



Unannounced Infection Prevention/Hygiene Inspection

Altnagelvin Hospital
27 October 2016

www.rqia.org.uk

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1.0 Profile of Service

An unannounced inspection was undertaken to Altnagelvin Hospital on 27 October 2016.

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

- Ward 9 (Children's)
- Ward 21 (Outpatients Department - General Surgery Pre-Assessment, Orthopaedic Pre-Assessment, Respiratory/ Rheumatology)

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

Service Details

Responsible Person:

Position: **Chief Executive Officer
Western 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.

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

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

Areas inspected	Ward 9	Ward 21
General environment	91	94
Patient linen	96	98
Waste	97	97
Sharps	100	86
Equipment	99	95
Hygiene factors	99	98
Hygiene practices	97	97
Average Score	97	95

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

The inspection team was made up of three inspectors from the RQIA healthcare team and a peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 5.0. Two recommended actions were required for the inspection of the Altnagelvin Area Hospital, Western Health and Social Care Trust.

Both areas achieved compliance with each assessed standard. We observed that the ward environments were clean and that staff knowledge and practice in relation to IPC was 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 Western Health and Social Care Trust and in particular all staff at the Altnagelvin 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 entrance and reception area and public toilets were clean, free from debris and tidy. Minor damage was noted to walls, skirting, flooring and doors.

Ward 9

(Ward 9 is a temporary ward used by Ward 6 staff and patients to allow for the refurbishment of Ward 6)

General Environment

Areas of Good Practice

- The inspection team found the ward to be clean and in good decorative order.
- Staff were aware of their roles and responsibilities in relation to cleaning the environment.
- The refurbishment of Ward 6 will provide more single rooms and ensuite toilets.
- Ward staff have participated on the Productive Ward programme. Learning from these modules has given staff a better insight in managing ward activities; enabling more time to be spent with the patient. It also increased staff awareness of issues to raise and actions to take in the planned refurbishment of the ward and the production of standard operating procedures on cleaning rooms and equipment.
- As part of the Movember fund raising campaign, the parent of a child admitted to the ward organised fund raising activities which financed the re-upholstering of four sofa beds with a water repellent and anti-bacterial material.
- The Advanced Practice Nurse Practitioner has been collaborating with the ward registrar on developing a bronchiolitis pathway and advice leaflets on various conditions.

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 that was in use and stored, was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- Trigger tape was in place to identify equipment which had been cleaned.

Hygiene Factors

Areas of good practice

- Clinical hand wash basins and consumables were clean and in good repair (Picture 1).
- Cleaning equipment was clean, in good repair and stored appropriately.



Picture 1: Hand hygiene posters for staff and children

Hygiene Practices

Areas of Good Practice

- Staff were knowledgeable and we observed good infection prevention and control practice in relation to hand hygiene.

Areas for Improvement

- On one occasion we observed staff not donning recommended PPE before entering a room where a patient was placed under contact precautions. Staff should adhere to all recommended precautions when managing patients with alert organisms.
- We reviewed the notes of four patients who had been identified with alert organisms. We observed IPC nursing care plans were not kept up to date.

Ward 21

The ward achieved excellent compliance with the Regional Healthcare Hygiene and Cleanliness standards. Although configured as a ward, the area is now used as an outpatient department for four separate specialities.

General Environment

Areas of Good Practice

- The inspection team found the department to be clean and the fabric well maintained (Picture 2).



Picture 2: Well-presented shower with grab rails

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 handling and transportation of waste.

Equipment

Areas of Good Practice

- Patient equipment that was in use and stored was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Trigger tape was in place to identify equipment which had been cleaned. Robust cleaning schedules were in place and completed by staff.

Hygiene Factors

Areas of Good Practice

- Cleaning equipment was clean and stored appropriately.
- Clinical hand wash basins and consumables were clean and in good repair.

Areas for Improvement

- On one occasion we observed that the internal surface of the clinical hand wash sink in a patient bay was stained with fresh coffee residue. Staff should ensure that clinical hand wash sinks are only used for the purpose of hand hygiene.

Hygiene Practices

Areas of Good Practice

- We observed good practice in relation to hand hygiene and the WHO 5 moments of care; staff were knowledgeable on the principles of infection prevention and control. There was good adherence to the trust uniform policy.

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.

General Environment Standards Public Shared Areas	
Reception	84
Public toilets	100
Corridors, stairs lift	90

General Environment	Ward 9	Ward 21
Ward/department - general (communal)	91	98
Patient bed area	93	98
Bathroom/washroom	95	N/A
Toilet	98	86
Clinical room/treatment room	86	N/A
Clean utility room	89	94
Dirty utility room	83	98
Domestic store	93	89
Kitchen	94	N/A
Equipment store	N/A	88
Isolation	98	97
General information	84	95
Average Score	91	94

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	Ward 9	Ward 21
Storage of clean linen	92	95
Storage of used linen	100	100
Laundry facilities	N/A	N/A
Average Score	96	98

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	Ward 9	Ward 21
Handling, segregation, storage, waste	97	97
Availability, use, storage of sharps	100	86

Standard 5: Patient Equipment

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

Patient Equipment	Ward 9	Ward 21
Patient equipment	99	95

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	Ward 9	Ward 21
Availability and cleanliness of wash hand basin and consumables	100	99
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	98	94
Average Score	99	98

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	Ward 9	Ward 21
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	95	100
Correct use of isolation	95	N/A
Effective cleaning of ward	95	85
Staff uniform and work wear	97	100
Average Score	97	97

5.0 Key Personnel and Information

Members of the RQIA Inspection Team

Ms L Gawley	-	Inspector, Healthcare Team
Mr T Hughes	-	Inspector, Healthcare Team
Ms M Keating	-	Inspector, Healthcare Team
Ms P Clayton	-	Bank Inspector RQIA

Trust Representatives Attending the Feedback Session

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

M Mc Kenna	-	Acting Assistant Director Women's and Children's Healthcare
W Cross	-	Head of Infection Prevention and Control
U Mc Collum	-	Acting Head of Safe and Effective Patient Care and Client Experience
S Mc Donald	-	Acting Service Manager for Respiratory and Cardiology
M Lafferty	-	ANS Manager Trauma and Orthopaedics, Pre op Assessment
M Brown	-	EC and M Service Manager
C Lynn	-	Acting General Manager
H Mc Donald	-	Lead Nurse for ATICS
J Cartmill	-	Band 8A RNS Ward 21
L Fields	-	Lead Nurse Pre Op Assessment
J Sweeney	-	Acting Lead Nurse STA
Y Devenney	-	Ward Manager Children's Ward
H Phelan	-	Band 7 RNS Ward 21
N Mc Kenny	-	Infection Prevention and Control Nurse
Y Black	-	Support Services

6.0 Provider Compliance Plans

The provider compliance plan should be completed detailing the actions taken and returned to cscg.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 actions are taken within the specified timescales.

Area: Ward 9

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Robust processes are in place to ensure that all staff adhere to best practice guidance when managing patients identified with alert organisms.	Ward Manager/Sister	Infection control link nurse group on the ward will provide update sessions for all staff on PPE, signage and best practice in infection control.	3 months

Area: Ward 21

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Robust processes should be in place to ensure that all staff use clinical hand wash sinks only for the purpose of hand hygiene.	Sister support services	Coffee cup removed, sink cleaned, all staff informed that it is a hand washing only sink and notice put up to remind staff and patients that it is a hand washing only sink	Completed



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