



## Infection Prevention/Hygiene Unannounced Inspection

Belfast Health and Social Care Trust  
Musgrave Park Hospital

16 August 2017

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

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## 1.0 Profile of Service

An unannounced inspection was undertaken to the Musgrave Park Hospital on 16 August 2017.

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

- Meadowlands 2

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

### Service Details

Responsible Person:  
**Mr Martin Dillon**

Position: **Chief Executive, Belfast 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](http://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

<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>

Areas inspected	
General environment	89
Patient linen	94
Waste	92
Sharps	92
Equipment	95
Hygiene factors	95
Hygiene practices	97
<b>Average Score</b>	<b>93</b>

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

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 5.0.

This inspection was carried out as a result of information gathered as part of our intelligence monitoring systems. Intelligence flagged a recent outbreak of *clostridium difficile* infection (CDI) within Meadowlands 2.

This inspection of Musgrave Park Hospital resulted in 1 action for improvement.

Meadowlands 2 achieved good compliance with each of the assessed hygiene and cleanliness standards. Cleaning was of good standard. We observed age related damage to fabric of the ward, in particular the sanitary facilities. We were told that a programme to refurbish ward 2 was soon to commence.

Enhanced cleaning processes and a programme of audit had been put in place following the recent outbreak of CDI. In going forward staff need to ensure that they apply good detailed cleaning in sanitary areas and areas that are difficult to access.

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 improvement plan will be available on the RQIA website.

When required reports and improvement 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 Musgrave Park 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)

Meadowlands is located to the back of the main Musgrave Park hospital and has its own entrance and reception area. The entrance and the reception was clean, tidy, in good decorative order. The front entrance was free from debris.

#### General Environment

##### Areas of Good Practice

- We observed that the environmental cleanliness of the ward was of a good standard. Enhanced cleaning and additional cleaning hours had continued following a recent outbreak of CDI.
- The ward was tidy, well organised and clutter free which ensures that effective cleaning can be undertaken. Staff were aware of their roles and responsibilities in relation to cleaning of the environment.
- A range of IPC audit scores were displayed for the public to provide assurance of staff IPC practices.



Picture 1 Display of audit scores

##### Area for improvement

- We observed that some parts of the ward were in poor decorative order, but plans are in place for the ward to be refurbished. There was damage to walls and wood work. Sanitary areas were old and worn.
- We were told enhanced cleaning and auditing was carried out during the recent outbreak. However on inspecting a toilet we found damage to the walls, dust and debris on the skirting. A raised toilet seat was in place, the underside was stained and the floor area around the base of

the toilet and legs of the raised toilet seat was stained. Toilet fittings were dusty and the toilet brush stand stained. Robust auditing should be in place. Staff need to be vigilant in going forward to provide assurance and maintain attention to detail especially in sanitary and difficult to access areas.

- The medicine fridge in the clinical room was unlocked.
- Chemicals were not held under locked conditions in line with COSHH guidance.

## 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 was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Nursing equipment cleaning schedules were in place and a trigger mechanism was in place to identify when equipment had been cleaned.

## Hygiene Factors

### Areas of Good Practice

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

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

#### **Area for improvement**

- One of the cleaning trolleys was stored in the dirty utility room. Cleaning equipment should not be stored in dirty utility areas where there is a risk of exposure to airborne contaminants.
- Limescale was present on taps and tap fittings, and the seal around hand wash sinks was of poor quality and difficult to clean. The staff hand wash sink did not meet the correct specification of a clinical hand wash sink.

### **Hygiene Practices**

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

- We observed good IPC in relation to the use of personal protective equipment and good adherence to the trust uniform policy.
- Staff were knowledgeable on the principles of IPC. Patients requiring a single room were isolated in line with trust guidance.
- Side rooms were used appropriately to care for patients where a potential infection risk was identified. Care Plans for patients with infections were well completed.
- We were informed that the trust IPC team provides good support and advice for ward staff.

#### **Area for improvement**

- We observed hand hygiene practices to be good; however we did observe some missed opportunities. Staff must be vigilant to carry out hand hygiene in line with the “Five moments of Hand Hygiene” and to complete all seven steps in line with World Health Organisation (WHO) guidance.



## 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.

<b>General Environment Standards Public shared areas</b>	
Reception	100
Public toilets	N/A
Corridors, stairs lift	N/A

<b>General environment Standards wards or departments</b>	
Ward/department - general (communal)	93
Patient bed area	98
Bathroom/washroom	82
Toilet	71
Clinical room/treatment room	83
Clean store room	93
Dirty utility room	83
Domestic store	98
Kitchen	100
Equipment store	86
Isolation	92
General information	96
<b>Average Score</b>	<b>89</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.

<b>Patient linen</b>	
Storage of clean linen	88
Storage of used linen	100
Laundry facilities	N/A
<b>Average Score</b>	<b>94</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).

<b>Waste and sharps</b>	
Handling, segregation, storage, waste	92
Availability, use, storage of sharps	92

#### Standard 5: Patient Equipment

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

<b>Patient equipment</b>	
Patient equipment	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.

<b>Hygiene factors</b>	
Availability and cleanliness of wash hand basin and consumables	94
Availability of alcohol rub	97
Availability of PPE	100
Materials and equipment for cleaning	90
<b>Average Score</b>	<b>95</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.

<b>Hygiene practices</b>	
Effective hand hygiene procedures	89
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100

Effective cleaning of ward	90
Staff uniform and work wear	100
<b>Average Score</b>	<b>97</b>

## 5.0 Key Personnel and Information

### Members of the RQIA Inspection Team

Ms M Keating      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:

P Turkington	Clinical Director
G Tinsley	SM/ Assistant Director of Nursing
U McCollam	Quality and Governance Manager Adult, Social and Primary Care
L McNeill	IPCN
S Sjlva	IPCN
S Blythe	Temporary Ward Manager 6 South
G McCallum	Estates Service, Divisional Manager
J Hamilton	Senior Estates Officer
S Trainor	Senior Manager PCSS,
R Bradley	Support services Manager
K Teer	Assistant Support Services Manager PCSS

## 6.0 Provider Compliance Improvement Plan

The improvement plan should be completed detailing the actions taken and returned to [Healthcare.Team@rqia.org.uk](mailto: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 actions for improvement are taken within the specified timescales.

### Area: Meadowlands 2

Reference number	Action for Improvement	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	Staff should ensure there is robust auditing of environmental cleaning practice to assurance of a high standard of cleaning throughout the ward.	Nursing PCSS	<p>Detailed cleaning schedules for cleaning by nursing and PCSS staff retained on ward. Daily and weekly cleaning recorded.</p> <p>Staff sign off on all cleaning undertaken.</p> <p>Cleaning schedules checked each day by nurse in charge.</p> <p>All records are retained for the purpose of audit</p> <p>All toilets checked every two hours and signed off by nursing staff. Records of checks are retained for purpose of audit</p> <p>Sister/Deputy Sister/Nurse in Charge accompanies PCSS supervisor on daily inspection of ward area.</p> <p>Walkabouts signed off and records are retained for purpose of audit</p> <p>Empty Bed spaces and lockers checked by nursing</p>	All actions detailed are currently in place

			<p>staff prior to admission and signed off as ready for occupancy. Records of checks retained on bed occupancy and placement list. Records retained for purpose of audit</p> <p>Ward Sister or designate undertakes formal audit of cleaning schedules, Toilet checks, Daily inspection of ward areas and preadmission checks each week.</p> <p>PCSS provide written guidance on environmental cleanliness work schedules , environmental discharge clean, daily and weekly cleaning duties</p> <p>PCSS complete Daily observation checklists, verification of 3 times a day cleaning, domestic store weekly inspection checklist, and chair audit and curtain changes. All records retained for the purpose of audit</p>	
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