



Unannounced Infection Prevention/Hygiene Inspection

Omagh Hospital and Primary Care Complex
14 May 2019

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Profile of Service

An unannounced inspection was undertaken to Omagh Hospital and Primary Care Complex on 14 May 2019.

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

- Rehabilitation Ward
- Palliative Care Ward

This is the first RQIA infection prevention and hygiene inspection to Omagh Hospital and Primary Care Complex. Previous infection prevention and hygiene inspection reports from Western Health and Social Care Trust are available on the RQIA website www.rqia.org.uk.

Service Details

Responsible Person:
Dr Ann Killgallen

Position: **Chief Executive Officer
Western Health and Social Care
Trust**

What We Look for

Our inspection standards are intended to assess healthcare hygiene, general cleanliness and state of repair and aspects of infection prevention and control for all hospitals and other healthcare facilities in Northern Ireland.

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

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	Rehabilitation Ward	Palliative Care Ward
General environment	96	94
Patient linen	100	96
Waste	100	94
Sharps	100	97
Equipment	98	98
Hygiene factors/Cleaning Practices	98	97
Hygiene practices/Staff Questions	99	97
Average Score	99	96

A more detailed breakdown of each table can be found in Section 4.0

This inspection team comprised of four inspectors from RQIA. Details of our inspection team and Western Health and Social Care Trust representatives who participated in a local feedback session delivered in Omagh Hospital and Primary Care Complex on 14 May 2019 can be found in Section 5.0.

No actions for improvement have been made to Omagh Hospital and Primary Care Complex.

We observed that both the Rehabilitation and Palliative Care Wards had a high standard of environmental cleanliness and were in excellent decorative order. Patient equipment was clean and in a good state of repair. Staff demonstrated good practice in the management of linen, sharps and the disposal of waste.

We observed good practice in the use of personal protective equipment and hand hygiene. Hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery.

Escalation procedures were not required for this inspection. The escalation policies and procedures are available on the RQIA website.

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).

RQIA would like to thank the Western Health and Social Care Trust and in particular, staff at the Rehabilitation Ward and the Palliative Care Ward for their assistance during this inspection.

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

Public Areas (Entrance, Reception, Public Toilets, Corridors, Stairs and Lift)

The newly constructed Omagh Hospital and Primary Care Complex opened to the public in June 2017. The Complex is a modern facility (Picture 1) designed to deliver a wide range of services to meet the needs of patients and clients living in the Western Health and Social Care Trust area.



Picture 1: Omagh Hospital and Primary Care Complex

The entrance to the hospital is clean, tidy and uncluttered. Large windows provide a good source of natural light to the internal facilities. These facilities include a coffee shop, a reception area and a waiting area with comfortable seating. The reception area was visibly clean and free from clutter. Public toilets were clean and well maintained. Decorative wall art is displayed on the walls leading to the two in-patient wards. The wards (Rehabilitation and Palliative Care) consist of all single in-patient ensuite rooms which promote patient privacy and dignity whilst complying with infection prevention and control (IPC) standards.

Rehabilitation Ward

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- The ward consists of all single in-patient rooms with ensuite facilities (Picture 2). Walls and surfaces within the Rehabilitation Ward were maintained to an excellent standard. The modern décor is thoughtfully presented with a number of the in-patient rooms leading to balconies overlooking the countryside.



Picture 2: single room with ensuite facilities

- Environmental cleaning of all areas was of a high standard, with evidence of good adherence to IPC standards. When questioned, staff displayed good understanding of their roles and responsibilities for maintaining a clean environment.

Areas for Improvement

- The equipment store is shared with the Palliative Care Ward. The store was cluttered and disorganised and would benefit from a programme of de-cluttering and reconfiguration. Roles and responsibilities of staff to maintain the equipment store to a high standard should be highlighted.
- Whilst protective wall covering was evident on some walls in the equipment store, chipped paintwork and damaged walls were apparent on exposed surfaces. These areas would benefit from the implementation of a protective covering.

Patient Linen

Areas of Good Practice

- Clean and used linen was handled safely and stored effectively to prevent contamination and exposure to harmful microorganisms.

Waste and Sharps

Areas of Good Practice

- Arrangements were in place for the safe handling, segregation, storage and the disposal of waste and sharps within the ward. Waste bins were clean and in a good state of repair. Sharps boxes contained only sharps, labels were completed and temporary closures were in place when sharps boxes were not in use.

Equipment

Areas of Good Practice

- Patient equipment was in a good state of repair, clean and managed effectively within the ward to minimise the risk to patients of exposure to harmful microorganisms. We observed good use of trigger tape to identify when shared patient equipment had been cleaned and was ready for further use.

Areas for Improvement

- Some improvement is required in stock rotation to ensure equipment does not exceed its expiry date before use.

Hygiene Factors/Cleaning Practices

Areas of Good Practice

- Clinical hand wash sinks were, clean, accessible and only used for the purpose of hand washing. There was good availability of hand washing consumables including soap and paper towels. Alcohol hand sanitiser was available for use at the point of care.

Hygiene Practices/Staff Questions

Areas of Good Practice

- When questioned, staff displayed an excellent understanding of IPC principles. It was evident that IPC is a high priority within the ward. Staff demonstrated good adherence to IPC practices.
- We observed hand hygiene practices by a number of different practitioners, which were carried out correctly in accordance with trust policy and in conjunction with the World Health Organisation (WHO) 5 Moments for Hand Hygiene.
- Information to guide staff on IPC matters was displayed within the ward (Picture 3) and staff were aware of how to contact the IPC team within the trust for additional guidance.



Picture 3: IPC Checklist

Palliative Care Ward

General Environment

Areas of Good Practice

- The palliative care ward was bright and welcoming for both patients and visitors. The ward is in excellent decorative order, with modern fixtures and fittings throughout.
- This is a new ward with a layout and design that promotes infection prevention and control practices. The central spine of the ward contains a large dirty utility to promote a dirty-clean workflow, and a separate clean utility with adequate storage for equipment.
- An excellent standard of cleanliness was observed in all clinical and non-patient areas (Picture 4). The ward was well organised and clutter free which ensures that effective cleaning practices can be undertaken. Staff when questioned were aware of the importance of their role and responsibilities in maintaining a clean environment.



Picture 4: Clean and Well Organised
Clean Utility Room

Patient Linen

Areas of Good Practice

- We observed that patient linen was visibly clean, free of damage and stored in a clean and tidy environment. Staff managed linen safely to prevent the spread of microorganisms to those receiving care.

Area for Improvement

- The clean linen trolley contained a number of communal toiletry items.

Waste and Sharps

Areas of Good Practice

- We observed the safe segregation, handling, transport and disposal of waste and sharps.

Equipment

Areas of Good Practice

- Patient equipment was clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- A trigger mechanism was in place to identify when equipment had been cleaned. Equipment cleaning schedules were in place and completed by staff.

Area for Improvement

- Within the clean utility room, we identified that a large number of single use items had passed their use by date.

Hygiene Factors

Areas of Good Practice

- We observed that hand washing facilities and a range of consumables were available to enable hygiene practices to be carried out effectively.

- Clinical hand wash sinks were clean, well maintained, located near to the point of care and only used for hand hygiene purposes.
- Adequate supplies of PPE were available and we observed staff using PPE appropriately when delivering care.
- Equipment used for cleaning was clean, well maintained and stored appropriately.

Hygiene Practices

Areas of Good Practice

- We observed that hand hygiene was performed at the correct moments, and at the correct location, within the flow of care delivery. There is ongoing auditing of hand hygiene to provide assurance of practice.
- A guidance poster was clearly displayed within the ward advising staff on the need to be 'Bare below the elbow' in a clinical setting, (Picture 5).



Picture 5: Bare below the Elbows Poster

- We observed good staff adherence to the trust uniform policy throughout the inspection.
- The ward consists entirely of single patient ensuite rooms. This gives staff an advantage when required to implement transmission based precautions for patients identified with an infectious organism.
- Staff were knowledgeable on the principles of IPC. We were informed that the trust IPC team provides good support and advice for ward staff when required.

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 Standards	
Public shared areas	
Reception	100
Public toilets	100
Corridors, stairs lift	100

General environment Standards wards or departments	Rehabilitation Ward	Palliative Care Ward
Ward/department - general (communal)	100	95
Patient bed area	N/A	N/A
Bathroom/washroom	98	96
Toilet	N/A	N/A
Clinical room/treatment room	N/A	N/A
Clean Utility room	98	98
Dirty utility room	100	100
Domestic store	93	98
Kitchen	93	93
Equipment store	91	91
Isolation	98	92
General information	96	86
Average Score	96	94

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	Rehabilitation Ward	Palliative Care Ward
Storage of clean linen	100	91
Storage of used linen	100	100
Laundry facilities	N/A	N/A
Average Score	100	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	Rehabilitation Ward	Palliative Care Ward
Handling, segregation, storage, waste	100	94
Availability, use, storage of sharps	100	97

Standard: Patient Equipment

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

Patient equipment	Rehabilitation Ward	Palliative Care Ward
Patient equipment	98	98

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	Rehabilitation Ward	Palliative Care Ward
Availability and cleanliness of wash hand basin and consumables	100	97
Availability of alcohol rub	100	100
Availability of PPE	93	93
Materials and equipment for cleaning	98	96
Average Score	98	97

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.

Hygiene practices	Rehabilitation Ward	Palliative Care Ward
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	100	100
Effective cleaning of ward	95	79
Staff uniform and work wear	100	100
Average Score	99	97

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms J Gilmour	-	Inspector, Healthcare Team
Mr T Hughes	-	Inspector, Healthcare Team
Mr S Smith	-	Inspector, Independent Healthcare Team
Ms C Treacy	-	Inspector, Mental Health Team

Trust representatives attending the feedback session on 14 May 2019

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

Allison MacLaine		Support Services
Jason Doherty		Support Services
Raymond Jackson		Service Manager for Unscheduled Care
Ann McFarland		Ward Sister, Rehabilitation Ward
Doreen Marshall		Acting Lead Nurse Secondary Care/Palliative
Thelma Graham		Ward Sister Palliative Care Ward OHPCC
Elizabeth England		Assistant Director of Nursing SWAH/OHPCC

Apologies:

None		
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6.0 Improvement Plan

This improvement plan should be completed detailing the actions planned and returned to RQIA's Healthcare Team via the web portal for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to further action. The responsible person should ensure that all actions for improvement are progressed within the specified timescales.

Please do not identify staff by name on the improvement plan.

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
No actions for improvement have been issued to the Trust following this inspection				



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