



Unannounced
Infection Prevention/Hygiene
Inspection
Southern Health and Social Care Trust
Craigavon Area Hospital
08 July 2019

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Profile of Service

An unannounced inspection was undertaken to Craigavon Area Hospital on 8 July 2019.

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

- Ward 1 North (Cardiology)

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

Service Details

Responsible Person:
Mr. Shane Devlin

Position: **Chief Executive Officer
Southern 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 1 North
General environment	90
Patient linen	93
Waste	87
Sharps	92
Equipment	95
Hygiene factors/Cleaning Practices	92
Hygiene practices/Staff Questions	96
Average Score	92

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

This inspection team comprised of one inspector from the RQIA HSC Team and one peer reviewer. Details of our inspection team and Craigavon Trust representatives who participated in a local feedback session delivered in Craigavon Area Hospital on 8 July 2019 can be found in Section 5.0.

Three actions for improvement have been made to Southern Health and Social Care Trust.

The ward has achieved overall compliance in the assessed standards. We observed that patient areas in the ward had a high standard of environmental cleanliness and were in good decorative order. Patient equipment was clean and in a good state of repair. Staff demonstrated good practice in the management of linen and sharps.

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 would like to thank Southern Health and Social Care Trust and in particular staff at Ward 1 North 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 reception area was in good decorative order, walls have been freshly painted and the visitor seating area has been refurbished. The new public toilets were clean and finished to a high standard.

Ward 1 North

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- 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. Patient bed areas were tidy and well organised to allow for effective cleaning of the environment.
- Sanitary areas were clean and tidy and furnished with modern fixtures and fittings.
- Key performance indicators such as environmental audit scores were displayed in the ward to provide public assurance of cleaning and infection prevention and control (IPC) practices (Picture 1).



Picture 1: Audit scores displayed in the ward

- 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.
- Staff when questioned were aware of the importance of their role and responsibilities in maintaining a clean and well maintained environment.

Areas for Improvement

- The domestic sluice room served as a dual purpose facility incorporating a hold room for external waste (Picture 2). We were told of plans to relocate the waste hold facilities. This work should be prioritised to enable staff to effectively clean equipment, free up storage space and reduce the risk of contamination to stored equipment following cleaning.



Picture 2: Dual purpose domestic sluice room and waste hold room

- Improvement is required in the standard of environmental cleaning in the clean utility room and non-patient areas including the domestic sluice room and equipment stores. We observed a build-up of dust on high level surfaces, cobwebs in windows and light fittings and debris on floor corners. Items of cleaning equipment required cleaning and appropriate storage after use.
- Cupboard and drawer doors in the clean utility room and at the cardiac monitor station were damaged and required replacing.

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 handled both clean and soiled linen safely to prevent the spread of microorganisms to those receiving care.

Waste and Sharps

Areas of Good Practice

- Waste was appropriately segregated with used bags being handled and transported safely. Sharps boxes were correctly assembled, labels documented, stored safely and temporary closure in place when not in use.

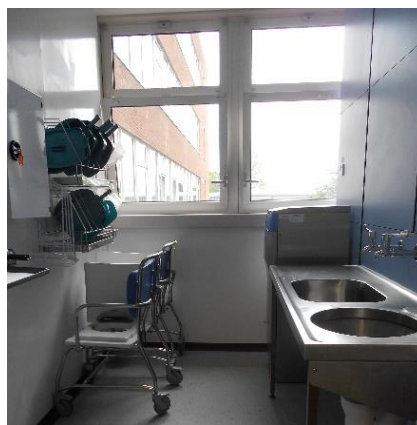
Areas for Improvement

- A separate hold room was not available to store waste safely.

Equipment

Areas of Good Practice

- Patient equipment in use on the ward was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Commodes and reusable bedpans checked were clean, labelled and stored appropriately (Picture 3).



Picture 3: Clean commodes and reusable bedpans stored appropriately

- Itemised equipment cleaning schedules were available and clearly outlined staff responsibility for the cleaning of equipment and the frequency of which items should be cleaned.
- There was evidence of good stock rotation and single use equipment checked was within its use by date. Staff were knowledgeable in identifying equipment as single use and the importance of decontaminating shared pieces of equipment between each patient use.
- We observed documented evidence of routine equipment audits for commodes and mattresses being undertaken and action plans to address any issues identified.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- Clinical hand wash sinks were clean and a range of hand hygiene consumables were available to promote effective hand hygiene practices.
- Posters demonstrating the correct hand hygiene technique were displayed at clinical hand wash sinks.
- Clinical hand wash sinks were used for hand hygiene purposes only. Additionally, alcohol hand sanitiser was available for use at the point of care. A range of PPE was available and accessible to staff.

Areas for Improvement

- There were no facilities in the clinical room for staff to decontaminate or wash hands whilst carrying out aseptic non touch technique (ANTT) practices such as venepuncture. A clinical hand wash sink is required in this room.

Hygiene Practices/Staff Questions

Areas of Good Practice

- Overall we observed good compliance with hand hygiene practices, with staff taking opportunities for hand hygiene in accordance with World Health Organisation (WHO) five moments for hand hygiene and in line with trust policy.
- On questioning, staff demonstrated good knowledge in relation to the management of needle stick injuries, blood spillages and decontamination of equipment.
- Staff wore PPE appropriately to protect themselves from exposure to harmful microorganisms. We observed good compliance with the Trust uniform policy.

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	94
Public toilets	93
Corridors, stairs lift	100

General environment Standards wards or departments	Ward 1 North
Ward/department - general (communal)	95
Patient bed area	95
Bathroom/washroom	N/A
Toilet	98
Clinical room/treatment room	N/A
Clean utility room	88
Dirty utility room	94
Domestic store	69
Kitchen	93
Equipment store	83
Isolation	96
General information	89
Average Score	90

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 1 North
Storage of clean linen	94
Storage of used linen	92
Laundry facilities	N/A
Average Score	93

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 1 North
Handling, segregation, storage, waste	87
Availability, use, storage of sharps	92

Standard: Patient Equipment

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

Patient equipment	Ward 1 North
Patient equipment	95

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 1 North
Availability and cleanliness of wash hand basin and consumables	100
Availability of alcohol rub	92
Availability of PPE	100
Materials and equipment for cleaning	74
Average Score	92

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 1 North
Effective hand hygiene procedures	95
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	81
Staff uniform and work wear	100
Average Score	96

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms J Gilmour	Inspector, HSC Healthcare Team
Ms MT Ross	Peer Reviewer

Trust representatives attending the feedback session on 8 July 2019

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

Ms A McVey		Assistant Director MUSC
Ms P Loughran		Lead Nurse, MUSC
Ms C McGoldrick		Head of Service Acute, Elderly/Stroke and Patient Flow
Ms R Weir		Ward Manager, 1 North
Ms J Kelly		Clinical Sister, 1 North
Ms K Carroll		Head of Service, Cardiology
Ms R Heatrick		Ward Sister, 2 South Medical
Ms L Cherry		Senior Domestic Manager
Ms J Wheelan		Infection Prevention and Control Nurse
Ms H Loughran		Infection Prevention and Control Nurse
Mr A Boules		Infection Prevention and Control Nurse

Apologies:

None		
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6.0 Improvement Plan

This improvement plan should be completed detailing the actions planned and returned to RQIA's HSC 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 1 North

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	A clinical hand wash sink is required in the clean utility room.	Nursing	This is the Preparation Room. Room to be refurbished.	March 2020
2.	The dual purpose use of the domestic sluice room should be reviewed and action taken to ensure safe and effective storage of domestic cleaning equipment.	Nursing Domestic Services	This is the domestic store/dispersal room. Dispersal room to be relocated. Store decluttered and reorganised.	March 2020 19/07/19
3.	The standard of environmental cleaning of non-patient areas requires improvement. Cleaning equipment should be cleaned between use and stored effectively. Robust monitoring of staff cleaning practices should be in place to provide continued assurance.	Domestic Services Nursing	Cleaning issues addressed. Cleaning staff have been retrained on cleaning practices. Environmental cleanliness audits increased. Ward Sister and Housekeeper complete fortnightly walk around and action plan is developed.	19/07/19 On going



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