleanliness of wash hand basin and consumables	99
Availability of alcohol rub	100
Availability of PPE	94
Materials and equipment for cleaning	100
Average Score	**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	**10/ 11 January 2019**
Effective hand hygiene procedures	81
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	93
Effective cleaning of ward	96
Staff uniform and work wear	97
Average Score	**95**

7.0 Key Personnel and Information

Members of the RQIA inspection team

Mr T Hughes	-	Inspector, Healthcare Team
Ms L O'Donnell	-	Inspector, Healthcare Team
Ms J Gilmour	-	Inspector, Healthcare Team

Trust representatives attending local feedback session

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

Ms M Michael	-	Deputy Sister Laurel House
Ms M O'Hagan	-	Director of Surgery & Clinical Services
Ms R Getty	-	Assistant Director Diagnostic and Clinical Services
Ms P McClelland	-	ESM Cancer & Outpatient Services
Ms N Baldwin	-	Senior Nurse Patient Safety
Mr D Farren	-	Infection Control Doctor
Ms E Moody	-	Infection Prevention & Control Nurse
Ms V Davidson	-	GM Catering and Domestic Services
Mr P McConaghie	-	Estates

Apologies:

Ms K Kirkwood	-	Sister Laurel House

8.0 Improvement Plan

This improvement plan should be completed detailing the actions planned and returned to RQIA's Hospital programmes 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
Regional Augmented Care Infection Prevention and Control Audit Tool				
1.	As part of any refurbishment/new build programme of Laurel House, the trust should comply with best practice guidance on design and planning to meet the requirements of core clinical space.	CSM Estates Lead	The requirement for additional physical space for the expansion of Laurel House is recognised at a corporate level and is noted on the Trust's capital development plan. While there is no funding secured for a new build or major refurbishment, any work undertaken to optimise the current footprint will comply with relevant best practice guidance.	ongoing

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Infection Prevention and Control Clinical Practices Audit Tool				
2.	The Trust should ensure that all policies to guide staff on the management of invasive procedures are reviewed and updated as appropriate.	Unit Manager	Policies to be updated and awareness sessions to be held for all relevant staff in how to access the policies on Staffnet within the policy library	April 2020 - COMPLETE
3.	A system should be introduced to compare the rate of positive blood cultures and the incidence of contaminated blood cultures with other trust wards/ departments.	Unit manager/lead nurse	Haemovigilance to include Laurel House on the Trust circulation list which will be followed up by the unit manger and lead nurse	July 2020 -
4.	A system should be introduced to monitor staff member's compliance with trust policy when obtaining blood cultures.	Unit manaer / Lead nurse	Unit champions to be identified Update sessions for all staff to be provided 6 monthly monitor programme to be implemented	April 2020- complete April 2020 - in progress, 4 staff delayed due to COVID Monitoring to commence July 2020

Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
5.	Action must be taken to improve staff adherence to trust standards on hand hygiene.	Unit manager/ Lead nurse	Awareness sessions for all staff to be held to include the correct technique when using hand sanitisers Laurel House utilises the Trust audit tool for hand hygiene. Lead nurse to propose at next IPCEH meeting that an additional checkpoint for hand santiziation is added.	April 2020 - COMPLETE July 2020

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