



# Unannounced Infection Prevention / Hygiene Follow-up Inspection

Ulster Hospital

4 October 2018

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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 of Ulster Hospital on 4 October 2018. This follow-up inspection was carried out as a result of a previous inspection on 17 May 2018 which resulted in four actions for improvement.

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

- Ward 15A MAU (Medical Assessment Unit)

Previous infection prevention and hygiene inspection reports of Ulster Hospital are available on the RQIA website [www.rqia.org.uk](http://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](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

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

Areas inspected	Ward 15A (May 2018)	Ward 15A (October 2018)
General environment	74	95
Patient linen	100	100
Waste	95	100
Sharps	69	100
Equipment	72	99
Hygiene factors/Cleaning Practices	90	100
Hygiene practices/Staff Questions	97	92
<b>Average Score</b>	<b>85</b>	<b>98</b>

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

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

This inspection of the Ulster Hospital resulted in no actions for improvement and all the previous recommendations have been actioned. Ward 15A was previously inspected on 17 May 2018.

The ward was clean and tidy however we observed that some improvement is required to the fabric of the ward. 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. All assessed standards were compliant.

We observed good practice in the use of personal protective equipment (PPE) 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 inspection team would like to thank South Eastern Health and Social Care Trust and in particular staff in Ward 15A MAU 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)

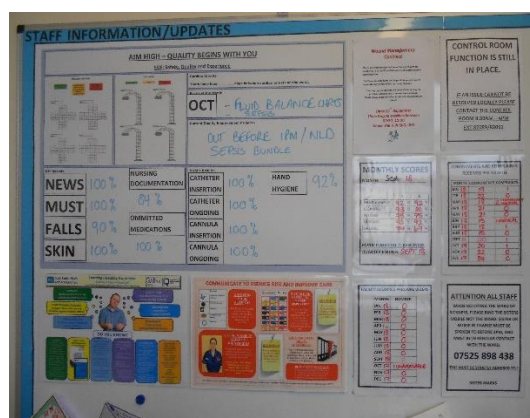
The entrance to the hospital appeared clean and tidy with evidence of an effective cleaning programme in place. Public toilets were clean and well maintained.

#### Ward 15A MAU

##### General Environment

#### Areas of Good Practice

- We observed that the environmental cleanliness of the ward was of a good standard. The ward was tidy, well organised and clutter free which ensures that effective cleaning can be undertaken. This was an improvement from the previous inspection.
- We observed the bathroom which had been recently refurbished to be of a high standard of cleanliness, uncluttered and fresh smelling.
- A range of information boards were displayed for the public to provide assurance of staff IPC practices (picture 1).
- The ward has recently employed a ward Housekeeper. We were advised that this ward will be moving to a new hospital building in 2020.



Picture 1: Information on key performance indicators

**Areas for Improvement**

- The paint work was damaged and exposed wood was evident throughout the ward. Shelving in the dirty utility room was damaged and the fixtures and fabric of the kitchen was worn.
- The Balcony area of the ward was unclean. We were informed that this area of the ward is being refurbished to accommodate the Electronic Documentation and Management (EDAMs) information system.

**Patient Linen****Areas of Good Practice**

- We observed that patient linen was visibly clean, free from damage and stored in a clean and tidy linen store room.
- Staff were observed managing linen safely to prevent the spread of microorganisms to those receiving care.

**Waste and Sharps****Areas of Good Practice**

- We observed the safe segregation, handling, transport and disposal of waste and sharps.
- The temporary closure of sharps container lids was deployed when not in use. Sharps boxes were dated and signed.

**Areas for Improvement**

- The shared disposal hold was observed to be untidy.

**Equipment****Areas of Good Practice**

- The patient equipment was clean, in good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- Nursing equipment was stored appropriately and a trigger mechanism was in place to identify when equipment had been cleaned.

- We observed integrated sharps trays which were clean and used appropriately, this was an improvement from the last inspection.

### Hygiene Factors/Cleaning Practices

#### Areas of Good Practice

- We observed that hand hygiene facilities and a range of consumables were available to enable hygiene practices to be carried out effectively. The undersides of alcohol gel dispensers throughout the ward were clean, this was an improvement from the previous inspection.
- Adequate supplies of PPE were available and we observed good use of PPE when delivering care.
- Alcohol rub is available at the ward entrance and directly accessible at the point of care and on the ends of the beds. Hand wipes are available for patient's use prior to meals, toileting.

#### Areas for Improvement

- Lime scale was present on taps and tap fittings.

### Hygiene Practices/Staff Questions

#### Areas of Good Practice

- On questioning staff, knowledge was good on IPC policies and procedures, staff can readily access policies.
- We observed staff washing their hands in line with the World Health Organisation (WHO) guidance "Five moments of Hand hygiene". We also observed good hand washing technique used by all staff.
- All patients requiring isolation were in single rooms with the transmission based precautions in place and poster displayed.
- We observed Intravenous (IV) fluids clearly segregated in a pharmaceutical store room.

#### Areas for Improvement

- We observed staff visiting the ward not adhering to the "bare below the elbow" trust policy, wearing engagement rings and nail polish.



## 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	98
Public toilets	98
Corridors, stairs lift	88

<b>General environment Standards wards or departments</b>	<b>Ward 15A (May 2018)</b>	<b>15A (October 2018)</b>
Ward/department - general (communal)	81	96
Patient bed area	75	96
Bathroom/washroom	100	96
Toilet	41	N/A
Clinical room/treatment room	61	95
Clean utility room	N/A	N/A
Dirty utility room	73	98
Domestic store	64	98
Kitchen	65	91
Equipment store	81	90
Isolation	90	95
General information	87	100
<b>Average Score</b>	<b>74</b>	<b>96</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 15A (May 2018)</b>	<b>15A (October 2018)</b>
Storage of clean linen	100	95
Storage of used linen	100	100
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>100</b>	<b>98</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 15A (May 2018)</b>	<b>15A (October 2018)</b>
Handling, segregation, storage, waste	95	100
Availability, use, storage of sharps	69	100

**Standard: Patient Equipment**

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

<b>Patient equipment</b>	<b>Ward 15A (May 2018)</b>	<b>15A (October 2018)</b>
Patient equipment	72	99

**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 (May 2018)	15A (October 2018)
Availability and cleanliness of wash hand basin and consumables	96	100
Availability of alcohol rub	83	100
Availability of PPE	100	100
Materials and equipment for cleaning	80	97
<b>Average Score</b>	<b>90</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.

Hygiene practices	Ward 15A (May 2018)	15A (October 2018)
Effective hand hygiene procedures	93	100
Safe handling and disposal of sharps	100	90
Effective use of PPE	100	100
Correct use of isolation	N/A	100
Effective cleaning of ward	100	100
Staff uniform and work wear	96	89
<b>Average Score</b>	<b>97</b>	<b>97</b>

## 5.0 Key Personnel and Information

### Members of the RQIA inspection team

Ms G Clarke - Inspector, Healthcare Team  
Ms J Gilmour - Inspector, Healthcare Team

### Trust representatives attending the feedback session on 4 October 2018

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

Mr D McKeown	Estates
Mr T O'Hara	Patient Experience
Ms R Upritchard	Patient Experience Manager
Ms D Boyd	Housekeeper
Ms R Marks	Ward Manger
Ms R Watson	Clinical Manager

## 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.

### Area: 15A

Reference number	Areas for Improvement	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
<b>No Areas for Improvement identified</b>				



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