



# Unannounced Infection Prevention/Hygiene Inspection

Ulster Hospital

27 February 2017

[www.rqia.org.uk](http://www.rqia.org.uk)

## Contents

<b>1.0</b>	<b>Profile of Service .....</b>	<b>1</b>
<b>2.0</b>	<b>Inspection Summary.....</b>	<b>3</b>
<b>3.0</b>	<b>Inspection Findings .....</b>	<b>5</b>
<b>4.0</b>	<b>Level of Compliance Tables .....</b>	<b>13</b>
<b>5.0</b>	<b>Key Personnel and Information .....</b>	<b>16</b>
<b>6.0</b>	<b>Provider Compliance Improvement Plan .....</b>	<b>17</b>

## 1.0 Profile of Service

An unannounced inspection was undertaken to Ulster Hospital on 22 February 2017.

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

- Ward 15B Medical Assessment Unit (MAU)
- Ward 20 Cardiology
- Ward 25 Medical

Previous infection prevention and hygiene inspection reports of the 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

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.

The audit tool is comprised of the following sections:

- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool.

The section on organisational systems and governance is reviewed on announced inspections.

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.

This Inspection tool is available on the RQIA website [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. Percentage scores can be allocated a level of compliance using the compliance categories below.

### Level of Compliance

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

Areas inspected	Ward 15B	Ward 20	Ward 25
General environment	80	85	90
Patient linen	91	89	96
Waste	98	96	97
Sharps	86	96	97
Equipment	74	96	94
Hygiene factors	93	97	99
Hygiene practices	97	96	98
<b>Average Score</b>	<b>88</b>	<b>94</b>	<b>96</b>

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

The inspection team was made up of six 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.

### Report Summary

This inspection of the Ulster Hospital resulted in four recommended actions for Ward 15B. Immediate improvement is required in the standard of cleanliness of the wards general environment and patient equipment. Ward 20 and 25 achieved overall compliance in all standards and each ward had a recommended action.

In all three wards staff knowledge in relation to infection prevention and control (IPC) was good and observed hand hygiene practices were very good.

A follow up inspection will be required for Ward 15 in line with RQIA escalation procedures. The escalation policies and procedures are available on the RQIA website.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which

require improvement. (The findings are available on request from RQIA Healthcare Team).

The final report and provider compliance improvement plan will be available on the RQIA website.

When required, reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency.

The RQIA inspection team would like to thank the South Eastern Health and Social Care Trust and in particular all staff at the Ulster Hospital for their assistance during the inspection.

It should be noted that 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 on 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 legislation, standards and best practice.

### 3.0 Inspection Findings

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

- The main entrance, public toilets and corridors require more attention to cleaning in relation to dusty surfaces. There was damage to some of the fixtures such as the reception desk and vinyl covers on seating.

#### Ward 15B

##### General Environment

#### Areas for Improvement

- The standard of cleaning within the ward was poor; many high and low surfaces throughout the ward were dusty. This was most notable along the main ward corridor, the clean and dirty utility rooms, domestic and the patient equipment store. Fixtures in the shower room and kitchen required further cleaning.



Picture 1: Dusty air vent

- Many of the wards fixtures and fittings were worn; there was visible damage to walls and doors. The damage to the laminate finish on the nurses station was particularly notable.
- A lack of equipment storage space resulted in excess patient equipment stored along ward corridors.

- The clinical work area beside ward nurses station does not have sufficient space for the preparation of equipment for clinical procedures

### **Patient Linen**

#### **Areas of Good Practice**

- Staff managed linen safely to prevent the spread of microorganisms to those receiving care.

#### **Areas for Improvement**

- The floor and low surfaces in the linen store were very dusty, the storage of linen was disorganised.

### **Waste and Sharps**

#### **Areas for Improvement**

- We observed some issues regarding sharps boxes, not signed or dated, over filled, not secure and temporary closures not in place.

### **Equipment**

#### **Areas for Improvement**

- We observed a lack of attention to detail in the cleaning of patient equipment. The resuscitation, phlebotomy, medicine and notes trolleys were either dusty or stained.



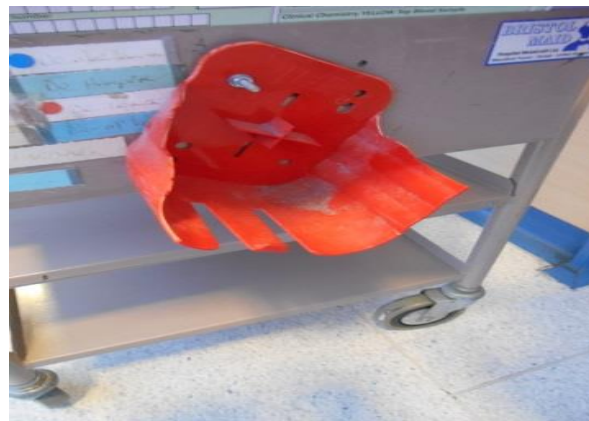
## Hygiene Factors

### Areas 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. Personal Protective Equipment (PPE) was readily available and we observed that it was worn appropriately by staff.

### Areas for Improvement

- We observed at times that, not all clinical hand wash sinks in the bays were accessible and there was no clinical hand wash sink at the clinical preparation area
- Some alcohol dispensers were dusty and empty



Picture 2: Dusty alcohol dispenser

- Disinfectants were not stored in line with guidance.
- Domestic cleaning equipment required more detailed cleaning.

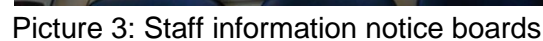
## Hygiene Practices

### Areas of Good Practice

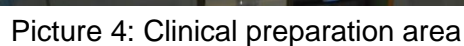
- We observed that hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.
- Staff were knowledgeable on the principles of IPC.

## General Environment

- The standard of cleaning throughout the ward was good. Staff were aware of their roles and responsibilities in relation to cleaning the environment.
- Staff information notice boards were informative.



- This is an old ward and many of its fixtures and fittings have suffered from wear and tear. There was some damage to walls, doors, sanitary fittings and the paintwork of the window frames was particularly poor.
- Similarly to ward 15B, the clinical work area beside ward nurses station does not have sufficient space for the preparation of equipment for clinical procedures.



- A lack of equipment storage space resulted in excess patient equipment stored along ward corridors.

### **Patient Linen**

#### **Areas of Good Practice**

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

### **Equipment**

#### **Areas of Good Practice**

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

## Hygiene Factors

### Areas of Good Practice

- We observed that hand washing facilities, a range of consumables were available to enable hygiene practices to be carried out effectively. Personal Protective Equipment (PPE) was readily available and worn appropriately.

## Hygiene Practices

### Areas of Good Practice

- We observed that hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.
- Staff were knowledgeable on the principles of IPC and we observed good management of patients with an infection risk.

## Ward 25

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

At the reception area to the building, we observed dust and debris on the corners of the floor and in the crevices of the entrance door. The paint finish on the walls was damaged.

## General Environment

### Areas of Good Practice

- The ward was light bright and spacious, with a range of side rooms and a shower and toilet facilities for patients. The standard of environmental cleaning was very good.

## Patient Linen

### Areas of Good Practice

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

## Equipment

### Areas of Good Practice

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

## Hygiene Factors

### Areas 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.
- Clinical hand wash sinks were clean, well maintained, located near to the point of care and only used for hand hygiene purposes.
- Cleaning equipment was clean, in good repair and stored appropriately, cleaning schedules were under review.

## Hygiene Practices

### Areas of Good Practice

- We observed that hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.
- We observed good IPC in relation to the use of PPE and good adherence to the trust uniform policy.
- Staff were knowledgeable on the principles of IPC and we observed good management of patients with an infection risk.

### Addition area for improvement

- In the treatment room, boxes containing vials of IV antibiotics were stored on the work surface and not locked in medicine cupboards.



Picture 5: Medication stored on work surface

## 4.0 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 Standards Public shared areas	Main Reception
Reception	82
Public toilets	84
Corridors, stairs lift	90

General environment Standards wards or departments	Ward 15B	Ward 20	Ward 25
Ward/department - general (communal)	74	80	94
Patient bed area	91	89	95
Bathroom/washroom	78	89	94
Toilet	82	82	95
Clinical room/treatment room	N/A	N/A	76
Clean utility room	73	81	N/A
Dirty utility room	81	91	87
Domestic store	67	82	77
Kitchen	79	70	95
Equipment store	75	86	90
Isolation	93	88	90
General information	93	96	96
<b>Average Score</b>	<b>80</b>	<b>85</b>	<b>90</b>

### 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	Ward 15B	Ward 20	Ward 25
Storage of clean linen	81	84	92
Storage of used linen	100	93	100
Laundry facilities	N/A	N/A	N/A
<b>Average Score</b>	<b>91</b>	<b>89</b>	<b>96</b>

#### Standard 4: Waste and Sharps

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

Waste and sharps	Ward 15B	Ward 20	Ward 25
Handling, segregation, storage, waste	98	98	97
Availability, use, storage of sharps	86	94	97

#### Standard 5: Patient Equipment

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

Patient equipment	Ward 15B	Ward 20	Ward 25
Patient equipment	74	96	94

#### 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	Ward 15B	Ward 20	Ward 25
Availability and cleanliness of wash hand basin and consumables	91	100	99
Availability of alcohol rub	93	100	100
Availability of PPE	100	100	100
Materials and equipment for cleaning	88	89	96
<b>Average Score</b>	<b>93</b>	<b>97</b>	<b>99</b>



## 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	Ward 15B	Ward 20	Ward 25
Effective hand hygiene procedures	100	100	90
Safe handling and disposal of sharps	100	93	100
Effective use of PPE	100	94	95
Correct use of isolation	N/A	100	100
Effective cleaning of ward	88	95	100
Staff uniform and work wear	96	93	100
<b>Average Score</b>	<b>97</b>	<b>96</b>	<b>98</b>

## 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 L Gawley	-	Inspector, Healthcare Team
Ms J Gilmour	-	Inspector, Healthcare Team
Ms C Goan	-	Peer Reviewer
Ms H Sleator	-	Peer Reviewer
Ms C Higgins	-	Lay Assessor

### Trust Representatives Attending the Feedback Session

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

Ms K McIlveen		Assistant Director, Hospital Services – Medical
Mr J Thompson		Assistant Director, Patient Experience
Ms L Kelly		Assistant Director, Safe and Effective Care
Ms R Marks		Ward Manager, Medical Assessment Unit
Ms L Lawden		Ward Manager, Ward 25
Ms D Stephens		Ward Manager, Ward 20
Ms L Elias		Clinical Manager, Medical Specialities
Mr R Donovan		Clinical Co-ordinator
Ms L Lowry		Clinical Co-ordinator – Medicine
Ms T Daly		Clinical Co-ordinator, Medical Specialities
Ms R Watson		Clinical Manager
Ms N Magee		Senior IPC Specialist Nurse
Ms M Merron		IPC Nursing Lead
Mr R Knight		Patient Experience Manager
Ms G Smyth		Quality, Performance & Training Manager
Ms S Dineley		Quality Training Officer
Mr D Currie		Estates Operations Manager
Mr C Campbell		Safe and Effective Care Manager
Ms J Patterson		Patient Safety Officer
Ms R Upritchard		Patient Experience Manager
Ms K Ferguson		Band 6
Ms R Sloan		Band 6

### Apologies:

Ms N Patterson		Director of Nursing, Primary Care & Older People
Ms I King		IPC Nursing Lead

## 6.0 Provider Compliance Improvement Plan

The provider compliance improvement plan should be completed detailing the actions taken and returned to [Healthcare.Team@rqia.org.uk](mailto:Healthcare.Team@rqia.org.uk) for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken. The responsible person identified should ensure that all recommended actions are taken within the specified timescales.

### Area: Ward 15B

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	The standard of environmental cleaning throughout the ward should be improved and robust monitoring should be in place to provide continued assurance.	Patient Experience Co-ordinator / Manager	New robust schedules implemented. Monitoring arrangements in place.  All Service Assistants in the Ward to receive refresher training in cleanliness standards. Increased monitoring of the Ward by Co-ordinators to be put in place.	Completed March 2017  Completed 30.04.2017
2.	The area used for clinical procedures should be reviewed.	Nursing / Estates	Unable to change as no other area available until move to new build (est. 2021).	2021. Will be resolved upon move to new build.
3.	Staff should ensure sharps boxes are managed in line with trust policy.	All staff responsible for compliance.	Staff are reminded to ensure temporary closures used after use. Monitoring arrangements are in place.	Completed Feb 2017. Immediate and continues as core daily business
4.	The standard of cleaning and decontamination of patient		New schedules in place. Monitoring arrangements are in place.	Completed March 2017

	equipment throughout the ward should be improved and robust monitoring should be in place to provide continued assurance.			
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**Area: Ward 20**

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
5.	The area used for clinical procedures should be reviewed.		<p>The area for clinical procedures i.e. drawing up IV medications was limited in space. The Medication fridge sat on the work bench.</p> <p>The Medication fridge was moved from the bench to provide a larger working area.</p> <p>The area has been clearly identified for clinical procedures only.</p> <p>Cupboard space in the area has been reassessed and equipment has been reallocated appropriately.</p> <p>Hand washing facilities are close by in Bay 2. Hand sanitiser is wall mounted.</p>	<p>Completed February 2017.</p> <p>Action taken on day of inspection</p>

**Area: Ward 25**

<b>Reference number</b>	<b>Recommended Actions</b>	<b>Responsible Person</b>	<b>Action/Required</b>	<b>Date for completion/ timescale</b>
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
<b>6.</b>	<b>Staff should ensure medications are stored safely in line with the management of medications policy.</b>		<b>Staff reminded of medication storage requirements as per policy.</b> <b>Monitoring arrangements in place.</b>  <b>On 21.05.2017, UHD Ward 25 will move to the new ward block to purpose built medical ward with correct storage etc. for pharmacy.</b>	<b>Completed February 2017.</b>



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Fax** 028 9051 7501  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)