



## Infection Prevention/Hygiene Unannounced Inspection

Southern Health and Social Care Trust  
Lurgan Hospital

4 August 2016

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

### 3.0 Inspection Summary

An unannounced inspection was undertaken to the Lurgan Hospital on 4 August 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 Lurgan Hospital was previously inspected on 24 May 2011. This was an unannounced inspection; two wards were inspected by the RQIA team. Both wards achieved an overall compliance score.

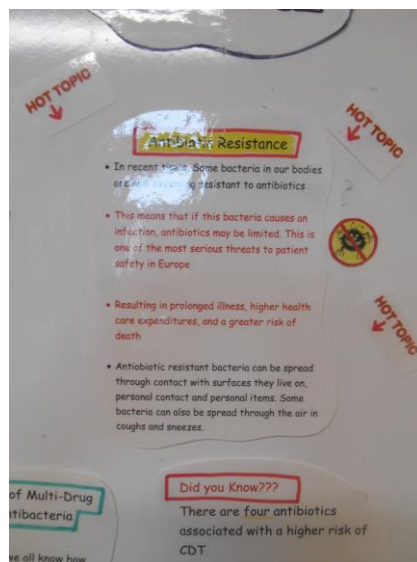
The Hospital was assessed against the Regional Healthcare Hygiene and Cleanliness Standards and the following areas were inspected:

- Ward 1 Stroke

Overall the inspection team found evidence that Lurgan Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards and was compliant in all of the standards.

#### Inspectors observed the following good practice:

- IPC notice boards were relevant and informative. (Picture 1)



Picture 1: IPC information

- A wide range of up to date audit information on hand hygiene, environmental cleanliness and adherence to uniform policy was displayed.
- Staff had an excellent knowledge in best IPC practices.
- There was a MUST (Malnutrition Universal Screening Tool) information board and a red tray system in place for patients who require assistance at meal times.

- The butterfly system is in place. It is used to identify patients with dementia and memory impairment that require extra support from healthcare staff. The ward environment has also been specially adapted for patients with dementia which includes; colour contrasting doors, large clocks and good clear signage. (Picture 2 and Picture 3)



Picture 2: Large clock



Picture 3: Clear signage

The inspection of the Lurgan Hospital, Southern Health and Social Care Trust, resulted in no recommendations.

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 Southern Health and Social Care Trust and in particular all staff at the Lurgan 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

<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>

<b>General Environment Standard : Wards or departments</b>	<b>Ward 1</b>
General environment	98
Patient linen	100
Waste	100
Sharps	94
Equipment	96
Hygiene factors	97
Hygiene practices	99
<b>Average Score</b>	<b>98</b>

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 was clean, tidy and in good decorative order, the entrance area at the main entrance required some attention to remove litter.

### **Ward 1**

The ward achieved excellent compliance in all standards and is a good model for staff practice in relation to the Regional Healthcare Hygiene and Cleanliness standards.

The inspection team found the ward to be clean, tidy and in good decorative order. A programme of painting was in progress during the inspection.

Sanitary areas were modern, and adaptations had been made for those patients with impaired mobility. The ward including stores, were tidy and well organised. New drugs cupboards had just been installed with a soft close drawer feature.

Patient equipment in use and stored was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Cleaning schedules were in place and robustly completed by staff. Staff were aware of their roles and responsibilities in relation to cleaning the environment.

Staff demonstrated good practice in relation to the management of clean and used linen, the safe handling of sharps and the disposal of waste. Sharps boxes were signed, dated and temporary closure mechanisms were in place, however there was some inappropriate disposable of waste in sharps boxes.

We observed good practice in relation to the use of personal protective equipment and hand hygiene.

### **Housekeeping issues:**

- Staff should ensure waste is disposed of in line with trust policy.



## 6.0 Key Personnel and Information

### Members of the RQIA inspection team

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

### Trust representatives attending the feedback session

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

- A McVeigh - Director Older People/Primary Care and EDON
- C Sheeran - Head of Service, Non Acute Hospital, Intermediate Care
- P Nugent - Nurse Manager, Non Acute Hospital, SHSCT
- K Turner - Ward Manager, Ward 1
- C Clarke - Lead Infection Control Nurse, SHSCT
- M Crossey - Ward Manager, Ward 2
- S Morrow - Ward Manager, Ward 2
- D Morton - Location Support Services Manager
- P McConaghy - Assistant Support Services Manager

## 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.

<b>General Environment Standards:</b>	
Public Areas	
Reception	98
Public toilets	N/A
Corridors, stairs lift	96

<b>General environment Standards wards or departments</b>	
Ward/department - general (communal)	97
Patient bed area	96
Bathroom/washroom	98
Toilet	100
Clinical room/treatment room	98
Clean utility room	100
Dirty utility room	100
Domestic store	96
Kitchen	100
Equipment store	100
Isolation	98
General information	96
<b>Average Score</b>	<b>98</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. 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).

<b>Patient linen</b>	<b>Ward 1</b>
Storage of clean linen	100
Storage of used linen	100
Laundry facilities	N/A
<b>Average Score</b>	<b>100</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).

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.

<b>Waste and sharps</b>	
Handling, segregation, storage, waste	100
Availability, use, storage of sharps	94

## 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.

<b>Patient equipment</b>	
Patient equipment	96

## 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	
Availability and cleanliness of wash hand basin and consumables	97
Availability of alcohol rub	93
Availability of PPE	100
Materials and equipment for cleaning	98
<b>Average Score</b>	<b>97</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.

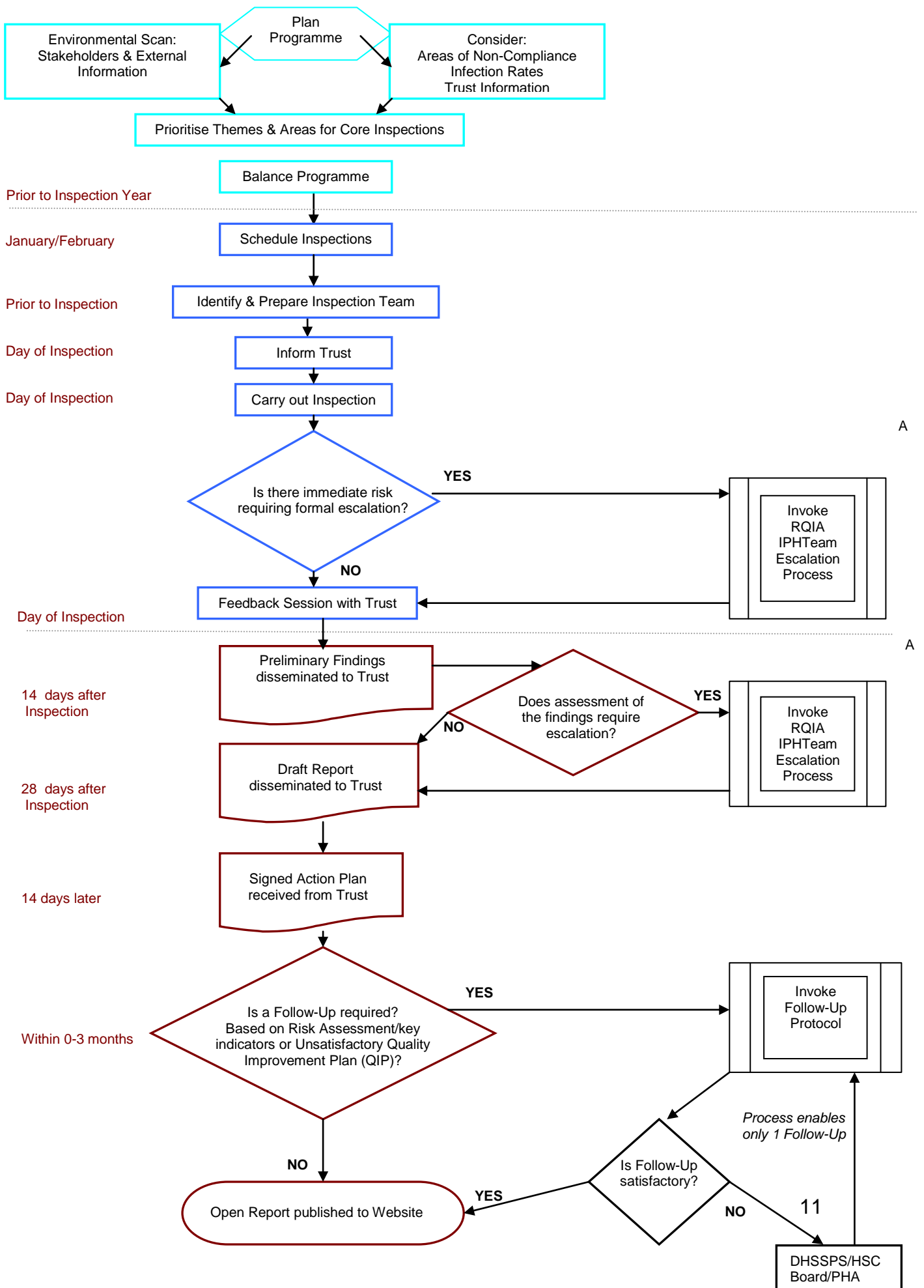
Hygiene practices	
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	94
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
<b>Average Score</b>	<b>99</b>

## 8.0 Unannounced Inspection Flowchart

Plan Programme

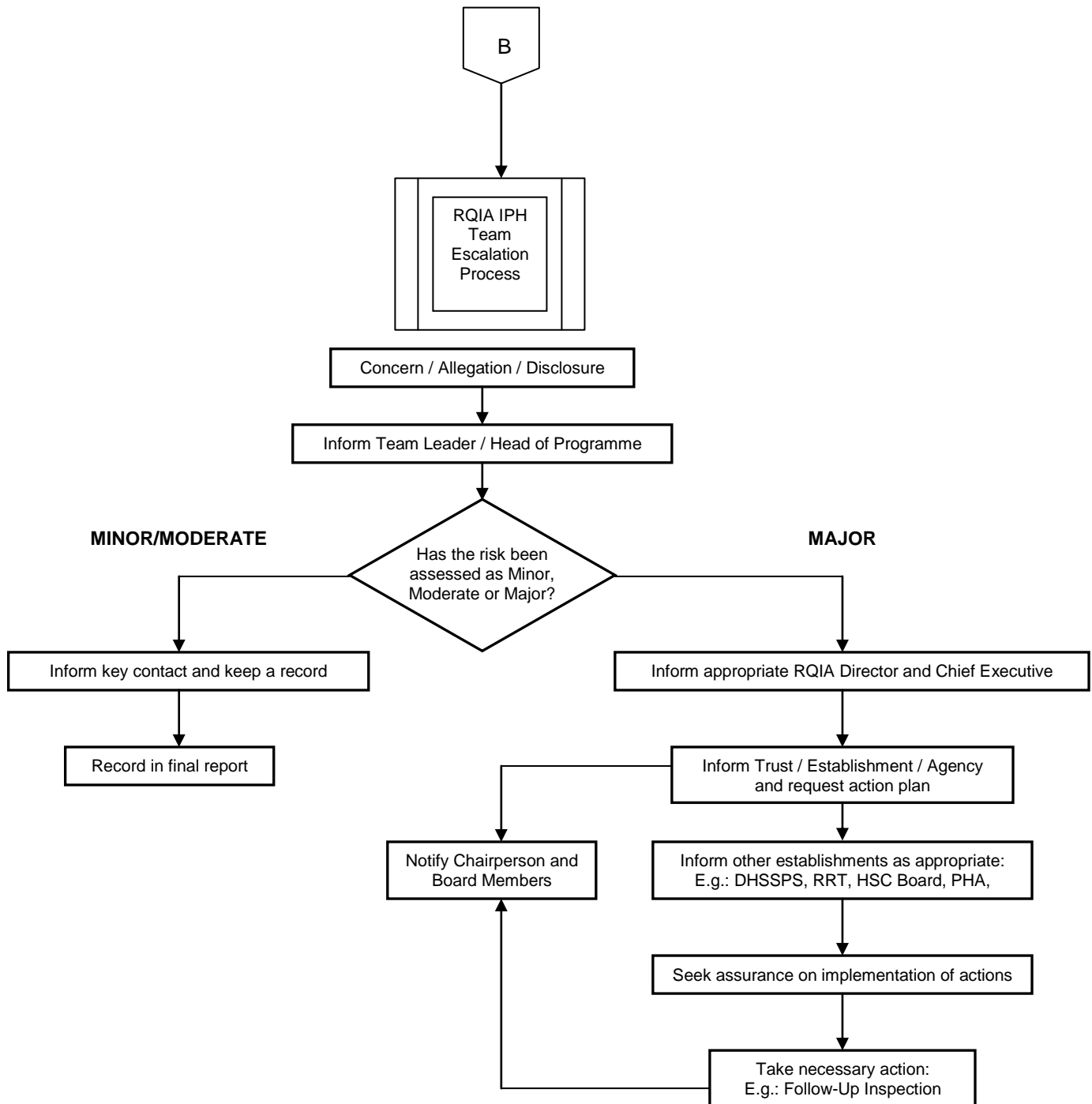
Episode of Inspection

Reporting & Re-Audit



## 9.0 Escalation Process

### RQIA Hygiene Team: Escalation Process



## 10.0 Provider Compliance Plan

Reference number	Recommendation: Ward 1	Designated department	Action/ Required	Date for completion/ timescale
	No recommendations required			



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)