The Regulation and Quality Improvement Authority

Inspection Report

19 March 2025

Western Health and Social Care Trust

Type of service: Adult Critical Care Unit, South West Acute Hospital
Address: Irvinestown Road, Enniskillen, BT74 6DN
Telephone number: 028 6638 2000

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	**Responsible person:** Mr Neil Guckian (Chief Executive)
Person in charge at the time of inspection: Eimear Watson (Ward Manager)	**Number of commissioned beds:** 6 **Number of beds occupied on the day of this inspection:** 5
Brief description of the accommodation/how the service operates: The unit provides critical care and support for those patients who are extremely ill requiring intense medical and nursing interventions and close monitoring.	

2.0 Inspection summary

An unannounced inspection of the Critical Care Unit (CCU) at South West Acute Hospital (SWAH) took place on 19 March 2025, by Care Inspectors, and concluded with feedback to the Service Manager, Ward Manager and Deputy Ward Manager.

The inspection focused on five key themes: infection prevention control (IPC) and environmental safety; procedure for obtaining blood cultures; enteral feeding; local governance systems and processes; and the management of patient linen.

Background to the Augmented Care Inspection Programme

The Chief Medical Officer endorsed the use of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings by all health and social care (HSC) Trusts in Northern Ireland in the relevant clinical areas. In 2013 an improvement programme of unannounced inspections to augmented care areas commenced on 28 May 2013 and continued until 2018/19. Within the programme there was an expectation that compliance levels would improve year on year until all HSC Trust areas had achieved a compliance rate of 95%. A compliance level of 95% is now the expected standard.

Following the completion of this improvement programme the future approach to assurance of infection prevention and control practices within CCUs moved from compliance dominant to a collaboration-based model in assuring good practice.

This approach required HSC Trusts to undertake regular self-assessment of the care delivered in their augmented care settings with the agreed overall compliance target scores of 95%.

The Critical Care Network Northern Ireland (CCaNNI) works with HSC Trusts to provide a platform for regional sharing of good practice and learning. RQIA worked collaboratively with CCaNNI and agreed the protocol for the return of twice yearly submissions of HSC Trust self-assessments and updated action plans from CCaNNI to RQIA. Inspection visits to CCUs are undertaken by RQIA to independently validate their self-assessment returns and randomly sample aspects of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings. RQIA reserves the right to visit and independently assess/inspect any CCU at any stage should a particular circumstance require this.

The purpose of this inspection was to validate the findings and actions taken by the Trust following their self-assessment using the three regionally agreed inspection tools for augmented care areas (Regional Infection Prevention and Control Audit Tool for Augmented Care Settings in Northern Ireland, (HSS MD 5/2013), Regional Infection Prevention and Control Clinical Practices Audit Tool for Augmented Care Areas and the DHSSPS Regional Healthcare Hygiene and Cleanliness Audit Tool). Table 1 sets out agreed regional compliance targets and table 2 sets out the Trust's self – assessment compliance levels.

Table 1: Regional Level of Compliance

Compliant	95% or above
Partial Compliance	86-94%
Minimal Compliance	85% or below

Table 2: Self – assessment Level of Compliance March 2024

Inspection Tools	Self- assessment
Regional Critical Care Infection Prevention and Control Audit Tool	**97%**
Regional Infection Prevention and Control Clinical Practices Audit Tool	**96%**
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool	**99%**

Summary

The CCU was calm, spacious and in excellent decorative order with environmental cleanliness maintained to a high standard. There was a regular programme of environmental auditing and equipment cleaning schedules were in place.

Overall, there were robust measures in place to ensure staff had the appropriate training and competency assessment when taking blood cultures. Staff demonstrated good knowledge on when and how blood cultures should be taken.

There was evidence of an auditing process to monitor compliance with aseptic non-touch technique (ANTT) practices in the taking of blood cultures.

Staff demonstrated good knowledge in relation to the appropriate management of enteral feeding systems and the appropriate infection prevention control procedures.

There was a culture of quality improvement illustrated by the following examples - the development of a relatives' locker area to safely store personal belongings during their visits at the CCU; and the development of educational and audit folders for staff use relating to blood cultures and ANTT.

Augmented care self-assessments were completed using the agreed regional tools and action plans developed to address any issues identified by the Trust.

No formal areas for improvement (AFIs) were identified during this inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. To do this, we review the information we hold about the service, examine a variety of relevant records, speak with visitors, staff and management, and observe staff practices throughout the inspection.

The information obtained is then considered before a determination is made on whether the service is operating in accordance with the relevant legislation and quality standards.

This report reflects how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the Trust to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

4.0 What people told us about the service

Inspectors spoke to a range of staff including the Ward Manager, Deputy Ward Manager, Nursing staff, Medical staff, Equipment Technician and Dietician. Staff were invited to complete an electronic questionnaire about their experience of the service. Five completed questionnaires were returned from staff which reflected positively on good working relationships with all members of the multidisciplinary team; and good support from senior management including the Ward Manager and Deputy Ward Manager which contributed to a safe and comfortable working environment and a high standard of care for patients.

No relative questionnaires were received and, due to the patient acuity in the CCU, inspectors were unable to speak to patients during the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to the CCU at SWAH Hospital was undertaken on 3 and 4 December 2014. This formed part of the improvement programme of unannounced inspections to augmented care areas which commenced in 2013. Recommendations for improvement made during this inspection related to the suite of specialised audit tools highlighted in section 2.0. Subsequent to this inspection, the Trust submitted a quality improvement action plan to RQIA with assurance that all actions required for improvement would be taken within the specified timescales.

As with CCUs in all HSC Trusts, SWAH Hospital CCU transitioned from a compliance model to a collaboration based approach in assuring best practice by submitting twice yearly self-assessments of the care delivered within the unit. This continued assurance indicated the unit was maintaining good practice and the expected level of compliance.

5.2 Inspection findings

5.2.1 Environmental Safety and Infection Prevention and Control

The CCU was in excellent decorative order throughout with environmental cleanliness maintained to a high standard.

Designated hand washing sinks were clean and accessible at the point of care. Foam hand sanitizer was available at key points in the unit to decontaminate hands following hand washing, in line with best practice for augmented care settings.

Equipment cleaning schedules were reviewed which confirmed that all patient equipment was cleaned between patient use and a separate cleaning record documented for equipment at each bed space, providing assurance of robust oversight mechanisms in place. Equipment was observed to be clean and displayed an “I am clean” sticker to confirm date of cleaning. A separate decontamination room and storage for clean equipment was available within the CCU, with specialist equipment pertinent to CCU being cleaned, maintained and stored effectively by the equipment technician.

Personal protective equipment (PPE) dispensers were accessible for staff when in contact with the patient and the patient’s equipment or surroundings. Staff were observed to wear PPE appropriately when in contact with the patient and/or patient equipment and surroundings.

Where observed, staff were noted to carry out a high standard of hand hygiene practices in the unit.

A range of IPC audits were completed including hand hygiene, environmental hygiene, management of invasive devices and taking of blood cultures, all of which confirmed good adherence to standards and best practice.

Staff reported good links with the Infection Prevention and Control Team (IPCT) and review meetings take place to discuss infection outbreaks within the unit. Relevant information from these meetings is shared with staff during the unit safety brief and multi-disciplinary team (MDT) meetings.

Information boards displayed IPC information including routine audit results of hand hygiene and environmental hygiene evidencing good adherence to IPC standards within the unit and providing assurance to visitors and patients.

A linen trolley overstocked with clean items for patient rooms was situated in front of the nurses' station, detracting from the overall cleanliness and spaciousness of the clinical environment and potentially exposing clean items to dust and debris. This was brought to the attention of the Ward Manager who provided assurance that this practice would be addressed.

Overall the CCU demonstrated good adherence to IPC standards and no areas for improvement were identified.

5.2.2 Taking Blood Cultures

A blood culture is a microbiological culture of blood taken to detect infections that are spreading through the bloodstream.

A blood culture policy and standard operating procedure are in place, and staff where observed to access the policy on the Trust internet. The ANTT policy was noted to be past its review date, this was discussed with IPCT who confirmed it was currently under review, with consideration being given to updated ANTT guidelines and reinstating key trainers in each clinical area with support from Practice Educators.

Inspectors were unable to observe the practice of taking blood cultures during the inspection, however on questioning staff they displayed good knowledge on the key principles of taking blood cultures.

The unit is informed by the Trust laboratory of blood culture results, with systems in place to monitor this data and the incidence of contamination within the unit. Blood contamination may occur during the process of collecting blood for culture while preparing the site or insertion of the needle. Staff reported that the incidence of blood culture contamination was less than three percent which is within recommended limits; a review of evidence supported this statement. There were systems in place to compare data and incidents of blood culture contamination across the Trust and wider regionally with the Public Health Agency.

Review of ANTT training records confirmed that nursing staff in the unit had received up to date ANTT training, with only a small number of staff on long term leave still to receive refresher training. It was reported that it is nursing staff who primarily take blood cultures in the unit, with medical staff taking blood cultures if a new line is inserted/required.

Inspectors were informed that medical staff receive training on ANTT and how to take blood cultures as part of their induction, and that this training was updated during Covid-19 however, upon request, no evidence was available to support this. The IPCT confirmed that all staff are directed to complete regional online ANTT training and that the team have commenced a roll out of practical ANTT training with a focus on blood cultures and peripheral line access, and ongoing care, inclusive of documentation. This training was paused to prioritise other staff training and is due to be recommenced.

An area of good practice was identified in that audits of clinical practice are undertaken for all blood cultures obtained. Review of a selection of audits confirmed good adherence to this practice.

Information in relation to blood cultures is recorded on the patient's electronic record and also within a hard copy blood culture folder. A review of electronic and hard copy data confirmed that whilst the date, time, clinical indication for taking the blood culture and the practitioner responsible was recorded in the blood culture folder, this information was not always fully completed on the patient's electronic record. This was discussed with managers during feedback and assurance provided that this issue would be addressed with staff.

5.2.3 Enteral Feeding

For Trusts to comply with this section of the Regional Infection Prevention and Control Clinical Practices Audit Tool for Augmented Care Areas, they must ensure protocol/guidance is available to inform practice, and practice is monitored to assist in the prevention of infection associated with enteral nutrition.

Enteral tube feeding is a way of delivering nutrition directly to the stomach or small intestine through a tube. Enteral feeding products must be stored, used and disposed of in accordance with Trust policy and the administration and maintenance of the enteral feeding system should be carried out and monitored in accordance with evidence based practice.

Nursing staff receive competency training on enteral feeding during induction as part of the 'National Competency Framework for Nurses in Adult Critical Care Step 1 Competencies'[1]. Staff spoken with demonstrated good knowledge in relation to the appropriate management of enteral feeding systems and the appropriate infection prevention control procedures.

A Trust policy/procedure regarding the insertion and position confirmation of nasogastric and orogastric feeding tubes titled; 'Reducing Harm caused by Misplaced Nasogastric and Orogastric Feeding Tubes' is available. It was noted that the filed paper copy of this policy was dated 2012, however a 2017 version was available via the Trusts' online policy/procedure platform. Further discussion with managers confirmed that the 2017 version of this policy was the current version and assurance was provided that earlier versions had been removed from the unit. Managers also confirmed this policy is currently under review which should be completed during June 2025.

Trust 'Enteral Feeding Guidelines', were not available to view during the inspection; staff confirmed this guidance had been temporarily removed from the online policy platform while undergoing review.

During the absence of this guidance it is acknowledged staff can access support and advice from their respective IPC and dietetic teams regarding any enteral feeding concerns should this be required.

[1] National Competency Framework for Nurses in Adult Critical Care Step 1 Competencies'

It was positive to note that staff had access to pictorial stepped guidance regarding setting up enteral feeding systems in preparation for administration, based on ANTT principles. Enteral feeding products were found to be stored appropriately, and members of the Dietetic team monitor and action stock replenishment on a weekly basis.

No patients were receiving enteral feeding at the time of the inspection however, one patient record was viewed retrospectively. Overall the required documentation was found to be completed, however the size of the inserted nasogastric feeding tube was not recorded. This was brought to the attention of managers and assurances were provided this would be actioned in future to ensure complete documentation.

Whilst compliance with line labelling of enteral feeding tubes is incorporated within the units 'labelling of invasive lines and tubes' audit, there was no further auditing in place in relation to monitoring compliance with enteral feeding protocol/ guidance to prevent infection. It is noted that staff have identified this issue as part of their self-assessment as an action for improvement. On discussion with managers this was acknowledged as an outstanding requirement and assurances were provided that bespoke enteral feeding monitoring/auditing will be established in this area of clinical practice.

5.2.4 Local Governance Systems and Processes

The inspection focussed on areas within the Trust self-assessment tool which had been highlighted as not achieving compliance with this section. This included surveillance monitoring, daily visits and enhanced visits to the unit by the IPCT and a requirement for outdoor coats not to be brought into the unit.

The continuous monitoring of healthcare associated infection (HCAI) by way of surveillance is key to infection control. A surveillance programme can detect, monitor and review outbreaks of infection; evaluate control measures; monitor trends of HCAIs over time; and support the implementation of improvement measures.

Inspectors observed that IPC audits and microorganism local surveillance programmes were in place, with clearly defined actions implemented in the event of HCAI occurring in the CCU. It was noted that the Trust self-assessment completed in March 2024 reported that a process to utilise surveillance data collected to support clinicians and inform practice was yet to be established. This was as a result of the unit not having any HCAIs for a prolonged period of time and not because a process was not in place. This was discussed with managers and IPCT and agreed that the unit was compliant in this area.

The IPCT visit the CCU to monitor IPC compliance and provide a higher level of assurance. The IPCT are unable to facilitate daily visits to the unit however, managers confirmed that the team are readily contactable and that staff receive good support from them and enhanced visits occur, for example, in the event of outbreaks of infection.
Inspectors were provided with evidence of on-going IPCT engagement with the unit. Staff also confirmed that there was good access to microbiology support and advice.

The unit also has an IPC link nurse who has protected time to undertake this specific role. The link nurse has developed an information booklet for staff in relation to infection prevention and control. IPC link nurse meetings are due to be re-commenced which will provide additional support to staff in the unit.

The Ward Manager described how the issue relating to bringing outdoor coats into the CCU led to a quality improvement initiative involving input from relatives, to develop a locker area for visitors to safely store personal items, including outdoor coats, prior to entering the unit. This initiative brought much satisfaction to staff and enhanced relatives' experiences of their visit CCU.

5.2.5 Management of Patient Linen

The inspection focussed on the areas within the Trust's completed self-assessment tool which had been highlighted as not achieving compliance with this section. In their self-assessment dated March 2024 staff highlighted clutter present in the linen store and issues regarding the permeability of shelving.

Inspection of the linen store confirmed all items were stored off the floor, and linen was appropriately placed on shelving. Two metal cages were present in the linen store, one containing reusable pillows with a wipeable surface and the other containing pressure relief mattresses respectively. Whilst pressure relief mattresses appeared clean and were covered thereby reducing the risk, there was no evidence that pillows had been cleaned before storing and the pillows were not covered to protect them from exposure to dust and debris. The Ward Manager confirmed that management and storage arrangements for reusable pillows would be addressed.

The Ward Manager sought advice regarding the permeability of the shelving in the linen store and confirmed that it is impermeable to moisture. The IPCT later verified this and added that the expectation is that all clean linen must be retained within its packaging whilst being stored.

6.0 Quality Improvement Plan/Areas for Improvement

No formal areas for improvement have been made following this inspection, however, findings noted in the report were discussed with managers, accepted and assurances provided that all required actions would be implemented.

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews