



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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

Lagan Valley Hospital

11 August 2016

Assurance, Challenge and Improvement in Health and Social Care

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.

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.

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.

3.0 Inspection Summary

An unannounced inspection was undertaken to the Lagan Valley Hospital on 11 August 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 Lagan Valley Hospital was previously inspected on 22 January 2014. This was an unannounced inspection; one ward was inspected by the RQIA team and achieved an overall partial compliance score.

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

- Midwifery Led Unit

The inspection team found evidence that Lagan Valley 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:

- Clutter free, with a good balance of the clinical and 'homely' environment
- Staff had an excellent knowledge in best IPC practices
- Detailed and well documented nursing cleaning schedules
- There was good adherence to the trust dress code policy

The inspection of the Lagan Valley Hospital, South Eastern Health and Social Care Trust, resulted in no recommendations.

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 Provider Compliance 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 South Eastern Health and Social Care Trust and in particular all staff at the Lagan Valley 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

Areas inspected	
General environment	93
Patient linen	98
Waste	90
Sharps	89
Equipment	98
Hygiene factors	98
Hygiene practices	98
Average Score	95

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 main reception area was clean, tidy and in good decorative order. There was minor staining to the floor at the vending machine; some wall damage was noted in the female public toilets and in the corridor leading to the Midwifery Led Unit.

Midwifery Led Unit

The ward achieved excellent 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 in general, to be clean, tidy and in good decorative order. Some issues were identified with regard to wear.

There was a good balance between the clinical and home from home environment (Photo 1 and 2).

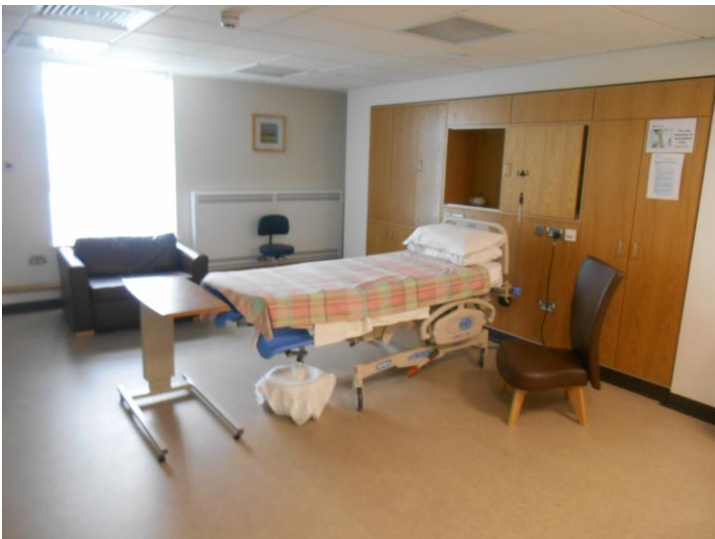


Photo 1: Delivery Suite



Photo 2: Resuscitation equipment stored discretely but accessible

There were four spacious, well presented delivery suites. Three had a large, modern ensuite containing a birthing pool, one ensuite contained a shower.

The ward, including stores, was tidy and well organised.

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

Staff were knowledgeable in relation to the management of clean and used linen, IPC practices, decontamination of equipment, the safe handling of sharps and the disposal of waste.

Hand washing facilities, consumables were available, in a good state of repair and clean. Staff were knowledgeable on the use of personal protective equipment and effective hand hygiene practices. COSHH data was not readily available for staff to reference.

Housekeeping issues:

- The fabric and fixtures should continue to be on on a cycle of maintenance and repair
- Debris should be removed from ceiling lights, air vents and horizontal surfaces should be dust free
- Staff should ensure waste is disposed off in line with trust policy
- Temporary closures should be in place when sharps boxes are not in use and a needlestick injury poster available for staff to reference
- COSHH data should be available for nursing and patient experience staff

6.0 Key Personnel and Information

Members of the RQIA inspection team

- Mrs 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:

- F. Mc Closkey - Lead Midwife
- C. Mc Guigan - Midwifery Team Leader LVH
- M. Armstrong - Estates Supervisor
- N. Magee - IPC Nurse
- P. Hamill - Patient Experience Senior Manager
- D. Devlin - Patient Experience Manager
- G. Smyth - Patient Experience and Training LVH

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.

General Environment Standards:	
Public Areas	
Reception	93
Public toilets	96
Corridors, stairs lift	93

General environment Standards wards or departments	
Ward/department - general (communal)	95
Patient bed area	N/A
Bathroom/washroom	N/A
Toilet	N/A
Clinical room/treatment room	91
Clean utility room	N/A
Dirty utility room	93
Domestic store	90
Kitchen	94
Equipment store	87
Isolation	98
General information	96
Average Score	93

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).

Patient linen	Ward 1
Storage of clean linen	95
Storage of used linen	100
Laundry facilities	N/A
Average Score	98

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.

Waste and sharps	
Handling, segregation, storage, waste	90
Availability, use, storage of sharps	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.

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

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.

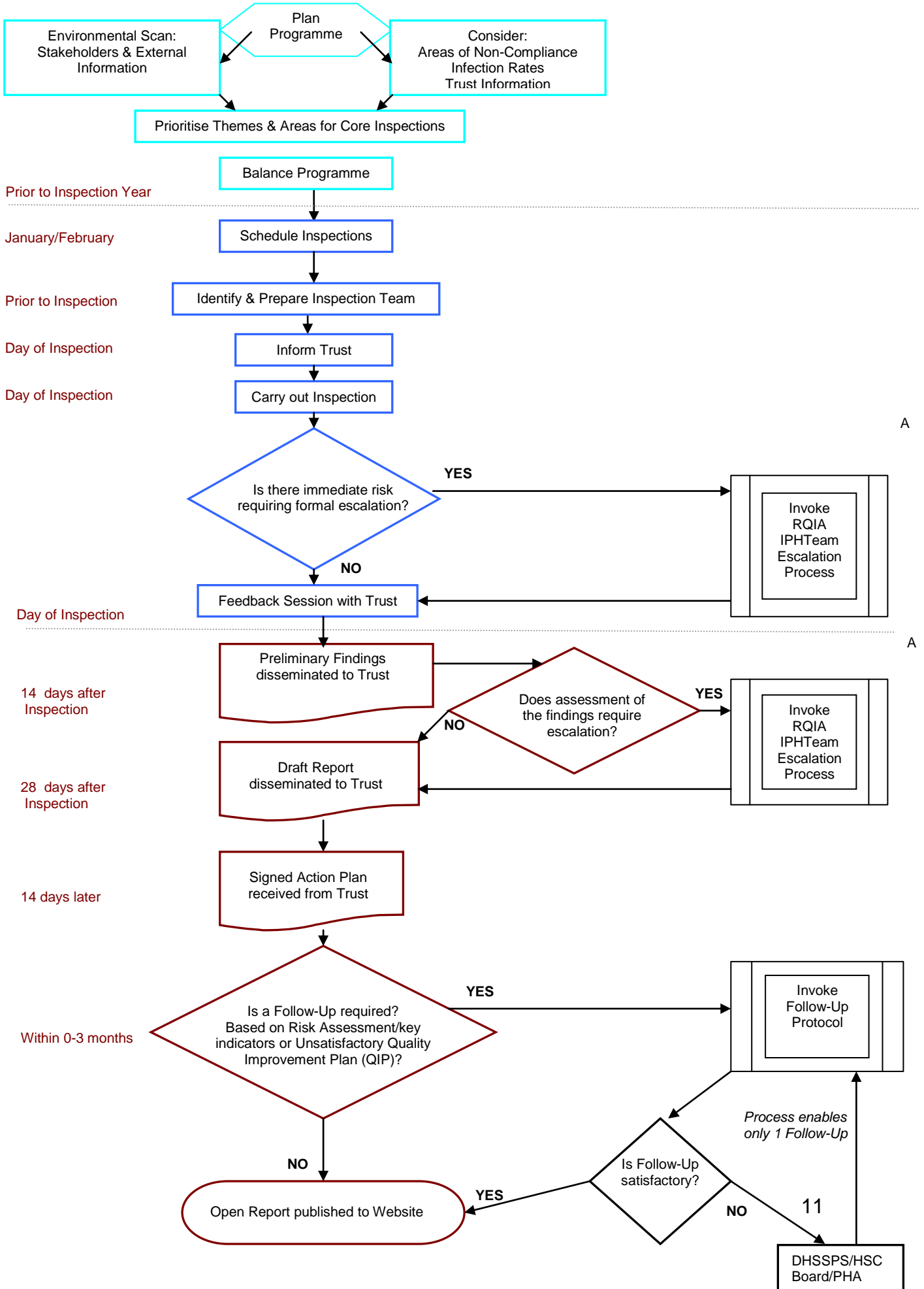
Hygiene practices	
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	N/A
Effective cleaning of ward	90
Staff uniform and work wear	100
Average Score	98

8.0 Unannounced Inspection Flowchart

Plan Programme

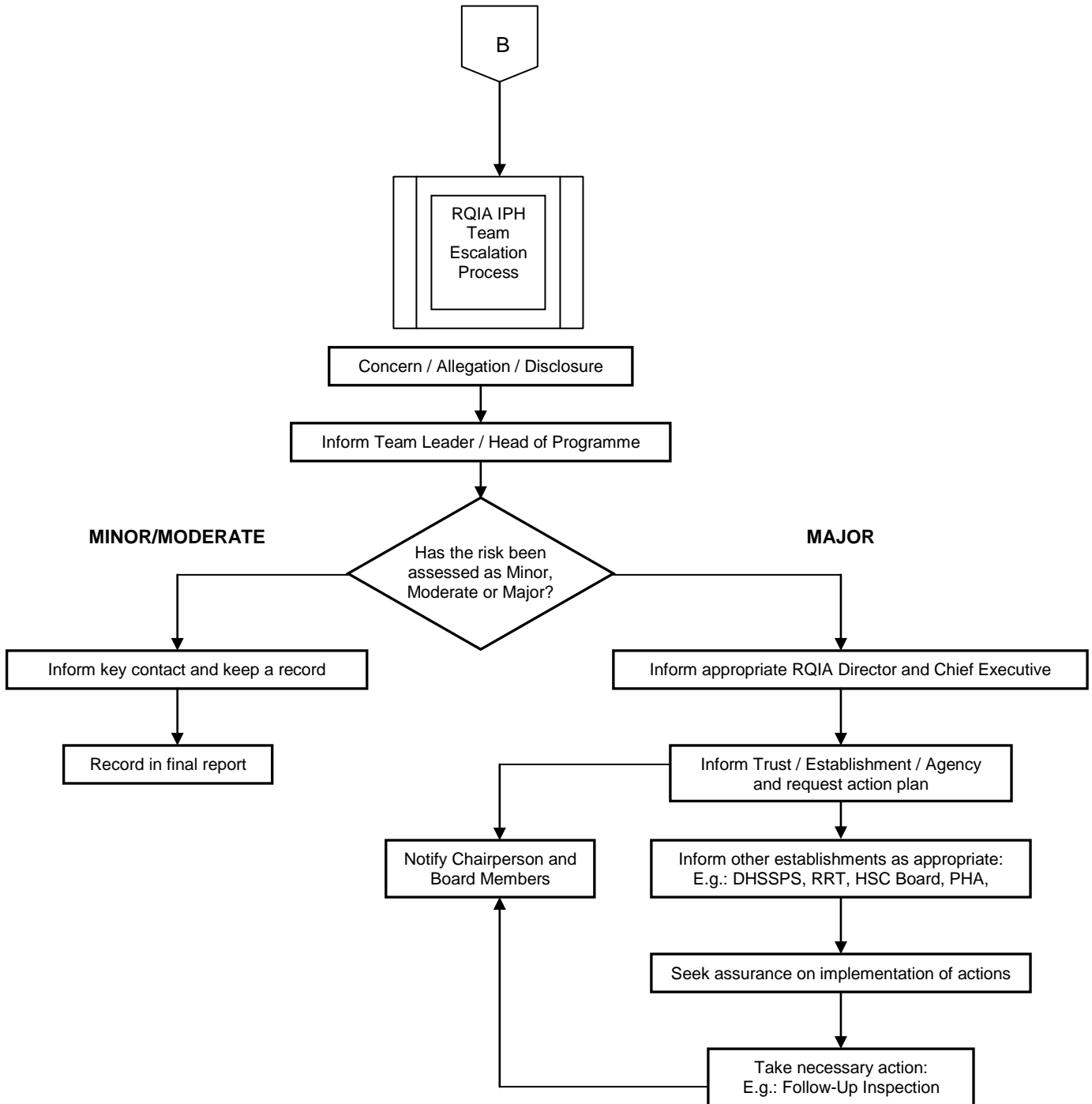
Episode of Inspection

Reporting & Re-Audit



9.0 Escalation Process

RQIA Hygiene Team: Escalation Process



10.0 Provider Compliance Plan

Reference number	Recommendation: Ward 1	Designated department	Action/ Required	Date for completion/ timescale
	No recommendations required			



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