



Infection Prevention/Hygiene Unannounced Inspection

Northern Health and Social Care Trust
Dalriada Hospital

17 August 2016

www.rqia.org.uk

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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 Dalriada Hospital on 17 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 Dalriada Hospital was previously inspected on 7 July 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:

- General Ward

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

The report highlights areas of strengths as well as areas for further improvement, including recommendations and housekeeping points.

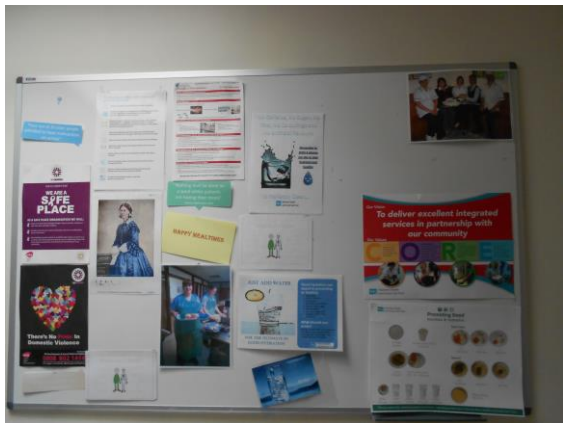
Inspectors observed the following good practice:

- Staff have maintained the high standards achieved in 2011.
- In May 2016, the hospital and staff won a national award for innovation and best practice in community hospitals for promoting nutrition in a community hospital (Picture 1).

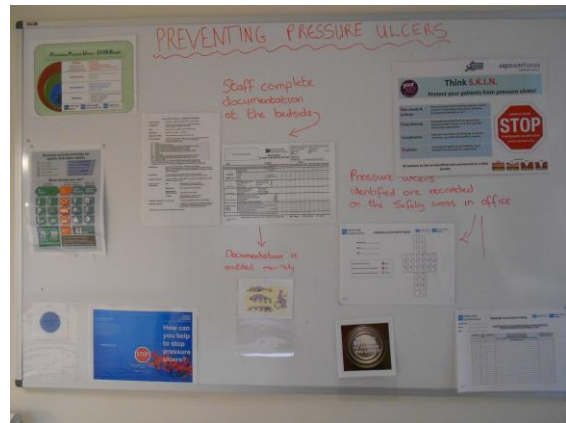


Picture 1: National Award for promoting nutrition in a community hospital

- We observed good information boards with relevant topics and up to date audit information (Picture 2 & 3).
- Staff had an excellent knowledge in best IPC practices.
- The senior management team were scheduled to conduct a walk about on the afternoon of the inspection.
- The infection, prevention and control team have carried out training and audit on the completion of MRSA care bundles.
- We observed that staff changed out of their uniforms when leaving the hospital during their lunch break.



Picture 2: Nutrition and fluid notice board



Picture 3: Preventing pressure ulcers

No recommendations were required for the inspection of the Dalriada Hospital, Northern Health and Social Care Trust.

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 Northern Health and Social Care Trust and in particular all staff at the Dalriada 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
General environment	96
Patient linen	100
Waste	95
Sharps	100
Equipment	97
Hygiene factors	98
Hygiene practices	98
Average Score	98

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 entrance and reception area was clean free from debris, tidy and in good decorative order.

General ward

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 spacious. The ward was in good decorative order, there were some areas where the paint work was worn or damaged and in need of repair.

Sanitary areas had been adapted for those patients with impaired mobility. The ward and stores were tidy and well organised. A disused bay had been converted into an enclosed spacious equipment store. In use and stored patient equipment was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. Cleaning schedules were in place, area specific 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. There was some inappropriate disposal of waste in the pharmaceutical waste bin.

Overall we observed good infection control practice in relation to the use of personal protective equipment and hand hygiene. Some staff did not decontaminate their hands before donning and on removal of gloves. We observed some staff worn gloves unnecessarily.

Housekeeping issues:

- Greater attention to detail is required in the cleaning of low surfaces.
- A programme of painting and repair should be place.
- Staff should ensure waste is disposed of in line with trust policy.
- Staff should ensure PPE is worn appropriately.

6.0 Key Personnel and Information

Members of the RQIA inspection team

- Mrs M Keating - Inspector, Healthcare Team
- Mrs L Gawley - Inspector, Healthcare Team

Trust representatives attending the feedback session

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

- U Cunning - Director of Community Care
- M Birmingham - Assistant Director Corporate Support Services
- J. Elliott - Head of intermidate, Rehab and Pallative Care Services
- E Witherspoon - General Manager Community Catering and Domestic Services
- B O'Neill - Ward Sister
- G. Clarke - Infection Prevention and Control
- K Jenkins - Governance Manager
- J McCloy - Community Catering and Domestic Services Supervisor
- J Archer - Estates Officer

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	
Reception	100
Public toilets	97
Corridors, stairs lift	98

General environment Standards wards or departments	General ward
Ward/department - general (communal)	95
Patient bed area	98
Bathroom/washroom	96
Toilet	96
Clinical room/treatment room	91
Clean utility room	100
Dirty utility room	100
Domestic store	84
Kitchen	98
Equipment store	97
Isolation	91
General information	100
Average Score	96

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	General ward
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	General ward
Handling, segregation, storage, waste	95
Availability, use, storage of sharps	100

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	General ward
Patient equipment	97

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	General ward
Availability and cleanliness of wash hand basin and consumables	96
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	96
Average Score	98

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.

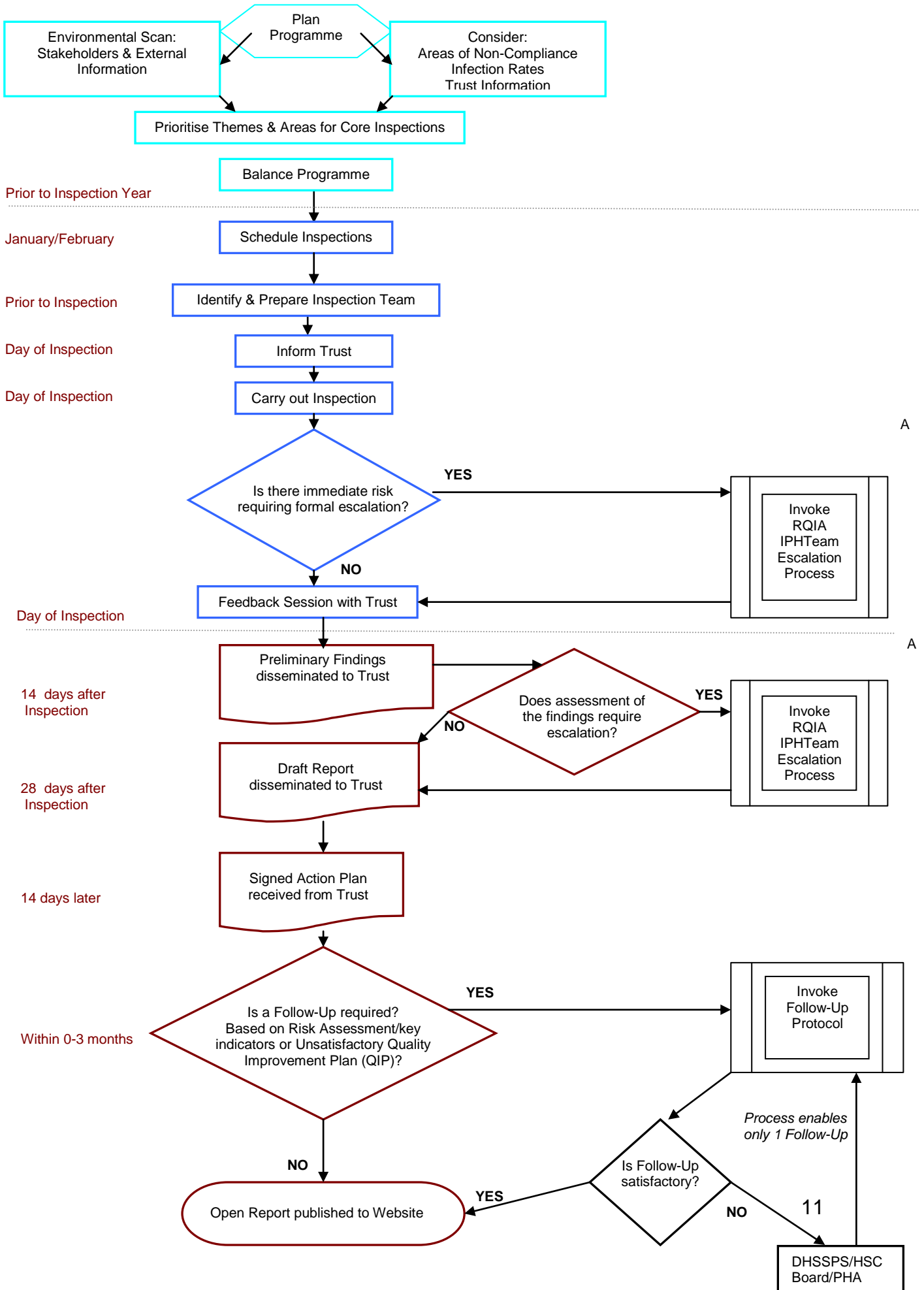
Hygiene practices	General ward
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	87
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
Average Score	98

8.0 Unannounced Inspection Flowchart

Plan Programme

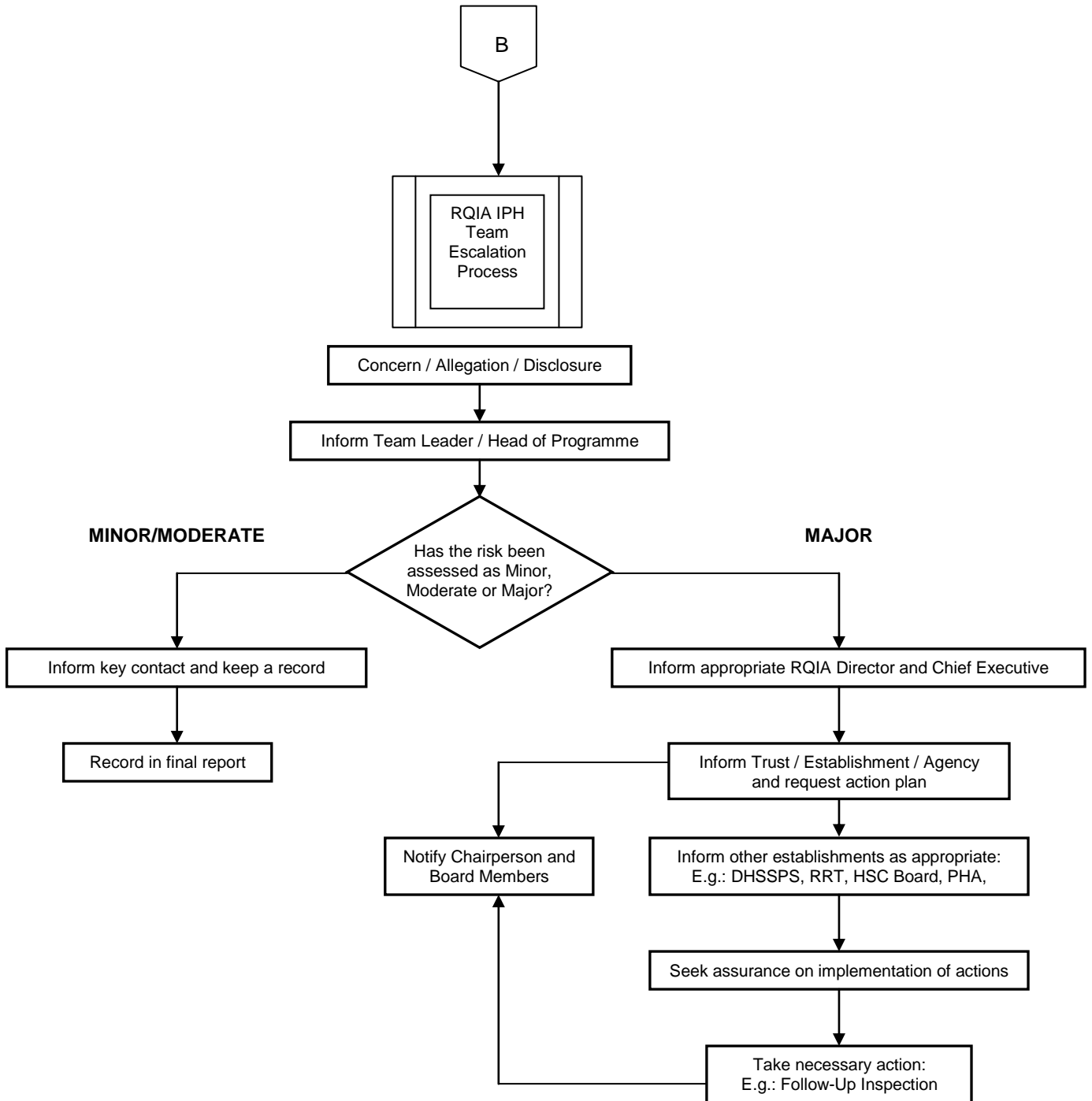
Episode of Inspection

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			



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