



# Unannounced Infection Prevention/Hygiene Inspection

Craigavon Area Hospital  
4 December 2018

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Assurance, Challenge and Improvement in Health and Social Care

## Contents

1.0	Profile of Service	3
2.0	Inspection Summary	4
3.0	Inspection Findings	6
4.0	Adherence to Standards	10
5.0	Key Personnel and Information	13
6.0	Improvement Plan	14

## 1.0 Profile of Service

An unannounced inspection was undertaken to Craigavon Area Hospital on 4 December 2018.

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

- Acute Medical Unit (AMU)

Previous infection prevention and hygiene inspection reports of Craigavon Hospital are available on the RQIA website [www.rqia.org.uk](http://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](http://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

<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	AMU
General environment	80
Patient linen	96
Waste	94
Sharps	88
Equipment	81
Hygiene factors/Cleaning Practices	95
Hygiene practices/Staff Questions	94
<b>Average Score</b>	<b>90</b>

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

This inspection team comprised of one inspector from RQIA's HSC Healthcare Team, one inspector from RQIA's Mental Health Team and an RQIA Board Member as an observer. Details of our inspection team and Southern Trust representatives who participated in a local feedback session delivered on 4 December 2018 can be found in Section 5.0.

Eight actions for improvement have been made for AMU.

The inspection to Craigavon Area Hospital AMU was carried out as a result of information gathered as part of our intelligence monitoring system. This relates to a complaint about poor standards of environmental cleanliness within AMU.

AMU is a large, busy 34 bedded unit, with room for an additional escalation bed. The hospital was opened in the early 1970s and the unit is showing signs of age related wear. The paintwork on the walls and doors was damaged and temporary repairs had been made to vinyl flooring. Patient sanitary facilities are limited in relation to the number of patients on the ward. Insufficient storage space resulted in patient equipment and domestic trolleys being stored in corridors.

Staff demonstrated good practice in the management of linen, sharps and the disposal of waste. We observed good hand hygiene practice by all staff. Hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.

We were told that a piece of work between the unit staff and the mental health team was under way to look at the profile of patients who are frequent attenders to the unit, with the aim of streaming patients on admission from the Emergency Department to the most appropriate ward.

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 the AMU 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 main entrance, reception area and seating area were clean and tidy but undergoing some refurbishment work. The public toilet was closed due to this work. The baby changing facilities in the corridor leading to the ward was clean and tidy.

#### AMU

#### General Environment - Maintenance and Cleanliness

##### Areas of Good Practice

- A new larger bay has been added to the back wing, it was light bright and in good decorative order.
- Overall the standard of environmental cleaning was good.

##### Areas for Improvement

- The shower room in the front wing, opposite Bay D, required immediate attention. The room was cluttered; three large pieces of equipment were stored in the room. The hoist and shower chair had not been cleaned after use; the shower chair had a build-up of dirt around the castors. There were blue plasters and debris in the floor drain. The wall cladding around the shower was mouldy and stained, and the wall was damaged due to water ingress.



Picture 1: Cluttered shower room

- The paint work in the unit looked tired and damaged. We were told that there are plans for a repaint. The vinyl flooring was damaged in places and repairs had been made with tape.
- There was insufficient storage for equipment and supplies; one equipment store was used by medical staff as a cloakroom. The main corridor was difficult to move through due to the equipment and a delivery of supplies restricting access. A computer on wheels in the front wing was stored up against an open fire door.



Picture 2: Cluttered main corridor

## Patient Linen

### Areas of Good Practice

- Patient linen was visibly clean, free of damage and stored in a clean environment. Staff handled both clean and soiled linen safely to prevent the spread of microorganism to those receiving care.

## Waste and Sharps

### Areas of Good Practice

- We observed the safe segregation, handling, transport and disposal of waste and sharps.

### Areas for Improvement

- Not all sharps containers had the temporary closure mechanism in place, and a sharps tray required further cleaning.

## Equipment

### Areas of Good Practice

- Cleaning wipes were attached to vital signs patient equipment to facilitate the cleaning of equipment immediately after patient use.



Picture 3: Patient vital signs equipment with cleaning wipes

- Disposable single use patient wash bowls are provided for the delivery of personal care.

### Areas for Improvement

- A number of pieces of patient equipment required cleaning, such as a bedpan, IV trays, resuscitation trolley, weigh scales in the shower room and standing aids.
- There was no robust cleaning schedule for nursing staff.

## Hygiene Factors/Cleaning Practices

### Areas of Good Practice

- We observed that hand hygiene facilities and a range of consumables were available to enable hand hygiene practices to be carried out effectively.
- Clinical hand wash sinks were located near the point of care and only used for hand hygiene purposes.
- Personal Protective Equipment (PPE) was readily available.



### Areas for Improvement

- The panelling under the clinical hand wash sink in the dirty utility room was damaged, and the seal of the clinical hand wash sink in the male shower room required cleaning.
- Cleaning chemicals in the dirty utility rooms were not held under locked conditions.
- Domestic cleaning trollies were not stored appropriately; we observed them left in the main corridor for long periods of time while not in use.

### Hygiene Practices/Staff Questions

### Areas of Good Practice

- When questioned staff had a good knowledge of standard and enhanced infection prevention and control precautions, which included hand hygiene, cleaning and decontamination of equipment and the management of sharps and waste.
- We observed good hand hygiene practices. Hand hygiene was performed by staff at the correct moments and location, within the flow of care delivery.

### Areas for Improvement

- Nursing staff did not wear the correct PPE when dealing with body fluids. Staff wore gloves but not aprons for protection.
- When questioned, some nursing staff were not aware of the correct dilution rates for disinfectants, or the colour coding system in place for cleaning equipment.

## 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	AMU
<b>Public shared areas</b>	
Reception	100
Public toilets	100
Corridors, stairs lift	N/A

General Environment Standards	AMU
<b>Wards or departments</b>	
Ward/department - general (communal)	69
Patient bed area	87
Bathroom/washroom	72
Toilet	71
Clinical room/treatment room	80
Clean store room	N/A
Dirty utility room	77
Domestic store	77
Kitchen	77
Equipment store	N/A
Isolation	98
General information	92
<b>Average Score</b>	<b>80</b>

### 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	AMU
Storage of clean linen	95
Storage of used linen	100
Laundry facilities	N/A
<b>Average Score</b>	<b>96</b>

**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).

<b>Waste and sharps</b>	<b>AMU</b>
Handling, segregation, storage, waste	94
Availability, use, storage of sharps	88

**Standard: Patient Equipment**

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

<b>Patient equipment</b>	<b>AMU</b>
Patient equipment	81

**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.

<b>Hygiene factors</b>	<b>AMU</b>
Availability and cleanliness of wash hand basin and consumables	93
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	88
<b>Average Score</b>	<b>95</b>

**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.

<b>Hygiene practices</b>	<b>AMU</b>
Effective hand hygiene procedures	94
Safe handling and disposal of sharps	100
Effective use of PPE	89
Correct use of isolation	N/A
Effective cleaning of ward	85
Staff uniform and work wear	100
<b>Average Score</b>	<b>94</b>

## 5.0 Key Personnel and Information

### Members of the RQIA inspection team

Ms M Keating	-	Inspector, Healthcare Team
Ms W McGregor	-	Inspector, Mental Health Team
Mr G McCurdy	-	RQIA, Board Member, Observer

### Trust representatives attending the feedback session on 4 December 2018

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

A McVey	Assistant Director, Acute Medicine and Unscheduled Care
L Cullen	Ward Sister, AMU
B Cullen	Locality Support Service Manager
S Holmes	Lead Nurse
L Cherry	Senior Domestic Service Manager
N McClughan	Infection Prevention and Control Nurse
D Eyanch	Infection Prevention and 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: AMU**

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	Staff should ensure there are robust mechanisms in place to ensure shower and sanitary facilities are cleaned and checked after every use.	Domestic/ Nursing	Shower and sanitary facilities are cleaned on a regular basis as detailed in the work schedule. A Notice will be provided for patients to alert staff if there are any issues with the cleanliness of the facilities. There is a regular check by supervisors and a routine audit of the cleanliness of the ward	End Jan 2019
2.	Staff should ensure a programme of repair and maintenance is in place to maintain the fabric of the unit and promote public confidence.	Estates/Nursing	Repairs to be reported to Estates via the portal. A rolling maintenance programme for AMU is in place and painting commenced on the ward on the 10 December. To date Estates have completed extensive painting to all corridor areas/ main circulation routes and have begun replacing any damaged ceiling tiles.	Ongoing due to the activities on the ward

3.	Staff should look to maintain a clutter free environment. A review of existing storage should be carried out to ensure storage areas are used to best effect. Practice should be audited to ensure compliance.	Nursing/ Domestic	Storage has been reviewed and changing facilities provided to free up extra storage capacity. The tidiness and clutter will be monitored and reported as part of Environmental Cleanliness Audits.	End Jan 2019  Ongoing
4.	A robust cleaning schedule should be introduced for nursing staff. Practice should be audited to ensure compliance.	Nursing	Cleaning schedules for Nursing staff are being reviewed. A cleaning schedule checklist will be implemented as part of this review.	End Feb 2019
5.	Chemicals should be held under locked conditions in line with Control of Substance Hazardous to Health.	Nursing	New cupboard to be provided for 2 sluices.	Delivery date mid Feb 2019
6.	Staff should ensure domestic cleaning equipment is stored appropriately when not in use.	Domestic	Domestic Cleaning Trolleys are fully contained and lockable when on the ward. Space is allocated for storage of Domestic Cleaning Trolley at the end of the shift.	Complete
7.	Staff should ensure all the correct PPE is worn when dealing with bodily fluids.	Nursing	Staff have been reminded to use correct PPE when dealing with blood/ body fluids.	Complete
8.	Staff should be updated on the correct dilution rates for disinfectants; and that they are aware of the correct colour coding system of cleaning equipment.	Nursing	Staff have been updated on the correct dilution rates for disinfectants and reminded to use colour coded system for cleaning equipment.	Complete



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