



Infection Prevention/Hygiene Unannounced Inspection

South Eastern Health and Social Care Trust
Downe Hospital

12 October 2016

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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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. Our reports are available on the RQIA website at www.rqia.org.uk.

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 Downe Hospital on 12 October 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 Downe Hospital was previously inspected on 22 May 2013. This was an unannounced inspection; one ward was inspected by the RQIA Team. The ward achieved an overall compliant score. This inspection report is available on the RQIA website www.rqia.org.uk.

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

- Ward 2 (Medical/Cardiology)

Overall the inspection team found evidence that Downe Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Inspectors observed the following good practice:

- We were informed that an infection prevention and control (IPC) improvement tool had been implemented within the ward. The tool is a set of recurring themes that had been identified as part of regional hygiene and environmental cleanliness audits.
- A wide range of up to date audit information on hand hygiene, environmental cleanliness and the management of invasive devices was displayed.



Picture 1: Displayed IPC Audit Information

- Ward audits in relation to the management of invasive devices are independently validated.
- We were informed that since the establishment of the ward, no patients had been identified with a MRSA bacteraemia.
- The lean productive ward project had been rolled out within the ward two years ago. Staff reported that the learning from this project continues to help them focus on improvements in ward process and the environment.

The inspection of the Downe Hospital, South Eastern Health and Social Care Trust, resulted in one recommendation.

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 Downe 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

General Environment Standard : Wards or departments	Ward 2
General environment	92
Patient linen	100
Waste	84
Sharps	97
Equipment	98
Hygiene factors	97
Hygiene practices	93
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 reception area and corridors leading to ward 2, were clean, tidy and in good decorative order.

Ward 2

We observed a ward that was in good decorative order and environmental cleanliness was of a high standard. The ward was tidy and well organised which ensures that effective cleaning can be undertaken. Sanitary areas were modern and spacious and storage areas were tidy and well organised.

Patient linen was visibly clean, free of damage and stored in a clean and tidy environment. Patient equipment was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Good auditing and monitoring processes were in place to ensure equipment was clean.

Improvement is required in the management of waste. We observed the inappropriate disposal of waste into sharps and pharmaceutical burn bins. We also noted that many of the clinical and household waste bins throughout the ward are rusted and need replaced.

A range of consumables were available to enable hygiene practices to be carried out effectively. Clinical hand washing sinks were clean, located near to the point of care and only used for hand hygiene purposes. We observed mostly good practice in the use of personal protective equipment and hand hygiene however we did observe an occasion when a staff member did not follow the appropriate contact precautions when in contact with a patient identified with an alert organism.

Recommendation:

- 1. Robust processes should be in place to ensure that all staff takes appropriate IPC precautions when managing patients identified with alert organisms.**

Housekeeping issues:

- Staff should ensure waste is disposed of in line with trust policy.
- The standard of repair of all waste bins throughout the ward should be reviewed and bins replaced where necessary.
- Areas of wall flaking paintwork throughout the ward should be repaired.
- Substances hazardous to health should be stored in line with COSHH guidance.
- The resuscitation trolley should be checked as per trust guidance schedule and the medicines fridge should be locked when unsupervised.
- For patients identified with an alert organism, a care pathway or management plan should be completed.

6.0 Key Personnel and Information

Members of the RQIA inspection team

Mr T Hughes - Inspector, Healthcare Team
Mrs M Keating - Inspector, Healthcare Team

Trust representatives attending the feedback session

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

Ms B McDowell-Anderson	-	Clinical Manager
Ms J Carson	-	Clinical Co-ordinator
Ms P McConnell	-	Sister Ward 2
Ms C Stewart	-	Sister Ward 1
Ms C Robinson	-	Governance - Safe and Effective Care
Ms N Magee	-	Senior Infection Control Nurse
Ms J Rodgers	-	Patient Experience Assistant Manager
Ms B Carson	-	Patient Experience Co-ordinator
Mr S Kidd	-	Estates
Ms A Ward	-	Patient Flow Team

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 shared areas	Ward 2
Reception	98
Public toilets	90
Corridors, stairs lift	96

General environment Standards wards or departments	Ward 2
Ward/department - general (communal)	97
Patient bed area	88
Bathroom/washroom	82
Toilet	93
Clinical room/treatment room	89
Clean utility room	88
Dirty utility room	93
Domestic store	88
Kitchen	98
Equipment store	97
Isolation	94
General information	97
Average Score	92

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 2
Storage of clean linen	100
Storage of used linen	100
Laundry facilities	N/A
Average Score	100

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	Ward 2
Handling, segregation, storage, waste	84
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. 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	Ward 2
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	Ward 2
Availability and cleanliness of wash hand basin and consumables	97
Availability of alcohol rub	100
Availability of PPE	93
Materials and equipment for cleaning	96
Average Score	97

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.

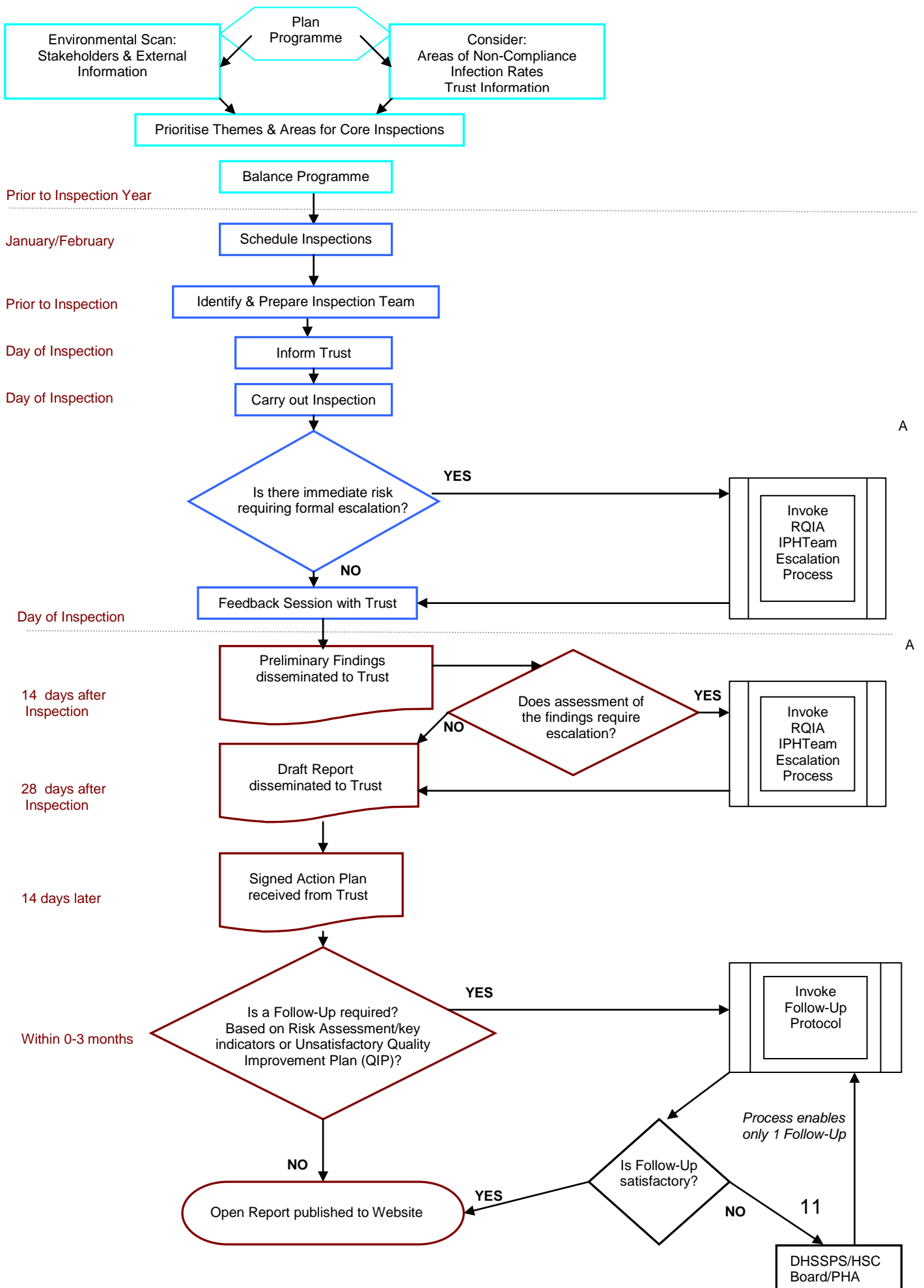
Hygiene practices	Ward 2
Effective hand hygiene procedures	95
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	69
Effective cleaning of ward	95
Staff uniform and work wear	96
Average Score	93

8.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

Reporting & Re-Audit



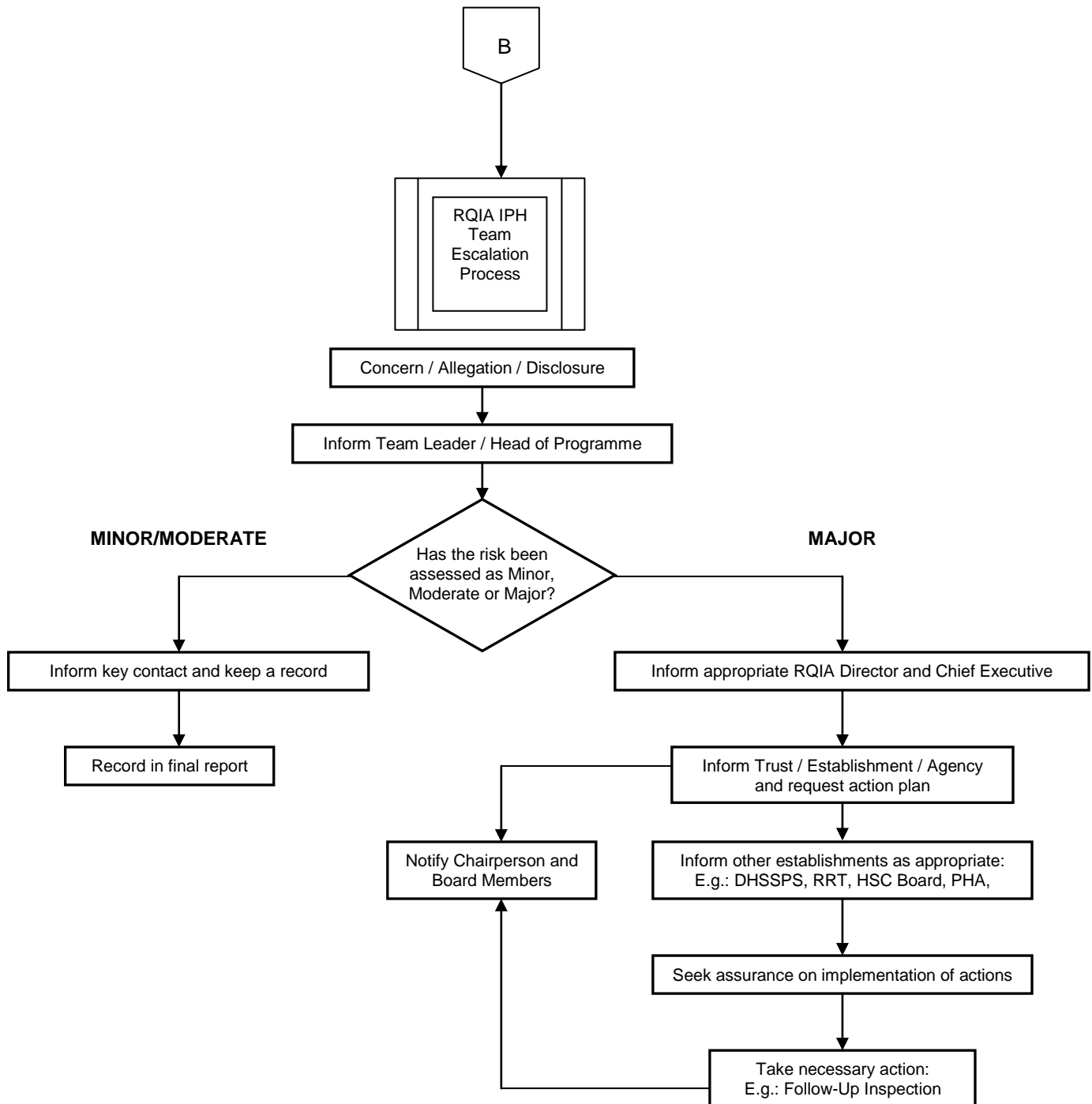
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9.0 Escalation Process

RQIA Hygiene Team: Escalation Process



10.0 Provider Compliance Plan

1	Robust processes should be in place to ensure that all staff take appropriate IPC precautions when managing patients identified with alert organisms.	Nursing	<p>All trained staff attend regular IPC updates as per Trust arrangements. IPC Team have strong links with the ward and work closely with the ward staff and ward manager to review alert organisms that have occurred. Actions and learning arising from review is appropriately cascaded by ward management.</p> <p>This is covered at mandatory training for all staff. There is a system in place where the IPCN visits the wards and as part of the visit monitoring of infection control practices are included with feedback and if issues are identified this is brought to the attention of the member of staff and the ward manager.</p> <p>Routine audit of hand hygiene and other IPC interventions are audited and presented at governance meetings. The overall scores are at a consistent level in accordance with Trust Standards.</p> <p>There is a manual system of flagging patients with black dots on their whiteboard which will be converted to an electronic system as part of the overall Trust roll out.</p>	Complete.
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