



Unannounced Infection Prevention/Hygiene Inspection

Craigavon Area Hospital
2 May 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 2 May 2019.

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	
General environment	82
Patient linen	93
Waste	93
Sharps	97
Equipment	92
Hygiene factors	91
Hygiene practices	81
Average Score	90

A more detailed breakdown of each 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 delivered in Craigavon Area Hospital on 2 May 2019 can be found in Section 5.0.

Ward 2 South achieved good compliance with a number of our inspection standards. We were particularly pleased with the standard of cleaning within patient bed areas and with the recent ward refurbishment work. However, we identified a number of issues that present an infection risk for patients within this ward.

We observed a poor standard of staff compliance with hand hygiene procedures and a poor standard of cleaning of ward sanitary facilities, equipment and domestic store. Additionally we observed a poor standard of cleanliness of both domestic cleaning equipment and stored patient equipment

These hygiene issues were identified to the ward sister, members of the infection and prevention and control team and domestic service managers during the inspection for immediate action.

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

In line with our inspection guidance, we will carry out a further unannounced follow-up inspection of Ward 2 South. 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

Public Areas (Entrance, Reception, Public Toilets, Corridors, Stairs and Lift) to main Craigavon Area Hospital entrance and reception area leading to ward 2 South.

The reception area of Craigavon Area Hospital was bright and welcoming. A good standard of cleanliness and maintenance was observed throughout reception and the corridors and stairs that lead to the ward. The reception now contains newly built public toilets. The public toilets are modern and finished to a high standard to allow for effective cleaning practices (Picture 1).



Picture 1: New and Modern Public toilets at the Hospital Reception

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ward had recently undergone refurbishment. The ward appeared freshly painted and there is new flooring and skirting throughout. Doors and frames have been repaired and repainted in colours to provide effective colour contrasting for patients with dementia.
- Damage prone surfaces such as walls and doors caused by the general flow of wheeled and pedestrian traffic were kept to a minimum by the use of PVC surface protection barriers.
- Patient bed areas were bright and uncluttered. The standard of cleaning practices of these areas was good.

- 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.

Areas for Improvement

- Improvement is required in the standard of cleaning within the wards sanitary facilities. Inspectors observed faecal staining on the underside of toilet tissue dispensers, a toilet handrail and a raised toilet seat.
- The cleanliness and maintenance of the domestic sluice was poor. There was a build-up of dust and stains on many high and low surfaces. We observed a build-up of debris in floor corners and behind cleaning equipment. Fixtures and fittings were worn and stained and there was visible damage to walls. Due to a lack of storage space in the sluice, we observed cleaning consumables stored on the floor.
- The standard of cleaning of the equipment store needs to be improved. We observed a build-up of dust and stains on many high and low surfaces, particularly in areas of the room difficult to access. A lack of cupboards and shelving has resulted in equipment and supplies stored with no definite plan or pre-arranged order (Picture 2).



Picture 2: Disorganised Equipment Store Room

Patient Linen

Areas of Good Practice

- We observed that patient linen was visibly clean and free of damage.
- Staff handled both clean and soiled linen safely to prevent the spread of microorganisms to those receiving care.

Areas for Improvement

- The clean linen pod was stored in the equipment store. The equipment store was untidy and there was a build-up of dust on high and low surfaces. The poor standard of cleanliness of this room presents a risk of contamination to the stored clean linen.

Waste and Sharps

Areas of Good Practice

- We observed the safe handling, transport and disposal of waste. Labels on all sharps boxes were correctly documented when assembled.

Areas for Improvement

- The segregation of waste needs to be improved. We observed the inappropriate disposal of clinical waste into a household waste bin (Picture: 3) and non-sharps waste had been disposed of into sharps containers.



Picture 3: Disposal of Clinical Waste into a Household Waste Bin

Equipment

Areas of Good Practice

- Equipment that was in use on the ward was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- There was evidence of good stock rotation; equipment checked was within its use by date.

- Staff were knowledgeable in identifying equipment as single use and the importance of decontamination of equipment between uses.

Areas for Improvement

- The patient equipment-cleaning schedule needs to be reviewed. Staff inconsistently completed the schedule and it did not clearly outline staff responsibility for the cleaning of equipment and the frequency of which items should be cleaned.
- We observed a build-up of dust on stored items of equipment. We identified that stored items of patient equipment had not been included on the ward equipment-cleaning schedule.
- We were informed that mattress audits are inconsistently undertaken. We observed a stored mattress with its internal foam and covering stained with bodily fluid (Picture 4).



Picture 4: Stained Patient Mattress

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 reinforcing the correct hand hygiene technique were displayed appropriately 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 personal protective equipment (PPE) was available and accessible to staff.

Areas for Improvement

- We identified that items of cleaning equipment (cleaning trolley, vacuum, floor polisher, mop and bucket) within the domestic sluice were dirty.

Hygiene Practices/Staff Questions**Areas of Good Practice**

- We observed good compliance with trust uniform policy.

Areas for Improvement

- We observed poor compliance with the fundamental practice of hand hygiene. A number of staff either did not take the opportunity for hand hygiene or their hand hygiene technique was not effective.
- We observed that a staff member did not take appropriate transmission based precautions before entering and then leaving a room of a patient who had been identified with an infectious organism.

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	87
Public toilets	100
Corridors, stairs lift	89

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

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	
Storage of clean linen	91
Storage of used linen	95
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	
Handling, segregation, storage, waste	93
Availability, use, storage of sharps	97

Standard: Patient Equipment

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

Patient equipment	
Patient equipment	92

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	
Availability and cleanliness of wash hand basin and consumables	94
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	69
Average Score	91

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	
Effective hand hygiene procedures	50
Safe handling and disposal of sharps	93
Effective use of PPE	68
Correct use of isolation	82
Effective cleaning of ward	94
Staff uniform and work wear	100
Average Score	81

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

Trust representatives attending the feedback session on 2 May 2019

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

Ms A McVey	Assistant Director Acute Services
Ms C McGoldrick	Head of Department Acute Services
Ms S Atkins	Lead Nurse Ward 2 South
Ms C Stretton	Ward/ Sister Manager Ward 2 South
Ms A Shaise	Clinical Sister Ward 2 South
Ms L Cherry	Senior Domestic Manager
Ms C Leathem	Domestic Supervisor
Ms N McClughan	Infection Prevention & Control Nurse
Ms H Loughran	Infection Prevention & Control Nurse
Mr C Herisk	Estates Officer

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.	The standard of environmental cleaning in the ward sanitary areas, domestic store and equipment store needs improvement. Robust monitoring of staff cleaning practices should be in place to provide continued assurance.	Domestic Estates	Cleaning issues addressed. Cleaning schedules have been reviewed. Cleaning staff have been retrained on cleaning practices. Environmental cleanliness audits increased. Storage space is to be increased in the domestic store.	31/05/19 August 2019
2.	Immediate improvement is required in ward staff hand hygiene practices and the use of personal protective equipment. Robust monitoring of staff hand hygiene practices should be in place to provide continued assurance.	Domestic / Nursing/ IPC	Retraining for all members of the multidisciplinary team to be completed by IPC. Daily hand hygiene and PPE audits to be completed by ward until improvement sustained. IPC team to complete independent PPE and hand hygiene audits weekly.	On-going

3.	Improvement is required in the organisation and in the cleaning of patient equipment within patient equipment store rooms. Robust monitoring should be in place to provide continued assurance.	Nursing	Store decluttered and reorganised. Checklist has been implemented for checking clutter and cleaning of infrequently used equipment. Monitoring of patient equipment cleaning increased.	Ongoing
4.	Ward equipment cleaning schedules should be reviewed to clearly identify equipment that is in use and stored and additionally outline staff responsibility for the cleaning of equipment and the frequency of which items should be cleaned. Robust monitoring of equipment cleaning schedules should be in place to provide continued assurance.	Nursing	Cleaning schedules for nursing are being reviewed. Compliance with cleaning schedules to be completed weekly initially.	Ongoing
5.	A robust schedule of patient mattress audits should be implemented. Robust monitoring of mattress audits should be in place to provide continued assurance	Nursing	Mattress audit agreed and implemented	Completed



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