



Unannounced Infection Prevention/ Hygiene Inspection Report

5 July 2017

Broadway Ambulance Station
Northern Ireland Ambulance Service

www.rqia.org.uk

Contents

1.0	Profile of Service	3
2.0	Inspection Summary	5
3.0	Inspection Findings	7
4.0	Adherence to Standards	14
5.0	Key Personnel and Information	16

1.0 Profile of Service

An unannounced inspection was undertaken to Broadway Ambulance Station on 5 July 2017. This ambulance station is situated on the site of the Royal Victoria Hospitals, adjacent to the Royal Belfast Hospital for Sick Children, the Belfast Trust Decontamination Unit and the Belfast Trust power plant works.

This station is classified as a large regional ambulance station with divisional support facilities. The station covers a population of approximately 118,550 and houses two accident and emergency ambulances, two rapid response vehicles, two specialist transport and retrieval ambulances, five patient care ambulances and three fleet/stores support vehicles. The station has 62 members of Northern Ireland Ambulance Services (NIAS) staff working from its base, plus 11 support staff (maximum of 26 staff on any one day).

This is the first inspection of Broadway 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 by 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, vehicles, and aspects of infection prevention and control.

Our audit tool is comprised of the following standard/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

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	
General environment	27
Patient linen	20
Waste	44
Sharps	88
Equipment	83
Hygiene factors	56
Hygiene practices	73
Average Score	58

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

This unannounced inspection of Broadway Ambulance Station has resulted in 16 areas for improvement.

Immediate improvement /action is required regarding compliance with each standard assessed during this inspection. Broadway Station is currently in a poor state of repair and many of its internal fixtures and fittings need to be urgently replaced. The standard of cleaning is poor throughout the station. Ambulances and patient equipment are not routinely cleaned. Staff knowledge and practice in relation to infection prevention and control practices needs to be addressed immediately.

Due to the poor compliance with standards identified during the inspection, escalation procedures were required (our findings were initially discussed with the Chief Executive of NIAS on the day of inspection). Subsequently, on 6 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 that support and 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, to ensure effective implementation of best practice.

This inspection team comprised of two inspectors from RQIA's HSC Healthcare Team. Details of our inspection team and NIAS representatives who participated in a local feedback session delivered in Broadway Ambulance Station on 5 July 2017 can be found in Section 5.0.

RQIA would like to thank NIAS and in particular staff at the Broadway 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).

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 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

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 recorded by ambulance control on the Daily Occurrences indicating whether the vehicle has been cleaned or not. 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 update training. Staff advised 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 main floor area of the station is made up of an ambulance parking area, garage and vehicle wash bay. In addition, the station also has a crew room and kitchen area, shower facilities, station offices, training room, domestic store and sluice area. The station also contains the regional equipment store which distributes equipment to other NIAS stations throughout Northern Ireland.

Areas for Improvement

- Urgent improvement is required in the general environment of Broadway Station. Overall the building is old and in a very poor state of repair. The standard of cleanliness throughout the station is poor.
- Many of the station's internal fixtures and fittings are old, worn and in poor condition. The domestic and ambulance sluice areas are not fit for purpose and are in urgent need of refurbishment. We observed extensive staining and damage to walls, floors, cupboards and sanitary wear in these areas.
- The station has a leaking roof. We observed significant water damage throughout the station to ceilings and walls. Staff reported that they have to routinely cover electrical equipment to prevent water damage and that equipment in the store has been disposed of, due to water damage (Picture 1).



Picture 1: Pads on office floor to absorb water from leaking roof

- There was evidence of smoking within the station garage area. Cigarette butts littered the ground adjacent to decommissioned vehicle fuel pumps and an oil container. The floor in this area was heavily stained with grease and oil. This is a significant risk in relation to fire safety.
- 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

- Clean linen was stored in the main garage area beside soiled linen skips. The clean linen was stored in a mobile pod that does not sufficiently protect it from garage contaminants such as dust, debris and exhaust fumes.
- Appropriate handling arrangements for soiled linen were not in place (Soiled linen bags were overfilled and 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.
- The clinical waste bin in one ambulance vehicle was over flowing, and the waste receiver 'cat flap' surround was visibly blood stained.
- The temporary closure mechanisms on the sharps boxes were not in place and the boxes contained inappropriate waste.

Equipment

Areas for Improvement

- We observed dust and debris on the floors and chairs, in storage containers and on horizontal surfaces of the two ambulance vehicles. 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 vehicle cleaning reports/assurance schedules, indicating that ambulances are not comprehensively cleaned on a weekly basis.
- Within the regional equipment distribution store (located in the main garage area), packaged clinical equipment was covered in a layer of dirt which included vehicle pollutants.
- A large number of emergency medicine bags were stored in an unsecure area within the main station.

Hygiene Factors/Cleaning Practices

Areas for Improvement

- Cleaning disinfectants were not stored in line with control of substances hazardous to health (COSHH) Guidance. Tubs of detergent and alcohol wipes in the ambulance vehicles were open, and cloths were protruding and dry.
- Cleaning equipment located within the domestic and ambulance sluice areas (in the main garage) was dirty and in poor repair (Picture 2). Cleaning items included brushes and shafts, mops wringers and buckets, which contained dirty stagnant water. Using this cleaning equipment on other areas of the station presents a significant risk of cross contamination.



Picture 2: Dirty ambulance cleaning equipment

- There was no available domestic cleaning schedule for the station. In staff sanitary areas, sinks were in poor repair and towel and soap dispensers were visibly dirty.
- Boxes of gloves were stored on the top of the cistern in the dirty utility area; gloves had been removed from their boxes and were stored loose and exposed to contaminants. Single use personal protective equipment aprons were not available for domestic staff.
- 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.

Hygiene Practices/Staff Questions

Areas for Improvement

- 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.
- Staff were unable to provide evidence of participation in routine/continuing mandatory training for infection prevention and control.
- Staff reported they can experience delays in obtaining timely advice for IPC related issues when requested.

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	
General Environment (Training Room)	25
Vehicles (Internal)	59
Dirty utility room/ Garage	4
Domestic store	23
Equipment / Stock store	30
General information	18
Average Score	27

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	
Storage of clean and used linen (Merged)	20

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	
Handling, segregation, storage, waste	44
Availability, use, storage of sharps	88

Standard: Patient Equipment

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

Patient equipment	83
--------------------------	-----------

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	
Availability and cleanliness of wash hand basin and consumables	31
Availability of alcohol rub	90
Availability of PPE	80
Materials and equipment for cleaning	22
Average Score	56

Standard: Hygiene Practices

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	
Effective hand hygiene procedures	67
Safe handling and disposal of sharps	100
Effective use of PPE	93
Management of ANTT	33
Effective cleaning of station, vehicles and equipment	71
Staff uniform and work wear	100
Training and Audit	50
Average Score	73

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms M Keating	Inspector, Healthcare Team
Mr T Hughes	Inspector, Healthcare Team

Trust representatives attending the feedback session on 5 July 2017

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

P Lockhart	Station Officer
R McConnell	Station Officer
K Keating	Risk Manager



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)