



## Unannounced Infection Prevention/Hygiene Follow-up Inspection

Western Health and Social Care Trust  
Altnagelvin Hospital

3 May 2018

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

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## 1.0 Profile of Service

An unannounced follow-up inspection was undertaken to Ward 20 Altnagelvin Hospital on 3 May 2018. This follow-up inspection was carried out as a result of a previous inspection on 18 October 2017 which resulted in seven actions for improvement.

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

- Ward 20 (Medicine, Cardiology)

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

### Service Details

Responsible Person:  
**Ms Anne Kilgallen**

Position:  
**Chief Executive Officer  
Western 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.

Areas inspected	Ward 20 (18 October 2017)	Ward 20 (3 May 2018)
General environment	77	96
Patient linen	93	98
Waste	92	100
Sharps	65	97
Equipment	80	93
Hygiene factors/Cleaning Practices	94	97
Hygiene practices/Staff Questions	89	96
<b>Average Score</b>	<b>84</b>	<b>96</b>

### 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>

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

The inspection team comprised of two inspectors from RQIA's Health and Social Care (HSC) Healthcare Team. Details of our inspection team and trust representatives who participated in a local feedback session delivered in Altnagelvin on 3 May 2018 can be found in Section 5.0. For ease of access and reference, tables displaying the previous inspection scores have been included in this report.

Two actions for improvement have been made to Ward 20 relating to documentation for the management of patients with a multi resistant organism; and the management of urinary catheters.

The full report is available on our website at [www.rqia.org.uk](http://www.rqia.org.uk)

On this inspection, the actions for improvement were reviewed and all found to have been addressed. Robust audit systems have been implemented to monitor environmental and equipment cleanliness; the safe handling and disposal of sharps; management of disinfectants; and hand hygiene practices. We observed that the ward had a high standard of environmental cleanliness and was in good decorative order. We were advised that there are plans to relocate Ward 20 to the new North Wing building in the near future. In the interim a routine maintenance programme is in place.

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 (PPE) and hand hygiene. Hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.

We were informed of quality improvement projects related to sharps safety, fluid balance monitoring and antimicrobial stewardship which have been implemented on the ward since the last RQIA inspection in October 2017.

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 Western Health and Social Care Trust and in particular staff at Ward 20 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/exit to the hospital appeared clean and tidy with evidence of an effective cleaning programme in place. The reception area was clean, tidy and overall in a good state of repair.

#### Ward 20

##### General Environment - Maintenance and Cleanliness

#### Areas of Good Practice

- We observed that the ward was well organised and staff engaged with inspectors, answering questions and providing information as required.
- Side rooms were used appropriately to care for patients where a potential infection risk was identified. Infection prevention and control (IPC) information notices were in place.
- There was evidence of an active improvement programme in place to maintain the ward environment to a high standard.
- The ward was free from excess clutter, with patient items and patient equipment stored appropriately. In October 2017 we observed the clinical room to be dusty, untidy and cluttered. During our follow-up inspection the clinical room was clean, tidy and well maintained (Picture 1). Air vents throughout the ward were clean.



Picture 1: Clean, well maintained treatment room

- We saw evidence of a robust audit system in place to monitor environmental cleaning practice and provide assurance of a high standard of cleaning throughout the ward. Peer departmental environmental audits are now undertaken to quality assure the audit process.

### **Patient Linen**

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

- We observed that patient linen was visibly clean, free from damage, and stored appropriately.
- Used linen was appropriately segregated at the point of use.

### **Waste and Sharps**

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

- We observed the safe use, storage, handling and disposal of sharps by all staff. We were informed of a quality improvement project on the ward relating to sharps safety and the nomination of “Sharps Champions” to support the sharps safety message. We saw evidence of robust audit systems to monitor the safe handling and disposal of sharps.

### **Equipment**

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

- Commodes, bedpans and catheter stands were clean and in a good state of repair, as was patient equipment including Aseptic Non Touch Technique (ANTT) trays, dressing procedure trolleys, patient wash bowls and glucometers.
- Nursing equipment cleaning schedules were in place identifying staff roles and responsibilities for the cleaning of all equipment in use.

### **Hygiene Factors/Cleaning Practices**

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

- We observed that hand washing facilities and a range of consumables were available to enable staff to carry out hand washing practices effectively.

- Clinical hand wash sinks were located near to the point of care and only used for hand hygiene purposes.

### **Hygiene Practices/Staff Questions**

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

- We observed that hand hygiene was performed in line with the World Health Organisation (WHO) 5 Moments of hand hygiene.
- We observed good IPC practices in relation to the use of PPE and good adherence to the trust uniform policy.

#### **Area for improvement**

- On reviewing documentation for a patient with a transmissible infection we were unable to locate evidence of a care pathway/plan to manage this patient effectively.
- The management of urinary catheters was not always reviewed on a daily basis.



## 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.

<b>General Environment Standards</b>	
<b>Public shared areas</b>	
Reception	98
Public toilets	95
Corridors, stairs lift	94

<b>Areas inspected</b>	<b>Ward 20 (October 2017)</b>	<b>Ward 20 (May 2018)</b>
General environment	77	96
Patient linen	93	98
Waste	92	96
Sharps	65	97
Equipment	80	93
Hygiene factors	94	93
Hygiene practices	89	100
<b>Average Score</b>	<b>84</b>	<b>96</b>

<b>General environment Standards wards or departments</b>	<b>Ward 20 (October 2017)</b>	<b>Ward 20 (May 2018)</b>
Ward/department - general (communal)	84	97
Patient bed area	90	98
Bathroom/washroom	70	100
Toilet	88	100
Clinical room/treatment room	66	92
Clean store room	N/A	N/A
Dirty utility room	86	93
Domestic store	63	93
Kitchen	90	98
Equipment store	61	100
Isolation	74	97
General information	77	88
<b>Average Score</b>	<b>77</b>	<b>96</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	Ward 20 (October 2017)	Ward 20 (May 2018)
Storage of clean linen	92	96
Storage of used linen	93	100
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>93</b>	<b>98</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).

Waste and sharps	Ward 20 (October 2017)	Ward 20 (May 2018)
Handling, segregation, storage, waste	92	100
Availability, use, storage of sharps	65	97

### Standard: Patient Equipment

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

Patient equipment	Ward 20 (October 2017)	Ward 20 (May 2018)
Patient equipment	80	93

### 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	Ward 20 (October 2017)	Ward 20 (May 2018)
Availability and cleanliness of wash hand basin and consumables	95	93
Availability of alcohol rub	100	100

Availability of PPE	100	100
Materials and equipment for cleaning	82	93
<b>Average Score</b>	<b>94</b>	<b>97</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>Ward 20 (October 2017)</b>	<b>Ward 20 (May 2018)</b>
Effective hand hygiene procedures	91	93
Safe handling and disposal of sharps	93	96
Effective use of PPE	100	100
Correct use of isolation	95	89
Effective cleaning of ward	56	100
Staff uniform and work wear	100	96
<b>Average Score</b>	<b>89</b>	<b>96</b>

## 5.0 Key Personnel and Information

### Members of the RQIA inspection team

Ms J Gilmour - Inspector, Healthcare Team  
Ms M Keating - Inspector, Healthcare Team

### Trust representatives attending the feedback session on 3 May 2018

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

Ms E Shaw	Ward Manager
Ms M Brown	Service Manager
Ms L Williamson	Secretary, Emergency Care & Medicine
Mr M Gillespie	Assistant Director
Ms Y Black	Support Services
Ms C Robertson	IPCN
Ms J Miller	IPCN

### 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: Ward 20**

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.	Patients identified with a multi resistant organism should have a care plan in place and completed to direct care. An audit process should be implemented to monitor adherence to best practice.	Ward Manager	All patients with a multi resistant organism to have care plan completed on identification of same. Trust audit process to be adhered to and reviewed daily using Vision 2018 as tool for improvement.	With immediate effect
2.	Patients with urinary catheters should have a care plan in place and reviewed daily to direct care.	Ward Manager	Staff nurses advised and same shared at safety brief regarding need to review pre-printed care plan daily	With immediate effect.



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