



Unannounced
Infection Prevention/Hygiene
Inspection
Northern Health and Social Care Trust
Antrim Area Hospital
11 June 2019

www.rqia.org.uk

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1.0 Profile of Service

An unannounced inspection was undertaken to Antrim Area Hospital on 11 June 2019.

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

- Ward A1 (Elderly Care & Stroke)
- Ward B4 (Elderly Care)
- Ward C3 (Gastroenterology/Medical)

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

Service Details

Responsible Person:
Dr. Tony Stevens

Position: **Chief Executive Officer
Northern 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.

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

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

Areas inspected	Ward A1	Ward B4	Ward C3
General environment	93	97	92
Patient linen	93	100	97
Waste	90	96	99
Sharps	89	96	93
Equipment	94	96	97
Hygiene factors/Cleaning Practices	98	98	98
Hygiene practices/Staff Questions	96	98	92
Average Score	93	97	96

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

The inspection team comprised of five RQIA inspectors and a peer reviewer. Details of our inspection team and the Northern Health and Social Care Trust representatives, who participated in a local feedback session delivered in Antrim Area Hospital on 11 June 2019, can be found in Section 5.0.

A total of 10 actions for improvement have been made for the wards inspected.

We are pleased to report that all three of the wards inspected achieved compliance with each of the hygiene and cleanliness standards assessed. This inspection provided inspectors with assurance of a consistent standard of practice throughout all three wards.

Wards were in good decorative order and a high standard of environmental cleanliness was observed throughout. 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.

We observed good practice in the use of personal protective equipment and hand hygiene. Hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.

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 Northern Health and Social Care Trust and in particular staff at Antrim Area Hospital 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 entrance to the Hospital was tidy and uncluttered; debris around the front entrance was minimal. The main reception was bright with large windows providing a good source of natural light. The disabled public toilet at the reception had been newly refurbished and was clean and modern. Corridors leading to the wards, were clean, tidy and in reasonably good decorative order.

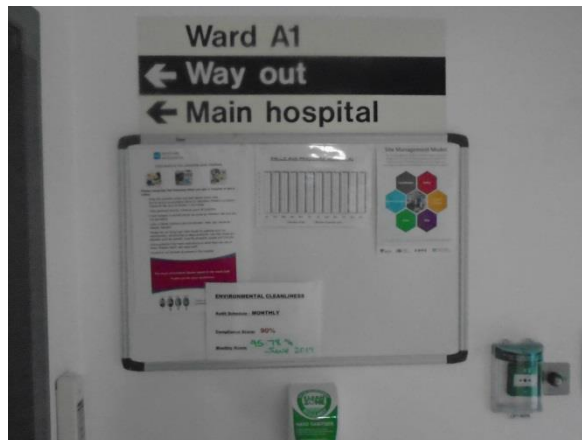
Ward A1

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ward was in good decorative order, providing a welcoming environment for patients, visitors and staff. We observed a ward that was tidy, well organised and a high standard of cleanliness was observed throughout both patient and non-patient areas.
- Sanitary areas were clean and tidy and furnished with modern fixtures and fittings.
- Maintenance of the ward was generally good. Damage to surfaces such as walls, corners and doors caused by the general flow of wheeled and pedestrian traffic, was kept to a minimum.
- Staff when questioned were aware of the importance of their role and responsibilities in maintaining a clean and well-maintained environment.

- A range of infection prevention and control (IPC) audit scores were displayed on the ward entrance notice board to provide public assurance of cleaning and IPC practices (Picture 1).



Picture 1: Ward entrance notice board displaying IPC audit scores

Patient Linen

Areas of Good Practice

- We observed that patient linen was stored appropriately, visibly clean and free of damage.
- Staff handled both clean and soiled linen safely using the appropriate personal protective equipment (PPE) to prevent the spread of microorganisms to those receiving care.

Waste and Sharps

Areas of Good Practice

- Overall, we observed the safe, handling, transport and disposal of waste and sharps.

Area for Improvement

- Temporary closures were not always deployed on sharps boxes when they were not in use in the clinical area (Picture 2).



Picture 2: Sharps container with aperture not deployed

- We observed the inappropriate disposal of household waste into clinical waste and sharps containers.

Equipment

Areas of Good Practice

- Equipment that was in use by staff and patients 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.
- Good auditing and monitoring processes were in place to assure that equipment was clean. Equipment cleaning schedules were in place and completed by staff. A trigger mechanism was in place to identify when equipment had been cleaned.
- When questioned, staff were knowledgeable in the processes of equipment decontamination.

Area for Improvement

- We observed a number of gaps in the recording of daily emergency/resuscitation equipment checks, pharmacy fridge daily temperature checks and equipment cleaning schedules.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- Clinical hand wash sinks were clean, well maintained, located near to the point of care and observed to be 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.

Hygiene Practices/Staff Questions

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 staff knowledge and practice in implementing the range of transmission based precautions when managing patients identified with infectious organisms.

Area for Improvement

- We observed that some nursing staff were wearing their hair below shoulder length.

Ward B4

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ward was well maintained, free from excess clutter and in good decorative order. Environmental cleaning practice of all areas within the ward was of a high standard.
- Environmental audit scores were displayed at the entrance to the ward providing assurance to the public (Picture 3).



Picture 3: Notice board at entrance to ward

- We saw evidence of itemised and up to date cleaning schedules. Staff were clear on their roles and responsibilities in relation to ensuring environmental cleaning was maintained to a high standard.
- The ward does not contain an isolation/single room. For patients with a known or suspected infection, we were provided with evidence of the implementation of control measures, when necessary.

Areas for Improvement

- Damage was noted to a number of doors including the entrance doors leading into the ward and the dirty utility room. These surfaces would benefit from the implementation of protective covering.
- The sink drainer in the domestic store was cluttered, presenting a risk of splash to items in close proximity and preventing effective cleaning of work surfaces.

Patient Linen

Areas of Good Practice

- Clean linen was stored within a fully enclosed mobile laundry trolley and handled safely to prevent contamination and exposure to harmful microorganisms.
- Water soluble bags were used for heavily soiled or infected linen. Used linen was placed into the appropriate colour coded laundry bag.

Waste and Sharps

Areas of Good Practice

- Arrangements were in place for the safe handling, segregation, storage and the disposal of waste and sharps within the ward. Waste bins were clean and in a good state of repair. Sharps boxes contained only sharps, labels were completed and temporary closures were in place when sharps boxes were not in use.

Equipment

Areas of Good Practice

- Patient equipment was clean, in good repair and managed effectively to minimise the risk of spread of harmful microorganisms to patients.
- We observed the thorough decontamination of commodes between patient use and evidence of commode cleaning spot checks being carried out by staff throughout the day. We evidenced routine auditing and monitoring of patient equipment to provide assurance of adherence to best practice guidance.
- We observed good use of trigger tape to identify when shared patient equipment had been cleaned and was ready for further use.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- Overall, clinical hand wash sinks were, clean, accessible and only used for the purpose of hand washing. There was good availability of hand washing consumables including soap and paper towels. Alcohol hand sanitiser was available for use at the point of care.
- PPE was available for staff use, stored appropriately and used effectively by staff at the point of care delivery.

Areas for Improvement

- Access to one clinical hand wash sink in a six bedded bay was blocked by patient equipment preventing healthcare workers from washing their hands in the bay. The location and access to this sink should be reviewed as its close proximity to the patient and their immediate surrounds presents a risk of water splash and contamination.

- There was no separate hand wash sink in the domestic store. Consideration should be given to the provision of an integrated unit inclusive of hand wash and bucket sink facilities.

Hygiene Practices/Staff Questions

Areas of Good Practice

- Staff knowledge and practice in relation to IPC principles was excellent. All staff had received an update on “stool smart” training to reinforce prompt infection control practices to be applied in the event of a patient presenting with potentially infective diarrhoea.
- We observed excellent hand hygiene practices by a number of different practitioners, which were carried out correctly in accordance with trust policy and in conjunction with the World Health Organisation (WHO) 5 Moments for Hand Hygiene.
- Hand hygiene posters were displayed at prominent locations throughout the ward to reinforce adherence to the correct hand hygiene technique. Information to guide staff on IPC principles was displayed within the ward (Picture 4) and staff were aware of how to contact the IPC team in the trust for additional advice.



Picture 4: IPC information for staff.

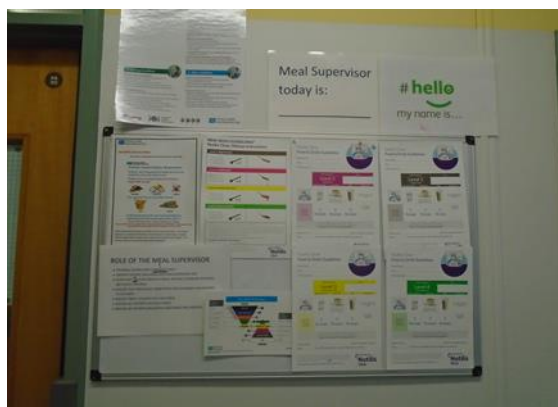
- We evidenced independent validation audits of staff IPC practices carried out by IPC team confirming adherence of staff to IPC standard precautions and aseptic non touch technique (ANTT).

Ward C3

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Overall the standard of cleanliness and maintenance was good. The patients' bay areas were bright and clean.
- Routine ward environmental cleanliness audits had been undertaken by staff, scores were displayed in the ward office. The staff were aware of their roles and responsibilities.
- Damage prone surfaces such as walls and doors caused by the flow of wheeled and pedestrian traffic were kept to a minimum by the use of surface protection barriers.
- There was good availability and accessibility of information leaflets to inform visitors to the ward of the importance of hand hygiene and actions to minimise the risk of infection.
- At the entrance of the ward there was a display board containing the name of the member of staff coordinating the meal service and general information about special diets. (Picture 5)



Picture 5: Meal Service Information displayed at ward entrance.

Areas for Improvement

- Improvement is required in the standard of cleaning within the sanitary facilities. Inspectors observed faecal staining on the underside of a toilet tissue dispenser. Consideration should be given to replacing items such as toilet seats with evidence of wear as this impacts on the effectiveness of cleaning.

- The standard of cleaning of the equipment store needs to be improved. We observed a build-up of dust on many high and low surfaces, particularly in areas of the room difficult to access. A lack of available storage space in the ward has resulted in equipment and supplies stored with no definite plan or pre-arranged order. (Picture 6)



Picture 6: Disorganised Equipment Store Room.

- Improvement is required in the standard of cleaning of an isolation room assessed by inspectors. There was a build-up of clutter on horizontal surfaces and personal items in the corners of the room. The clinical hand wash sink was difficult to access due to the storage of patient equipment and the inspectors observed stains on the floor.

Patient Linen

Areas of Good Practice

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

Areas for Improvement

- Staff must ensure soiled and/or infected linen is placed in water soluble bags before disposing into the appropriate laundry bag.

Waste and Sharps

Areas of Good Practice

- We observed the safe handling, segregation and transport of waste and sharps. Labels on all sharps boxes were correctly documented and temporary closures were in place when sharps boxes were not in use.

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.
- 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 identifying equipment as single use and the importance of decontamination of equipment between uses.

Areas for Improvement

- We observed a build-up of dust on stored items of equipment and more attention to detail cleaning is required to commodes and raised toilet seats.

Hygiene Factors/Cleaning Practices

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.
- Posters reinforcing the correct hand hygiene technique were displayed appropriately at clinical hand wash sinks.

Areas for Improvement

- Some staff were unclear on the correct use of PPE when transporting patients from the ward to other departments in the hospital.

Hygiene Practices/Staff Questions**Areas of Good Practice**

- 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.

Areas for Improvement

- Overall we observed good compliance with the fundamental practice of hand hygiene. However on a number of occasions one member of medical staff did not take the opportunity for hand hygiene.

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.

General Environment Standards Public shared areas	
Reception	90
Public toilets (Disabled toilet)	100
Corridors, stairs lift	94

General environment Standards wards or departments	Ward A1	Ward B4	Ward C3
Ward/department - general (communal)	93	98	95
Patient bed area	93	96	90
Bathroom/washroom	98	100	92
Toilet	N/A	98	89
Clinical room/treatment room	N/A	N/A	98
Clean utility room	90	100	N/A
Dirty utility room	95	96	96
Domestic store	91	91	94
Kitchen	88	98	94
Equipment store	90	95	78
Isolation	99	N/A	88
General information	93	100	97
Average Score	93	97	92

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.

Patient linen	Ward A1	Ward B4	Ward C3
Storage of clean linen	92	100	100
Storage of used linen	94	100	94
Laundry facilities	N/A	N/A	N/A
Average Score	93	100	97

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).0

Waste and sharps	Ward A1	Ward B4	Ward C3
Handling, segregation, storage, waste	90	96	99
Availability, use, storage of sharps	89	96	93

Standard: Patient Equipment

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

Patient equipment	Ward A1	Ward B4	Ward C3
Patient equipment	94	96	97

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.

Hygiene factors	Ward A1	Ward B4	Ward C3
Availability and cleanliness of wash hand basin and consumables	97	97	99
Availability of alcohol rub	100	100	100
Availability of PPE	100	100	100
Materials and equipment for cleaning	96	94	93
Average Score	98	98	98

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.

Hygiene practices	Ward A1	Ward B4	Ward C3
Effective hand hygiene procedures	100	96	91
Safe handling and disposal of sharps	100	100	93
Effective use of PPE	100	100	96
Correct use of isolation	100	100	90
Effective cleaning of ward	85	95	86
Staff uniform and work wear	89	96	93
Average Score	96	98	92

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
Ms L O'Donnell	Inspector, HSC Healthcare Team
Ms F Gault	Senior Inspector, Pharmacy Team
Ms R Lloyd	Inspector, Pharmacy Team
Mr K Fitzpatrick	Peer Reviewer, Charge Nurse BHSC

Trust representatives attending the feedback session on 11 June 2019

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

Ms A Harris	Assistant Director Medicine
Ms K Jenkins	Interim Divisional Nurse, Governance manager MEM
Ms A Mc Erlaine	Clinical Service Manager Acute Medicine
Ms A Redmond	Clinical Services Manager
Mr F Collie	CSM Care of Elderly
Ms N Baldwin	Senior Nurse Patient Safety
Mr P Bartley	Assistant Clinical Services Manager
Mr S Reid-Fox	Assistant Clinical Services Manager
Mr A Davies	Domestic Services Manager
Ms J Williams	Ward Sister A1
Ms J Munn	Ward Sister B4
Ms S Raju	Deputy Sister Ward C3

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.

Area: Ward A1

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	All staff should be updated in the safe management of sharps and the segregation of waste. Robust monitoring should be in place to provide continued assurance of staff practices.	CSM	Correspondance has been issued to be shared at ward safety brief - to update staff in the safe management of sharps and the segregation of waste. Ongoing validation audits to continue. Practice to be monitored by ward/deputy/clinical sisters and infection control link nurse/workers.	29 th July 19
2.	Safety checks of ward emergency equipment, pharmacy fridges and equipment cleaning schedules should be completed as per trust guidance. Robust monitoring should be in place to provide continued assurance of staff practices.		Correspondance has been issued to be shared at ward safety brief - all staff aware of responsibilities to complete checks emergency equipment, pharmacy fridges and equipment cleaning schedules. Ongoing validation audits to continue. Practice to be monitored by ward/deputy/clinical sisters and infection control link nurse/workers.	29 th July 19

3.	All ward staff should be updated with the Trust dress code policy. Robust monitoring should be in place to provide continued assurance of staff practices.	Divisonal Nurse/ Governance Manager	18 th June 19 - reminder to all staff regarding Trust dress code. Responsibility of all managers to monitor compliance - ongoing.	June 19
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Area: Ward B4

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	The location and access to the clinical hand wash sink in one of the bay's should be reviewed.	ACSM	location and access to the clinical hand wash sink reviewed. Costing requested for consideration as part of captial works.	July 19
2.	Action should be taken and robust monitoring implemented to ensure work surfaces in the Domestic Store are kept clutter free.	Domestic Services Manager/Assist ant Domestic Services Manager	The storage solutions in this store have been reviewed to ensure work surfaces are kept clutter free. Staff have been reminded of the importance of keeping the work surface clutter free which Supervisors will be responsible for monitoring as part of the Daily Observational and monthly Micad audit processes.	August 19
3.	Consideration should be given to the provision of an integrated unit inclusive of hand wash and bucket sink facilities in the Domestic Store.	Domestic Services Manager/Assist ant Domestic Services Manager	An estates works request has been progressed to have an intergrated unit inclusive of hand wash and bucket sink facilities fitted in this Domestic Store.	October 19

Area: Ward C3

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	The standard of environmental cleaning in the ward isolation room, sanitary areas and equipment store needs improvement. Robust monitoring of staff cleaning practices should be in place to provide continued assurance.	Domestic Services Manager/Assistant Domestic Services Manager	A multi disciplinary Environmental Cleanliness An An Environmental Cleanliness Focus Group has been established which has progressed the review of the cleaning schedules, the equipment used and the domestic services hours in C3. Improved storage solutions are being explored which will improve access to clean the store areas. Additional Domestic Services Supervisory monitoring arrangements have been established in C3. Equipment store reorganised and will be reviewed on ongoing basis. Ongoing validation audits to continue. Practice to be monitored by ward/deputy/clinical sisters and infection control link nurse/workers.	September 19
2.	Improvement is required in the hand hygiene practices of ward medical staff. Robust monitoring of medical staff hand hygiene practices should be in place to provide continued assurance.	Divisonal Nurse	Medical Director has issued correspondence to medical staff April 19. This will be re-issued at Junior Doctor feedback forums. Practice will be monitored as part of ongoing validation audits.	August 19
3.	All ward staff should be updated on the use of personal protective equipment when transporting patients to other areas within the hospital.	Nursing staff	This item refers to the practice of a student nurse who unnecessarily wore PPE for transfer of a patient. This practice was corrected by ward staff prior to transfer of patient. Delegated practice of Student Nurses will continue to be overseen by registered nurses.	Immediate

4.	Improvement is required in the standard of cleaning of stored patient equipment. Additionally the equipment store should be reorganised to allow for effective cleaning practises. Robust monitoring should be in place to provide continued assurance.	Ward Sister	Equipment store has been reorganised and the cleaning/standard will be reveiwed on ongoing basis by an assigned housekeeper.	July 19
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