



Unannounced Infection Prevention/Hygiene Inspection

Altnagelvin Area Hospital
29 May 2019

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1.0 Profile of Service

An unannounced inspection was undertaken to Altnagelvin Area Hospital on 29 May 2019.

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

- Emergency Surgical Unit (ESU) (Ward 32)
- Acute Medical Unit (AMU) (Ward 41)

Previous infection prevention and hygiene inspection reports of Altnagelvin Area Hospital are available on the RQIA website www.rqia.org.uk.

Service Details

Responsible Person:
Dr Anne Kilgallen

Position: **Chief Executive Officer
Western Health and Social Care
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.

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	Emergency Surgical Unit (Ward 32)	Acute Medical Unit (Ward 41)
General environment	93	93
Patient linen	92	95
Waste	94	90
Sharps	89	97
Equipment	98	97
Hygiene factors/Cleaning Practices	95	98
Hygiene practices/Staff Questions	98	98
Average Score	94	96

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

This inspection team comprised of four inspectors from RQIA. Details of our inspection team and Western Health and Social Care Trust representatives who participated in a local feedback session delivered in Altnagelvin Area Hospital on 29 May 2019 can be found in Section 5.0.

Five actions for improvement have been made to Altnagelvin Area Hospital, Western Health and Social Care Board.

The inspection was carried out as a result of our information monitoring systems which highlighted an increased incidence of *Clostridium difficile* infection in a number of patients being cared for on the Emergency Surgical Unit (ESU). On reviewing documentation inspectors were satisfied that appropriate actions had been taken on the ward to address the increased incidence of *C. difficile*. There have been no further reported cases to date.

ESU and the Acute Medical Unit (AMU) were in good decorative order and both had a high standard of environmental cleanliness throughout. Patient equipment was clean and in a good state of repair. Staff demonstrated good practice in the management of linen, sharps and the disposal of waste.

We observed good practice in the use of personal protective equipment and hand hygiene. Hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.

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 Western Health and Social Care Trust and in particular staff at the Altnagelvin 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)

The main entrance to the hospital was clean and free from clutter; however we observed wear and tear to walls and flooring. We were informed that future construction plans on Altnagelvin Area Hospital site will include a new entrance to the hospital, however, the existing entrance would benefit from some interim improvement works. More attention to detailed cleaning is required in the public disabled toilet and also within information leaflet racks displayed in the reception area.

ESU

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ward consists of a combination of patient bay areas and single en-suite rooms. An advantage of having single patient rooms is that it assists in reducing the risk of the transmission of infection causing organisms or exposing immune-compromised patients to infection risks.
- Environmental cleaning in the ward was maintained to a high standard; this was reflected in the ward environmental cleaning audit score of 95 percent. Despite being an older ward, fixtures and fittings were well maintained with evidence of ongoing improvement works.
- Staff, when questioned, were aware of their roles and responsibilities in relation to cleaning of the environment. Detailed cleaning schedules were in place for domestic staff and signed off daily.
- Patient and non-patient areas of the ward, including the ward access corridor were free from excess clutter and were well organised to allow for ease of cleaning.

Areas for Improvement

- The central work station would benefit from more attention to detailed cleaning and some upgrade work. Dust and debris was present on surfaces including chairs, telephones and floor edging. The laminate surface of the work station desk was damaged.

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.

Areas for Improvement

- Staff were advised to ensure that the clean linen room is used for the storage of linen only.

Waste and Sharps

Areas of Good Practice

- Sharps and waste were managed in line with best practice. Sharps boxes were dated and signed and temporary closures deployed when not in use. Waste was appropriately segregated and stored in a designated secure hold prior to collection.

Areas for Improvement

- There was inconsistency in the availability of offensive waste bins in bays in the ward. Inappropriate waste was evident in a number of sharps boxes and one sharps box was not secure.

Equipment

Areas of Good Practice

- Patient equipment including commodes and moving and handling aids was clean and well maintained. We observed detailed equipment cleaning schedules in use by staff.
- Sterile single use items remained in their packaging until they were ready for use.

Areas for Improvement

- Four bags of Gelofusine intravenous fluids had past their use by date.
- Gaps were noted in the resuscitation trolley daily check record.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- Clinical hand wash sinks were clean, located near to the point of care and only used for hand hygiene purposes. We observed that hand washing facilities and a range of consumables were available to enable hand hygiene practices to be carried out effectively.

Areas for Improvement

- Improvement is required in the cleaning of clinical hand wash sinks water outlets.

Hygiene Practices/Staff Questions

Areas of Good Practice

- We observed excellent hand hygiene practices carried out by staff in line with the trust seven step hand hygiene process and in accordance with the World Health Organisation (WHO) five moments for hand hygiene.
- 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.
- All precautions were in place for patients with an infection risk. We were informed that the trust IPC team provides good support and advice for ward staff.

Areas for Improvement

- We observed a number of staff not wearing the correct personal protective equipment (PPE) when in direct patient contact.

AMU

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- We observed a high standard of cleanliness throughout both patient and non-patient areas. Sanitary areas were clean and tidy and furnished with modern fixtures and fittings.
- Routine ward environmental cleanliness audits had been undertaken by staff, scores were clearly displayed at the ward entrance to provide public assurance.
- There was good availability and accessibility of information leaflets to guide visitors on IPC practices.
- Staff, when questioned, were aware of the importance of their role and responsibilities in maintaining a clean and well maintained environment.

Areas for Improvement

- The fabric of the nurses' station and clean utility/pharmacy area were worn, with evidence of damaged paintwork on walls. A number of chairs at the nurses' station were fabric covered and therefore cannot be effectively decontaminated.
- Dust was evident on high horizontal surfaces in the clean utility room/pharmacy and on top of the controlled drug cupboard. The equipment store appeared cluttered, many items of equipment were stored in no defined order, with some items stored on the floor.

Patient Linen

Areas of Good Practice

- We observed that 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 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.
- The temporary closure of sharps container lids were clean and deployed when not in use. Sharps boxes were dated and signed.

Areas for Improvement

- We observed some inappropriate disposal of items in sharps boxes.

Equipment

Areas of Good Practice

- We observed that patient equipment on the ward was generally well managed. Equipment in contact with patients or at risk of contamination from blood or body fluids is either single use or decontaminated between patients. Staff were knowledgeable in identifying equipment as single use and the importance of decontamination of equipment between uses.
- Equipment cleaning schedules were in place and completed by staff.
- There was evidence of good stock rotation and items checked were within their use by date.

Areas for Improvement

- We observed a build-up of dust on stored items of equipment and more attention to detail cleaning of stored equipment is required.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- Infection Control Stations containing a range of consumables were strategically placed around the ward to promote adherence to hand hygiene practices.
- Information on key performance indicators including hand hygiene and environmental cleaning audits were clearly displayed in the ward to promote public assurance of the ward's performance to IPC standards.
- Posters reinforcing the correct hand hygiene technique were displayed appropriately at clinical hand wash sinks. We observed clinical hand wash sinks were used for hand hygiene purposes only.

Hygiene Practices/Staff Questions

Areas of Good Practice

- We observed a good standard of hand hygiene practices from all staff disciplines in line with best practice.
- Staff working on the ward adhered to the trust uniform policy. We observed that several members of visiting staff were compliant with bare below the elbow practices when carrying out clinical practices.
- When questioned staff were knowledgeable in standard IPC practices. This included the correct dilution rates of disinfectants for environmental cleaning and how to decontaminate blood spillages effectively.

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	85
Public toilets	78
Corridors, stairs lift	96

General environment Standards wards or departments	ESU (Ward 32)	AMU (Ward 41)
Ward/department - general (communal)	82	87
Patient bed area	95	94
Bathroom/washroom	98	98
Toilet	N/A	100
Clinical room/treatment room	N/A	86
Clean store room/Pharmacy Room	96	85
Dirty utility room	98	98
Domestic store	93	100
Kitchen	N/A	100
Equipment store	90	82
Isolation	99	100
General information	89	86
Average Score	93	93

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	ESU (Ward 32)	AMU (Ward 41)
Storage of clean linen	83	89
Storage of used linen	100	100
Laundry facilities	N/A	N/A
Average Score	92	95

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	ESU (Ward 32)	AMU (Ward 41)
Handling, segregation, storage, waste	94	90
Availability, use, storage of sharps	89	97

Standard: Patient Equipment

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

Patient equipment	ESU (Ward 32)	AMU (Ward 41)
Patient equipment	98	97

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	ESU (Ward 32)	AMU (Ward 41)
Availability and cleanliness of wash hand basin and consumables	96	98
Availability of alcohol rub	100	96
Availability of PPE	92	100
Materials and equipment for cleaning	93	98
Average Score	95	98

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	ESU (Ward 32)	AMU (Ward 41)
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	92	100

Correct use of isolation	100	100
Effective cleaning of ward	100	96
Staff uniform and work wear	96	90
Average Score	98	98

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms J Gilmour	Inspector, HSC Healthcare Team
Mr T Hughes	Inspector, HSC Healthcare Team
Ms L O'Donnell	Inspector, HSC Healthcare Team
Ms F Breslin	Inspector, MHL D Team

Trust representatives attending the feedback session on 29 May 2019

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

Ms C Lynn	Lead Nurse General Surgery
Ms M Mathew	Deputy Sister, ESU (Ward 32)
Mr JP McGinley	Service Manager, Unscheduled Care
Ms AM O'Dwyer	Ward Manager, AMU (Ward 41)
Ms B McGavigan	Deputy Sister, AMU (Ward 41)

Apologies:

None Received

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: ESU

Reference number	Actions for Improvement	Responsible Person	Action Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	The fabric and standard of cleaning of the central work station needs to be improved.	Head of Estates, manager for support services and Ward Sister	Labels are replaced on bins, Sellotape residue removed, new paper towels hand holder ordered, notice board decluttered, boxes on floor removed. Laminate on work station desk has been repaired A minor capital works requisition will be raised to upgrade the work station. The area was cleaned immediately after the inspection and initial verbal report and is now clean and dust free. This has been monitored by the Lead Nurse on her daily morning walkabout and feedback given to staff and Domestic Services Supervisors.	immediate September 2019
2.	Strict checking and monitoring processes should be in place to ensure intravenous fluids are disposed of when they reach their	Ward Sister	Ward Sister has compiled a check list of all IV fluids kept in stock and included a monthly check of all IV fluids in her work plan. All IV fluids in	immediate

	expiry date.		stock are within date. All staff reminded to check expiry dates of IV fluids before administration as per policy and will dispose of any IV fluids that are out of date. The Pharmacy technician also has input into the checking and monitoring of IV fluids.	
3.	Staff should wear the correct PPE when in direct contact with patients. Robust monitoring of staff practice in relation to compliance with standard infection control precautions should be in place to provide assurance of adherence to best practice.	Ward Sister	90% staff are up to date with IP&C training. At daily report all bank or agency staff are reminded of the correct use of PPE and infection status of each patient. Monthly monitoring for hand hygiene and quarterly environmental and peripheral lines ongoing care audits include the correct use of PPE. These audit results are displayed on the ward notice board, the dashboard and discussed at safe and effective care with Nursing Assistant Director and Divisional Governance with operational Assistant Director. Action plans for remedial actions are drawn up with Ward Sister, shared with the ward team and individuals monitored to ensure compliance with standards. The Lead Nurse carries out validation audits of areas of concern and reports through the same structure.	immediate

Area: AMU

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Improvement is required in the cleaning of high level surfaces of	Support Service	Review of cleaning schedule in AMU to allow	July 2019

	non-patient support areas. The equipment store needs to be decluttered and reorganised to facilitate effective cleaning. Robust monitoring should be in place to provide continued assurance.	Supervisor	maximised time for cleaning of high level surfaces in non-patient areas	
			Monthly audits of high level surfaces	August 2019
		Ward Manager	Review of schedule of accommodation for the equipment store with new shelving ordered. Decluttering and reorganising of equipment within the store. Montly audit of the equipment store	September 2019 October 2019
2.	Remedial action is required to improve the fabric of the physical environment at the nurses' station.	Lead Nurse	An individualised Environmental audit of the nurses station and submission of an appropriate minor capital works to ensure effective remedial actions are completed	December 2019
		Ward Manager		



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