



Unannounced
Infection Prevention/Hygiene
Inspection
Mater Hospital
6 September 2018

www.rqia.org.uk

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1.0 Profile of Service

An unannounced inspection was undertaken to Mater Hospital on 6 September 2018.

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

- Ward B - Respiratory

Previous infection prevention and hygiene inspection reports of the Mater Hospital are available on the RQIA website www.rqia.org.uk.

Service Details

Responsible Person:
Mr Martin Dillon

Position: **Chief Executive Officer
Belfast Health and Social Care Trust**

What We Look for

Our inspection standards are intended to assess healthcare hygiene, general cleanliness and state of repair and aspects of infection prevention and control for all hospitals and other healthcare facilities in Northern Ireland.

Our audit tool is comprised of the following sections:

- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors/Cleaning Practices
- Hygiene Practices/Staff Questions

Guided by our audit tool our inspectors gather information from observations in functional areas (including direct questioning and observation of clinical practice) and, where appropriate, review of relevant documentation.

Our inspection tool is available on our website at www.rqia.org.uk

2.0 Inspection Summary

The table below summarises the overall compliance levels achieved in each standard/section. Scores are allocated a level of compliance using the categories described below.

Level of Compliance

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

Areas inspected	Ward B
General environment	97
Patient linen	92
Waste	99
Sharps	94
Equipment	98
Hygiene factors/Cleaning Practices	98
Hygiene practices/Staff Questions	100
Average Score	97

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

This inspection team comprised of three inspectors from RQIA's HSC Healthcare Team. Details of our inspection team and Trust representatives who participated in a local feedback session delivered in Mater Hospital on 6 September 2018 can be found in Section 5.0.

Two actions for improvement have been made to Ward B Mater Hospital. This inspection to Ward B was carried out as a result of information gathered as part of our intelligence monitoring systems. Intelligence flagged an increase of *Clostridium difficile* in recent months.

During this inspection, compliance was achieved with each of the assessed standards. We observed that the ward was tidy and in good decorative order. Patient equipment was clean and in a good state of repair, however, improvement is required in the standard of cleanliness of domestic cleaning equipment. Attention to detailed cleaning is also required in the en suite facilities of single rooms used for isolation. Staff demonstrated good practice in the management of linen, sharps and the disposal of waste.

A new quality improvement 'checklist' audit tool has been recently implemented to the ward. This is one of many initiatives staff have introduced in order to build upon standards of care and good communication.

We observed good practice in the use of personal protective equipment (PPE) and hand hygiene. Hand hygiene was performed at the correct moments and at the correct location, within the flow of care delivery.

Escalation procedures were not required for this inspection. The escalation policies and procedures are available on the RQIA website.

This inspection report and improvement plan will be available on the RQIA website. When required, reports and action plans will be subject to discussion and performance management by the Health and Social Care Board (HSCB) and/or the Department of Health (DoH).

RQIA would like to thank the Belfast Health and Social Care Trust and in particular staff at the Mater Hospital Ward B for their assistance during this inspection.

Please note: 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 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 all relevant legislation, standards and best practice.

3.0 Inspection Findings

Public Areas (Entrance, Reception, Public Toilets, Corridors, Stairs and Lift)

The Mater Hospital is an acute hospital in Belfast, Northern Ireland and serves a population of over 200,000 people. The entrance, reception area and public toilets were clean, tidy and in good decorative order.

Ward B

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Staff engaged well with inspectors, answering questions and providing information when required.
- The ward was clean, tidy and uncluttered. We observed good attention to detail in the cleaning of toilets and shower rooms. Fixtures and fittings throughout the ward were maintained to a high standard (See Picture 1).
- A range of infection prevention and control (IPC) audit scores were displayed for the public to provide assurance of practices. They included hand hygiene and environmental cleanliness audits.



Picture 1: Clean and tidy ward environment

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 handled both clean and soiled linen safely to prevent the spread of microorganisms.

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 including commodes, Aseptic Non Touch Technique (ANTT) trays, suction equipment and walking aids were in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- Patient equipment cleaning schedules were in place and completed by staff. A trigger system was in place to identify when equipment had been cleaned.

Hygiene Factors/Cleaning Practices

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.
- PPE was readily available and we observed that it was used appropriately by staff.

Areas for Improvement

- Improvement was required in the domestic cleaning practices within the ensuite of a single room used for isolation. Inspectors observed a build-up of dust on surfaces in this area.
- We observed that domestic cleaning trolleys were unclean (Picture 2). Domestic cleaning equipment must be regularly cleaned and decontaminated.



Picture 2: Dusty domestic cleaning trolley

Hygiene Practices/Staff Questions

Areas of Good Practice

- All staff when questioned had good knowledge of standard and enhanced IPC precautions which included hand hygiene, cleaning and decontamination of equipment, use of PPE and the management of sharps and waste.
- The display board at the entrance to the ward clearly demonstrated good communication on IPC standards (Picture 3).



Picture 3: Information board for visitors to the ward

- We observed excellent hand hygiene practices. Hand hygiene was performed by all staff at the correct moments and location, within the flow of care delivery.
- Patients that presented an infection control risk were isolated in a single room in line with trust guidance. Care pathways/plans were available for patients identified with alert organisms such as *Clostridium difficile*.
- The labelling of invasive access lines continues within the ward to safeguard the patient by reducing the risk of 'wrong route administration'.
- We observed excellent quality improvement initiatives – with one being the introduction of a 'checklist' audit tool: designed to monitor and collate the audit process in a timely manner.

4.0 Adherence to Standards

Standard: General Environment

To comply with this standard, organisations must provide an environment which is well maintained, visibly clean, and free from dust and debris.

Public shared areas	Ward B
Reception	100
Public toilets	100
Corridors, stairs lift	100

General environment	Ward B
Ward/department - general (communal)	96
Patient bed area	100
Bathroom/washroom	98
Toilet	93
Clinical room/treatment room	98
Clean store room	N/A
Dirty utility room	98
Domestic store	100
Kitchen (staff use only)	100
Equipment store	91
Isolation	94
General information	100
Average Score	97

Standard: 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	Ward B
Storage of clean linen	90
Storage of used linen	93
Laundry facilities	N/A
Average Score	92

Standard: Waste and Sharps

To comply with this standard, organisations must ensure that waste is managed in accordance with HTM07-01 and Hazardous Waste (Northern Ireland) Regulations (2005)

Waste and sharps	Ward B
Handling, segregation, storage, waste	99
Availability, use, storage of sharps	94

Standard: Patient Equipment

To comply with this standard, organisations must ensure that patient equipment is appropriately decontaminated.

Patient equipment	Ward B
Patient equipment	98

Standard: Hygiene Factors/Cleaning Practices

To comply with this standard, organisations must ensure that a range of fixtures, fittings and equipment is available so that hygiene practices can be carried out effectively.

Hygiene factors	Ward B
Availability and cleanliness of wash hand basin and consumables	100
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	93
Average Score	98

Standard: Hygiene Practices/Staff Questions

To comply with this standard, organisations must ensure that appropriate healthcare hygiene practices are embedded into the delivery of care and related services.

Hygiene practices	Ward B
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
Average Score	100

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms B McFalone	-	Inspector, Healthcare Team (Bank Staff)
Ms J Gilmour	-	Inspector, Healthcare Team
Ms L O'Donnell	-	Inspector, Healthcare Team

Trust representatives attending the feedback session on 06 September 2018

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

Ms K Devenney	-	Senior Manager Nursing, Patient Safety & Quality.
Ms R Maguire	-	Assistant Support Services Manager.
Mr P Quinn	-	Assistant Support Services Manager.
Ms K Fletcher	-	Senior Manager/RQIA Liaison BHSCT.
Mr S Treanor	-	Estates Officer.
Mr I Kelly	-	Senior Estates Officer.
Ms C Fitzsimons	-	Infection Prevention & Control Nurse.
Sr C McEvoy	-	Ward Manager.
Ms E Marshall	-	Deputy Ward Sister, Ward B
Ms R Wightman	-	Deputy Ward Sister, Ward B
Ms V Quinn	-	Nurse Development Lead
Ms C Lecky	-	Assistant Services Manager, Medical Wards

6.0 Improvement Plan

This improvement plan should be completed detailing the actions planned and returned to RQIA's Healthcare Team via the web portal for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to further action. The responsible person should ensure that all actions for improvement are progressed within the specified timescales.

Please do not identify staff by name on the improvement plan.

Area: Ward B

Reference number	Areas for Improvement	Responsible Person	Action/Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1	The standard of cleaning in isolation rooms should be improved. Robust monitoring of the isolation rooms is recommended to provide continued assurance of cleaning practices.	PCSS/ Ward Sister	Assistant Operations Manager EC to complete refresher training to staff on ward RE cleaning of isolation rooms. Complete checks when isolation rooms have been signed off, ensuring twice daily cleans are completed	Immediate and ongoing
2	The standard of cleaning of domestic cleaning equipment should be improved. Robust monitoring of domestic cleaning equipment should be in place to provide continued assurance of cleaning practices.	PCSS	Monthly checklist to be completed by Assistant Operation Manager EC, with daily observational spot checks.	Immediate and ongoing



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