



Unannounced Infection Prevention/Hygiene Inspection

Ulster Hospital

17 May 2018

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Contents

1.0	Profile of Service	2
2.0	Inspection Summary	3
3.0	Inspection Findings	5
4.0	Adherence to Standards	16
5.0	Key Personnel and Information	19
6.0	Improvement Plan	20

1.0 Profile of Service

An unannounced inspection was undertaken to Ulster Hospital on 17 May 2018.

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

- Ward 15A (Medical Assessment Unit)
- Ward 15B (Medical Assessment Unit)
- Ward 5A (Surgical)

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

Service Details

Responsible Person:

Mr Hugh McCaughey

Position:

Chief Executive Officer South
Eastern 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 15A	Ward 15B	Ward 5A
General environment	74	86	95
Patient linen	100	96	100
Waste	95	98	100
Sharps	69	97	97
Equipment	72	91	96
Hygiene factors	90	98	93
Hygiene practices	97	90	97
Average Score	85	94	97

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

The inspection team comprised of four inspectors from the RQIA and two peer reviewers. Details of the inspection team and trust representatives attending the feedback session can be found in Section 5.0

A total of 10 actions for improvement have been made to the South Eastern Health and Social Care Trust.

In Ward 15A, three of the assessed standards were minimally compliant including the general environment, sharps and patient equipment. We found issues in relation to the standard of cleanliness and maintenance of the ward environment, and staff practice in relation to the management of sharps and the cleaning of patient equipment.

Ward 15B was previously inspected on 27 February 2017 and 10 April 2017. This inspection was carried out to determine if compliance with the hygiene and cleanliness standards had been maintained. The findings of this inspection identified that compliance with the seven assessed standards were achieved. We however identified that on occasions staff practice could be improved in relation to hand hygiene practices.

Ward 5A is part of the new build and has been open approximately one year. We observed that the ward had a high standard of environmental cleanliness

and was in good decorative order. 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. The findings of this inspection identified that compliance with the seven assessed standards was achieved. Hand hygiene was performed at the correct moments.

In line with our inspection guidance we will carry out a further unannounced follow-up inspection of Ward 15A. The escalation policies and procedures are available on the RQIA website.

Escalation procedures were not required for this inspection.

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 South Eastern Health and Social Care Trust and in particular staff at the Ulster 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 newly constructed in-patient block has been operational for one year. The entrance to the hospital is clean, tidy and uncluttered. Large windows provide a good source of natural light to the internal facilities. These facilities include a small shop, a reception area and a waiting area with comfortable seating. The reception area was visibly clean and free from clutter. Public toilets were clean and well maintained.

In contrast, improvement is required in the standard of cleaning in the main entrance of the old hospital block, public toilets and corridors that lead to the wards.

Ward 15A Medical Assessment Unit (MAU)

General Environment - Maintenance and Cleanliness

Area of Good Practice

- The ward has a newly refurbished shower room. The room was clean and its fixtures and fittings had been finished to a high specification.

Area for Improvement

- The ward environment is old and in poor repair. Wall and door paint work were damaged throughout the ward. Shelving in the dirty utility room was damaged, the clinical hand wash sink in the domestic store was rusted and the fixtures and fabric of the kitchen was worn.
- The standard of cleaning throughout the ward needs improvement. We observed a build up of debris in floor corners, behind appliances and under shelving. One patient toilet required immediate cleaning, and there was faecal matter and staining evident on walls and around the toilet bowl. The hand wash sink and surround, floor, toilet brush and holder were also stained. A patient informed us that she had to clean the toilet and sink prior to using it.
- A bedside locker at an empty bed space required cleaning. Patient property was stored on the floor around beds making the area difficult to clean effectively. Hand hygiene posters were worn and need replaced.
- The clinical preparation area at the nurses' station was small and inadequate to prepare medication. Storage capacity in the clinical area was limited; we observed an open drawer containing intravenous (IV)

fluids of mixed strengths and solutions including bags of Potassium Chloride 0.3%; bags of Sodium Chloride 0.9% and bags of Glucose 5% (Picture 1). IV fluids should be clearly segregated to negate the risk of incorrect selection and administration to patients.



Picture 1: Drawer containing mixed bags of IV fluids

Patient Linen

Area of Good Practice

- We observed that patient linen was visibly clean, free from damage and stored in a clean and tidy environment.
- Staff wore appropriate personal protective equipment (PPE) when handling soiled/contaminated linen and placed it into the correct colour coded bag at the point of use.

Waste and Sharps

Area of Good Practice

- Waste was handled, segregated, stored and disposed of into the appropriate waste bin according to trust policy.

Area for Improvement

- Improvement is required in staff management of sharps. The temporary closure mechanisms of sharps bins were open and contained inappropriate waste. We observed that some intergrated sharps trays were not being effectively cleaned after use.

Equipment

Area for Improvement

- Improvement is required in the standard of equipment cleaning. We observed stains on IV stands, dressing procedure trolleys, blood glucose monitoring equipment, patient commodes and raised toilet seats (Picture 2). We saw a reusable blood pressure cuff and an oxygen mask lying on the floor under a patient's bed.



Picture 2: Stains present on the underside of a raised toilet seat

Hygiene Factors/Cleaning Practices

Area of Good Practice

- Hand washing facilities and a range of consumables such as soap and hand towels to promote hand hygiene were available on the ward.
- PPE was readily available and we observed that it was used appropriately by staff.

Area for Improvement

- The undersides of alcohol gel dispensers throughout the ward were dirty. Cleaning equipment including the cleaning trolley, dust pan, brush and mop buckets were also dirty.
- We observed that cleaning and disinfectant products were not stored in a locked cupboard, in accordance with Control of Substances Hazardous to Health (COSHH) legislation.

Hygiene Practices/Staff Questions

Area of Good Practice

- All staff when questioned had good knowledge of standard infection prevention and control (IPC) precautions which included hand hygiene and the use of PPE.
- We observed excellent hand hygiene practices. Hand hygiene was performed by staff at the correct moments and location, for example, before and after patient contact or contact with the patient's surroundings.

Ward 15B (Medical Assessment Unit)

General Environment - Maintenance and Cleanliness

Area of Good Practice

- We were advised that this ward will be moving to a new hospital building in 2020. It is anticipated that the new ward will offer an improved layout and design, add additional space for staff to deliver care and improve the overall patients' experience. The ward will consist entirely of ensuite side rooms, which will enhance IPC practices.
- The patient wash/shower room has been refurbished. All surfaces have been replaced and modern fixtures and fittings added throughout.

Area for Improvement

- This is an old ward and many of its surfaces, fixtures and fittings have suffered from wear and tear for example damage to the paintwork and plaster around window frames in patient bay areas (Picture 3). Maintenance of this ward should be kept to a high standard to allow for effective cleaning practices and promote a safer patient environment.



Picture 3: Damage to the paintwork and plaster around window frames in patient bay

- Cleaning of ward support spaces including clean and dirty utility rooms was generally of a good standard. However improvement is required to the high and low horizontal surfaces of patient bed areas and the procedure preparation area.
- The clinical preparation area beside the ward station does not have sufficient space to prepare equipment prior to carrying out a clinical procedure for example administration of medication. It is located in a busy area at the central work station where we observed staff being disrupted by noise and by other staff and relatives.

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.
- Staff wore appropriate PPE when handling soiled/contaminated linen and placed it into the correct colour coded bag at the point of use.

Waste and Sharps

Area of Good Practice

- Waste was handled, segregated, stored and disposed of into the appropriate waste bin according to trust policy.

Equipment

Area of Good Practice

- Patient equipment was clean, in a good state of repair and managed appropriately to negate the potential risk of contamination with microorganisms.
- Equipment cleaning schedules were in place and completed by staff. A trigger system was effectively used to identify when equipment had been cleaned.

Hygiene Factors/Cleaning Practices

Area 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.
- PPE was readily available and we observed that it was used appropriately by staff.
- Domestic cleaning equipment was clean and well maintained.

Area for Improvement

- A clinical hand wash sink in the dirty utility room was stained. It was evident that the sink had been used for the disposal of fluids. It is important that clinical hand wash sinks are only used for the purposes of hand hygiene.

Hygiene Practices/Staff Questions

Area of Good Practice

- All staff when questioned had good knowledge of 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

- During the inspection, we observed five members of staff who did not take the opportunity for decontaminating their hands in line with the World Health Organisation (WHO) 5 moments for hand hygiene. As hand hygiene is the single most important activity in preventing the spread of

healthcare associated infections all staff must adhere to Trust policy and best practice guidance.

Ward 5A (Surgical)

General Environment - Maintenance and Cleanliness

Area of Good Practice

- Ward 5A is situated within the new in-patient ward block. The ward is a modern facility consisting of 24 single en suite rooms specifically designed to enhance the patient experience, reduce the transmission of infection causing organisms and provide improved patient privacy. The entrance to the ward is bright and airy. The reception desk is easily identifiable and the ward clerk was present to provide clear directions for visitors to the ward.
- The ward environment including in-patient areas, the medicines management room, dirty utility room and domestic sluice room were cleaned and maintained to a high standard (Picture 4). Staff were aware of their roles and responsibilities in relation to cleaning of the environment.



Picture 4: Clean and tidy work surface in medicines management room.

- Cleaning equipment was clean and stored appropriately. We saw evidence of environmental cleaning rotas identifying roles and responsibilities of staff for cleaning.

Area for Improvement

- We observed clutter in some areas including the medicines management room and the dirty utility room. Adhesive tape residue was present on some surfaces leaving them difficult to clean effectively.

- There was a build up of dirt at the joint in the intergrated panel behind clinical handwashing sinks.



Picture 5: Ingrained dirt at IPS panel joint above hand wash tap

- There were no information posters displayed to guide staff on the safe segregation of clinical and household waste; the segregation of used or infected linen; and colour coding guidelines for cleaning equipment. A first aid poster was not available to direct staff as to what they should do in the event of splash or exposure to cleaning disinfectant.
- There were no disinfectant dilution bottles on the ward for staff to ensure that cleaning disinfectant was made up to the correct consistency for environmental and equipment decontamination.

Patient Linen

Area of Good Practice

- We observed that patient linen was visibly clean, free from damage and stored in a clean and tidy environment.
- Staff wore appropriate PPE when handling soiled/contaminated linen and placed it into the correct colour coded bag at the point of use.

Waste and Sharps

Area of Good Practice

- Sharps and waste were managed in line with best practice. Sharps boxes were dated and signed, and the temporary closure was deployed when not in use. Waste was appropriately segregated and stored in a designated secure hold prior to collection.

Equipment

Area of Good Practice

- Patient equipment, including commodes and moving and handling aids, was clean and labelled. There was evidence of good stock rotation to ensure older stock is used first. New mattresses have recently been purchased for the whole ward. We saw evidence of Trust wide mattress audits carried out in the Ulster Hospital during July 2017. However, we were told that ward based mattress audits are not routinely completed.

Area for Improvement

- The ward has four designated storage areas; however, these were poorly organised. We observed new patient equipment and used patient property stored together; another storage area contained a large volume of clean consumables, some being stored on the floor.

Hygiene Factors/Cleaning Practices

Area of Good Practice

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

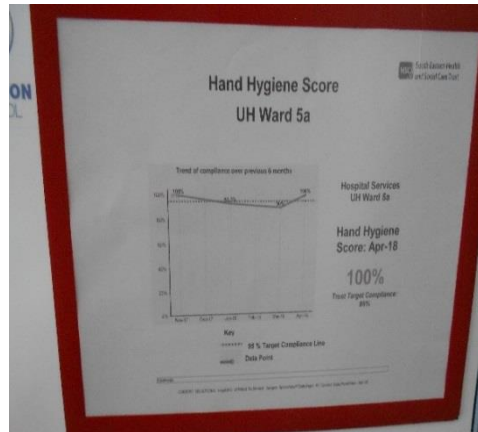
Area for Improvement

- Aprons and gloves were stored in the dirty utility room, exposing them to contamination from harmful microorganisms prior to use.

Hygiene Practices/Staff Questions

Area of Good Practice

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



Picture 6: Hand hygiene audit scores in Ward 5A

- During our inspection we were told that there were no patients on the ward who required isolation due to a potential infection risk. We were informed that the trust IPC team provides good support and advice for ward staff.
- We were told of quality improvement initiatives to promote early discharge from the ward, of patients requiring support after breast surgery and those requiring support after urology surgery. The ward has also introduced a hands free, wireless communication system for use by staff. The system has transformed the way staff communicate with each other enabling more time to be spent with patients.

Area for Improvement

- On occasion we observed the inappropriate use of PPE by staff. Disposable gloves were put on too soon and not removed immediately following tasks. Conversely, where disposable gloves were worn appropriately prior to handling used clinical and domestic waste bags, disposable aprons were not worn.
- On questioning, not all nursing staff were aware of the correct dilution rate for disinfectants in use.
- We reviewed documentation for the management of indwelling devices including peripheral venous cannulas. For one cannula, we observed that there was no documented evidence to support the ongoing management of this cannula.

Additional Issue

- There are occasions when the use of a non-designated bed is required on the ward. Due to the position of this bed, beside the reception desk, it may be difficult to maintain patient confidentiality. Patients in this bed access toilet facilities outside the ward as there is no separate patient

toilet/shower room on the ward. We were told that a risk assessment is carried out prior to placing a patient in this bed.

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	Main Hospital Entrance	New Hospital Entrance
Reception	92	100
Public toilets	72	98
Corridors, stairs lift	80	100

General environment Standards wards or departments	Ward 15A	Ward 15B	Ward 5A
Ward/department - general (communal)	81	77	93
Patient bed area	75	74	96 (en suite)
Bathroom/washroom	100	98	N/A
Toilet	41	88	N/A
Clinical room/treatment room	61	N/A	N/A
Clean utility room	N/A	79	94
Dirty utility room	73	89	96
Domestic store	64	88	98
Kitchen	65	88	100
Equipment store	81	80	91
Isolation	90	86	99
General information	87	96	78
Average Score	74	86	94

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 15A	Ward 15B	Ward 5A
Storage of clean linen	100	92	95
Storage of used linen	100	100	100
Laundry facilities	N/A	N/A	N/A
Average Score	100	96	98

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)

Waste and sharps	Ward 15A	Ward 15B	Ward 5A
Handling, segregation, storage, waste	95	98	100
Availability, use, storage of sharps	69	97	97

Standard: Patient Equipment

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

Patient equipment	Ward 15A	Ward 15B	Ward 5A
Patient equipment	72	91	96

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 15A	Ward 15B	Ward 5A
Availability and cleanliness of wash hand basin and consumables	96	95	100
Availability of alcohol rub	83	97	100
Availability of PPE	100	100	82
Materials and equipment for cleaning	80	98	88
Average Score	90	98	93

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 15A	Ward 15B	Ward 5A
Effective hand hygiene procedures	93	55	92
Safe handling and disposal of sharps	100	100	100
Effective use of PPE	100	97	92
Correct use of isolation	N/A	N/A	100
Effective cleaning of ward	100	100	86
Staff uniform and work wear	96	100	100
Average Score	97	90	95

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms M Keating	-	Inspector, Healthcare Team
Mr T Hughes	-	Inspector, Healthcare Team
Ms J Gilmour	-	Inspector, Healthcare Team
Mr M Lavelle	-	Inspector, Nursing Home Team
Ms MT Ross	-	Peer Reviewer
Ms D Hamilton	-	Peer Reviewer

Trust representatives attending ward feedback sessions on 17 May 2018

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

Ms G Rahilly	Sister
Ms R Watson	Clinical Manager
Ms A McKean	Sister
Mr R Knight	Manager, Domestic, Porters and Community Services
Ms G Smyth	Quality Manager, Service Lead
Ms J McNeill	Band 6 MAU
Ms E Strahan	Governance Facilitator, Medicine
Ms R Upritchard	Patient Experience Manager
Ms N Magee	Senior IPCN
Ms K Boudou	Sister
Ms J McMahan	Lead Nurse, Surgical Specialities
Ms C McCabe	Infection Prevention and Control Nurse
Ms G Smith	S/N
Ms L Saunders	Assistant Operational Manager Patient Experience
Ms D Boal	Ward Sister Assistant Level 5
Ms E Pringle	Catering Services Lead

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 15A

Ref. No.	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 should be improved and robust monitoring should be in place to provide continued assurance.	Patient Experience Management Team	Cleaning schedules have been reviewed and updated. Supervision has been increased and ward remains on unannounced internal audit programme conducted by Patient Experience Senior Management Team. Two internal inspections have been held since RQIA inspection. Ward was also put under Internal Special Measures – please audit trail below. April 18 – 85% May – 18 – RQIA Inspection June 18 – 87% Aug – 92%	June 2018 completed. Focus continues
2.	All staff should be updated in the safe management of sharps. Robust monitoring should be in place to	Ward Manager	All staff re-educated on appropriate use of temporary closures on sharps boxes.	June 2018 completed.

	provide continued assurance.		Newly appointed housekeeper monitors use and management of sharps and reports compliance to ward manager	Focus continues.
3.	The standard of cleaning and decontamination of patient equipment throughout the ward should be improved and robust monitoring should be in place to provide continued assurance.	Ward Manager	<p>Cleaning procedures for patient equipment shared with all staff at team meeting 12th August 2018.</p> <p>Cleaning schedules with instructions have been added to the shared folder and are displayed throughout ward.</p> <p>Performance is being monitored by newly appointed housekeeper and reported to ward manager.</p>	June 2018 completed. Focus continues.
4.	IV fluids should be clearly segregated to prevent selection errors.	Ward Manager	<p>Fluids have been removed and segregated appropriately.</p> <p>Staff have been informed of correct procedure for storing IV fluids.</p>	Immediate on day of inspection. Focus continues.

Area: Ward 15B

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 cleaning of clinical spaces should be improved. Robust monitoring of staff practices should be in place to provide continued assurance.	Ward Manager	<p>Cleaning schedules and appropriate procedures were shared at team meeting 12th August 2018.</p> <p>This information has been added to the shared folder.</p> <p>Schedules are displayed on ward.</p> <p>Assurance robust monitoring programme is in place whereby cleaning schedules are in place, adhered to, signed-off, checked and reported on. Results are displayed and discussed with staff. Most recent quarter's results ranged from 97 – 100% compliance.</p>	August 2018 completed. Focus continues.
2.	Immediate improvement is required in ward staff hand hygiene practices. Robust monitoring of staff practices should be in place to provide continued assurance.	Ward Manager	<p>The Infection Prevention and Control Team provide face-to-face training to all staff - both day and night , on both hand hygiene opportunities and on hand hygiene technique.</p> <p>The team continue to monitor hand hygiene compliance.</p>	June 2018 completed. Focus continues.
3.	All staff should be updated in the appropriate use of clinical hand wash sinks.	Ward Manager	The Infection Prevention and Control Team featured the appropriate use of clinical sinks	June 2018 completed.

			during hand hygiene training.	Focus continues.
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Area: Ward 5A

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Ward staff should be updated on the appropriate use of PPE. PPE should be relocated outside the dirty utility room to reduce contamination from harmful microorganisms.	Ward Manager	<p>Infection control mandatory training includes the correct use of PPE.</p> <p>Plans are in place for all staff to be up to date with this training (to include patient experience staff).</p> <p>A new dispenser has been ordered for PPE and will be positioned outside Dirty Utility Room.</p> <p>Upon arrival of new dispenser, a job request will be logged with Estates Team to have the new item installed and the old item removed.</p>	December 2018 completion estimated.
2.	Posters guiding staff on infection control standard precautions including waste and linen segregation, should be clearly displayed within the ward.	Ward Manager	Request for suitable posters was submitted to Infection Prevention and Control Team. These have been provided by the IPC Team.	September 2018 completed. Focus continues.
3.	Ward staff should ensure that all relevant information is recorded in relation to the insertion and ongoing management of invasive devices and that devices are promptly removed	Ward Manager	<p>This issue has been raised at ward meetings and on monthly update sheet for all staff.</p> <p>Monthly audits are carried out and results</p>	September 2018 completed. Focus continues.

	when no longer required.		monitored and displayed on HOT board. Staff reminded to complete the ongoing care records should a patient transfer from another area with a cannula insitu and to remove invasive devices promptly when indicated by the care plan.	
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