



# Unannounced Infection Prevention/Hygiene Inspection Mid Ulster Hospital

4 January 2017

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Profile of Service

An unannounced inspection was undertaken to Mid Ulster Hospital on 4 January 2017.

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

- Rehabilitation Ward

### Service Details

Responsible Person:  
**Dr Tony Stevens**

Position: **Chief Executive Officer,  
Northern Health and Social Care  
Trust**

### What We Look for

The Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool provide a common set of overarching standards for all hospitals and other healthcare facilities in Northern Ireland.

The audit tool is comprised of the following sections:

- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool.

The section on organisational systems and governance is reviewed on announced inspections.

Inspections using the audit tool gather information from observations in functional areas including, direct questioning and observation of clinical practice and, where appropriate, review of relevant documentation.

This Inspection tool is available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk)

## 2.0 Inspection Summary

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

<b>Compliant:</b>	<b>85% or above</b>
<b>Partial Compliance:</b>	<b>76% to 84%</b>
<b>Minimal Compliance:</b>	<b>75% or below</b>

Areas inspected	
General environment	90
Patient linen	86
Waste	99
Sharps	97
Equipment	90
Hygiene factors	96
Hygiene practices	98
<b>Average Score</b>	<b>94</b>

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

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 5.0.

The rehabilitation ward achieved compliance with each assessed standard. We observed that the ward environment was clean, well maintained and that staff knowledge and practice in relation to infection prevention and control (IPC) was good.

### Areas of Good Practice

- Staff displayed good knowledge of infection prevention and control.
- Staff reported that they had a good relationship with IPC Team.
- The ward achieved a high level of compliance in all standards.
- General ward environment clean, tidy and free from excess clutter (Picture 1).



Picture 1: Clean uncluttered ward corridor

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

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 Healthcare 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 Northern Health and Social Care Trust and in particular all staff at the Mid Ulster Hospital for their assistance during the inspection.

It should be noted that 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 on 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 legislation, standards and best practice.

### 3.0 Inspection Findings

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

- The main public area was clean, tidy and free from excess clutter.

#### Rehabilitation Ward

##### General Environment

#### Areas of Good Practice

- The inspection team found the ward to be clean, uncluttered and in a good standard of repair.

#### Areas for Improvement

- The domestic store requires some environmental improvements to render it fit for purpose (Picture 2).



Picture 2: Damage to the floor of the domestic store

## **Patient Linen**

### **Areas of Good Practice**

- The inspection team found arrangements for storage and handling of clean and used linen to be effective.

## **Waste and Sharps**

### **Areas of Good Practice**

- We found that the safe segregation, handling, transport and disposal of waste and sharps were managed effectively.

## **Equipment**

### **Areas of Good Practice**

- The majority of in use and stored patient equipment was in good condition, clean and managed appropriately to reduce the risk of contamination with harmful microorganisms.
- Trigger tape was in place to identify equipment which had been cleaned, robust cleaning schedules were in place and completed by staff.

## **Hygiene Factors**

### **Areas of Good Practice**

- Clinical hand wash sinks were clean, well maintained, located near to the point of care and only used for hand hygiene purposes.
- A range of consumables were available to enable hygiene practices to be carried out effectively.

## Hygiene Practices

### Areas of Good Practice

- We observed a high standard of hand hygiene practices carried out in line with World Health Organisation (WHO) “five moments for hand hygiene”.
- Staff demonstrated good use of PPE, with no evidence of inappropriate wearing of PPE being observed.
- Staff adhered to the trust uniform policy.
- We observed posters promoting good IPC practice. (Picture 3).



Picture 3: Poster promoting infection control practices



## 4.0 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.

General Environment Standards Public Shared Areas	Rehab Ward
Reception	95
Public toilets	98
Corridors, stairs lift	N/A

General Environment	Rehab Ward
Ward/department - general (communal)	95
Patient bed area	97
Bathroom/washroom	91
Toilet	96
Clinical room/treatment room	88
Clean utility room	N/A
Dirty utility room	88
Domestic store	75%
Kitchen	87
Equipment store	82
Isolation	95
General information	100
<b>Average Score</b>	<b>90</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.

Patient Linen	Rehab Ward
Storage of clean linen	77
Storage of used linen	94
Laundry facilities	N/A
<b>Average Score</b>	<b>86</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).

<b>Waste and Sharps</b>	<b>Rehab Ward</b>
Handling, segregation, storage, waste	99
Availability, use, storage of sharps	97

#### **Standard 5: Patient Equipment**

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated.

<b>Patient Equipment</b>	<b>Rehab Ward</b>
Patient equipment	90

#### **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>Rehab Ward</b>
Availability and cleanliness of wash hand basin and consumables	96
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	95
<b>Average Score</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.

Hygiene practices	Rehab Ward
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	92
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
<b>Average Score</b>	<b>99</b>

## 5.0 Key Personnel and Information

### Members of the RQIA Inspection Team

Mr T Hughes – Inspector, Healthcare Team

Ms J Gilmour – Inspector, Healthcare Team

### Trust Representatives Attending the Feedback Session

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

P Hughes	Director Community Care
P McDade	Community Area Manager
C McGuigan	Practice Education Co-ordinator
V Davidson	General Manager Acute Catering and Domestic Services
E Witherspoon	General Manager Community Catering and Domestic Services
M O'Connor	Ward Manager
E Paterson	Deputy Ward Manager
F Turtle	Senior Infection Prevention and Control Nurse
M Irvine	Support Services Manager
B McErlean	Estate Services

### Apologies:

None received.

## Provider Compliance Improvement Plan

The provider compliance improvement plan should be completed detailing the actions taken and returned to [Helathcare.team@rqia.org.uk](mailto:Helathcare.team@rqia.org.uk) for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken. The responsible person identified should ensure that all recommended actions are taken within the specified timescales.

### Area: Rehab Ward

Reference number	Recommended Actions	Responsible Person	Action/Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	The trust should refurbish the domestic store in order to promote a safe environment for the storage, cleaning and use of domestic equipment.	Mark Irvine Support Services Manager	<p>Area and Equipment has been intensively cleaned in January 2017(16<sup>th</sup> – 20<sup>th</sup>) as part of the 6 month Intensive Clean Schedule.</p> <p>Unsealed wood edging has been repaired and will be monitored as part of the Daily Observational Audit process to ensure robust cleaning can be maintained. This will also be monitored as part of the Patient Environment Leadership Walkabouts and also the Regional Cleanliness Audit process.</p> <p>Equipment sink has been resealed and will be monitored as part of the Daily Observational Audit process to ensure</p>	January 2017

			<p>robust cleaning can be maintained. This will also be monitored as part of the Patient Environment Leadership Walkabouts and also the Regional Cleanliness Audit process.</p> <p>Staining on floor cannot be removed.  Report from Estate Services:  Ref: Sluice Room Floor  Although there appears to be cosmetic staining it does not affect the integrity of the flooring which is still intact and can be effectively cleaned. It has been confirmed that the floor surface is still fit for purpose and because it is not in a circulated area replacement of the flooring at this time is not being considered.  The integrity of the floor surface will be monitored as part of the Daily Observational Audit process to ensure robust cleaning can be maintained. This will also be monitored as part of the Patient Environment Leadership Walkabouts and also the Regional Cleanliness Audit process.</p>	
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