



Unannounced Augmented Care Inspection Renal Unit

Altnagelvin Hospital

28-29 March 2017

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Profile of Service

The three year improvement programme of unannounced inspections to augmented care areas commenced in the Renal Unit, Altnagelvin Hospital on 28 and 29 March 2017.

The Renal Unit is located as a separate building on the Altnagelvin Site (Picture 1). The unit was first opened in December 2005 and has subsequently undergone rapid expansion. It now has 18 dialysis stations with facilities for acute dialysis. It shares the catchment population of close to half a million with its sister unit at Tyrone County Hospital, Omagh.



Picture 1: Renal Unit Altnagelvin Hospital

Service Details

Responsible Person:

Position: **Chief Executive Officer
Western HSC Trust**

What We Look for

Inspection Audit Tools

This augmented care ward was assessed against the following regionally agreed standards and audit tools:

- Regional Augmented Care Infection Prevention and Control Audit Tool.
- Regional Infection Prevention and Control Clinical Practices Audit Tool.
- Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool.

These Inspection tools are available on the RQIA website www.rqia.org.uk.

2.0 Inspection Summary

This inspection is the first of a three year cycle of inspection carried out within this area. Compliance scores for the first inspection are 85 per cent, rising to 95 per cent by the end of the third inspection.

Year 1

Compliant: 85% or above

Partial Compliance: 76% to 84%

Minimal Compliance: 75% or below

Inspection Tools	Year 1 Compliance Level
Regional Augmented Care Infection Prevention and Control Audit Tool.	99
Regional Infection Prevention and Control Clinical Practices Audit Tool.	97
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool.	98

Through discussion and examination of documentation we found that infection prevention and control (IPC) governance arrangements were excellent. Unit staff had a good knowledge and awareness of how to manage infections. We were informed that the trust IPC team provided good support and advice for ward staff.

The core clinical space around patients' beds for the delivery of care met minimum dimensions recommended for new builds.

Local screening policies/procedures are in place which inform clinical and IPC practice.

Nursing staff demonstrated excellent standard of aseptic non touch technique (ANTT) knowledge and practice in the management of invasive devices. Quality improvement tools were in place to monitor ANTT compliance with invasive devices.

Staff who obtain blood cultures were knowledgeable in the correct technique. We observed that the blood culture incidence of contamination within the ward was zero per cent which suggests that blood cultures were being collected with proper attention to aseptic technique. To provide assurance of best practice, compliance with best practice in obtaining blood cultures should be monitored.

Up to date antimicrobial guidelines and a trust wide antimicrobial stewardship team was in place. This team centrally reviews guidelines audit results and

anti-microbial usage. Antimicrobial usage is audited within the unit in line with antimicrobial prescribing guidance.

Up to date guidance on the management of CDI and MRSA were available and known to staff.

The unit was bright, spacious, in excellent decorative order and environmental cleanliness was of a high standard. 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.

The findings of the inspection were discussed with trust representatives, as part of the inspection process and can be found in the main body of the report. Escalation procedures were not required for this inspection. The escalation policies and procedures are available on the RQIA website.

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The RQIA Inspection Team would like to thank the Western Health and Social Care Trust and in particular all staff at the Renal Unit, 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: Regional Augmented Care Infection Prevention and Control Audit Tool

The Regional Augmented Care Infection Prevention and Control Audit Tool contains six sections. Each section aims to consolidate existing guidance in order to improve and maintain a high standard in the quality and delivery of care and practice in augmented care. This will assist in the prevention and control of healthcare associated infections.

Regional Augmented Care Infection Prevention and Control Audit Tool Compliance Levels

Areas inspected	28-29 March 2017
Local Governance Systems and Processes	100
General Environment – Layout and Design	100
General Environment – Environmental Cleaning	100
General Environment – Water Safety	100
Clinical and Care Practice	100
Patient Equipment	92
Average Score	99

Local Governance Systems and Processes

Areas of good practice

- During the inspection, the ward sister displayed good clinical leadership and knowledge of infection prevention and control (IPC).
- Staff were passionate about the care they deliver and we were impressed by the relationships between staff and patients.
- We observed a strong emphasis on good hand hygiene for patients. We observed the unit nurse educator providing practical hand hygiene sessions with new patients.
- We were informed that the IPC team provides good support for the unit. There are two identified IPC link staff on the unit who have protected time to undertake appropriate training and the responsibilities of their role.
- IPC mandatory training was up to date.
- We evidenced good communication with the renal unit in Omagh and observed evidence of a multi professional working relating to IPC.
- We observed evidence that incidents relating to IPC were appropriately reported and acted on. A multidisciplinary approach was taken to these incidents.
- Mandatory and non-mandatory IPC surveillance programmes were in place.

- Local and regional audits were undertaken to improve IPC practices and environmental cleanliness. Audit results were displayed for visitors to the unit.
- The unit has recently started the shared haemodialysis care initiative. The purpose is to train and educate the patients, who want to learn to take part in their own haemodialysis care while being fully supported by nursing staff.
- The unit has 2 full time renal technologists. Their lead oversees the two main units, Altnagelvin and Omagh and smaller support unit at South West Acute hospital. We were advised that they have set up an Ireland wide support group for the exchange of information. Technologists receive competency based training, with regular reviews.

General Environment - Layout and Design

Areas of good practice

- We were provided with information that highlighted that the core clinical space around patients' beds for the delivery of care met the recommended minimum dimensions.
- Clinical hand wash sinks were positioned appropriately to prevent splashing of patients, beds and equipment.
- The layout of the unit promoted minimal footfall and a clean to dirty workflow.
- Clinical support spaces throughout the ward were available and used effectively to ensure a clutter free environment.
- The patient support group was instrumental in designing and carrying out the work in the new patient garden at the heart of the unit. The garden achieved the best kept unit award for the Northern Ireland Amenities Council in 2016 (Picture 2 & 3)



Picture 2: Award winning garden



Picture 3: Award plaque

General Environment - Environmental Cleaning

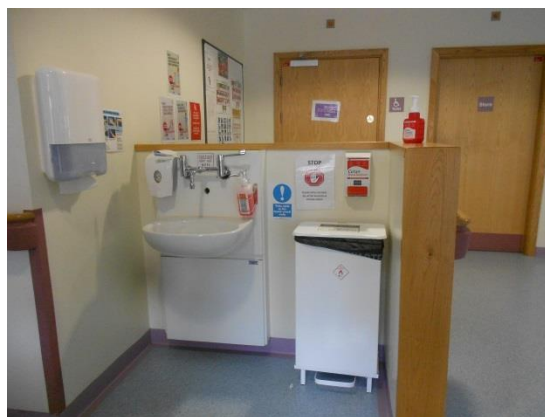
Areas of good practice

- Environmental cleaning; guidelines, audit and staff competency based training were in place and reviewed.
- On questioning, staff had good knowledge on appropriate cleaning procedures. There was a regular programme of de-cluttering in place.
- We were informed that the trust has a set 6 month deep clean programme.

General Environment - Water Safety

Areas of good practice

- An up to date overarching trust water safety plan and individual risk assessment were in place.
- We were informed and shown documentation that the trust carries out a schedule of water sampling for legionella and sampling for *Pseudomonas aeruginosa* from all water outlets in augmented care areas.
- Evidence was available that results from water analysis are reported to the trust water safety group.
- All water outlet flushing records were available and completed appropriately.
- Throughout the inspection we observed that hand washing sinks were used correctly - only for hand washing.
- The unit has a dedicated sink for patients at the entrance to the unit. It is used to facilitate the washing of hands and AV fistula site preceding dialysis (Picture 4).



Picture 4: Dedicated hand wash sink

Clinical and Care Practice

Areas of good practice

- We observed that the unit maintains records of patient placement and movement.
- Local screening policies/procedures are in place which inform clinical and IPC practice. Screening records were reflective of local policy.

Patient Equipment

Areas of good practice

- Specialist equipment inspected was clean and in a good state of repair.
- Staff displayed good knowledge of single use equipment.
- There was guidance and routine auditing of the cleaning, storage and replacement of specialised patient equipment.

Areas for improvement

- The cleaning wipes in use which are supplied by the haemodialysis machine manufacturer are not sporicidal.

4.0 Inspection Findings: Regional Infection Prevention and Control Clinical Practices Audit Tool

The Regional Infection Prevention and Control Clinical Practices Audit Tool contain nine sections. The observations of key clinical procedures have shown to reduce the risk of infection if performed correctly. Each section aims to consolidate and build on existing guidance in order to improve and maintain a high standard in the quality and delivery of care and practice in augmented care. This will assist in the prevention and control of healthcare associated infections.

Regional Infection Prevention and Control Clinical Practices Audit Tool Compliance Levels

Areas Inspected	
Aseptic non touch technique (ANTT)	100
Invasive devices	94
Taking Blood Cultures	94*
Antimicrobial prescribing	93
Clostridium <i>difficile</i> infection (CDI)	100
Surgical site infection	N/A
Ventilated (or tracheostomy) care	N/A
Enteral Feeding or tube feeding	N/A
Screening for MRSA colonisation and decolonisation	100
Average Score	97

* Staff practice was not observed during the inspection.
Information was gained through staff questioning and review of documentation.

Aseptic Non-touch Technique (ANTT)

Areas of good practice

- An ANTT policy and guidance was in place and accessible for all staff. Staff have received training on ANTT and can demonstrate when procedures should be applied.
- All staff had ANTT competency assessments and observed ANTT practice with invasive devices was of an excellent standard.
- We were informed of the good working relationship with the IPC team who had recently collaborated with unit staff in developing clear ANTT pictorial guidelines specific to practices within the renal unit; Buttonhole and ropeladder cannulation (Picture 5).



Picture 5: ANTT pictorial guidelines

Invasive Devices

Areas of good practice

- Updated policies/procedures for the insertion and on-going management of invasive devices were in place.
- Audits of staff practice had been carried out using the renal haemodialysis catheter care bundle to provide assurance of compliance with best practice guidance.
- Staff displayed good knowledge in the management of invasive devices. We observed that ANTT principles were used when accessing invasive devices.
- Competency assessment with specific invasive devices is assessed during new staff members induction programme.
- We observed evidence of staff training updates with changes in invasive device equipment.
- We were informed that staff plan to commence assessments of ANTT practice when medical staff insert central venous catheters.

Areas for improvement

- We were informed that when central venous catheters are inserted for renal patients; traceability labels which include the batch number of the device are posted within the patients' medical and radiology notes. As a further mechanism for traceability this information should also be recorded within the E-MED renal care records.

Taking Blood Cultures

Areas of good practice

- The trust blood culture procedure was clearly outlined within the collection of clinical specimen policy.
- There was no opportunity to observe blood cultures being obtained, staff who undertake the procedure were aware of the correct technique.
- We observed that the blood culture incidence of contamination within the ward was zero per cent which suggests that blood cultures were being collected with proper attention to aseptic technique.
- Nursing staff are responsible for obtaining blood cultures. Competency assessment of this procedure is carried out during staff members induction programme.
- We observed that relevant information relating to obtained blood cultures was clearly documented on the renal electronic care records (E-MED).

Areas for improvement

- To provide assurance of best practice, compliance with best practice in obtaining blood cultures should be monitored.

Antimicrobial Prescribing

Areas of good practice

- Up to date antimicrobial guidelines were in place and we were informed that they are cascaded to medical staff as part of their trust induction.
- A trust wide antimicrobial stewardship team was in place. This team centrally reviews guidelines audit results and anti-microbial usage.
- We were informed that a unit based pharmacist is in place and staff have access to the trust antimicrobial pharmacist and microbiology team. This is an excellent resource in providing support and advice on antimicrobial prescribing.
- Relevant documentation for prescribed antimicrobials was available and appropriately completed on the on the renal electronic care records (E-MED).
- We observed evidence that antimicrobial usage is audited is in line with antimicrobial prescribing guidance.

Areas for improvement

- The trust should consider the introduction of electronic aided prescribing tools to aid antibiotic prescribing within the unit.

Clostridium *Difficile* Infection (CDI)

Areas of good practice

- A CDI screening and treatment policy and integrated care pathway was in place to guide practice.
- Staff were knowledgeable in the IPC management of patients with CDI.
- An antibiotic policy was in place for patients who have or are suspected to have CDI.
- IPC staff monitor adherence with policy if a patient is identified with CDI

Surgical Site Infection (SSI)

Not applicable for this unit.

Ventilated (or Tracheostomy) Care

Not applicable for this unit.

Enteral Feeding or Tube Feeding

Not applicable for this unit.

Screening for MRSA Colonisation and Decolonisation

Areas of good practice

- A Meticillin-resistant *Staphylococcus aureus* (MRSA) screening and treatment policy and integrated care pathway was in place to guide practice.
- When questioned, staff were knowledgeable in what precautions to take in managing a patient identified with MRSA.

Areas for improvement

- We were informed that there are low levels of MRSA amongst the unit's cohort of renal patients. However, where the opportunity presents, senior nursing staff should carry out audits of the management of patients with MRSA to ensure that practices are in line with trust policy.

5.0 The Regional Healthcare Hygiene and Cleanliness Audit Tool

The Regional Healthcare Hygiene and Cleanliness Audit Tool

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. 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.

The Regional Healthcare Hygiene and Cleanliness Audit Tool

Compliance Levels

Areas inspected	
General environment	96
Patient linen	98
Waste	100
Sharps	100
Equipment	97
Hygiene factors	99
Hygiene practices	96
Average Score	98

A more detailed breakdown of each table can be found in Section 6.

General Environment

Areas of Good Practice

We observed that the ward was in good decorative order and environmental cleanliness was of a high standard. The unit was well organised and tidy. This promotes effective cleaning practices. Cleaning staff followed agreed protocols and had access to adequate resources and cleaning equipment.

Patient Linen

Areas of Good Practice

We observed that patient linen was free of damage, visibly clean and stored in a clean and tidy environment.

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

We observed that patient equipment was clean, in a good state of repair. Good auditing and monitoring processes were in place to ensure equipment was clean.

Hygiene Factors

Areas of Good Practice

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

Hygiene Practices

Areas of Good Practice

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

Areas for Improvement

- When questioned, nursing staff were unsure of the correct dilution rates for the disinfectant in use and the National Patient Safety Agency (NPSA) guidance for colour coding of cleaning equipment.

6.0 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	
Reception	96
Corridors, stairs lift	N/A
Public toilets	98
Ward/department - general (communal)	98
Patient bed area	100
Bathroom/washroom	N/A
Toilet	96
Clinical room/treatment room	96
Clean utility room	98
Dirty utility room	96
Domestic store	93
Kitchen	94
Equipment store	87
Isolation	96
General information	96
Average Score	96

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	
Storage of clean linen	96
Storage of used linen	100
Laundry facilities	N/A
Average Score	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	
Handling, segregation, storage, waste	100
Availability, use, storage of sharps	100

Standard 5: Patient Equipment

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

Patient Equipment	
Patient equipment	97

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	
Availability and cleanliness of wash hand basin and consumables	97
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	98
Average Score	99

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	
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	94
Effective cleaning of ward	85
Staff uniform and work wear	97
Average Score	96

Level of Compliance

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

7.0 Key Personnel and Information

Members of the RQIA inspection team

Ms M Keating	-	Inspector, Healthcare Team
Mr T Hughes	-	Inspector, Healthcare Team
Ms L Gawley	-	Inspector, Healthcare Team
Ms J Gilmour	-	Inspector, Healthcare Team

Trust representatives attending the feedback session

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

Anil Xavier	-	Consultant Nephrologist
Girish Shivashankar	-	Consultant Nephrologist
Bronagh McMullan	-	Student Nurse
Peter Cunningham	-	Tech
Gill Crawford	-	Renal Unit Manager
Mandy M Gern	-	Renal Pharmacist
Christopher Armstrong	-	CMM/ICD
Caroline McConnell	-	Renal Dietician
Emma-Louise Mulgrew	-	IPCN
Clare Robertson	-	IPCN
Maeve Brown	-	Service Manager
Penny Moore	-	Lead Nurse – on behalf of Mrs Witherow
Mary McDermott	-	Assistant Nursing Services Manager
Alison Cairns	-	Renal Home Therapies

Apologies:

8.0 Provider Compliance Improvement Plan

The provider compliance improvement plan should be completed detailing the actions taken and returned to Healthcare.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.

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
Regional Augmented Care Infection Prevention and Control Audit Tool				
No Recommendations				
Regional Infection Prevention and Control Clinical Practices Audit Tool				
1.	The practice of obtaining blood cultures and the management of MRSA should be monitored to provide assurance of best practice.	Renal Manager	Technique for taking blood cultures and use of correct protocols and paperwork for MRSA positive patients will be audited monthly and feedback given via MDT and staff meetings.	Completed
2.	The trust should consider implementing electronic aided prescribing tools to aid antimicrobial prescribing within the unit.	Consultant Nephrologist	The Trust will consider adoption of electronic aided prescribing tools in conjunction with Pharmacy and Information ICT colleagues.	Ongoing
3.	To assure the traceability of invasive devices, all relevant information should be recorded within the electronic renal care records.	Consultant Nephrologist	All line lot numbers are documented on EMED.	Completed
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
No Recommendations				



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