



## Unannounced Infection Prevention/ Hygiene Inspection

Bangor Ambulance Station  
Northern Ireland Ambulance Service  
(NIAS)

17 July 2017

[www.rqia.org.uk](http://www.rqia.org.uk)

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## 1.0 Profile of Service

An unannounced inspection was undertaken to Bangor Ambulance Station on 17 July 2017. Bangor Ambulance Station is the divisional headquarters for the South Eastern division of the Northern Ireland Ambulance Service (NIAS). The station provides cover for the population of Bangor and surrounding areas including Holywood, Helen's Bay, Crawfordsburn, Groomsport, Donaghadee and Millisle.

The station houses two accident and emergency ambulances, two rapid response vehicles, one patient care ambulance and one intermediate care vehicle. There are 29 operational staff supported by a Station Officer and an area manager based at Bangor Ambulance Station.

This is the first inspection of Bangor Ambulance station by the Regulation and Quality Improvement Authority (RQIA). The Station was assessed using a bespoke audit tool based on the Regional Healthcare Hygiene and Cleanliness Standards.

This audit tool was developed and piloted in 2016/17 with collaboration from NIAS staff. As part of the learning from the pilot, the inspection tool was adapted to include equipment used relevant to NIAS and questions and observation of staff were tailored to reflect the current practices and guidelines appropriate to NIAS.

### Service Details

Responsible Person:  
**Mr. Shane Devlin**

Position: **Chief Executive Northern  
Ireland Ambulance Service**

### What We Look for

Our inspection standards are intended to assess healthcare hygiene, general cleanliness and state of repair of the ambulance station vehicle and aspects of infection prevention and control.

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](http://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

<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	43
Patient linen	64
Waste	56
Sharps	59
Equipment	68
Hygiene factors/Cleaning Practices	39
Hygiene practices/Staff Questions	68
<b>Average Score</b>	<b>57</b>

A more detailed breakdown of each standard/section can be found in Section 4.0.

This unannounced inspection of Bangor Ambulance Station resulted in 15 areas for improvement.

Immediate improvement/ action is required regarding compliance with each standard assessed during this inspection. The standard of cleaning is poor throughout the station. Ambulances and patient equipment are not routinely cleaned.

Staff knowledge and practice in relation to standard infection prevention and control precautions and practices needs to be addressed immediately.

Due to the poor compliance with standards identified during this inspection escalation procedures were required. Subsequently on 25 July 2017 we held a serious concerns meeting with the Chief Executive and senior staff from NIAS. Inspection findings were discussed and an immediate action plan was requested. Further information relating to our escalation policies and procedures is available on the RQIA website.

This inspection identified that immediate improvement is required in overarching governance and assurance systems to ensure best practice in environmental and equipment cleanliness, hand hygiene, and infection prevention and control practices across the organisation. The inspection identified that current systems are not sufficiently robust to ensure the implementation, and provide evidence of best practice.

During the inspection we identified that frontline staff were not fully engaged in the implementation of infection prevention and control and environmental cleanliness guidelines. The link between training, observation of practice and supervision of staff needs to be reviewed and strengthened.

This inspection team comprised of two inspectors from RQIA's HSC Healthcare Team. Details of our inspection team and NIAS Trust representatives who participated in a local feedback session delivered in Bangor Ambulance station on 17 July 2017 can be found in Section 5.0.

RQIA would like to thank NIAS and in particular staff at the Bangor Ambulance Station for their assistance during this inspection.

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).

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

### Governance

The NIAS Infection Prevention and Control Policy and Procedures (2015), referred to throughout this report as the '2015 IPC policy', sets out the Trust's strategic and policy approach to maintenance of high standards of hygiene and the prevention and control of infection. It outlines the organisation's infrastructure and staff accountability from Trust Board to staff working in ambulance stations and in front line care delivery.

#### Arrangements Supporting Hygiene and IPC:

The Chief Executive of NIAS has overall responsibility for hygiene and infection prevention and control (IPC). Executive leadership in this area is delegated to the Medical Director in NIAS. The Medical Director has responsibility for overseeing the IPC Group, IPC Policy and Action Plan and is an integral member of the Trust Assurance Committee. The Assistant Medical Director is responsible for the daily operational management of hygiene and IPC related matters. The Assistant Director of Operations is responsible for ensuring that all premises are maintained in a good state of repair, to support hygiene and IPC.

The 2015 IPC policy states that the Medical Director will provide quarterly reports to the Trust Assurance Committee on hygiene and IPC issues. The Medical Director attends NIAS Trust Board meetings and provides assurance on matters relating to hygiene and IPC. Board members are collectively responsible for providing leadership and direction on health and safety matters. The Trust Board is responsible for monitoring the effectiveness of IPC measures through the annual IPC report, received via the Assurance Committee.

The 2015 IPC policy sets out staff roles and responsibilities and procedures relating to cleaning of vehicles, surfaces and equipment. The policy has been developed with reference to a wide range of best practice guidelines. The Medical Director reviews the policy bi-annually, or more frequently as required in response to changes in external guidance and best practice recommendations.

The 2015 IPC policy details clear lines of reporting and monitoring of practice in relation to vehicle, equipment and environmental cleanliness across the organisation.

Ambulance crews are responsible for the actual cleaning of the vehicles and equipment. Directly employed or external cleaning staff maintain station environmental cleanliness.

Station Supervisors are responsible for ensuring that the cleaning of vehicles, equipment and the station is carried out. They report to Station Officers and have an important role in supporting clean, safe care and in challenging non-adherence to best practice. Divisional Officers/Area Service Managers oversee and support Station Officers and Station Supervisors through monthly station review, to ensure vehicles, equipment and stations are cleaned in line with the 2015 IPC policy.

Environmental cleaning schedules for ambulance stations must be displayed. As well as reporting to Station Officers, performance in relation to cleaning schedules is reported by the Station Supervisor, through monthly returns, to the Risk Manager in NIAS.

The 2015 IPC policy advises that vehicle interior cleaning should be carried out after each patient journey, at the end of every shift and weekly. Ambulance crews must use their judgement to determine the most appropriate time to attend to vehicle and equipment cleaning. Stand down for a weekly clean must be granted by ambulance control and logged by the ambulance crew on the NIAS intranet cleaning matrix when completed. Ambulance control also provides monthly returns to the organisation's Risk Manager in relation to adherence to weekly schedules for vehicle cleaning.

Incident forms must be completed if an area of the estate or vehicle is found to fall below standards specified in the policy or other associated documentation e.g. cleaning schedules. Internal improvement orders should be issued where an urgent concern is raised regarding the standard of infection prevention and control.

The 2015 IPC Policy sets out that monthly returns received by the Risk Manager should be shared with the medical and operational directorates in NIAS, for information and action. Concerns regarding the standard of environmental and vehicle cleaning must be reported to and managed by the Area Manager.

A range of environment and vehicle cleaning guidance documents are available within the 2015 IPC policy. Staff are provided with information in relation to cleaning as part of their IPC induction training. Clinical Support Officers (CSOs), part of the Trust's training team, observe adherence to best practice for staff carrying out a range of clinical practices; this may also capture hygiene and IPC practices.

Ambulance crews can obtain advice on IPC via ambulance control or from the Trust's Medical Director, who will liaise with external agencies for additional advice as required.

#### Inspection findings:

During this inspection NIAS's current systems, processes and assurance mechanisms were reviewed, to ascertain if they were working effectively with regard to hygiene and IPC.



During the inspection we were unable to obtain evidence that assurance mechanisms relating to hygiene and IPC, as outlined in the 2015 IPC policy, were being effectively applied across the organisation. Assurance audits, monitoring of practice and escalation/feedback mechanisms were not being routinely and effectively implemented.

We identified that staff were not fully aware of their roles and responsibilities in relation to hygiene and IPC, as set out in the 2015 IPC policy. There was no evidence of upward escalation of non-adherence to expected auditing and monitoring practice (as set out in the 2015 IPC policy) through the Trust assurance systems.

There was no documented evidence to demonstrate the routine completion of monthly station, vehicle and equipment cleanliness audits as set out in the 2015 IPC policy. We noted gaps in vehicle cleaning schedules. Staff told us that they did not routinely complete incident forms when vehicles were not cleaned; they did not escalate further as they told us they considered that it would not be addressed.

We identified that not all frontline staff were knowledgeable or implementing best practice for hygiene and IPC as underpinned by available evidence and guidelines.

During discussion, staff told us that while IPC is included in induction training, it is not subsequently routinely included as part of mandatory training. Staff advised us they receive memos on hygiene and IPC by way of update; their perception is that advice from ambulance control on infection prevention and control matters can at times be slow to reach them.

We were told that CSOs undertake observations of clinical practices which may include adherence to hygiene and IPC best practice. Following this, the CSO provides feedback and a short report to the individual paramedic or member of staff being observed. This report and related learning are not shared with the relevant Station Officer to facilitate wider organisational learning. Implementation of best practice in hygiene and IPC, and/or clinical practice observation and learning, is not currently part of the staff appraisal process.

### **General Environment - Maintenance and Cleanliness**

The station is made up of a number of rooms which include a crew room and kitchen area, staff changing facilities, station offices, training room and domestic store. The outside ambulance parking area is a multifunctional space that is also used as a vehicle wash bay, sluice area and an area for the storage of used linen and items of equipment.

## Areas for Improvement

- The standard of cleanliness throughout the station was poor, with a lack of attention to detail in cleaning practices. Many surfaces were stained and dusty. This was particularly notable within the equipment room, domestic store, training room and staff changing rooms. We were provided with no evidence of station domestic cleaning schedules.
- At the rear of the ambulance station there is a metal corrugated building. This is a multi-functional 'garage' area used to park ambulance vehicles, to store used linen and equipment, and to wash the external surfaces of ambulance vehicles. It contains a cleaning sluice and vehicle cleaning equipment. This area is not fit for purpose. The area has no door and is not fully enclosed; all surfaces were dirty from external environmental and vehicle pollutants.
- Many of the surfaces of the domestic sluice were dirty and damaged. Sluice equipment was dirty, old and worn and there was a lack of storage fixtures for domestic supplies.
- We noted a lack of appropriate information (posters, leaflets, pictorial aides) to guide staff in implementation of standard infection prevention and control practices/precautions.

### Patient Linen

#### Area for Improvement

- We observed used linen hanging out of a linen skip and also inappropriately placed on top of the oxygen cylinder storage cage.
- Linen skips were stained, dirty, rusted and need to be replaced.
- Appropriate handling arrangements for soiled linen were not in place, (soiled linen items were not placed into a water soluble bag).

### Waste and Sharps

#### Area for Improvement

- Waste bins throughout the station were rusted, visibly dirty and in need of replacement.

- A clinical waste bin in one ambulance vehicle was overflowing, and the waste receiver 'cat flap' surround was visibly stained.
- The temporary closure mechanisms on the sharps boxes were not in place and the boxes contained inappropriate waste. A sharps container was not assembled correctly before use (Picture 1).



Picture 1: Sharps container not assembled correctly before use

- We observed that the large clinical waste bins and oxygen cylinder cages at the ambulance parking area were not locked to prevent unauthorised access.

## Equipment

### Areas for Improvement

- We observed dust and debris on the floors, in storage containers and on horizontal surfaces of the two ambulance vehicles inspected. Patient equipment including spinal boards, patient stretcher, suction machines and the defibrillator were visibly dirty.
- The poor standard of cleanliness within the ambulance vehicles indicated that appropriate cleaning is not routinely undertaken following each patient journey. There were many gaps in the vehicle cleaning reports/assurance schedules, indicating that ambulances are not comprehensively cleaned on a weekly basis.

## Hygiene Factors/Cleaning Practices

### Areas for Improvement

- Cleaning disinfectants were not stored in line with control of substances hazardous to health (COSHH) guidance. A tub of alcohol wipes in an ambulance vehicle was open, cloths were protruding and dry.
- Cleaning equipment located within the domestic and ambulance sluice area was dirty. Using this cleaning equipment on other areas of the station presents a significant risk of cross contamination (Picture 2).



Picture 2: Dirty ambulance cleaning equipment

- In staff changing areas, sinks were stained and hand hygiene consumables dispensers were visibly dirty.
- Single use personal protective equipment aprons were not available for staff and there was a limited range of single use non sterile gloves available in ambulance vehicles inspected.
- Crew members advised they are responsible for cleaning the outside of ambulance vehicles. When undertaking this task they told us they do not routinely wear personal protective equipment. This practice presents a considerable risk of contamination of staff uniforms through spray from high pressure washers.
- Portable alcohol dispensers were dusty and stained and had insufficient content.

## Hygiene Practices/Staff Questions

### Areas for Improvement

- Staff were unable to provide evidence of participation in routine/continuing mandatory training for IPC.
- During discussion with inspectors, it was apparent that staff were not familiar with the steps for effective hand hygiene and were vague in their knowledge of appropriate methods for cleaning and decontamination of equipment.
- There was no evidence of the monitoring key performance indicators with IPC practices in relation to hand-washing and cannula insertion, compliance with clinical waste policy, decontamination of vehicles and equipment and station cleanliness.
- We observed that not all staff adhered to the trust dress code policy. It was reported to inspectors that at times staff can be denied the opportunity to change their uniform when visibly soiled or contaminated, due to work pressures.

## 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.

<b>General environment</b>	<b>%</b>
General Environment (Training Room)	55
Vehicles (Internal)	71
Dirty utility room/ Garage	7
Domestic store	48
Equipment / Stock store	52
General information	26
<b>Average Score</b>	<b>43</b>

### 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.

<b>Patient linen</b>	
Storage of clean and used linen (Merged)	64

### 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)

<b>Waste and sharps</b>	
Handling, segregation, storage, waste	56
Availability, use, storage of sharps	59

### Standard: Patient Equipment

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

<b>Patient equipment</b>	<b>68</b>
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### 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.

<b>Hygiene factors</b>	
Availability and cleanliness of wash hand basin and consumables	30
Availability of alcohol rub	42
Availability of PPE	50
Materials and equipment for cleaning	35
<b>Average Score</b>	<b>39</b>

### 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.

<b>Hygiene practices</b>	
Effective hand hygiene procedures	86
Safe handling and disposal of sharps	100
Effective use of PPE	86
Management of ANTT	33
Effective cleaning of station, vehicles and equipment	39
Staff uniform and work wear	85
Training and Audit	50
<b>Average Score</b>	<b>68</b>

## 5.0 Key Personnel and Information

### Members of the RQIA inspection team

Mr T Hughes      Inspector, Healthcare Team  
Ms S O'Connor    Senior Inspector, Healthcare Team

### Trust representatives attending the feedback session on 17 July 2017

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

Ms F McGarey      Station Officer





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