



Unannounced
Infection Prevention/Hygiene
Follow-Up Inspection
Southern Health and Social Care Trust
Craigavon Area Hospital
8 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 follow-up inspection was carried out as a result of a previous inspection on 2 May 2019 which resulted in five actions for improvement.

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

- Ward 2 South (Medical)

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 inspection 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 inspection 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	2 May 2019	8 July 2019
General environment	82	92
Patient linen	93	98
Waste	93	95
Sharps	97	94
Equipment	92	99
Hygiene factors	91	99
Hygiene practices	81	97
Average Score	90	96

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

The inspection team comprised of two inspectors and one observer from the RQIA healthcare team. Details of the inspection team and trust representatives attending the feedback session delivered in Craigavon Area Hospital on 8 July 2019 can be found in Section 5.0.

Two actions for improvement have been made to Craigavon Area Hospital.

At this follow up inspection, ward 2 South has now achieved compliance with each assessed standard. Notable improvement has been observed in the standard of cleaning and organisation of both the domestic and equipment stores. We have seen significant improvement in staff hand hygiene practices. We were informed that staff IPC practices and knowledge has improved since the initial inspection with the support of the IPC team.

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 the Southern Health and Social Care Trust and in particular staff at the Craigavon Area 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

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Since our initial inspection, we have observed improvement in the standard of cleaning of the ward sanitary facilities. A domestic assistant informed inspectors that a new toilet tissue dispenser that is easier to clean is being trialled in the ward.
- We previously observed that the cleanliness and maintenance of the domestic sluice was poor and consumables were stored on the floor. In contrast, we now observed that the domestic sluice has undergone routine cleaning and decluttering. Additionally, the sluice has benefited from new shelving.
- During our previous inspection we observed equipment stored within the equipment store was in no pre-arranged order (Picture 2). In contrast the equipment was stored in a clutter free store room which was well organised allowing for ease of access and cleaning of the area (Picture 3).



Picture 2: Equipment store room (2 May 2019).



Picture 3: Reorganised equipment room (8 July 2019).

Areas for Improvement

- There was evidence of wear and tear to the flooring of the main corridor of the ward which may pose a trip hazard and was impervious to moisture and therefore could not be effectively cleaned.
- The horizontal surfaces of an isolation room were cluttered and more attention to detail is required in the cleaning of the lower levels of the bedframe.

Patient Linen

Areas of Good Practice

- We observed that patient linen continues to be managed effectively. Linen was visibly clean, free of damage and stored in a clean and tidy environment.

Waste and Sharps

Areas of Good Practice

- The ward had replaced all waste bins with new soft closure bins, therefore reducing the noise and minimising disturbance to patients' sleep. Waste was handled, segregated, stored and disposed of into the appropriate waste bin according to trust policy.
- Sharps waste continues to be managed effectively. The temporary closure of sharps container lids were clean and deployed when not in use. Sharps boxes were dated and signed.

Equipment

Areas of Good Practice

- Ward staff have reorganised the storage of large items of equipment to maximise space throughout the ward.
- Patient equipment was clean and cleaning schedules had been reviewed. Schedules now clearly outline staff responsibility for the cleaning of equipment and the frequency of which items should be cleaned.
- Staff were knowledgeable in identifying equipment as single use and clearly understood the importance of decontamination of equipment between uses.
- Since our previous inspection mattress audits are regularly undertaken during which staff check the covering and internal foam of mattresses. This enables staff to identify and remove mattresses which are damaged or stained as quickly as possible.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- We observed that hand hygiene facilities and a range of consumables were available and appropriately stored to enable hygiene practices to be carried out effectively.
- 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 personal protective equipment (PPE) was available and accessible to staff.
- We identified that items of cleaning equipment (cleaning trolley, vacuum, floor polisher, mop and bucket) within the domestic sluice was clean and stored appropriately.

Hygiene Practices/Staff Questions

Areas of Good Practice

- There has been a significant improvement in hand hygiene practices we observed all staff disciplines washing their hands in line with the World Health Organisation (WHO) guidance “Five moments of Hand hygiene”. There has been an increase in hand hygiene auditing which has been important in reinforcing good practice.
- When questioned, staff were knowledgeable on infection prevention and control (IPC) practices and procedures, including the management of needle stick injuries, decontamination of blood spillages and the safe preparation/use of disinfectant for equipment and environmental decontamination.
- We observed good compliance with trust uniform policy. Staff were compliant with bare below the elbow practice when carrying out clinical practices and took appropriate transmission precautions before entering and leaving rooms of patients who had been identified with an infectious organism.
- We were informed that the trust IPC team provides good support and advice for ward staff when required.

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 wards or departments	2 May 2019	8 July 2019
Ward/department - general (communal)	88	91
Patient bed area	91	86
Bathroom/washroom	92	96
Toilet	79	97
Clinical room/treatment room	86	96
Clean store room	N/A	N/A
Dirty utility room	93	95
Domestic store	65	89
Kitchen	89	93
Equipment store	59	92
Isolation	N/A	91
General information	79	89
Average Score	82	92

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	2 May 2019	8 July 2019
Storage of clean linen	91	96
Storage of used linen	95	100
Laundry facilities	N/A	N/A
Average Score	93	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	2 May 2019	8 July 2019
Handling, segregation, storage, waste	93	95
Availability, use, storage of sharps	97	94

Standard: Patient Equipment

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

Patient equipment	2 May 2019	8 July 2019
Patient equipment	92	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	2 May 2019	8 July 2019
Availability and cleanliness of wash hand basin and consumables	94	100
Availability of alcohol rub	100	96
Availability of PPE	100	100
Materials and equipment for cleaning	69	98
Average Score	91	99

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	2 May 2019	8 July 2019
Effective hand hygiene procedures	50	100
Safe handling and disposal of sharps	93	94
Effective use of PPE	68	100
Correct use of isolation	82	96
Effective cleaning of ward	94	91
Staff uniform and work wear	100	100
Average Score	81	97

5.0 Key Personnel and Information

Members of the RQIA inspection team

Mr T Hughes	Inspector, Healthcare Team
Ms L O'Donnell	Inspector, Healthcare Team
Mr C Lamont	Observer with RQIA

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 Department Acute Elderly/stroke and Patient Flow
Ms R Weir	Ward Manager Ward 1 North
Ms J Kelly	Clinical Sister Ward 1 North
Ms K Carroll	Head of Service Cardiology
Ms R Heatrick	Ward Sister Ward 2 South
Ms L Cherry	Senior Domestic Manager
Mr A Bowles	Infection Prevention & Control Nurse
Ms J Wheelan	Infection Prevention & Control Nurse
Ms H Loughran	Infection Prevention & Control Nurse

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 2 South

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Immediate improvement is required in the standard of cleaning and decluttering of isolation rooms. Robust monitoring of staffs' cleaning practices should be in place to provide continued assurance.	Nursing Domestic	Decluttering addressed with nursing and ongoing monitoring of same. Ward Sister/nurse in charge monitors daily and addresses issues with staff. Cleaning issues addressed. Cleaning staff and supervisors have been retrained on cleaning practices. Environmental Cleanliness audits increased.	On-going 31/07/19
2.	Remedial action is required to improve the flooring within the ward.	Estates	Flooring repaired.	30/08/19



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