



Infection Prevention/Hygiene Unannounced Inspection

Belfast Health and Social Care Trust
Royal Belfast Hospital Sick Children

18 October 2016

www.rqia.org.uk

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1.0 Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Health and Social Care (HSC) Services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our Hygiene and Infection Prevention and Control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on the RQIA website at www.rqia.org.uk.

2.0 The Inspection Programme

RQIA undertake a rolling programme of unannounced inspections to assess compliance with the Regional Healthcare Hygiene and Cleanliness Standards, using the regionally agreed Regional Healthcare Hygiene and Cleanliness audit tool. www.rqia.org.uk.

Inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities.

Our inspections might result in one of the following:

- **Examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for patients.
- **Recommendations:** where standards were found to be partially or minimally compliant will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.
- **Housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines.

RQIA also carries out announced inspections. These examine the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice.

Unannounced inspections are conducted with no prior notice. Facilities receive six weeks' notice in advance of an announced inspection, but no details of the areas to be inspected.

The inspection programme focuses mainly on acute hospital settings. Other areas such as: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service; and other specialist and regulated services are included as and when required. Inspections may be targeted to areas of public concern, or themed to focus on a particular type of hospital, area or process.

Further details of the inspection methodology and process are found on the RQIA website www.rqia.org.uk.

3.0 Inspection Summary

An unannounced inspection was undertaken to the Royal Belfast Hospital for Sick Children on 18 October 2016. The Inspection Team was made up of three healthcare team inspectors and a project manager from the RQIA. Details of the Inspection Team and Trust Representatives attending the feedback session can be found in Section 6.0.

The the Royal Belfast Hospital for Sick Children was previously inspected on 29 October 2014. This was an unannounced inspection; two wards were inspected by the RQIA Team. Both wards achieved an overall compliance score. This inspection report is available on the RQIA website www.rqia.org.uk.

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

- Belvoir Ward, Infectious Diseases.
- Paul Ward, Neurosurgical, Neurology, Burns and Plastics.

The inspection team found evidence that the Royal Belfast Hospital for Sick Children was working to comply with the Regional Healthcare Hygiene and Cleanliness standards and was compliant in all of the standards.

The report highlights areas of strengths as well as areas for further improvement, including recommendations and housekeeping points.

Inspectors observed the following good practice:

Belvoir ward

- Staff have been focusing on improving hand hygiene compliance scores. When questioned, ward staff had good awareness of their roles and responsibilities in relation to infection prevention and control (IPC).
- Each patient has an individual “What matters to me” information sheet. Families are asked to note any special arrangements required for their child. For example, “likes to lie on their stomach”. (Picture 1)
- We observed a notice board for information on good hygiene practices for children. The board also had precaution information for parents on gastroenteritis



Picture 1 What matters to me

Paul Ward

- We were informed that the IPC team provides good support for ward staff. The IPC team had recently carried out a series of IPC audits on the ward. (Picture 2) This support has been beneficial in giving staff a renewed focus on implementing best IPC practices.
- When questioned ward staff had good awareness of their roles and responsibilities in relation to IPC.
- Ward hand hygiene audits are independently validated.
- The productive ward project had been implemented. This project has helped staff focus on improvements in ward processes and the physical environment.



Picture 2 Displayed audit scores

No recommendations were required for the inspection of the Royal Belfast Hospital for Sick Children, Belfast Health and Social Care Trust.

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 Infection Prevention and Hygiene 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 Belfast Health and Social Care Trust and in particular all staff at the Royal Belfast Hospital for Sick children for their assistance during the inspection.

4.0 Overall Compliance Rates

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool. The audit tool is comprised of the following sections: The section on organisational systems and governance is reviewed on announced inspections.

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

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	Belvoir Ward	Paul Ward
General environment	90	92
Patient linen	97	100
Waste	96	95
Sharps	96	91
Equipment	91	95
Hygiene factors	96	98
Hygiene practices	99	98
Average Score	95	96

A more detailed breakdown of each table can be found in Section 10.

5.0 Inspection Findings

Public Areas (entrance, reception, public toilets, corridors, stairs and lift)

There were some areas of the entrance and reception which required additional cleaning. There was litter around the entrance and dusty surfaces such the barrier mat, windows, public telephone and free standing computer information systems. The public toilet inspected required some repairs; the door lock was broken, the toilet seat was missing and there was damage around the hand wash sink. The floor around the base of the toilet and the pipework under the sink required additional cleaning. Corridors and stairs leading to the ward were clean and in good decorative order. The wild wood area on either side of the glass corridor and the halloween decorations enhanced the child friendly environment.

Belvoir ward

The ward achieved excellent compliance with the Regional Healthcare Hygiene and Cleanliness Standards.

The Inspection Team found the ward to be clean, however there were issues regarding the age of the environment and the lack of storage. Patient equipment was stored in the corridor and cleaning equipment stored in the dirty utility room. The bed room were small and cramped, it was difficult to move around the room. Dehumidifiers have been installed in all the bed rooms, staff were unsure of the rationale for them, the venting ducting was damaged and staff stated they are not used. Ward staff along with IPC and Estates Staff are to review their use. There were areas of damage to walls, floors and windows, staff had reported these areas for repair.

Patient equipment in use and stored was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Area specific cleaning schedules were in place, and robustly completed by staff. Staff were aware of their roles and responsibilities in relation to cleaning of the environment.

Staff demonstrated good practice in relation to the management of clean and used linen, the safe handling of sharps and the disposal of waste. Sharps boxes were signed dated and temporary closure mechanisms were in place. There was some inappropriate disposal of pharmacy waste in sharps bins.

Overall we observed good infection control practice in relation to the use of personal protective equipment and hand hygiene.

Paul Ward

The ward achieved excellent compliance with the Regional Healthcare Hygiene and Cleanliness Standards.

The Inspection Team found the ward to be tidy, spacious and in good decorative order. Most areas were clean, the shower and toilet inspected required a more detailed clean.

The ward and stores were tidy and well organised. The treatment/clean utility room was being used for multifunctional purposes. We were informed that ward management staff are working to locate another area within the ward for patient treatments. We would continue to encourage this which will help to reduce the contamination risk in the room from wound dressing changes.

Patient equipment in use and stored was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Area specific cleaning schedules were in place and robustly completed by staff. Staff were aware of their roles and responsibilities in relation to cleaning the environment.

Staff demonstrated good practice in relation to the management of clean and used linen, the safe handling of sharps and the disposal of waste. Sharps boxes were signed, dated and temporary closure mechanisms were in place. The sharps bin on the resuscitation trolley had contents present and was not secured.

Overall we observed good infection control practice in relation to the use of personal protective equipment and hand hygiene.

6.0 Key Personnel and Information

Members of the RQIA inspection team

M Keating	- Inspector, Healthcare Team
L Gawley	- Inspector, Healthcare Team
T Hughes	- Inspector, Healthcare Team
H Hamilton	- Project Manager, Review team

Trust representatives attending the feedback session

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

R Finn	- Infection Prevention Control Nurse
S Azab	- Ward Sister, Belvoir ward
K Thompson	- Infection Prevention Control Nurse
J Lewis	- Co-Director, Wpmen's Services
A Mc Auley,	- Governance Manager
T Sheridan	- Domestic Services Manager
R Malligan	- Operations Manager PCSS
C Cairns	- Co Director
N Scott	- Senior Manager PCSS
I Kelly	- Estates Officer
A Bradley	- Deputy Ward Sister, Paul Ward
P Forrest	- Assistant Service Manager RBHSC
L Lawlor	- BSO, RBHSC

Apologies

B Creaney	- Director of Nursing and User Experience
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7.0 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. A clean, tidy and well maintained environment is an important foundation to promote patient, visitor and staff confidence and support other infection prevention and control measures.

General Environment Standards Public shared areas	
Reception	88
Public toilets	85
Corridors, stairs lift	100

General environment Ward or Dept	Belvoir Ward	Paul Ward
Ward/department - general (communal)	88	93
Patient bed area	N/A	94
Bathroom/washroom	98	83
Toilet	N/A	79
Clinical room/treatment room	79	95
Clean utility room	N/A	N/A
Dirty utility room	81	98
Domestic store	88	88
Kitchen	98	91
Equipment store	96	100
Isolation	88	89
General information	92	100
Average Score	90	92

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. The provision of an adequate laundry service is a fundamental requirement of direct patient care. Linen should be managed in accordance with HSG 95(18).

Patient linen	Belvoir Ward	Paul Ward
Storage of clean linen	100	100
Storage of used linen	94	100
Laundry facilities	N/A	N/A
Average Score	97	100

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).

The safe segregation, handling, transport and disposal of waste and sharps can, if not properly managed, present risks to the health and safety of staff, patients, the public and the environment. Waste bins in all clinical areas should be labelled, foot operated and encased. This promotes appropriate segregation, and prevents contamination of hands from handling the waste bin lids. Inappropriate waste segregation can be a potential hazard and can increase the cost of waste disposal.

Waste and sharps	Belvoir Ward	Paul Ward
Handling, segregation, storage, waste	96	95
Availability, use, storage of sharps	96	91

Standard 5: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated. The Northern Ireland Regional Infection Prevention and Control Manual, states that all staff that have specific responsibilities for cleaning of equipment must be familiar with the agents to be used and the procedures involved. COSHH regulations must be adhered to when using chemical disinfectants.

Any ward, department or facility which has a specialised item of equipment should produce a decontamination protocol for that item. This should be in keeping with the principles of disinfection and the manufacturer's instructions.

Patient equipment	Belvoir Ward	Paul Ward
Patient equipment	91	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	Belvoir Ward	Paul Ward
Availability and cleanliness of wash hand basin and consumables	100	100
Availability of alcohol rub	100	93
Availability of PPE	100	100
Materials and equipment for cleaning	90	98
Average Score	96	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.

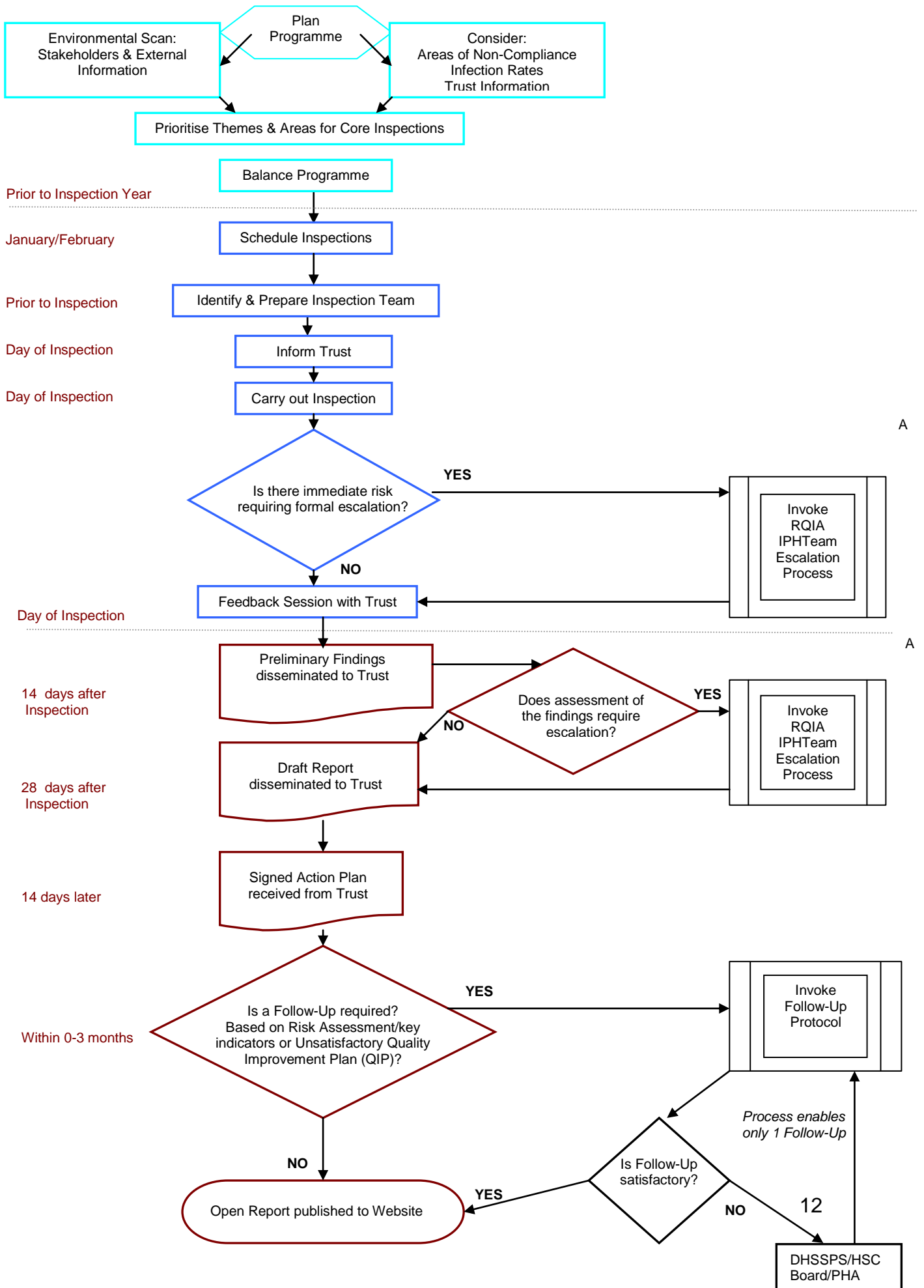
Hygiene practices	Belvoir Ward	Paul Ward
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	96	95
Correct use of isolation	100	N/A
Effective cleaning of ward	100	95
Staff uniform and work wear	100	100
Average Score	99	98

8.0 Unannounced Inspection Flowchart

Plan Programme

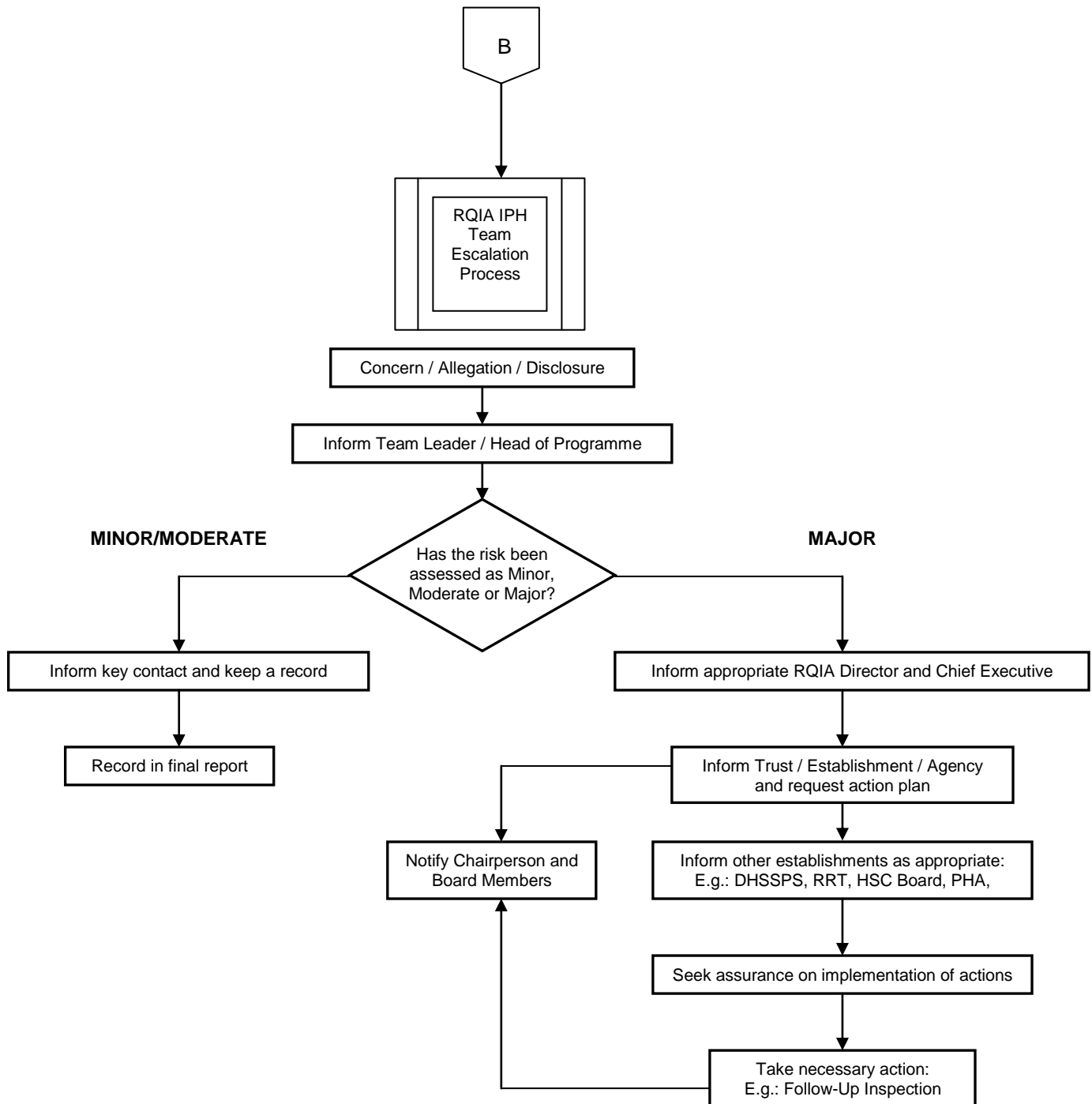
Episode of Inspection

Reporting & Re-Audit



9.0 Escalation Process

RQIA Hygiene Team: Escalation Process



10.0 Provider Compliance Plan

Reference number	Recommendation: Ward 1	Designated department	Action/ Required	Date for completion/ timescale
	No recommendations required			



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