



Unannounced Infection Prevention/Hygiene Inspection

Lagan Valley Hospital
13 December 2018

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Profile of Service

An unannounced inspection was undertaken to Lagan Valley Hospital on 13 December 2018.

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

- Ward 1B (Medical)
- 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 Health and Social Care Trust
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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 inspection 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 inspection 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 1B	Ward 14
General environment	91	81
Patient linen	100	87
Waste	96	95
Sharps	84	87
Equipment	98	97
Hygiene factors/Cleaning Practices	96	94
Hygiene practices/Staff Questions	95	88
Average Score	94	90

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

The inspection team comprised of three inspectors from the RQIA healthcare team and one inspector from the RQIA children's team. Details of the inspection team and trust representatives attending the feedback session delivered in Lagan Valley Hospital on 13 December 2018 can be found in Section 5.0.

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

Generally we observed a high standard of environmental cleanliness in ward 1B. Décor throughout the ward was dated with evidence of damage to paintwork and would benefit from some improvement work. Patient equipment was clean and in a good state of repair. Staff demonstrated good practice in the management of linen and the disposal of waste. Hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.

Ward 14 achieved good compliance with a number of our inspection standards. We however identified that the standard of cleanliness and maintenance of the ward needs to be improved. Additionally we identified that staff members hand hygiene practice was poor.

In line with our inspection guidance we will carry out a further unannounced follow-up inspection of ward 14. 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 South Eastern Health and Social Care Trust and in particular staff at the Lagan Valley Hospital 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) to main Lagan Valley Hospital entrance and reception area leading to ward 14.

The main entrance to Lagan Valley Hospital was clean, tidy and well maintained. Corridors and stairs were clean and in a good state of repair. Flooring in the lift was stained. Public toilets were generally clean; however, more attention to detailed cleaning was required to high level surfaces. Chipped paintwork and exposed wood was also evident in the toilets leaving surfaces difficult to clean effectively.

Ward 14 is accessed by a separate entrance. 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.

Ward 1B

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 patient bed areas were uncluttered. Patients' personal belongings were clean and stored appropriately.
- Radiators throughout the ward had recently been cleaned as part of an intensive cleaning programme.
- There was good availability and accessibility of information leaflets to guide visitors on infection prevention and control (IPC) practices (Picture 1).



Picture 1: Information leaflets for visitors and patients

Areas for Improvement

- The fabric of the ward was worn with evidence of chipped paintwork and exposed wood to walls and doors. The ward would benefit from some improvement work to these surfaces.
- Some high level dust was evident on the top of the controlled drugs cupboard, in the domestic cleaning store and in one patient toilet.
- The door into the dirty utility room was ajar and had the potential for unauthorised access to cleaning chemicals stored in an unlocked Control of Substances Hazardous to Health (COSHH) cupboard. Cleaning and decontamination products must be stored securely when not in use.

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 to those receiving care.

Waste and Sharps

Areas of Good Practice

- We observed the safe segregation, handling, transport and disposal of waste. Labels on all sharps boxes were correctly documented to include the date sharps boxes had been assembled, by whom and their location of use within the hospital.

Areas for Improvement

- The aperture of some sharps boxes was not always deployed when the sharps box was not in use. This practice increases the risk of a needle stick injury to staff in the event that the sharps box is not properly secured. A blood stain was present on the lid of one sharps box putting users at risk of exposure to potentially harmful microorganisms.

Equipment

Areas of Good Practice

- We observed that patient equipment on the ward was generally well managed. Equipment in contact with patients or at risk of contamination from blood or body fluids is either single use or decontaminated between patients. There was evidence of good stock rotation and equipment checked was within its use by date.
- Mattresses throughout the ward had been renewed in July 2018. We were told that an audit of all mattresses to check their efficiency (in good condition, impermeable to moisture) was due to be completed in December.

Areas for Improvement

- We observed large pieces of equipment including moving and handling aids stored in the corridor outside the ward. We were told that there was a lack of storage within the ward to store this equipment safely. A small equipment store was available at the entrance to the ward however, it was disorganised and cluttered and upward facing surfaces including the floor were dusty.
- Mattress audits were observed to be inconsistently completed. We were told that gaps in the auditing schedule were down to staffing issues and workload on the ward.

Hygiene Factors/Cleaning Practices

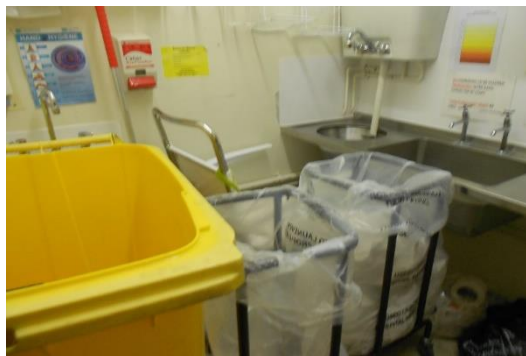
Areas of Good Practice

- Clinical hand wash sinks were clean and a range of hand hygiene consumables were available to promote effective hand hygiene practices. Posters reinforcing the correct hand hygiene technique were displayed appropriately at clinical hand wash sinks. Clinical hand wash sinks were used for hand hygiene purposes only. Additionally, alcohol hand sanitiser was available for use at the point of care.

- A range of personal protective equipment (PPE) was available and accessible to staff.

Areas for Improvement

- Access to sinks including the clinical hand wash sink and equipment cleaning sink in the dirty utility room was blocked by equipment (picture 2). We were told of plans to reconfigure this area and an adjoining room to enhance the existing available space.



Picture: 2 Blocked access to clinical hand wash sink and equipment sink in the dirty utility room.

- Information on key performance indicators including hand hygiene and environmental cleaning audits was not clearly displayed in the ward to promote public assurance of the ward's adherence to IPC standards.

Hygiene Practices/Staff Questions

Areas of Good Practice

- Staff were knowledgeable in IPC practices including the correct dilution rates of disinfectants for environmental cleaning and how to decontaminate blood spillages effectively.
- Hand hygiene was performed at the correct moments, at the correct location within the flow of patient care delivery.
- Staff working on the ward adhered to the trust uniform policy.

Areas for Improvement

- We observed that several members of visiting staff were not compliant with bare below the elbow practices when carrying out clinical practices.

- We observed that staff did not always wear an apron to protect their uniform when cleaning soiled equipment. This practice puts the staff member's clothing at risk of contamination from exposure to blood or body fluids from the patient.

Ward 14

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Patient bay areas were clean and well maintained.

Areas for Improvement

- The fixtures and fittings of the ward were old and in poor repair. Wall and door paint work was damaged throughout the ward (Picture 3). An area of flooring was worn and in disrepair, presenting a risk of trips. The fixtures and fabric of the domestic store were worn. Maintenance of this ward should be kept to a high standard to allow for effective cleaning practices and promote a safer patient environment.



Picture: 3: Damaged paintwork treatment room door.

- Improvement is required to the cleaning of high and low horizontal surfaces of the treatment room, equipment store and linen room. We observed a build-up of debris in floor corners, behind appliances and under shelving. Cobwebs were visible around kitchen light fittings.
- The equipment room was small and untidy. Many items of equipment were stored in no defined order, with some items stored on the floor.
- The isolation room contained a footstool which was punctured and stained which needs replaced.

Patient Linen

Areas of Good Practice

- We observed that patient linen was visibly clean, and free from damage. Staff wore appropriate PPE when handling soiled/contaminated linen and placed it into the correct colour coded bag at the point of use.

Areas for Improvement

- We observed clean linen bags stored on the floor of the clean linen storage making it difficult for domestic staff to clean. Additionally there were inappropriate items stored in this area.

Waste and Sharps

Areas of Good Practice

- Generally waste was handled, segregated, stored and disposed of into the appropriate waste bin according to trust policy.

Areas for Improvement

- Some waste bins were rusted and lids were stained, one with faecal matter. A number of these bins were overflowing. We were informed that the ward have plans to replace these bins.
- We observed that some integrated sharps bins were blood stained at the apertures putting users at risk of exposure to potentially harmful microorganisms (Picture 4). The temporary closure mechanisms of sharps bins were locked and not signed by who closed the bin.



Picture: 4: Blood stained aperture of sharps box.

Equipment

Areas of Good Practice

- There was evidence of good stock rotation to ensure older stock is used first. New mattresses have recently been purchased for the whole ward.
- Domestic cleaning equipment was clean and well maintained.

Areas for Improvement

- One patient toilet required immediate cleaning, as there was faecal matter and staining evident on the handrail and around the raised toilet seat.
- Equipment cleaning schedules were in place; however they were not consistently completed by staff.
- We observed blood stains on blood glucose monitoring equipment putting users at risk of exposure to potentially harmful microorganisms
- The ward has limited storage available, large pieces of equipment were stored in a corner of the patients dining area making it difficult for domestic staff to access to clean.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

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

Areas for Improvement

- There was no clinical handwashing sink in the dirty utility. Risk had been identified in the inspection in 2014.
- Aprons were not stored on rolls, they were observed hanging out of dispensers exposing them to potential contamination from harmful microorganisms prior to use.

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.

Areas for Improvement

- We observed four members of staff out of a total of five observations, who did not take the opportunity for hand hygiene in line with the World Health Organisation (WHO) five moments. It was disappointing that compliance with this fundamental practice was poor.
- A number of patients requiring isolation were nursed in bays; staff stated they were assessed to be at an increased risk of falls. However, no variance had been documented to reflect this in the care plans.
- Aprons were not consistently worn by staff when they were in direct contact with patients.

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	Entrance to LVH	Entrance leading to ward 14
Reception	90	78
Public toilets	95	N/A
Corridors, stairs lift	89	74

General environment Standards wards or departments	Ward 1B	Ward 14
Ward/department - general (communal)	89	75
Patient bed area	90	92
Bathroom/washroom	N/A	92
Toilet	89	91
Clinical room/treatment room	92	60
Clean store room	N/A	N/A
Dirty utility room	93	82
Domestic store	92	75
Kitchen	N/A	80
Equipment store	79	65
Isolation	98	90
General information	100	94
Average Score	91	81

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 1B	Ward 14
Storage of clean linen	100	73
Storage of used linen	100	100
Laundry facilities	N/A	N/A
Average Score	100	87

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 1B	Ward 14
Handling, segregation, storage, waste	96	95
Availability, use, storage of sharps	84	87

Standard: Patient Equipment

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

Patient equipment	Ward 1B	Ward 14
Patient equipment	98	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	Ward 1B	Ward 14
Availability and cleanliness of wash hand basin and consumables	97	98
Availability of alcohol rub	97	100
Availability of PPE	100	80
Materials and equipment for cleaning	89	97
Average Score	96	94

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 1B	Ward 14
Effective hand hygiene procedures	100	67
Safe handling and disposal of sharps	100	100
Effective use of PPE	82	90
Correct use of isolation	95	78
Effective cleaning of ward	100	96
Staff uniform and work wear	92	97
Average Score	95	88

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms J Gilmour	Inspector, Healthcare Team
Ms L O'Donnell	Inspector, Healthcare Team
Mr T Hughes	Inspector, Healthcare Team
Ms U Hagan	Inspector, Children's Team

Trust representatives attending the feedback session on 13 December 2018

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

Ms B McDowell Anderson	Clinical Manager
Ms J Carson	Lead Nurse
Mr R Knight	Service Lead, Domestic, Porter and Community Services
Mr G O'Neill	Assistant PE Manager
Ms B Dunnigan-Smith	Deputy Sister Ward 14
Ms P Allen	Deputy Sister Ward 14
Ms C Perez	Deputy Sister Ward 1B
Ms D Boe	Sister Support Worker Ward 14
Ms N Smyth	Sister Support Worker Ward 1B

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 1B

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Environmental cleaning in the ward must include high level surfaces and ancillary areas such as the equipment store. Robust monitoring should be in place to provide continued assurance.	Operational Manager, Patient Experience	Daily Observational audits completed by Supervisors and a weekly walkabout completed by Assistant Operational Manager/Operational Manager. All rotas have been fully reviewed and improvements in the flow of work schedules now in place. Ward 1B also receives a cleaning audit once per month by the Quality, Performance & Training Team.	On-going
2.	The temporary closure aperture should be deployed on sharps boxes when not in use. Robust monitoring of this practice and feedback to staff must be implemented with immediate effect.	Ward sister/deputy sisters	Daily spot checks	On-going

3.	Staff should wear appropriate PPE when decontaminating patient equipment. Robust monitoring of staff practices should be in place to provide continued assurance.	Ward sister/deputy sisters	Staff reminded to adhere to infection control policy at all times. Infection control nurse on ward 21st Feb and spoke to staff on duty at safety huddle to reinforce practice. - finding emailed to all staff.	On-going
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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.	The standard of environmental cleaning in the ward should be improved and robust monitoring should be in place to provide continued assurance.	Operational Manager, Patient Experience	Internal escalation process now in place with increased focus of Supervision from PE Supervisors and also from Patient Experience Operational Management Team. This includes Daily Observational audits completed by Supervisors and a weekly walkabout completed by Assistant Operational Manager. All rotas have been fully reviewed and improvements in the flow of work schedules now in place. Ward 14 also receives a cleaning audit once per month by the Quality, Performance & Training Team.	On-going
2.	Immediate improvement is required in ward staff hand hygiene practices. Robust monitoring of staff practices should be in place to provide continued assurance.	Sister/deputy sisters	Increased auditing of practice. All staff reminded daily at safety huddle. Also shared with team leads for physio OT and Drs.	On-going

3.	Remedial action is required to improve the fabric of the physical environment.	Sister/estates	Replacing all hand rails throughout ward. Damaged floors to be repaired completed. Ward painting to be completed when all major work finished minor painting to doors will be completed 22/3/19. Sideward doors metal protectors applied. Awaiting edging for doors into clinical room and sideward.	Handrails awaiting business case approval. Floors completed 14/3/19 Doors will be completed by 22/3/19
4.	A dedicated hand washing sink should be available in the dirty utility.	Sister/estates	Sink ordered and awaiting installation.	Pipe work installed Sink installation 21st march
5.	Review the use of storage areas to ensure all equipment and products are stored appropriately.	Sister	Ward declutter and storage rearranged. Staff reminded daily to keep tidy. Extra shelving requested for linen room.	On-going
6.	Documentation relating to patients requiring isolation should reflect any variances from IPC guidance.	Sister/deputy sisters	Alert added to EDAMS and reason recorded on Caydar. Risk assessment completed and filed as hard copy in patient's notes.	On-going



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