



# Unannounced Infection Prevention/Hygiene Follow Up Inspection

Ulster Hospital

10 April 2017

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

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## 1.0 Profile of Service

An unannounced follow up inspection was undertaken to Ward 15B Ulster Hospital on 10 April 2017. This was as a result of an inspection undertaken on 27 February 2017. During this inspection four recommended actions were included in the provider compliance improvement plan for the trust to address.

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

- Ward 15B (Medical Assessment Unit)

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**

### 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

<b>Compliant:</b>	<b>85% or above</b>
<b>Partial Compliance:</b>	<b>76% to 84%</b>
<b>Minimal Compliance:</b>	<b>75% or below</b>

Areas Inspected	Ward 15B 27 Feb 2017	Ward 15B 10 April 2017
General Environment	80	93
Patient Linen	91	98
Waste	98	100
Sharps	86	100
Patient Equipment	74	92
Hygiene Factors	93	99
Hygiene Practices	97	99
<b>Average Score</b>	<b>88</b>	<b>97</b>

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

The inspection team was made up 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.

At the follow up inspection, Ward 15B achieved compliance with each assessed standard; two standards were fully compliant. We observed that the ward environment was clean and that staff knowledge and practice in relation to infection prevention and control (IPC) was good.

### Areas of Good Practice

- We observed that the new regional line labelling guidance poster was displayed on the ward
- We observed line labels in use
- Audits on hand hygiene and environmental cleanliness were displayed
- The “Infection Control” notice board was prominent and displayed up to date information
- Staff demonstrated good knowledge and practices on IPC issues

Ward 15B was previously inspected on 27 February 2017. It was minimally compliant in one standard and a number of issues were identified in regard to

the cleaning of the environment and patient equipment. As a result of this a follow up inspection was required.

Following the inspection on 10 April 2017, all standards have achieved compliance. No recommendations have been made as a result of this inspection.

Escalation procedures were not required for this inspection. 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 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)

- It remains an ongoing challenge for staff to keep the area around the front entrance of the hospital clean, however the main public areas were clean, tidy and free from excess clutter.

### Ward 15B

#### General Environment

##### Areas of Good Practice

- The inspection team found the ward to be clean with staff aware of their roles and responsibilities in relation to cleaning the environment.

##### Areas for Improvement

- Damage was noted to walls, windows, doors and frames
- The clinical preparation area, while tidy and clutter free, is inadequate for clinical procedures

#### 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 found that the segregation, handling, transport and disposal of waste and sharps were managed effectively.

## Equipment

### Areas of Good Practice

- The majority of in use and stored patient equipment was in good condition, clean and managed appropriately to reduce the risk of contamination with harmful microorganisms.
- Trigger tape was in place to identify equipment which had been cleaned, robust cleaning schedules were in place and completed by staff.

### Areas for Improvement

- At a patient's bedside, there was no cover/cap on the hub of a disconnected IV line.

## Hygiene Factors

### 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.
- Cleaning equipment was clean, in good repair and stored appropriately.

### Areas for Improvement

- The clinical hand wash sink in Bay 6 was in close proximity to the patient's bed impeding access when the privacy curtain was drawn.

## Hygiene Practices

### Areas of Good Practice

- We observed a high standard of hand hygiene practices carried out in line with World Health Organisation (WHO) "five moments for hand hygiene"
- The majority of staff demonstrated good use of PPE.
- Staff adhered to the trust uniform policy.
- We observed posters promoting good IPC practice.
- The ward has commenced the labelling of invasive access lines to safeguard the patient by reducing the risk of 'wrong route administration'.

## 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.

<b>General Environment Standards</b>	<b>Ward 15B 27 Feb 2017</b>	<b>Ward 15B 10 April 2017</b>
<b>Public shared areas</b>		
Reception	82	90
Public toilets	84	96
Corridors, stairs lift	90	90

<b>General Environment</b>	<b>Ward 15B 27 Feb 2017</b>	<b>Ward 15B 10 April 2017</b>
Ward/department - general (communal)	74	91
Patient bed area	91	88
Bathroom/washroom	78	96
Toilet	82	93
Clinical room/treatment room	N/A	N/A
Clean utility room	73	91
Dirty utility room	81	95
Domestic store	67	93
Kitchen	79	98
Equipment store	75	88
Isolation	93	95
General information	93	100
<b>Average Score</b>	<b>80</b>	<b>93</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.

<b>Patient Linen</b>	<b>Ward 15B 27 Feb 2017</b>	<b>Ward 15B 10 April 2017</b>
Storage of clean linen	81	96
Storage of dirty linen	100	100
<b>Average Score</b>	<b>91</b>	<b>98</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 27 Feb 2017	Ward 15B 10 April 2017
Handling, segregation, storage, <b>waste</b>	98	100
Availability, use, storage of <b>sharps</b>	86	100

#### Standard 5: Patient Equipment

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

Patient Equipment	Ward 15B 27 Feb 2017	Ward 15B 10 April 2017
Patient equipment	74	92

#### 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 27 Feb 2017	Ward 15B 10 April 2017
Availability and cleanliness of WHB and consumables	91	97
Availability of alcohol rub	93	100
Availability of PPE	100	100
Materials and equipment for cleaning	88	100
<b>Average Score</b>	<b>93</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.

<b>Hygiene Practices</b>	<b>Ward 15B 27 Feb 2017</b>	<b>Ward 15B 10 April 2017</b>
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	91
Correct use of isolation	N/A	100
Effective cleaning of ward	88	100
Staff uniform and work wear	96	100
<b>Average Score</b>	<b>97</b>	<b>99</b>

## 5.0 Key Personnel and Information

### Members of the RQIA Inspection Team

Lyn Gawley                      Inspector Healthcare Team  
Gillian Clarke                 Bank Inspector Healthcare Team

### Trust Representatives Attending the Feedback Session

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

Ruth Watson	Clinical Manager
Caroline Cardwell	Governance Facilitator
Rhonda Marks	Sister Ward 15B
Laura Meredith	Band 6 Ward 15B
Rhonda Mc Laughlin	Emergency Department Sister
David Currie	Estates Officer
Richard Knight	Domestic/Porter/Community Services Manager
Anna Mc Keown	Band 5 RN Ward 15B
Gillian Smyth	Quality and Training Manager
Roisin Uprichard	Patient Experience Manager
Nona Little	Quality and Training Officer

Apologies

## 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**

**No Recommendations have been made as a result of this Inspection.**



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