



The Regulation and  
Quality Improvement  
Authority

**The Regulation and Quality Improvement Authority**

**Infection Prevention/Hygiene  
Unannounced Inspection  
Northern Health and Social Care Trust**

**Causeway Hospital**

**10 September 2015**

**Assurance, Challenge and Improvement in Health and Social Care**

**[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:

- **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
- **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

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 Causeway Hospital on 10 September 2015. The inspection team was made up of three inspectors from the infection prevention and hygiene team and a member of RQIA's project management team. Details of the inspection team and trust representatives attending the feedback session can be found in Section 6.0.

The Causeway Hospital was previously inspected on 13 June 2013. This was an unannounced inspection; two wards were inspected by the RQIA team. Both wards achieved compliance in all but one of the Regional Healthcare Hygiene and Cleanliness Standards. This inspection report is 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 areas were inspected:

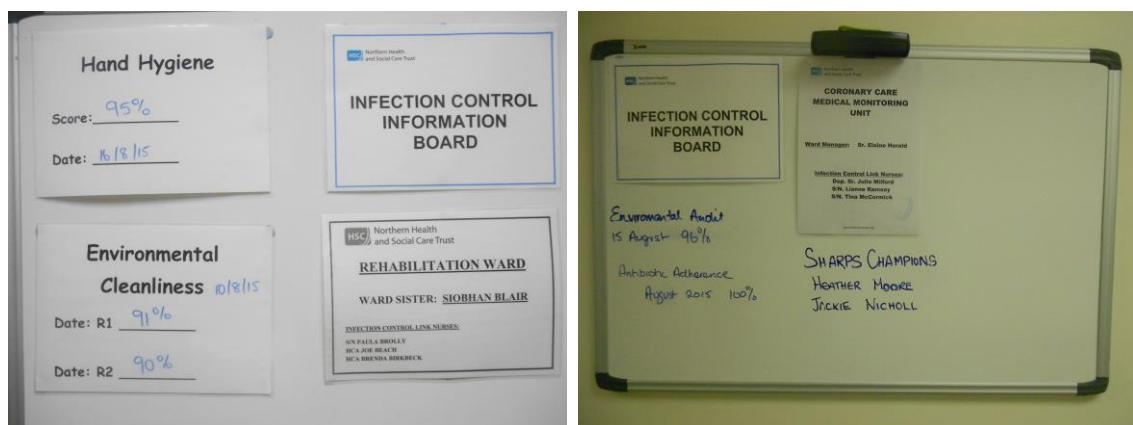
- Coronary Care and Medical Monitoring
- Rehab 1

This report highlights areas of strengths as well as areas for further improvement, including recommendations.

Overall the inspection team found evidence that the Causeway Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards and was compliant in all of the standards.

#### Inspectors observed the following good practice:

- The hospital is to hold its first mattress audit day in October, audits will then be carried out every six months.
- The hospital carries out a programme of leadership walk abouts.
- In the Rehab ward a meal time initiative has been recommenced and a new co-ordinator has been appointed.
- Audit scores were displayed at the entrance to the wards.



Picture 1&2: Audit scores displayed

The inspection of the Causeway Hospital, Northern Health and Social Care Trust, resulted in 1 recommendation..

A full list of recommendations is listed in Section 7.0.

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 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 Northern Health and Social Care Trust and in particular all staff at the Causeway 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

**Compliant:** 85% or above

**Partial Compliance:** 76% to 84%

**Minimal Compliance:** 75% or below

<b>General Environment Standards</b>	<b>Public areas</b>
Reception	100
Public toilets	95
Corridors, stairs lift	100

<b>General Environment Standard wards or departments</b>	<b>Coronary Care</b>	<b>Rehab 1</b>
General environment	90	91
Patient linen	97	98
Waste	91	95
Sharps	95	89
Equipment	97	91
Hygiene factors	99	98
Hygiene practices	99	98
<b>Average Score</b>	<b>95</b>	<b>94</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 reception area was clean, tidy and in good decorative order, the smoking area at the main entrance required some attention.

### **Coronary Care and Medical Monitoring Ward**

The ward was compliant in all standards. The inspection team found the ward to be clean, tidy and in good decorative order. Some sanitary fittings were old and worn and there was some limescale on taps. In the equipment store the area used by the specialty nurse was untidy, and a stock of large sharps boxes was stored on the floor. In the treatment room a supply of venting sets were out of date.

Staff were aware of their roles and responsibilities in relation to cleaning the environment. Patient equipment was generally clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. On examination a bed mattress was found to be stained, this will be addressed under the hospital's new audit process. Cleaning schedules were in place, completed by staff and audited regularly. Staff demonstrated good practice in relation to clean and used linen, the safe handling of sharps and the disposal of waste.

Inspectors observed good infection control practice in relation to the use of personal protective equipment and hand hygiene was excellent.

### **Housekeeping issues:**

- Staff should ensure the equipment store in the area used by the specialty nurse is tidy; stock rotated and not stored on the floor.
- Staff should ensure staff information posters removed during cleaning or redecoration are replaced when the work is completed.
- Staff should ensure taps are free from limescale deposit.

### **Rehab 1**

The ward was compliant in all standards. The inspection team found in general the ward to be clean and in good decorative order. There was some dust on display screens and high density shelving in the treatment room and equipment stores required more detailed cleaning. There was lime-scale deposits on some taps. The main circulation area around the nurses' station can become congested during personal care and meal times. Staff were aware of their roles and responsibilities in relation to cleaning the environment.

Patient equipment was generally clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms, however nursing cleaning schedules were not up to date. Out of date items were observed on the resuscitation trolley; the door to the treatment room and the drugs fridge door were unlocked. There was some inappropriate disposable of waste in sharps boxes, magpie boxes and orange lidded burn bins.

Staff demonstrated good practice in relation to clean and used linen.

There was good staff practice in relation to the use of personal protective equipment and hand hygiene was excellent.

#### **Housekeeping issues:**

- Staff should ensure all areas are clean and free from dust.
- Staff should ensure stock is rotated as out of date items were observed on the resuscitation trolley.
- Staff should ensure waste is disposed off in line with trust policy.
- Staff should ensure medications are held under locked conditions, the treatment room and the door of the drugs fridge were unlocked.
- Staff should ensure taps are free from limescale deposit.

#### **Additional issue**

- Inspectors found an issue with shortage of staffing. On the morning of the inspection there were only four Registered Nurses and six Health Care Assistants. According to the roster staff levels should have been seven Registered Nurses and eight Health Care Assistants. Staff were drafted in to raise staffing levels. At the time of inspection there were seven vacancies on the ward.

#### **Recommendation**

- 1. It is recommended that any identified nurse staffing variances are reviewed to ensure that patient care and safety are not compromised due to staffing levels.**

## **6.0 Key Personnel and Information**

### **Members of the RQIA inspection team**

- |               |  |
|---------------|--|
| Mr T Hughes   | - Inspector, Infection Prevention/Hygiene Team |
| Mrs M Keating | - Inspector, Infection Prevention/Hygiene Team |
| Mrs L Gawley  | - Inspector, Infection Prevention/Hygiene Team |
| Mr D Philpot  | - Project Manager                              |

### **Trust representatives attending the feedback session**

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

- |                 |  |
|-----------------|--|
| Ms F Turtle     | - Senior Infection Prevention and Control Nurse      |
| Ms V Davidson   | - General Manager Catering and Domestic Services     |
| Ms C Cupples    | - Domestic Supervisor                                |
| Mr B McKay      | - Building Estates Officer                           |
| Ms D Hanna      | - General Manager, Medicine                          |
| Ms E Herald     | - Ward Sister  |
| Ms S Blair      | - Ward Sister  |
| Ms A Mc Erlane  | - General Manager Medical Services                   |
| Ms C Allen      | - Personal Secretary                                 |
| Ms M Larkin     | - Ward Sister, Medical Ward 1                        |
| Ms M Birmingham | - Assistant Director, Corporate and Support Services |
| Ms L Millar     | - General Manager, Surgery                           |
| Ms M Cairns     | - Infection Prevention and Control Nurse             |

### **Apologies**

- |              |  |
|--------------|--|
| Ms O MacLeod | - Director of Nursing and User Experience        |
| Ms A Redmond | - Lead Nurse                                     |
| Ms P McKee   | - Senior Nurse, Infection Prevention and Control |

## 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 wards or departments</b>	<b>Coronary Care</b>	<b>Rehab 1</b>
Ward/department - general (communal)	86	88
Patient bed area	93	97
Bathroom/washroom	88	98
Toilet	84	95
Clinical room/treatment room	93	78
Clean utility room	91	N/A
Dirty utility room	98	90
Domestic store	95	98
Kitchen	100	81
Equipment store	80	90
Isolation	N/A	98
General information	85	86
<b>Average Score</b>	<b>90</b>	<b>91</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>Coronary Care</b>	<b>Rehab 1</b>
Storage of clean linen	100	100
Storage of used linen	93	94
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>97</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>Coronary Care</b>	<b>Rehab 1</b>
Handling, segregation, storage, waste	91	95
Availability, use, storage of sharps	95	89

#### **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>Coronary Care</b>	<b>Rehab 1</b>
Patient equipment	97	91

## **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>	<b>Coronary Care</b>	<b>Rehab 1</b>
Availability and cleanliness of wash hand basin and consumables	96	97
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	100	93
<b>Average Score</b>	<b>99</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.

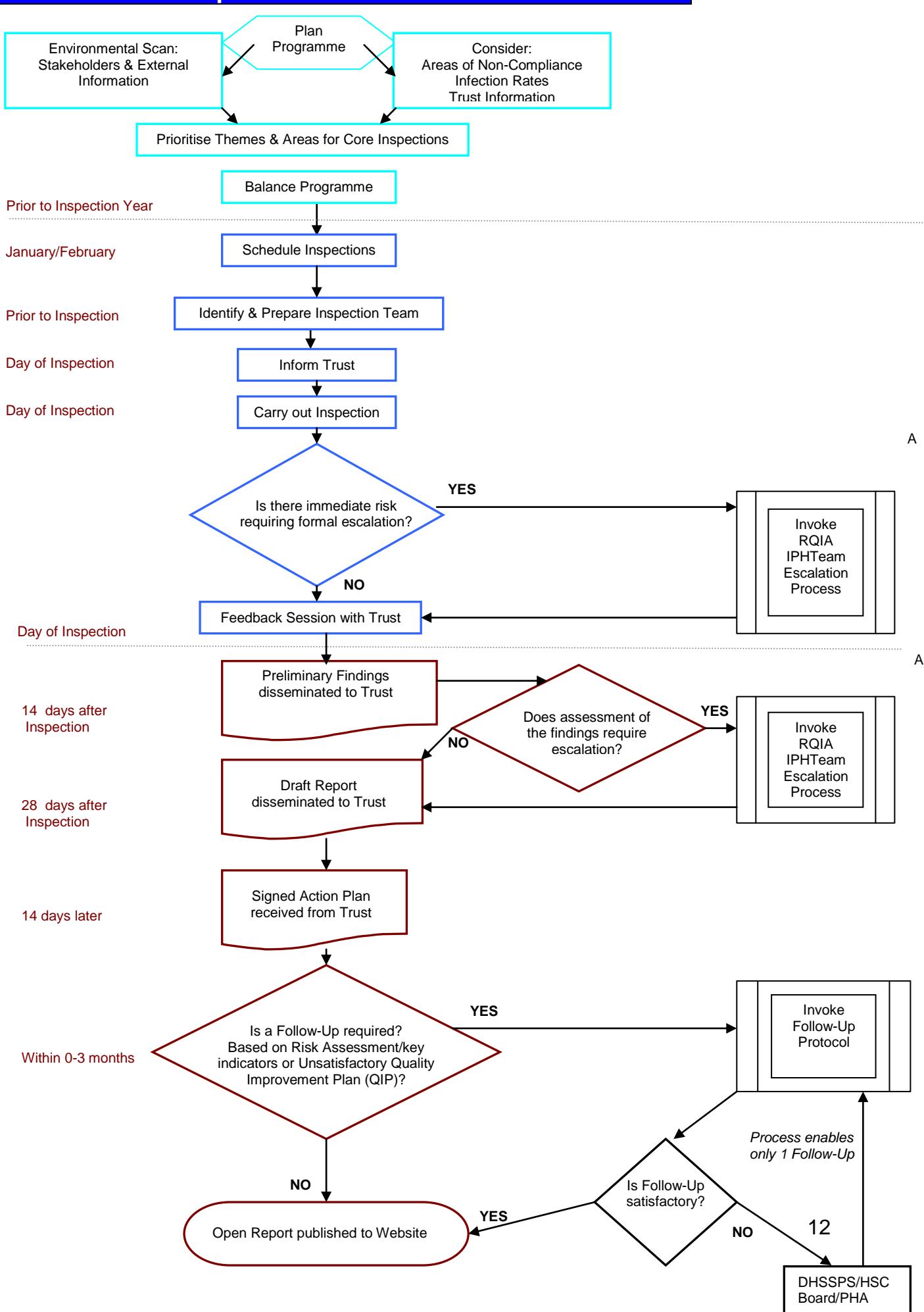
<b>Hygiene practices</b>	<b>Coronary Care</b>	<b>Rehab 1</b>
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	100	95
Effective cleaning of ward	94	95
Staff uniform and work wear	97	100
<b>Average Score</b>	<b>99</b>	<b>98</b>

## 8.0 Unannounced Inspection Flowchart

Plan Programme

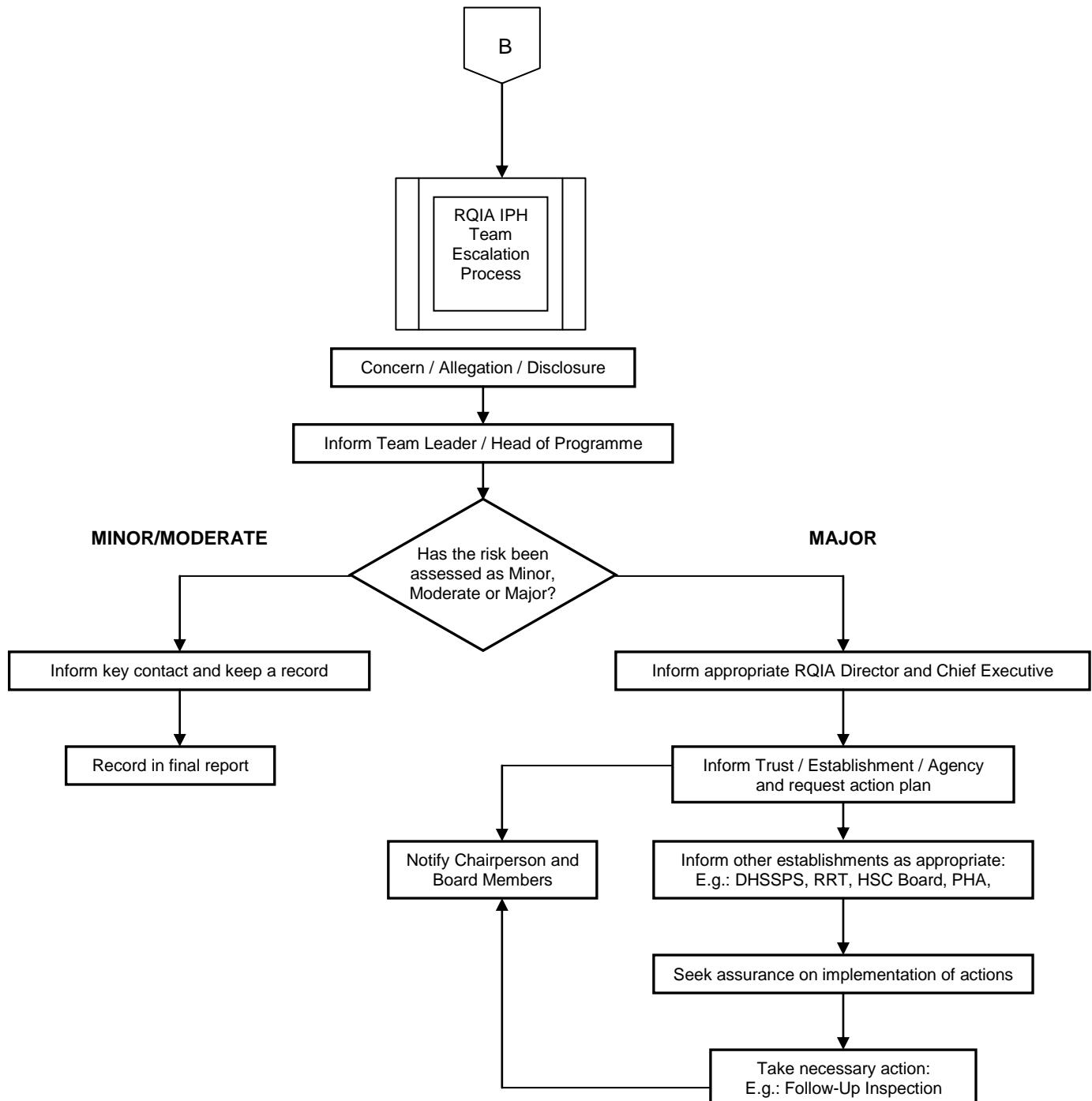
Episode of Inspection

Reporting & Re-Audit



## 9.0 Escalation Process

### RQIA Hygiene Team: Escalation Process



## 10.0 Quality Improvement Action Plan

Reference number	Recommendation: Rehab 1	Designated department	Action/ Required	Date for completion/timescale
1	<b>It is recommended that any identified nurse staffing variances are reviewed to ensure that patient care and safety are not compromised due to staffing levels.</b>	Rehab	Staffing levels are reviewed regularly by the Ward Manager, Lead Nurse and Assistant Director of Nursing responsible for work force planning. The vacancies had been appointed to but at time of inspection the nurses had not commenced post. Staff are now in post.	complete



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