



Unannounced Infection Prevention/Hygiene Inspection

Antrim Area Hospital
20 November 2018

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 Antrim Area Hospital on 20 November 2018.

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

- Ward A4 (Medical)

Previous infection prevention and hygiene inspection reports of Antrim Area Hospital are available on the RQIA website www.rqia.org.uk.

Service Details

Responsible Person:

Dr T Stevens

Position:

Chief Executive Officer
Northern 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	Ward A4
General environment	93
Patient linen	100
Waste	96
Sharps	97
Equipment	85
Hygiene factors/Cleaning Practices	95
Hygiene practices/Staff Questions	95
Average Score	94

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

The inspection team comprised of one inspector from the RQIA healthcare team and a peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 5.0.

No actions for improvements were required.

During this inspection, compliance was achieved with each of the assessed standards. We observed a ward that had a good standard of environmental cleanliness and was in good decorative order. There were relevant information notice boards for patients and relatives. Up to date hand hygiene and environmental scores were displayed on the ward.

The ward is small and lacks storage space, resulting in equipment being stored in corridors, which gives the ward an untidy appearance.

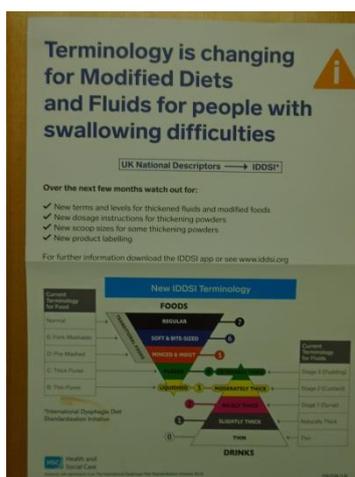
Staff demonstrated good practice in the management of linen, sharps and the disposal of waste. Hand hygiene was performed at the correct moments and location within the flow of care delivery.

Although the section on patient equipment was compliant, we observed that staff needed to be more diligent in cleaning equipment after use.

We observed an additional escalation bed in one of the bays. We reviewed the patient's notes; the risk assessments regarding the patient independence and mobility had been completed and we were told the placement of the patient's bed had been discussed and agreed with the patient. The patient was independent and mobile.

Additional areas of good practice

- We were told staff were engaged in a piece of work in relation to end of life care, identifying the needs of patients with life limiting illness and carrying through with family support for up to six months after their relative has died.
- Staff told us pressure ulcer care has improved since audit scores identified issues in May. Staff have received additional training and support via away days; new documentation has been introduced, and daily and weekly audits are carried out. .
- Staff have introduced and implemented the new terminology in relation to modified diets and fluids for people with swallowing difficulties (Picture 1).



Picture 1: Food and fluid poster

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 Northern Health and Social Care Trust, and in particular staff at the Ward A4, 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 main entrance to the hospital, reception lobby and public toilets were clean, tidy and in good decorative order. A glass panel in the main entrance door was cracked and in need of repair.

Ward A4

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Side rooms were used appropriately to care for patients where a potential infection risk was identified. IPC information notices were in place showing the latest audit scores for environmental cleanliness and hand hygiene.
- There was a good standard of cleaning throughout; a scheduled half yearly deep clean of the ward had recently been carried out. The ward was in good decorative order and was well maintained.

Areas for Improvement

- Areas of the ward were cluttered. Large amounts of stock and commodes were stored the dirty utility room; incontinence pads had been removed from their packaging and were stored on open shelves. Uncovered personal care trolleys positioned around the ward also had exposed care products (Picture 2).



Picture 2: Personal care trolley with exposed products

Patient Linen

Areas of Good Practice

- There is no linen store on the ward; clean linen is stored in designated portable trollies. Patient linen was visibly clean and free from damage. Staff handled both clean and soiled linen safely to prevent the spread of microorganisms to those receiving care.

Waste and Sharps

Areas of Good Practice

- We observed the safe segregation, handling, transport and disposal of waste and sharps. Sharps boxes were signed, dated and clean, and the temporary closure mechanisms were in place.

Equipment

Areas of Good Practice

- Patient equipment such as commodes, raised toilet seats, bedside suction machines and portable nebulisers were clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms. We observed airway tubing being changed as part of the daily routine in line with trust policy.

Areas for Improvement

- When questioned, staff knowledge was poor in relation to the cleaning of patient equipment. Staff were unsure who was responsible for the cleaning of specified items, for example the drugs fridge and medication storage cupboards. Aseptic non touch technique trays, blood glucose boxes and resuscitation trolley required cleaning.
- Several of the medication cupboards were unlocked and the lock on one was broken; these issues were addressed during the inspection. The drugs fridge temperatures were not recorded consistently.

Hygiene Factors/Cleaning Practices

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, located near to the point of care and only used for hand hygiene purposes.
- Personal Protective Equipment (PPE) was readily available.

Area for improvement

- Not all patient beds had alcohol dispensers; one wall mounted alcohol dispenser was empty.

Hygiene Practices/Staff Questions

Areas of Good Practice

- All staff when questioned had good knowledge of standard and enhanced IPC precautions, which included hand hygiene, cleaning and decontamination of equipment, and the management of sharps and waste.
- We observed good hand hygiene practices. Hand hygiene was performed by staff at the correct moments and location, within the flow of care delivery.

Area for improvement

- We observed nursing staff wearing gloves were engaged in multitasks, for example gathering equipment and updating patients' notes.

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	Ward A4
Reception	96
Public toilets	100
Corridors, stairs lift	100

General environment Standards wards or departments	Ward A4
Ward/department - general (communal)	97
Patient bed area	96
Bathroom/washroom	87
Toilet	93
Clinical room/treatment room	86
Clean store room	N/A
Dirty utility room	84
Domestic store	100
Kitchen	100
Equipment store	92
Isolation	98
General information	88
Average Score	93

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	Ward A4
Storage of clean linen	N/A
Storage of used linen	100
Laundry facilities	N/A
Average Score	100

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	Ward A4
Handling, segregation, storage, waste	96
Availability, use, storage of sharps	97

Standard: Patient Equipment

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

Patient equipment	Ward A4
Patient equipment	85

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	Ward A4
Availability and cleanliness of wash hand basin and consumables	94
Availability of alcohol rub	89
Availability of PPE	100
Materials and equipment for cleaning	95
Average Score	95

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	Ward A4
Effective hand hygiene procedures	86
Safe handling and disposal of sharps	100
Effective use of PPE	94
Correct use of isolation	100
Effective cleaning of ward	89
Staff uniform and work wear	100
Average Score	95

5.0 Key Personnel and Information

Members of the RQIA inspection team

Ms M Keating	Inspector, Healthcare Team
Ms S Jennings	Peer reviewer, Belfast Health and Social Care Trust

Trust representatives attending the feedback session on 20 November 2018

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

Ms C Speedy	Assistant Clinical Services Manager
Ms M Butler	Ward Sister
Ms C McDonald	Acting Ward Sister
Ms J Carroll	Assistant Domestic Services Manager
Ms L Surgenor	Infection Prevention and Control Nurse
Ms Fonseoa	Student Nurse, Infection Prevention and Control

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.

Area: Ward A4

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	No actions for improvement required.			



The Regulation and
Quality Improvement
Authority

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