



Unannounced
Infection Prevention/Hygiene
Follow-up Inspection
South Eastern Health and Social Care Trust
Lagan Valley Hospital
6 March 2019

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1.0 Profile of Service

An unannounced inspection was undertaken to Lagan Valley Hospital on 6 March 2019. This follow-up inspection was carried out as a result of a previous inspection on 13 December 2018 which resulted in six actions for improvement.

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

- Ward 14 (Rehabilitation)

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

Service Details

Responsible Person:
Mr. Hugh McCaughey

Position: **Chief Executive Officer
South Eastern 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	13 December 2018	6 March 2019
General environment	81	92
Patient linen	87	96
Waste	95	100
Sharps	87	100
Equipment	97	97
Hygiene factors	94	96
Hygiene practices	88	99
Average Score	90	97

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

This inspection team comprised of two inspectors from RQIA's HSC Healthcare Team. Details of our inspection team and trust representatives who participated in a local feedback session delivered in Lagan Valley on 6 March 2019 can be found in Section 5.0.

Three actions for improvement have been made to Lagan Valley Hospital.

The general reception, corridors and stairs leading to the ward continue to show signs of wear and tear, such as damaged seating and chipped paint work. An area under the stairs, visible from the stairwell, was cluttered and there was a build-up of dust and debris.

Generally we observed a high standard of environmental cleanliness in ward 14. The décor throughout the ward continues to show evidence of damage to paintwork and flooring. However, the ward manager provided evidence of the planned maintenance work which included timescales/schedules and some improvement work to the flooring had commenced. Patient equipment was generally clean and in a good state of repair. Staff demonstrated good practice in the management of linen and the disposal of waste. There has been significant improvement in hand hygiene practices. The ward manager confirmed they had support from the Infection Prevention and Control team. The frequency of hand hygiene audits has increased and more staff have been trained as peer assessors.

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 South Eastern Health and Social Care Trust and in particular staff at the Lagan Valley 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 entrance area was light and bright however we found issues in relation to the standard of cleanliness and maintenance of the general reception, corridors and stairs leading to the ward. In particular there was a build-up of dust and debris and clutter in an area under the stairwell. This area is visible to the public using the stairs to ward 14. (Picture 1)



Picture 1: Area under the stairwell with visible build-up of dust, debris and clutter

During the inspection a stairwell/fire exit adjacent to the domestic stores was brought to the attention of the inspectors. There was an odour of cigarette smoke and a build-up of discarded cigarette ends and ash. The fire risk associated with smoking in this area was brought to the attention of Trust representatives to address promptly.

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Staff engaged well with inspectors, they answered questions and produced information when required.
- We observed that cleaning practices in the clinical area were of a high standard. The ward was clean, tidy and the treatment room and patient bed areas were uncluttered. (Picture 2)



Picture 2: Treatment Room.

Areas for Improvement

- The fixtures and fabric of the domestic store were old, worn and not fit for purpose. The domestic store and sluice facilities are in need of full refurbishment. (Picture 3)



Picture 3: Domestic store

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. The clean linen bags were stored appropriately.

Waste and Sharps

Areas of Good Practice

- The ward had replaced the all waste bins with new soft closure bins. Waste was handled, segregated, stored and disposed of into the appropriate waste bin according to trust policy.
- The temporary closure of sharps container lids were clean and deployed when not in use. Sharps boxes were dated and signed.

Equipment

Areas of Good Practice

- The ward has been reorganised the storage of large items of equipment to maximise space.
- Equipment cleaning schedules were in place and completed by staff.

Areas for Improvement

- More attention to detail is required in the cleaning of items of domestic cleaning equipment, patient wash bowls and the undersides of raised toilet seats.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- We observed that hand hygiene facilities and a range of consumables were available and appropriately stored to enable hygiene practices to be carried out effectively.
- The ward manager confirmed a clinical hand wash sink was due to be installed in the dirty utility.

Hygiene Practices/Staff Questions

Areas of Good Practice

- We observed staff washing their hands in line with the World Health Organisation (WHO) guidance “Five moments of Hand hygiene”. We also observed good hand washing technique used by all staff. There has been a significant improvement in hand hygiene practices and an increase in auditing.
- The ward had recently introduced a risk assessment tool which is completed by staff for patients requiring isolation. This document reflects variances from IPC guidance.

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.

General Environment Standards Public shared areas	13 December 2018	6 March 2019
Reception	78	78
Public toilets	N/A	N/A
Corridors, stairs lift	74	75

General environment Standards wards or departments	13 December 2018	6 March 2019
Ward/department - general (communal)	75	89
Patient bed area	92	98
Bathroom/washroom	92	97
Toilet	91	95
Clinical room/treatment room	60	96
Clean utility room	N/A	N/A
Dirty utility room	82	94
Domestic store	75	72
Kitchen	80	87
Equipment store	65	Not inspected*
Isolation	90	Not inspected*
General information	94	100
Average Score	81	92

*denotes area not accessible.

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	13 December 2018	6 March 2019
Storage of clean linen	73	92
Storage of used linen	100	100
Laundry facilities	N/A	N/A
Average Score	87	96

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	13 December 2018	6 March 2019
Handling, segregation, storage, waste	95	100
Availability, use, storage of sharps	87	100

Standard: Patient Equipment

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

Patient equipment	13 December 2018	6 March 2019
Patient equipment	97	97

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	13 December 2018	6 March 2019
Availability and cleanliness of wash hand basin and consumables	98	98
Availability of alcohol rub	100	100
Availability of PPE	80	87
Materials and equipment for cleaning	97	97
Average Score	94	96

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	13 December 2018	6 March 2019
Effective hand hygiene procedures	67	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	90	96
Correct use of isolation	78	100
Effective cleaning of ward	96	100
Staff uniform and work wear	97	97
Average Score	88	99

5.0 Key Personnel and Information

Members of the RQIA inspection team

- Mr T Hughes - Inspector, Healthcare Team
 Ms L O'Donnell - Inspector, Healthcare Team

Trust representatives attending the feedback session on 6 March 2019.

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

Mr C Spratt		Assistant Director Medicine
Ms J Carson		Lead Nurse
Mr A Kerr		Speciality Doctor
Ms J Cairns		Ward Sister
Ms D Boe		Sister Support Worker
Mr G O'Neill		Assistant Operational Manager
Ms D Bothwell		Governance and Service User Officer
Mr P Lynn		Patient Experience Operations Manager

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 14

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Remedial action is required to improve the fabric of the entrance to the building, the under stair area on route to ward 14 and the domestic stores.	Patient Experience Team and Estates Management	<p>PET - A review of work schedules and allocated hours for the entrance area of River House has taken place to ensure that a high standard of cleanliness can be maintained. Patient Experience Supervisors also carry out Observational Audits of this area to address any shortfalls in cleanliness standards and have rectified.</p> <p>EM - A review has taken placed and programme of work planned. This work will include redecoration work, installation of protective cladding to 4ft hright. The domestic stores / sluice will be improved to include moving the sink from the smaller store to a larger store room. The smaller store room will be used purely for storage,</p>	<p>20.05.2019</p> <p>31.07.2019</p>

2.	Immediate action is required to address the issues associated with individuals smoking on the stairs adjacent to the domestic stores.	Safe and Effective Care Dept. and Patient Experience Team and Estates Management	<p>Arrangement for cleaning of the area: The area will be cleaned three times per week on Mon / Wed / Fri.</p> <p>The area will be closed off by ward staff for 30 minutes prior to cleaning.</p> <p>Patient Experience Team will have a 30-minute cleaning period after which the area will re-open.</p> <p>Patient Experience Team will monitor cleanliness and review cleaning schedule through the course of their three cleans per week.</p> <p>Further assurance is in place as ward staff will monitor on an ongoing basis and will request additional cleans or increased cleaning schedule as appropriate.</p> <p>SECD - Staff have been reminded of the importance of challenging non-compliance with smoke-free site policy.</p> <p>The matter has been raised to the Trust Smoke Free Site Group. Targetted signage is being planned for installation. Estates Management will install following instruction re: signage wording.</p>	<p>.28.05.2019</p> <p>28.05.2019</p> <p>31.07.2019</p>
3.	The domestic store rooms require refurbishment to improve the fabric of the rooms.	Estates Management	Review has been carried out and action required has been included in a programme of works as noted in Rec 1.	31.07.2019



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