



Unannounced Follow Up Inspection

Craigavon Ambulance Station
Northern Ireland Ambulance Service

28 November 2018

www.rqia.org.uk

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1.0 Profile of Service

On 28 November 2018, an unannounced inspection was undertaken to Craigavon Ambulance Station which is situated on the site of Craigavon Area Hospital.

This station is classified as a large regional ambulance station with divisional support facilities. The station has 50 Northern Ireland Ambulance Services (NIAS) staff working from its base. Three emergency ambulances are housed at the station.

This is the second inspection of Craigavon 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 developed in collaboration with NIAS staff. The tool was used in the initial inspection of Craigavon Ambulance Station undertaken 8 February 2018.

Background

The Craigavon Ambulance Station was previously inspected on 8 February 2018. During this inspection, we identified significant concerns in relation to the station environment, vehicle and equipment cleaning, and staff knowledge and practices regarding infection prevention and control (IPC). We also identified significant concerns regarding internal monitoring and assurance mechanisms relating to hygiene, cleanliness and IPC within the Station.

These concerns were escalated to the NIAS Chief Executive and senior staff with an Intention to Serve Improvement Notice meeting held on 14 February 2018. As a result, two Improvement Notices were issued to Craigavon Ambulance Station on 19 February 2018 in respect of failure/s to comply with the following standards:

Quality Standards for Health and Social Care: Supporting Good Governance and Best practice in the HPSS (March 2006)

- Standard 4.3: (b, i & m) Corporate Leadership and Accountability of Organisations
- Standard 5.3.1: (f) Safe and Effective Care - Ensuring Safe Practice and the Appropriate Management of Risk.

We carried out a further follow up monitoring visit to Craigavon Ambulance Station on 27 March 2018. Following this visit we considered that sufficient improvement had been made in relation to Standard 5.3.1: (f) Safe and Effective Care - Ensuring Safe Practice and the Appropriate Management of Risk. We therefore removed the Improvement Notice relating to this standard for Craigavon Station on 29 March 2018.

We identified that work has progressed in relation to Standard 4.3: (b, i & m) Corporate Leadership and Accountability of Organisations. However, this area requires further improvement and so we maintained and extended the timeframe for compliance with the Improvement Notice relating to this standard.

Previous inspection reports and improvement notices are available on the RQIA website at www.rqia.org.uk.

Service Details

Responsible Person: Mr. Michael Bloomfield	Position: Chief Executive Northern Ireland Ambulance Service
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What We Look for

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

Our inspection tool includes 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

This inspection team consisted of two inspectors from RQIA's Health and Social Care (HSC) Healthcare Team. Details of our inspection team and NIAS representatives who participated in a local feedback session delivered in Craigavon Ambulance Station on 28 November 2018 can be found in Section 4.0.

The table below summarises the overall compliance levels achieved in relation to each section of the inspection tool. 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	8 February 2018	28 November 2018
General environment	62	89
Patient linen	43	96
Waste	83	100
Sharps	68	100
Equipment	57	100
Hygiene factors	70	89
Hygiene practices	79	93
Average Score	66	95

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	8 February 2018	28 November 2018
General Environment (Training Room)	35	94
Vehicles 1 (Internal)	71	97
Vehicles 2 (Internal)	89	97
Dirty utility room/ Garage	N/A	N/A
Domestic store	59	61
Equipment / Stock store	48	85
General information	71	100
Average Score	62	89

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	8 February 2018	28 November 2018
Storage of clean and used linen (Merged)	43	96

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	8 February 2018	28 November 2018
Handling, segregation, storage, waste	83	100
Availability, use, storage of sharps	68	100

Standard: Patient Equipment

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

Patient equipment	8 February 2018	28 November 2018
Vehicle 1 & 2	57	100

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	8 February 2018	28 November 2018
Availability and cleanliness of wash hand basin and consumables	46	96
Availability of alcohol rub	100	100
Availability of PPE	80	100
Materials and equipment for cleaning	53	60
Average Score	70	89

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	8 February 2018	28 November 2018
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	90	100
Effective use of PPE	83	100
Management of ANTT	66	83*
Effective cleaning of station, vehicles and equipment	68	97
Staff uniform and work wear	94	100
Training and Audit	50	75
Average Score	79	93

*Clinical practice not observed. Result obtained through staff questioning.

The findings in the tables above demonstrate that there has been significant improvement in relation to IPC, equipment and environmental cleanliness within Craigavon Station. All disciplines of staff are to be commended for their hard work and effort. These improvements have shown that staff understand that IPC and cleanliness practices are important elements in providing safe patient care.

The employment of a vehicle cleaning team has had a positive impact on the standard of vehicle cleaning. We observed effective cleaning within ambulance vehicles including all internal surfaces and equipment, with excellent attention to detail.

IPC information posters were clearly displayed throughout the station. We observed good practices in relation to the management of linen, waste and sharps.

Cleaning disinfectant chemicals were stored securely. Hand washing facilities and a range of hand hygiene consumables were available which has led to more effective hand hygiene practices.

We observed that some mop buckets in the external ambulance sluice area were dirty which was also a finding reported during the initial inspection of the station.

All staff questioned had received IPC refresher training within the last year and on discussion their knowledge of standard IPC precautions was excellent. The link between training and observation of practice to assure competence had been strengthened.

This unannounced inspection of Craigavon Ambulance Station has resulted in three actions for improvement.

This report should be read in conjunction with the report of the initial inspection carried out on 8 February 2018 which is available at www.rqia.org.uk

RQIA would like to thank NIAS and in particular staff at the Craigavon 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 may be part of discussion with and subsequent performance management by the Health and Social Care Board (HSCB) and/or the Department of Health (DoH).

3.0 Inspection Findings

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The general garage area of the station remains old, however, staff have worked hard to improve cleanliness and reduce clutter. Reconfiguring this area has allowed cleaning staff to access and effectively clean the environment (Picture 1).



Picture 1: General garage area

- The employment of a vehicle cleaning team has had a positive effect on the standard of vehicle cleanliness. In contrast to our inspection in February 2018 where we identified that the internal surfaces of ambulance vehicles were dusty (Picture 2), we now observed detailed effective cleaning of all ambulance internal surfaces (Picture 3). Itemised vehicle cleaning check lists/certificates are signed off on the completion of each vehicle deep clean. Station supervisors carry out routine inspections of vehicles to assure the standard of vehicle cleaning.



Picture 2: Dirty surfaces inside ambulance vehicle (February 2018)



Picture 3: Ambulance interior (November 2018)

- Information in the form of posters, leaflets and pictorial aides to guide staff in the implementation of standard IPC practices was now clearly displayed throughout the station (Picture 4).



Picture 4: Information posters

Areas for Improvement

- Due to limited storage capacity we observed a number of boxes of consumables including paper hand towels stored in the garage placing them at risk of contamination from dust and vehicle pollutants. Improving storage systems (shelving, cupboards) within the store will help maximise space.
- The shared domestic and ambulance sluice room was cluttered and there was some overstocking of items such as hand cream, dust pans and brushes. There was evidence of lime-scale on the hand wash sink, taps and sluice hopper.

The room would benefit from some improvement work as horizontal surfaces, furniture, fixtures and fittings were worn. We were told of plans to improve the fabric of the building; any future refurbishment plans should include the Domestic Sluice room.

Action for Improvement

- 1. The Domestic Sluice room should be decluttered and cleaned to promote safe and effective hygiene cleanliness practices. Robust mechanisms to assure adherence to environmental cleaning standards should be in place. Any future refurbishment plans should include the Domestic Sluice room.**

Patient Linen

Areas of Good Practice

- Clean linen was observed in protective wrapping stored appropriately within a cupboard in the station. The cupboard was clean and free from dust and debris. Laundry bins identified at the initial inspection as rusted and dirty have been replaced throughout the station.

Waste and Sharps

Areas of Good Practice

- Waste bins within ambulances were clean and well maintained. Waste bins within the station were clean and we observed appropriate segregation of waste.
- Sharps containers in ambulances were clean, assembled correctly, the temporary closure mechanisms were in place and the containers were appropriately secured.

Equipment

Areas of Good Practice

- Reusable patient equipment within vehicles was observed to be clean, well maintained and itemised on a cleaning schedule. Cleaning schedules were fully completed, providing assurance of routine cleaning.

- Staff demonstrated good knowledge of the management of patient equipment designated as single use. We observed that single use equipment was stored appropriately and there was evidence of stock rotation to assure that packs are used before expiration date.
- We observed appropriate storage of clean equipment and the use of trigger tape indicating the item had been cleaned (Picture 5).



Picture 5: Clean equipment and the use of trigger tape

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- We observed that cleaning disinfectant chemicals were now being stored in a locked cabinet which is in line with Control of Substances Hazardous to Health guidance.
- We observed that hand washing facilities and a range of consumables e.g. hand soap and paper towels were available to enable hand hygiene practices to be carried out effectively.

Areas for Improvement

- Since the initial inspection, new domestic cleaning equipment has been procured which included brushes and shafts, mops, wringers and buckets. However, we observed that some mop buckets in the domestic sluice room and garage storage area were dirty which was also a finding reported during the initial inspection in February 2018. Using this cleaning equipment presents a risk of cross contamination.

Action for Improvement

- 2. All equipment should be cleaned in line with the Trust's IPC policy. Robust mechanisms to assure appropriate cleaning of all equipment should be in place.**

Hygiene Practices/Staff Questions

Area of Good Practice

- All staff who engaged with inspectors had received IPC refresher training. Their knowledge of standard IPC precautions which included hand hygiene, use of personal protective equipment (PPE) and the management of sharps and waste was excellent.

Area for Improvement

- We found no evidence of the formal assessment of staff adherence to aseptic non-touch technique (ANTT) practice when performing invasive procedures.

Action for Improvement

- 3. All ambulance staff involved in performing invasive procedures or managing breaches in patients' skin integrity should have ongoing formal assessments of adherence to ANTT.**

4.0 Key Personnel and Information

Members of the RQIA inspection team

Ms J Gilmour Inspector, Healthcare Team

Ms L O'Donnell Inspector, Healthcare Team

Trust representatives attending the feedback session on 28 November 2018

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

M Cochrane Area Manager

M McConville Station Officer



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)