



# Unannounced Infection Prevention/Hygiene Inspection

Craigavon Area Hospital

14 March 2017

[www.rqia.org.uk](http://www.rqia.org.uk)

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## 1.0 Profile of Service

An unannounced inspection was undertaken to Craigavon Area Hospital on 14 March 2017.

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

- Ward 2 West (Obstetrics & Gynaecology)
- Ward 4 South (General Surgery)

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

### Service Details

Responsible Person:  
**Mr Francis Rice**

Position: **Chief Executive Officer  
Southern Health and Social Care  
Trust**

### What We Look for

The Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool provide a common set of overarching standards for all hospitals and other healthcare facilities in Northern Ireland.

The audit tool is comprised of the following sections:

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

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

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

Inspections using the audit tool gather information from observations in functional areas including, direct questioning and observation of clinical practice and, where appropriate, review of relevant documentation.

This Inspection tool is available on the RQIA website [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. Percentage scores can be allocated a level of compliance using the compliance categories 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	2 West	4 South
General environment	83	88
Patient linen	82	98
Waste	98	91
Sharps	84	95
Equipment	92	96
Hygiene factors	99	97
Hygiene practices	89	95
<b>Average Score</b>	<b>90</b>	<b>94</b>

A more detailed breakdown of each table can be found in Section 4.

The inspection team was made up of four inspectors from the RQIA healthcare team. Details of the inspection team and trust representatives attending the feedback session can be found in Section 5.0.

This inspection of Craigavon Area Hospital resulted in three recommended actions for ward 2 West and two recommended actions for ward 4 South. Ward 2 West achieved an overall compliant score however some improvement is required in the standards of the general environment and the management of linen and sharps. Ward 4 South achieved compliance with each assessed standard and achieved overall excellent compliance. In both areas we observed staff knowledge in relation to IPC and hand hygiene practices to be very good.

Escalation procedures were not required for this inspection. The escalation policies and procedures are available on the RQIA website.

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. (The findings are available on request from RQIA Healthcare Team).

The final report and provider compliance plan will be available on the RQIA website. When required, reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency.

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

It should be noted that 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 on 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 legislation, standards and best practice.

### 3.0 Inspection Findings

#### **Public Areas (Entrance, Reception, Public Toilets, Corridors, Stairs and Lift)**

The main hospital reception area and public toilets were generally clean, tidy and well maintained. It remains an ongoing challenge for staff to keep the area around the front entrance of the hospital clean; chewing gum deposits littered the ground. Some maintenance issues were observed to surfaces within ward access corridors; much of which can be attributed to ongoing refurbishment work within the hospital.

#### **Ward 2 West**

##### **General Environment**

#### **Areas of Good Practice**

- The ward environment is commencing on a programme of refurbishment. Completed sanitary facilities had been finished to a high standard.

#### **Areas for Improvement**

- The ward achieved partial compliance in the general environment standard. This was largely due to the lack of attention to detail in the cleaning of high and low horizontal surfaces throughout the ward. Fixtures, fittings and surfaces of the non-refurbished areas are old and worn, which prevents effective cleaning. These issues were most notable in ward communal areas and the treatment room.
- The treatment room is used by a range of staff which included midwives, pharmacists and medical staff for a multifunction of purposes. Intravenous medication preparation takes place in this room, newborns are examined and treated, and discharges completed. The room is also used to store a large range of clinical and clerical equipment which included a computer and printer. Staff expressed concerns regarding the potential for error when preparing medication in such a busy environment.

## 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.

### Area for Improvement

- The ward achieved partial compliance in the management of used linen. We observed staff not bagging used linen at the bedside and carrying it next to their uniforms without using protective aprons.

## Waste and Sharps

### Areas of Good Practice

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

### Area for Improvement

- The ward achieved partial compliance in the management of sharps. We observed sharps boxes that were not labelled and tagged when ready for disposal and the box on the resuscitation trolley was not secured (Picture 1).



Picture 1: Unsecured sharps box on the resuscitation trolley



## Equipment

### Areas of Good Practice

- Patient equipment was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms (Picture 2). Equipment cleaning schedules were in place and completed by staff.



Picture 2: Clean patient equipment

## Hygiene Factors

### Areas of Good Practice

- We observed that hand washing facilities and a range of consumables were available to enable hygiene practices to be carried out effectively.
- Clinical hand wash sinks were clean and located near to the point of care and only used for hand hygiene purposes. We were informed that clinical hand wash sinks are soon to be replaced throughout the ward.
- Cleaning equipment was clean, in good repair and stored appropriately

## Hygiene Practices

### Areas of Good Practice

- Staff were knowledgeable on the principles of IPC.

- We observed good IPC practice in relation hand hygiene and the use of personal protective equipment (PPE) and adherence to uniform policy.
- A range of IPC audits were displayed for the public to provide assurance of good staff IPC practices

## Ward 4 South

### General Environment

#### Areas of Good Practice

- The ward environment is currently undergoing extensive refurbishment. We observed improvements to walls, floors, ceilings and fixtures and fittings throughout. Completed works to date had been finished to a high standard. These improvements are creating an environment more conducive to the provision of healthcare.
- The inspection team found the ward to be clean with staff aware of their roles and responsibilities in relation to cleaning the environment. A monthly 'dump the junk' initiative has also been successful in reducing ward clutter. During the inspection a patient praised the standard of care on the ward and the cleanliness of its facilities.
- A range of IPC audits were displayed for the public to provide assurance of good staff IPC practices (Picture 3).

Audit	Score for the week
MUST	80%
MEWS	80%
HAND HYGIENE	95%
FLUID BALANCE	83%
WARD ENVIRONMENT	100%
COMMODE AUDIT	100%

Picture 3: Displayed Audit results

#### Area for Improvement

- The equipment store is an area identified for immediate improvement. We observed that items of equipment were stored with no defined order; surfaces were dusty in areas difficult to access and there were significant maintenance issues to the ceiling.

## 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 managed linen safely to prevent the spread of microorganisms to those receiving care.

## Waste and Sharps

### Areas of Good Practice

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

## Equipment

### Areas of Good Practice

- Patient equipment was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Equipment cleaning schedules were in place and completed by staff. A trigger mechanism was in place to identify when equipment had been cleaned.

## Hygiene Factors

### Areas of Good Practice

- We observed that hand washing facilities and a range of consumables were available to enable hygiene practices to be carried out effectively.
- Clinical hand wash sinks were clean, well maintained, located near to the point of care and only used for hand hygiene purposes.
- Cleaning equipment was clean, in good repair and stored appropriately

## Area for Improvement

- In some patient bays, we observed that some clinical hand wash sinks were inaccessible as they were blocked by patient armchairs (Picture 4).



Picture 4: Patient armchair blocking clinical hand wash sink

## Hygiene Practices

### Areas of Good Practice

- We observed that hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.
- We observed good IPC in relation to the use of PPE and good adherence to the trust uniform policy.
- Staff were knowledgeable on the principles of IPC. Patients requiring a single room were isolated in line with trust guidance.
- The ward has commenced the labelling of invasive access lines to safeguard the patient by reducing the risk of 'wrong route administration'.

### **Additional Area of Good Practice**

- During the inspection we spoke with a ward volunteer. We were informed of the support and practical help that volunteers provide for patients and visitors to the trust. We regard the volunteer service as a very valuable initiative in complementing the work of staff across the trust.

## 4.0 Level of Compliance Tables

### 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.

<b>General Environment Standards</b> <b>Public shared areas</b>	<b>General ward</b>
Reception	87
Public toilets	85
Corridors, stairs lift	81

<b>General environment Standards wards or departments</b>	<b>2 West</b>	<b>4 South</b>
Ward/department - general (communal)	66	85
Patient bed area	93	86
Bathroom/washroom	100	81
Toilet	93	100
Clinical room/treatment room	61	81
Clean utility room	N/A	N/A
Dirty utility room	91	98
Domestic store	82	93
Kitchen	N/A	95
Equipment store	82	59
Isolation	90	97
General information	100	96
<b>Average Score</b>	<b>83</b>	<b>88</b>

### 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.

Patient linen	2 West	4 South
Storage of clean linen	85	96
Storage of used linen	79	100
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>82</b>	<b>98</b>

### 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).

Waste and sharps	2 West	4 South
Handling, segregation, storage, waste	98	91
Availability, use, storage of sharps	84	95

### Standard 5: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated.

Patient equipment	2 West	4 South
Patient equipment	92	96



### 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	2 West	4 South
Availability and cleanliness of wash hand basin and consumables	99	95
Availability of alcohol rub	100	100
Availability of PPE	100	93
Materials and equipment for cleaning	97	98
<b>Average Score</b>	<b>99</b>	<b>97</b>

### 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	2 West	4 South
Effective hand hygiene procedures	86	95
Safe handling and disposal of sharps	93	100
Effective use of PPE	92	91
Correct use of isolation	N/A	95
Effective cleaning of ward	76	89
Staff uniform and work wear	100	100
<b>Average Score</b>	<b>89</b>	<b>95</b>

## 5.0 Key Personnel and Information

### Members of the RQIA inspection team

Mr T Hughes	Inspector, Healthcare Team
Ms L Gawley	Inspector, Healthcare Team
Ms J Gilmour	Inspector, Healthcare Team
Ms B McFalone	Bank Inspector, Healthcare Team

### Trust representatives attending the feedback session

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

H Trouton	Assistant Director Acute IMWH & C & CS
R Carroll	Assistant Director
P McStay	Head of Midwifery and Gynaecology
W Clarke	Lead Midwife
M Portis	Ward Manager
A Nelson	Head of General Surgery
G Henry	Lead Nurse Surgery
J Mathews	Lead Nurse Surgery
T McGuigan	Ward Sister
A McConville	Domestic Supervisor
A Stretton	Domestic Supervisor
M Johnston	Domestic Services Manager

## 6.0 Provider Compliance Improvement Plan

The provider compliance improvement plan should be completed detailing the actions taken and returned to [Helathcare.team@rqia.org.uk](mailto:Helathcare.team@rqia.org.uk) for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken. The responsible person identified should ensure that all recommended actions are taken within the specified timescales.

### Area: Ward 2 West

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	The standard of cleaning throughout the ward should be improved and robust monitoring should be in place to provide continued assurance.	Domestic	Cleaning issues addressed and work schedule have been reviewed, and there are monitoring arrangements in place.	25/04/17
2.	Staff management of used linen should be improved and robust monitoring should be in place to provide continued assurance.	Nursing	Communicated to all staff on use of PPE when handling linen, both used and clean. All staff advised to keep clean linen in the plastic that it is delivered to the ward in. Colour coding system for used linen poster communicated to all staff and displayed in sluice where used linen is placed. Staff informed of use for water soluble bag and one to be in used linen bag at all times. Health Care Assistant/ Maternity Support Worker delegated the daily duty of checking	27/04/17

			this and that the linen cupboard is stocked, tidy and linen in plastic.	
3.	The function of the treatment room should be reviewed. Any identified risks should be addressed immediately.	Nursing	Meeting arranged with Ward Manager and Lead Midwife and Head of Service to discuss improvements and ideas for clarifying the use of treatment room and nurses station.	01/07/17

#### Area: Ward 4 South

Reference number	Areas for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	Storage of equipment, cleaning and maintenance of fixtures and fittings, within the equipment store should be improved.	Nursing	Area was cleared out and unnecessary items removed. Parker knoll chair condemned and removed. Floor cleaned and paint particles removed by domestic staff. All boxes removed from floor onto shelves. Ongoing monitoring of this area by Health Care Assistant now in place.	27/04/17
2.	Staff should ensure that clinical hand wash sinks are accessible at all times.	Nursing	All staff informed about importance of leaving hand washing facilities accessible at all times. Staff ensure that patient chairs are positioned away from sink.	27/04/17



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