



## Infection Prevention/Hygiene Unannounced Inspection

Northern Health and Social Care Trust  
Musgrave Park Hospital

3 October 2016

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

### 3.0 Inspection Summary

An unannounced inspection was undertaken to the Musgrave Park Hospital on 3 October 2016. The inspection team was made up of two inspectors from the RQIA healthcare team. Details of the inspection team and trust representatives attending the feedback session can be found in Section 6.0.

The Musgrave Park Hospital was previously inspected on 1 July 2014. This was an unannounced inspection; two wards were inspected by the RQIA team. Meadowlands 1 achieved an overall compliance score, Ward 6B required a further two re-inspections. These inspection reports are available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

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

- Spinal Care Injury Unit

The inspection team found evidence that Musgrave Park Hospital 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:**

- Good compliance in all assessed standards
- Good awareness of the Belfast trust's SAFETember initiative which is to renew focus on the safety and quality of all trust services. The aim is to promote Safety and Quality Improvement through a series of events and initiatives. A key initiative of the campaign, and to mark world sepsis day (13 September), was the facilitation of sepsis awareness sessions.
- The trust health care acquired infection (HCAI) improvement team carried out a walkround 5 September 2016. The aim of the walkrounds is to confirm that the key priorities for the trust HCAI improvement plan are fixed in staff practice.
- Staff had an excellent knowledge in best IPC practices
- The high compliance achieved in the equipment standard demonstrated staff adherence to robust cleaning mechanisms
- Last MRSA bacteraemia identified within the ward, was over two years ago

**Areas of good practice identified not related to IPC:**

- In May 2016, a retired RN won an award from the Spinal Injuries Association
- Seven RNs are enrolled in the UU Neuroscience course
- Ward staff sit on three Continence Advisor Boards in England and have contributed to the development of guidelines for spinal injury patients

Two recommendations were required for the inspection of the Musgrave Park Hospital, 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 that require improvement. (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

The final report and Quality Improvement Action 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 Musgrave Park Hospital 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

<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>

<b>General Environment Standard : Wards or departments</b>	<b>General ward</b>
General environment	92
Patient linen	98
Waste	95
Sharps	94
Equipment	98
Hygiene factors	98
Hygiene practices	98
<b>Average Score</b>	<b>96</b>

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)**

The entrance and reception area was clean, , tidy and in good decorative order.

### **General ward**

The ward achieved high compliance in all standards and is a good model for staff practice, in relation to the Regional Healthcare Hygiene and Cleanliness standards.

The inspection team found the ward to be clean, tidy and spacious (Photo 1). The ward was in good decorative order however there were some areas where the paint work and plaster were worn or damaged and in need of repair. This was especially noticeable at Bay 3(Phot01). We were informed that the walls had been painted the previous week but had been damaged by mobile patient equipment. The trust should consider investing in a suitable wall covering as the aesthetic appearance of the ward could be improved with the upgrade in wall finish. PVC wall cladding or bumpers, installed in other ward areas in the trust, can be easily cleaned and are resilient to damage.



Photo 1 clean, tidy and well-presented ward kitchen



Photo 2 Recent damage to wall caused by mobile patient equipment

### **Recommendation: The trust should consider investing in a suitable wall covering to protect recurring damage to walls**

Sanitary areas are adapted for those patients with impaired mobility. The female toilet was showing age related wear; the flooring has many grooves and indentations making it difficult for staff to effectively clean.

We observed lime scale on taps and the drugs fridge temperature records were inconsistently recorded.

A challenge for ward staff is the management and storage of the specialised patient equipment. A disused bay had been converted into an open plan equipment store (Photo 3). This provides some storage space however lack of further storage space contributed towards patient equipment being stored in the patient treatment room (Photo 4).



Photo 3 Disused bay now used to store equipment



Photo 4 Patient Treatment room cluttered with equipment

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

Staff were knowledgeable and demonstrated good practice in relation to the management of clean and used linen and the safe handling of sharps and the disposal of waste. Not all sharps bins were labelled and there was some disposal of waste into incorrect receptacles.

We observed good infection control practice in relation to the use of personal protective equipment and hand hygiene. Not all nursing staff were aware of the disinfectant dilution rate for blood spillages and the NPSA colour coding cleaning guidelines.

### **Housekeeping issues:**

- The fabric and fixtures should continue to be on a cycle of cleaning, maintenance and repair
- Storage facilities within the ward should be reviewed to ensure patient equipment is not stored inappropriately
- Drugs fridge temperature records should be recorded consistently
- Staff should ensure waste is disposed off in line with trust policy
- Sharps bins should be dated, signed and the temporary closure in place when the box is not in use

- Staff should be updated on disinfectant dilution rates and NPSA colour coding guidelines

#### **Additional Issue**

- The conference room based in the ward is used by patients to facilitate IT learning and development, family meetings and discussions. The temperature of the room is very warm making it uncomfortable to sit in for any period of time. The trust should consider installing an air conditioning system within this room.

**Recommendation: The trust should consider the installation of air conditioning in the conference room**

## 6.0 Key Personnel and Information

### Members of the RQIA inspection team

- |             |   |                            |
|-------------|---|----------------------------|
| Mr L Gawley | - | Inspector, Healthcare Team |
| Mr T Hughes | - | Inspector, Healthcare Team |

### Trust representatives attending the feedback session

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

- |              |   |  |
|--------------|---|--|
| D. Robinson  | - | Co- Director Nursing                       |
| C. Cairns    | - | Co –Director Nursing and User Experience   |
| K. Gallagher | - | Assistant Services Manager Orthopaedics    |
| A. Mc Auley  | - | Governance Manager                         |
| I. Thompson  | - | Infection Prevention Control Lead Nurse    |
| N. Scott     | - | Senior Manager PCSS                        |
| S. Trainor   | - | Senior Manager PCSS                        |
| P. Berkery   | - | Operational Manager PCSS                   |
| S. Nevin     | - | Ward Sister Ward 1 Spinal Care Injury Unit |
| L. Mc Neill  | - | IPC Nurse                                  |
| P. Quinn     | - | PCSS Manager                               |
| C. Jones     | - | Domestic Supervisor                        |

-

## 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.

<b>General Environment Standards Public shared areas</b>	<b>General ward</b>
Reception	87
Public toilets	98
Corridors, stairs lift	N/A

<b>General environment Standards wards or departments</b>	<b>General ward</b>
Ward/department - general (communal)	92
Patient bed area	97
Bathroom/washroom	98
Toilet	78
Clinical room/treatment room	79
Clean utility room	91
Dirty utility room	98
Domestic store	95
Kitchen	90
Equipment store	92
Isolation	95
General information	100
<b>Average Score</b>	<b>92</b>

### 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).

<b>Patient linen</b>	<b>General ward</b>
Storage of clean linen	96
Storage of used linen	100

Laundry facilities	N/A
<b>Average Score</b>	<b>98</b>

#### **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.

<b>Waste and sharps</b>	<b>General ward</b>
Handling, segregation, storage, waste	95
Availability, use, storage of sharps	94

#### **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.

<b>Patient equipment</b>	<b>General ward</b>
Patient equipment	98

### 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	General ward
Availability and cleanliness of wash hand basin and consumables	96
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	96
<b>Average Score</b>	<b>98</b>

### 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.

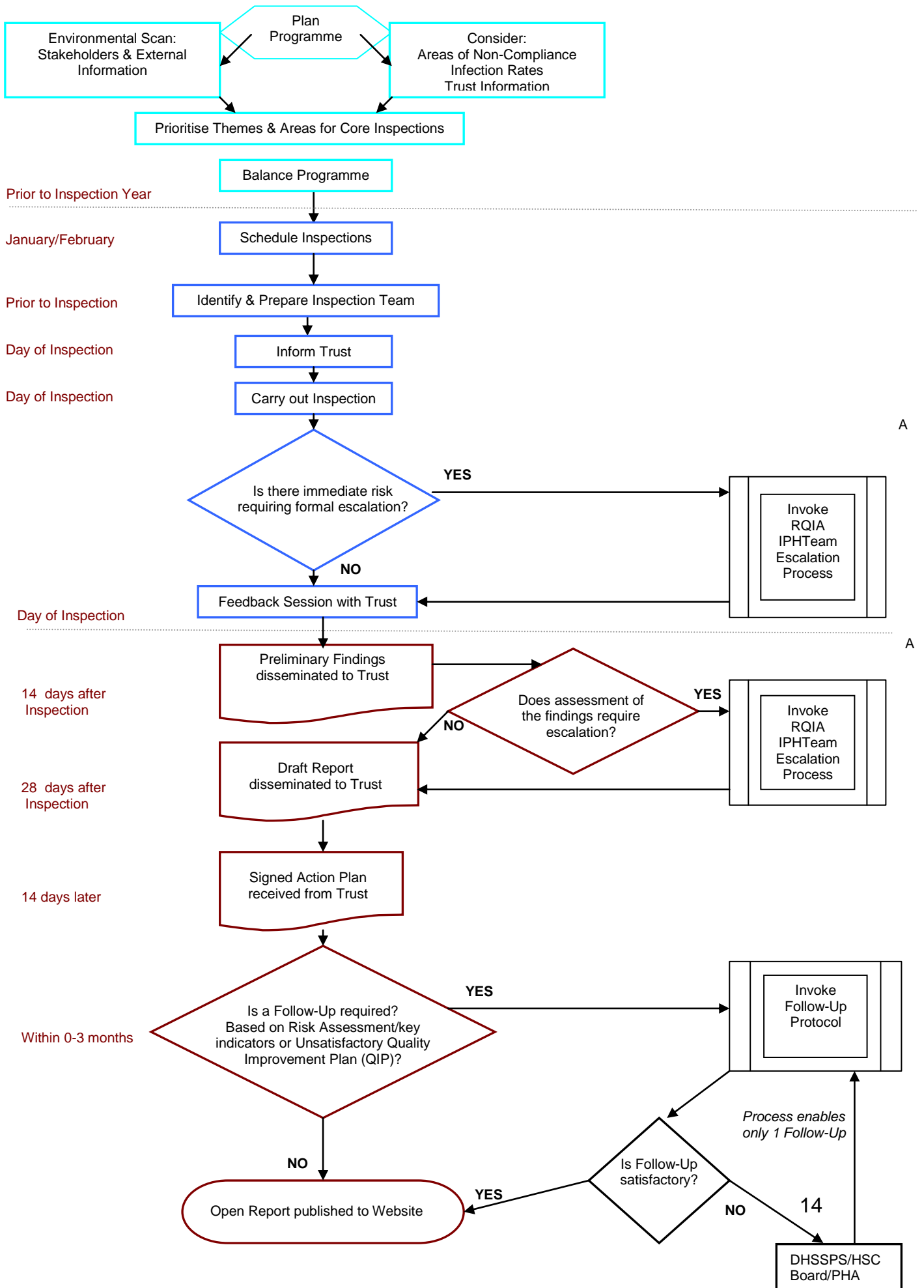
Hygiene practices	General ward
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	95
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
<b>Average Score</b>	<b>99</b>

## 8.0 Unannounced Inspection Flowchart

Plan Programme

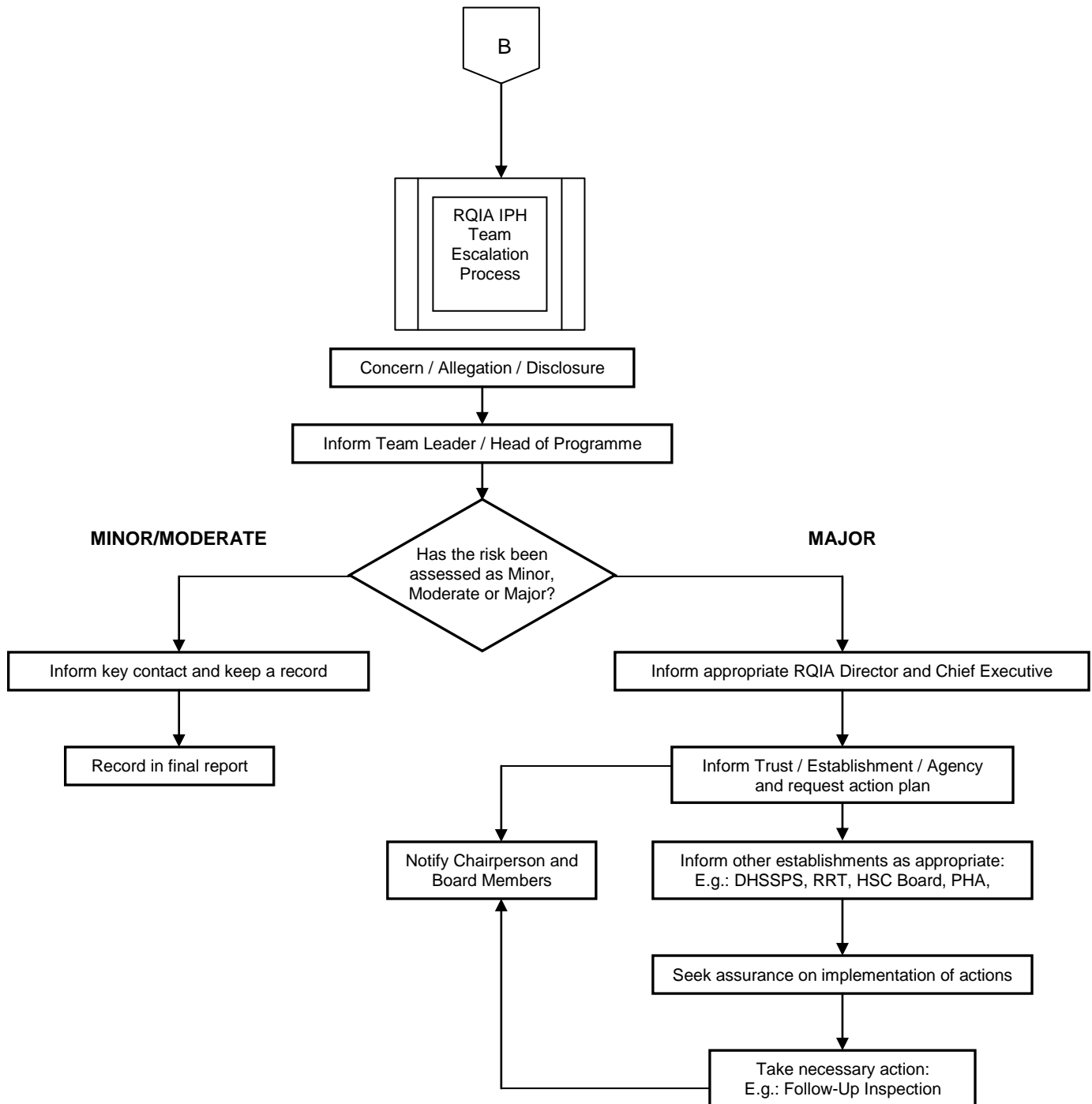
Episode of Inspection

Reporting & Re-Audit



## 9.0 Escalation Process

### RQIA Hygiene Team: Escalation Process



## 10.0 Provider Compliance Plan

Reference number	Recommendation: Ward 1 Spinal Care Injury Unit	Designated department	Action/ Required	Date for completion/ timescale
1	The trust should consider investing in a suitable wall covering to protect recurring damage to walls	Wither 1A/B Estates	Estates department to assess work and cost same with application for funding put forward to capital funding allocation.	March 2017
2	The trust should consider the installation of air conditioning in the conference room	Wither 1A/B Estates	Estates department to assess work and cost same with application for funding put forward to capital funding allocation.	March 2017



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