

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Follow up Inspection**

Southern Health and Social Care Trust

Craigavon Area Hospital

19 November 2015

Contents

1.0	Regulation and Quality Improvement Authority	1
2.0	The Inspection Programme	2
3.0	Inspection Summary	3
4.0	Overall Compliance Rates	5
5.0	General Environment	6
6.0	Patient Linen	9
7.0	Waste and Sharps	10
8.0	Patient Equipment	11
9.0	Hygiene Factors	12
10.0	Hygiene Practice	13
11.0	Key Personnel and Information	14
12.0	Summary of Recommendations	15
13.0	Unannounced Inspection Flowchart	16
14.0	RQIA Hygiene Team Escalation Policy Flowchart	17
15.0	Quality Improvement Action Plan	18

1.0 Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our Hygiene and Infection Prevention and Control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on the RQIA website at www.rqia.org.uk.

2.0 The Inspection Programme

A rolling programme of unannounced inspections has been developed by RQIA to assess compliance with the Regional Healthcare Hygiene and Cleanliness Standards, using the regionally agreed Regional Healthcare Hygiene and Cleanliness audit tool www.rqia.org.uk.

Inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities.

RQIA also carries out announced inspections. These examine the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice.

Unannounced inspections are conducted with no prior notice. Facilities receive six weeks' notice in advance of an announced inspection, but no details of the areas to be inspected.

The inspection programme includes acute hospital settings and other areas such as: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service; and other specialist and regulated services, as and when required. Inspections may be targeted to areas of public concern, or themed to focus on a particular type of hospital, area or process.

Further details of the inspection methodology and process are found on the RQIA website www.rqia.org.uk.

3.0 Inspection Summary

An unannounced follow up inspection was undertaken to Craigavon Area Hospital, on 19 November 2015. The inspection team was made up of two RQIA inspectors. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

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

- Ward 3 South

The Craigavon Area Hospital was previously inspected on 8 July 2015. Of the three wards inspected, two were found to be compliant with the Regional Healthcare Hygiene and Cleanliness Standards. Ward 3 South was minimally compliant in three standards, environment, patient linen and patient equipment, and achieved an overall partially compliant score. As a result Ward 3 South required a follow up inspection. The inspection reports of the inspections are available on the RQIA website www.rqia.org.uk.

The report highlights areas of strengths as well as areas for further improvement, including recommendations.

The inspection team found evidence that the Craigavon Area Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Good practices observed by the inspection team:

- The refurbishment programme has significantly improved the appearance of the ward and promotes effective cleaning practices.
- Improved staff awareness of their roles and responsibilities in relation to infection prevention and control (IPC).
- An improved collaborative working relationship with the IPC team.

Following the inspection of Ward 3 South on 8 July 2015, 16 recommendations were made, 11 have been addressed, five have been repeated and there are three new recommendations. A full list of recommendations is listed in Section 12.0.

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. (There will no longer be a need to return this as an action plan). (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

The final reports and Quality Improvement Action Plans will be available on the RQIA website.

The RQIA inspection team would like to thank the Southern Health and Social Care Trust (SHSCT) and in particular all staff at Craigavon Area Hospital for their assistance during the inspection.

4.0 Overall Compliance Rates

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool.

The audit tool is comprised of the following sections:

- Organisational Systems and Governance
- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

The section on organisational systems and governance is reviewed on announced inspections.

Table 1 below summarises the overall compliance levels achieved. Percentage scores can be allocated a level of compliance using the compliance categories below.

Compliant: 85% or above
Partial Compliance: 76% to 84%
Minimal Compliance: 75% or below

Areas inspected	3 South 8 July 2015	3 South 19 November 2015
General environment	68	95
Patient linen	68	93
Waste	88	98
Sharps	86	91
Equipment	69	90
Hygiene factors	95	98
Hygiene practices	98	98
Average Score	82	95

5.0 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. A clean, tidy and well maintained environment is an important foundation to promote patient, visitor and staff confidence and support other infection prevention and control measures.

General environment	3 South 8 July 2015	3 South 19 November 2015
Reception	87	96
Corridors, stairs lift	96	97
Public toilets	78	90
Ward/department - general (communal)	41	95
Patient bed area	67	95
Bathroom/washroom	50	100
Toilet	65	100
Clinical room/treatment room	66	81
Clean utility room	65	90
Dirty utility room	78	98
Domestic store	78	93
Kitchen	58	98
Equipment store	38	N/A
Isolation	83	N/A
General information	75	96
Average Score	68	95

The above table outlines the findings in relation to the general environment of the facilities inspected. Ward 3 South has now achieved a compliant score in this standard.

The findings in the table above indicate that there has been significant improvement in the general environment standard. All disciplines of staff are to be commended for their hard work and effort. This improvement has demonstrated that the trust places infection prevention and control practices high on the agenda for effective and safe patient care.

We observed a high standard of cleaning and maintenance of fixtures and fittings in the hospital general public areas which promotes public confidence in the standards set by the hospital. We observed repairs to chipped plaster and paint work throughout the reception, and the public toilet and baby changing area has been repainted and the ceiling repaired. The corridor, stairs and lifts leading to the ward were clean and clutter free.

It does however remain a challenge for staff to keep the front entrance of the hospital clean and tidy. Chewing gum deposits littered the ground although waste bins were readily available for public use.

Ward 3 South

- Refurbishment of the ward is almost complete. The ward has had been 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 (Pictures 1 and 2).



Picture 1: Ward corridor before refurbishment



Picture 2: Ward corridor following refurbishment

- Fixtures and fittings have undergone a deep clean; this was most notable in the ward kitchen. The patient shower suite has been re-fitted and the central work station of the ward had been completely replaced (Picture 3).



Picture 3: New ward central work station

- We did note that there were some minor damages to a freshly painted wall within a patient bay. This had been caused by friction from the lid of waste bin. We were informed that plans are in place to cover walls throughout the ward in PVC wall cladding which can be easily cleaned and is resilient to damage.
- During the initial inspection, we observed storage rooms that were poorly maintained and cluttered with equipment that was stored in no defined order. During this inspection, ward storage areas were in the process of being refurbished and to provide a solution to eliminate clutter, staff were awaiting the delivery of high density storage units.
- The ENT treatment room remains a concern. The room again was untidy, with equipment stored with no defined plan or pre-arranged order. Although there had been a renewed focus in cleaning efforts throughout the ward this was not evidenced within this treatment room. Paper, dust and debris were visible at floor edges, the lower legs of the swivel stool were blood stained (Picture 3), and the undercarriage of the treatment couch and the high horizontal surface of the pharmacy cupboard was dusty. The protective coating of the ENT work table was torn and no longer washable; the table was also stained.



Picture 3: Blood stains on chair legs

6.0 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. The provision of an adequate laundry service is a fundamental requirement of direct patient care. Linen should be managed in accordance with HSG 95(18).

Patient linen	3 South 8 July 2015	3 South 19 November 2015
Storage of clean linen	50	85
Storage of used linen	86	100
Laundry facilities	N/A	N/A
Average Score	68	93

The above table outlines the findings in relation to the management of patient linen. Ward 3 South has now achieved a compliant score in this standard.

Issues identified for improvement in this section of the audit tool were:

- The clean linen store has been refurbished. Previous damage to walls, doors and the ceiling has been repaired and the hand wash sink has now been removed. New skirting had been applied however in one area it was peeling from the wall. We were informed that this issue had been identified and will be repaired as part of the refurbishment snagging list.
- We observed that the linen room still contained many non-linen items. Examples included a new raised toilet seat and a urinal holder and patient continence pads out of packaging. We were informed that while ward storage areas were in process of being refurbished, these items were being stored in the linen room only on a temporary basis.

7.0 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). The safe segregation, handling, transport and disposal of waste and sharps can, if not properly managed, present risks to the health and safety of staff, patients, the public and the environment. Waste bins in all clinical areas should be labelled, foot operated and encased. This promotes appropriate segregation, and prevents contamination of hands from handling the waste bin lids. Inappropriate waste segregation can be a potential hazard and can increase the cost of waste disposal.

Waste and sharps	3 South 8 July 2015	3 South 19 November 2015
Handling, segregation, storage, waste	88	98
Availability, use, storage of sharps	86	91

The above table outlines the findings in relation to the management of waste and sharps. Ward 3 South has maintained compliance with this standard. Issues identified for improvement in this section of the audit tool were:

7.1 Management of Waste

- The clinical waste bin in the clean utility room contained household waste.

7.2 Management of Sharps

- Two sharps boxes in the clinical room did not have their label details completed.
- A sharps box in the clinical room was blood stained.

8.0 Standard 5.0: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated. The Northern Ireland Regional Infection Prevention and Control Manual, states that all staff that have specific responsibilities for cleaning of equipment must be familiar with the agents to be used and the procedures involved. COSHH regulations must be adhered to when using chemical disinfectants.

Any ward, department or facility which has a specialised item of equipment should produce a decontamination protocol for that item. This should be in keeping with the principles of disinfection and the manufacturer's instructions.

Patient equipment	3 South 8 July 2015	3 South 19 November 2015
Patient equipment	69	90

A significant improvement had been made in the cleaning of patient equipment to bring this standard to compliance. On most occasions we observed equipment that was clean, in a good state of repair and managed appropriately in order to limit the risk of contamination.

- Attention to detail is still required when cleaning notes, dressing and medicine trolleys and stored patient equipment. One item of equipment on the resuscitation trolley was out of date; this was addressed during the inspection.
- Equipment cleaning schedules; for both equipment in use and for stored equipment were not evidenced during the inspection. We were informed that schedules were currently in development.
- In collaboration with the IPC team, ward staff had developed reusable laminated labels to identify that equipment was clean and ready for use.

9.0 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	3 South 8 July 2015	3 South 19 November 2015
Availability and cleanliness of wash hand basin and consumables	93	97
Availability of alcohol rub	94	100
Availability of PPE	100	100
Materials and equipment for cleaning	93	96
Average Score	95	98

The above table indicates continued and improved compliance in this standard. Issues identified for improvement in this section of the audit tool were:

- Crevices of the cleaning trolley were dusty and the trolley had been left for long periods at the end of the ward when not in use.

10.0 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.

Hygiene practices	3 South 8 July 2015	3 South 19 November 2015
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	N/A	94
Effective cleaning of ward	95	100
Staff uniform and work wear	97	96
Average Score	98	98

The above table indicates continued compliance in this standard. Issues identified for improvement in this section of the audit tool were:

- There had been no risk assessment or care plan completed for a patient identified with an alert organism.
- Changing facilities were not available for nursing staff.

Other Issue:

- This issue has been repeated from the first inspection. The pharmacy cupboard in the ENT treatment room was unlocked; the room was unlocked and accessible.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- Mr T Hughes - Inspector, Infection Prevention/Hygiene Team
- Mrs M Keating - Inspector, Infection Prevention/Hygiene Team

Trust representatives attending the feedback session

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

- Ms E Gishkori - Director, Acute Services
- Ms H Trouton - Assistant Director
- Ms A Carroll - Assistant Director, Acute Services
- Mr C Clarke - Lead Nurse, IPC
- Ms A O'Hara - Senior IPCN
- Ms D Sharpe - Lead Nurse
- Ms G Henry - Lead Nurse
- Ms C Hunter - Ward Manager, Ward 3 South
- Mr P Sheridan - Clinical Charge Nurse, Ward 3 South
- Ms M Johnston - Senior Domestic Services Manager
- Ms B Cullen - Locality Support Services Manager
- Ms A Mc Conville - Domestic Supervisor

12.0 Summary of Recommendations

Recommendations: 3 South

Standard 2: Environment

1. Staff should ensure that the ENT treatment room is included on a cleaning and maintenance programme to ensure that all surfaces are clean and that damaged surfaces are repaired. (Repeated)

Standard 3: Linen

2. Staff should ensure the linen store is free from inappropriate items. (Repeated)

Standard 4: Waste and Sharps

3. Staff should ensure that waste receptacles are clean and free from inappropriate waste items. (Repeated)
4. Sharps boxes should have all label details completed

Standard 5: Patient Equipment

5. Staff should ensure that patient equipment is clean, there is good stock rotation and all equipment is itemised on a cleaning schedule.

Standard 6: Hygiene Factors

No Recommendation

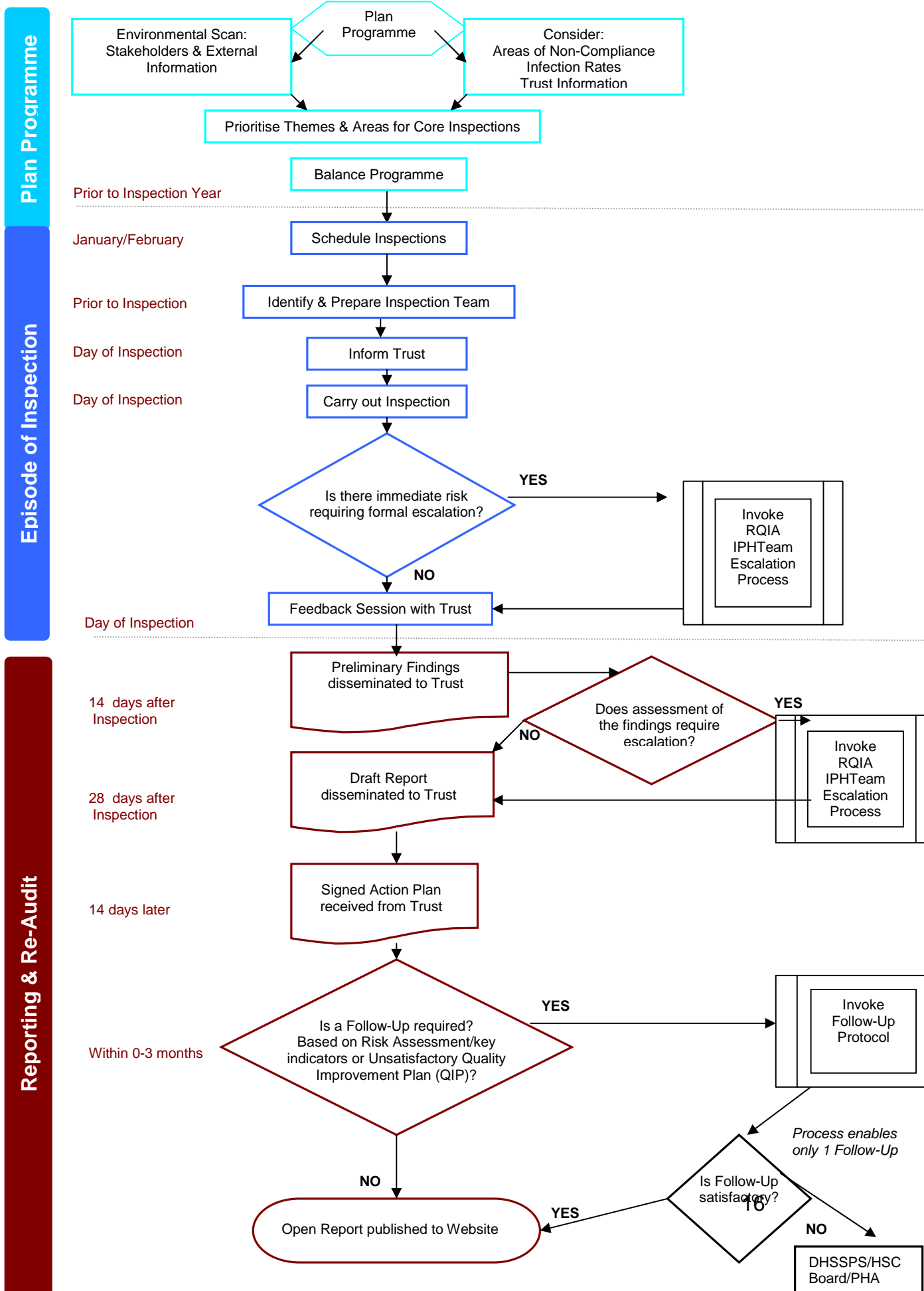
Standard 7: Hygiene Practices

6. Changing facilities should be available for nursing staff. (Repeated)
7. Staff should ensure that an IPC risk assessment and care plan is completed for all patients identified with an alert organism.

Additional Recommendation

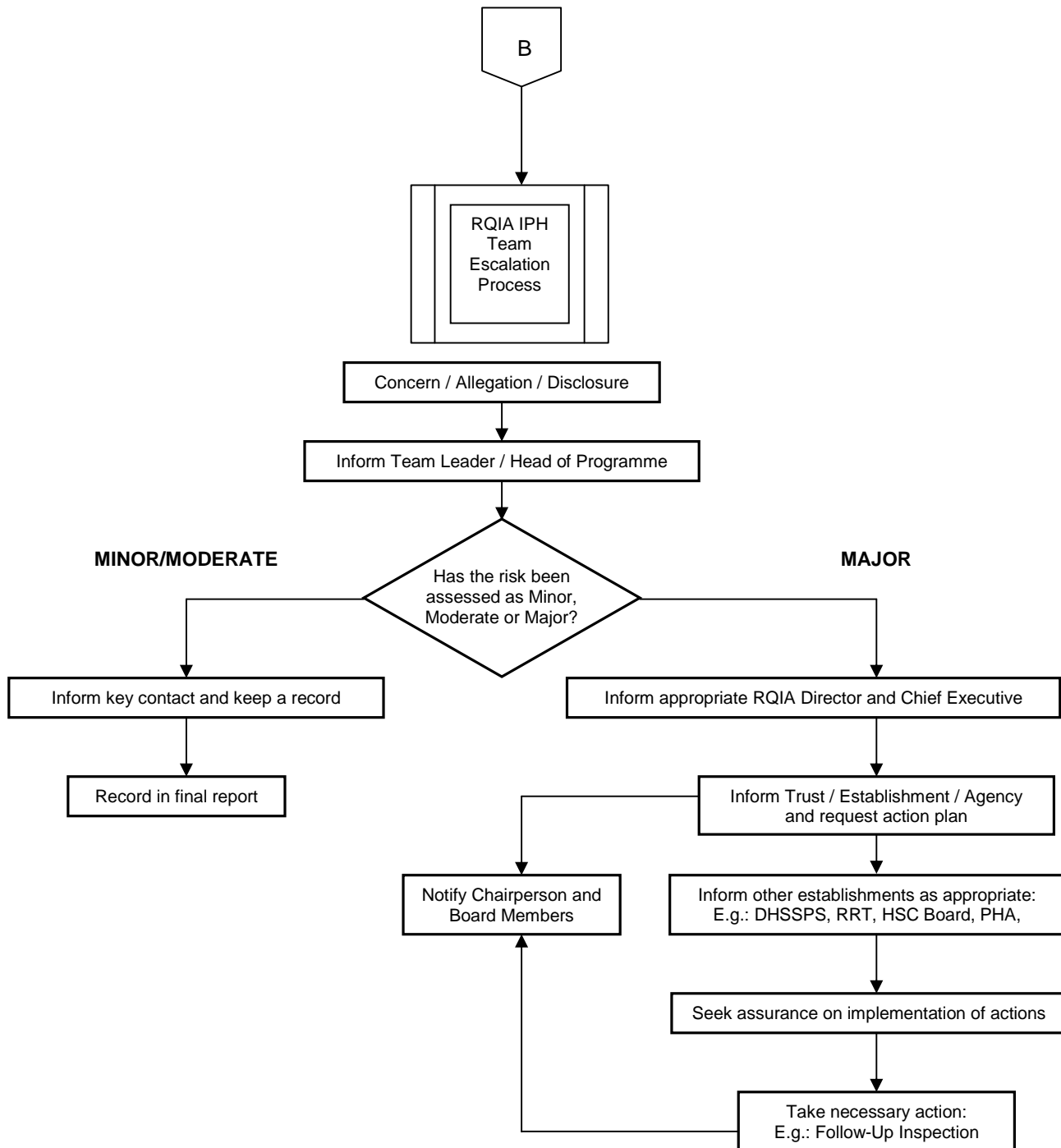
8. Staff should ensure that medicines are stored in line with the trust Medicines Management policy. (Repeated)

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that the ENT treatment room is included on a cleaning and maintenance programme to ensure that all surfaces are clean and that damaged surfaces are repaired. (Repeated)	Domestic Services	Cleaning issues addressed and Work Schedules reviewed.	December 2015
		Estates	New work table to replace Atmos. Servant 5C to be ordered.	March 2016
		Nursing	This has been addressed and is now included on the schedule.	December 2015
2.	Staff should ensure the linen store is free from inappropriate items. (Repeated)	Nursing	This is been addressed and all staff spoken to and it has been reinforced that the linen store must be kept free of inappropriate items and spot checks will be carried out on a regular basis by HOS, Lead Nurse or Sister.	December 2015
		Estates	High density storage units ordered, not yet received. Skirting peeling from wall on works snag list.	January 2016
		Domestic Services	Cleaning issues addressed and Work Schedules reviewed.	December 2015

Standard 3: Linen				
3.	Staff should ensure that waste receptacles are clean and free from inappropriate waste items. (Repeated)	Domestic Services	Cleaning issues addressed and Work Schedules reviewed	December 2015
		Nursing	This has been reinforced and discussed at Ward meetings and all staff reminded about the importance of correct waste disposal	December 2015 and ongoing checks
Standard 4: Waste and Sharps				
4.	Sharps boxes should have all label details completed	Nursing	This has been reinforced and discussed at Ward meetings and spot-checks will be carried out regularly by HOS, Lead Nurses and Ward Sister	December 2015 and ongoing checks
Standard 5: Patient Equipment				
5.	Staff should ensure that patient equipment is clean, there is good stock rotation and all equipment is itemised on a cleaning schedule.	Nursing	This has been reinforced and has been discussed at Ward Meetings and equipment is cleaned, repaired and replaced as required. Reference A-Z Decontamination of Equipment and Medical Devices for Hospitals is available and brought to the attention of all staff and an Equipment Cleaning Folder is being produced which includes a sign-off sheet for all equipment.	January 2016 and on-going checks

Standard 6: Hygiene Factors				
	No Recommendation			
Standard 7: Hygiene Practices				
6.	Changing facilities should be available for nursing staff. (Repeated)	Nursing	Changing facilities on Basement level for male/female staff.	Complete
7.	Staff should ensure that an IPC risk assessment and care plan is completed for all patients identified with an alert organism.	Nursing	This has been reinforced with staff and discussed at Ward Meetings and Handovers and the initiation of IPC Risk assessment on a patient and regular evaluation on patient's progress regarding infection is lead and driven by Clinical Sisters, Ward Manager and Heads of Service.	December 2015
	Additional Recommendation			
8.	Staff should ensure that medicines are stored in line with the trust Medicines Management policy. (Repeated)	Nursing	This has been reinforced and discussed at Ward meeting and a keypad has been requested for the Treatment Room.	Complete



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