



The Regulation and  
Quality Improvement  
Authority

**RQIA**  
**Infection Prevention/Hygiene**  
**Unannounced Follow up Inspection**

**Belfast Health and  
Social Care Trust**

**Musgrave Park Hospital**

**15 January 2015**

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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

A rolling programme of unannounced inspections has been developed by RQIA 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.

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 includes acute hospital settings and 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, 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 follow up inspection was undertaken to Musgrave Park Hospital, on 15 January 2015. The Musgrave Park Hospital was previously inspected on 1 July and 22 September 2014. The inspection identified issues of minimal compliance with the Regional Healthcare Hygiene and Cleanliness Standards in Ward 6B. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The inspection report of that inspection is available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

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

- Ward 6B

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

Overall the inspection team found that Musgrave Park Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards. On previous inspections the ward had a mix of orthopedic and enhanced recovery beds. The ward has since been reconfigured and had opened the previous week as a standalone enhanced recovery unit with capacity for ten enhanced recovery beds (ERB). Three of which are commissioned as Advanced Life Support (ALS) beds. On the day of inspection only six of the beds had been opened. Some areas such as the shower room, domestic store and fixtures in the dirty utility room had been identified for refurbishment; this work is to be completed by the end of March 2015.

#### **Developments and Improvements since the Previous Inspection**

The inspection on the 22 September 2014 inspection resulted in **21** recommendations, **4** recommendations had been addressed, **18** had been repeated and there were **3** new recommendations. This inspection resulted in **14** recommendations, **9** had been repeated and there were **5** new recommendations.

#### **Good practices observed by the inspection team:**

- A leaflet rack and information notice boards for displaying patient information are now in place (Picture 1).



Picture 1: New information leaflet rack

- A designated infection prevention and control link nurse, with protected time, was in place.
- The acting ward manager had reviewed staff training needs. A training programme tailored to staff needs has been commenced. Immediate Life Support (ILS) training for all staff had been carried out.
- The acting ward manager had commenced staff appraisals and supervision sessions.
- Consulting and anaesthetic staff have commenced weekly training sessions on the ward for nursing staff.

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. (There will no longer a need to return this as an action plan). (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

The final report and Quality Improvement Action 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 BHSCT and in particular all staff at Musgrave Park 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:

- Organisational Systems and Governance
- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

The section on organisational systems and governance is reviewed on announced inspections.

**Table 1** below summarises the overall compliance levels achieved. Percentage scores can be allocated a level of compliance using the compliance categories below.

Areas Inspected	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014	Ward 6B Jan 2015
General Environment	79	74	93
Patient Linen	98	93	94
Waste	91	84	94
Sharps	73	94	94
Patient Equipment	69	70	91
Hygiene Factors	96	88	96
Hygiene Practices	91	84	94
<b>Average Score</b>	<b>85</b>	<b>84</b>	<b>94</b>

**Compliant:** 85% or above

**Partial Compliance:** 76% to 84%

**Minimal Compliance:** 75% or below

## 5.0 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	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014	Ward 6B Jan 2015
Reception	72	85	86
Corridors, stairs lift	84	64	86
Public toilets	91	93	98
Ward/department - general (communal)	66	58	92
Patient bed area	79	77	100
Bathroom/washroom	62	66	91
Toilet	91	88	92
Clinical room/treatment room	65	60	92
Clean utility room	93	77	97
Dirty utility room	75	69	91
Domestic store	74	56	86
Kitchen	96	83	98
Equipment store	87	72	97
Isolation	85	88	99
General information	65	81	96
<b>Average Score</b>	<b>79</b>	<b>74</b>	<b>93</b>

The findings in the table above indicate that there has been improvement in all sections of this standard, each section has achieved compliance.

Improvements have been carried out in the main hospital reception, walls have been painted and seating in the reception area has been refurbished. However the quality of the repair was not consistent. Some chairs had excess vinyl between the back and the seat; on others the vinyl had been cut short exposing the foam interior. The seats were therefore not impervious to moisture. Cigarette butts littering the flower beds at the entrance continue to be an issue. It is disappointing that the general public do not use the available bins to assist trust staff in maintaining a clean and tidy environment.

The public toilets and corridor leading to the ward were clean, damaged floor and ceiling tiles continue to be observed.

### Ward 6B

- Cleaning was to a good standard. The ward had been deep cleaned the previous week. Cleaning issues identified in the female toilet and debris in the crevices of a mattress in a side room were promptly dealt with at the time of inspection (Picture 2).

- The macerator was stained around the rim of the lid and there was staining on the outside. Staff need to ensure they maintain a good standard of cleanliness.



Picture 2: Debris the crevice of the mattress

- In general, stock levels have been reviewed and reduced. Improvements had been made to some storage issues, shelving has been erected in the service corridor and the area has been tidied (Picture 3). The pharmacy room has been de-cluttered and has been designated as a store; no clinical practice is carried out in this room. There are plans to move the pharmacy store it into the main staff area, for better staff access.



Picture 3: New shelving and area tidied

- Maintenance and repair was still an issue in several areas. The shower room, dirty utility room and domestic store have been identified as requiring refurbishment. The fixtures and fittings are old and worn; in the domestic store the walls were damaged. This work is to be completed by the end of March 2015. Some repairs have been carried out in the dirty utility room, doors have been fitted to shelves, and the cupboard exteriors painted, but not interiors where the paint finished was worn and stained.

- The frame of the food service trolley was rusted; staff stated a replacement was on order.
- The temperatures for the drugs fridge are not recorded on a Sunday when the unit is closed. The record sheet did not record actions to be taken for variations outside the recommended temperature range.
- There were no hand washing facilities in the domestic store.
- Nursing cleaning schedules while available continued to require more detail, outlining all equipment to be cleaned at ward level. Schedules that were in place were not consistently completed. There was no auditing of adherence to equipment cleaning schedules.

## 6.0 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 6B 1 July 2014</b>	<b>Ward 6B 22 Sept 2014</b>	<b>Ward 6B 8 Jan 2015</b>
Storage of clean linen	96	91	96
Storage of used linen	100	94	92
Laundry facilities	N/A	N/A	N/A
<b>Average Score</b>	<b>98</b>	<b>93</b>	<b>94</b>

The above table outlines the findings in relation to the management of patient linen. The ward has maintained compliance.

The linen store was clutter free, in good repair; linen was stored tidily on shelves. Issues identified for action were:

- There was a small hole and some brown discolouration on the top sheet on an empty bed, prepared for a patient.
- The frame of a linen skip was damaged.

## 7.0 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	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014	Ward 6B 8 Jan 2015
Handling, segregation, storage, <b>waste</b>	91	84	94
Availability, use, storage of <b>sharps</b>	73	94	94

### 7.1 Waste

The above table indicates that both standards achieved compliance. Issues identified for action were:

- The front of the clinical waste bin in the dirty utility room was stained and household waste was noted in the clinical waste bin. The traceability label on the pharmacy burn bin was not completed fully.

### 7.2 Sharps

- There was a large amount of pharmacy waste disposed of into the sharps box on the drugs trolley (Picture 4). The sharps box on the drugs trolley and resuscitation trolley were not secured.



Picture 4: Medication disposed of in a sharps bin

## 8.0 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>	<b>Ward 6B 1 July 2014</b>	<b>Ward 6B 22 Sept 2014</b>	<b>Ward 6B 8 Jan 2015</b>
Patient equipment	69	70	91

The above table indicates good improvement in the standard on patient equipment.

Issues identified from the previous inspection in relation to the cleaning of patient equipment still outstanding were:

- Ward 6A and 6B share an equipment store. There was inconsistent use of trigger tape used to identify if shared equipment had been cleaned. Some stored pumps and observation trolleys were streaked and stained. The case of the portable ECG machine was cracked and stained. In the shared store the front of the ice machine, used for testing patients' epidural status, was stained.

New issue identified for action:

- Oxygen cylinders were chipped and rusted, the box they were sitting in was dirty, staff stated that a new stand was on order.

## 9.0 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	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014	Ward 6B 8 Jan 2015
Availability and cleanliness of WHB and consumables	99	89	99
Availability of alcohol rub	100	100	100
Availability of PPE	92	82	100
Materials and equipment for cleaning	93	81	95
<b>Average Score</b>	<b>96</b>	<b>88</b>	<b>96</b>

The above table indicates that compliance was achieved in all section of this standard, with full compliance maintained in the availability of alcohol rub and achieved in availability of PPE.

The outstanding issues identified were:

- There was no clinical hand wash sink in the dirty utility room; the equipment sink which was used for hand washing had an over flow.
- The domestic trolley was left unattended in the centre of the ward. The trolley was open with cleaning products easily accessible.

## 10.0 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	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014	Ward 6B 8 Jan 2015
Effective hand hygiene procedures	76	86	95
Safe handling and disposal of sharps	92	85	92
Effective use of PPE	89	83	93
Correct use of isolation	100	82	N/A
Effective cleaning of ward	88	79	95
Staff uniform and work wear	100	87	93
<b>Average Score</b>	<b>91</b>	<b>84</b>	<b>94</b>

The above table indicates that all sections in this standard were compliant. There were limited opportunities for staff practice to be observed as only three nurses were on duty. There were no patients in isolation therefore this section was unable to be assessed.

- Nursing staff did not always decontaminate their hands after touching the patient's surrounding as indicated in the WHO step 5 moments for hand hygiene.
- Staff were using alcohol wipes for general cleaning, rather than detergent wipes which were available on the ward. A member of nursing staff did not wear an apron when carrying out cleaning tasks.
- A member of domestic staff was not aware of first aid actions to take immediately after a needle stick injury; the same member of staff was wearing hooped earrings.
- There are no changing facilities available for nursing staff.

## 11.0 Key Personnel and Information

### Members of the RQIA inspection team

- Mrs S O'Connor - Inspector, Infection Prevention/Hygiene Team
- Mrs M Keating - Inspector, Infection Prevention/Hygiene Team

### Trust representatives attending the feedback session

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

- Mr B Barry - Director of Specialist Hospitals & Women's Health
- Dr D Robinson - Co -Director, Nursing
- Mr A Dawson - Co -Director
- MS M Kearney - Service Manger ADON
- Ms F Moody - Assistant Service Manager, Theatre Services
- Ms A McAuley - Governance Manager
- Mr K Gallagher - Assistant Service Manager, Orthopaedics
- Ms J Mulligan - Acting Orthopaedics Service Manager
- Ms L McNeill - Infection Prevention and Control Nurse
- MS M Poots - Acting Ward Manager, Ward 6B
- Mr A Bryce - Charge Nurse, Ward 6B
- Ms S Nevin - Ward Sister
- Ms R Bradley - Support Services Manager
- Mr Quinn - PCSS, Domestic Services Manager
- Mr A Shaw - Estates officer

Apologies:

- Ms B Creaney - Executive Director of Nursing and Experience
- Mr C Cairns - Co Director, Patient and Clients Support Services

## 12.0 Summary of Repeated Recommendations

### Ward 6B

#### Standard 2: Environment

1. The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair. **Repeated**
2. A maintenance programme should ensure damaged furniture or fixtures are in good repair, and that repairs are carried out to an acceptable standard.
3. Staff should ensure that records of temperature checks are completed daily; and include guidance on actions to be taken when correct temperatures are not achieved. **Repeated**
4. Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff. **Repeated**
5. The trust should install a dedicated hand washing sink in the domestic store. **Repeated**

#### Standard 3: Linen

6. Staff should ensure patient linen and equipment is in good repair.

#### Standard 4: Waste and Sharps

7. Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. Waste bins should be clean, secure and signed appropriately. **Repeated**

#### Standard 5: Patient Equipment

8. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair. **Repeated**
9. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned. **Repeated**

### **Standard 6: Hygiene Factors**

10. The trust should provide clinical hand wash sinks, with appropriate taps, in designated areas, to comply with local and national guidance.

**Repeated**

11. Ward cleaning staff should ensure all cleaning equipment is stored correctly. **Repeated**

### **Standard 7: Hygiene Practices**

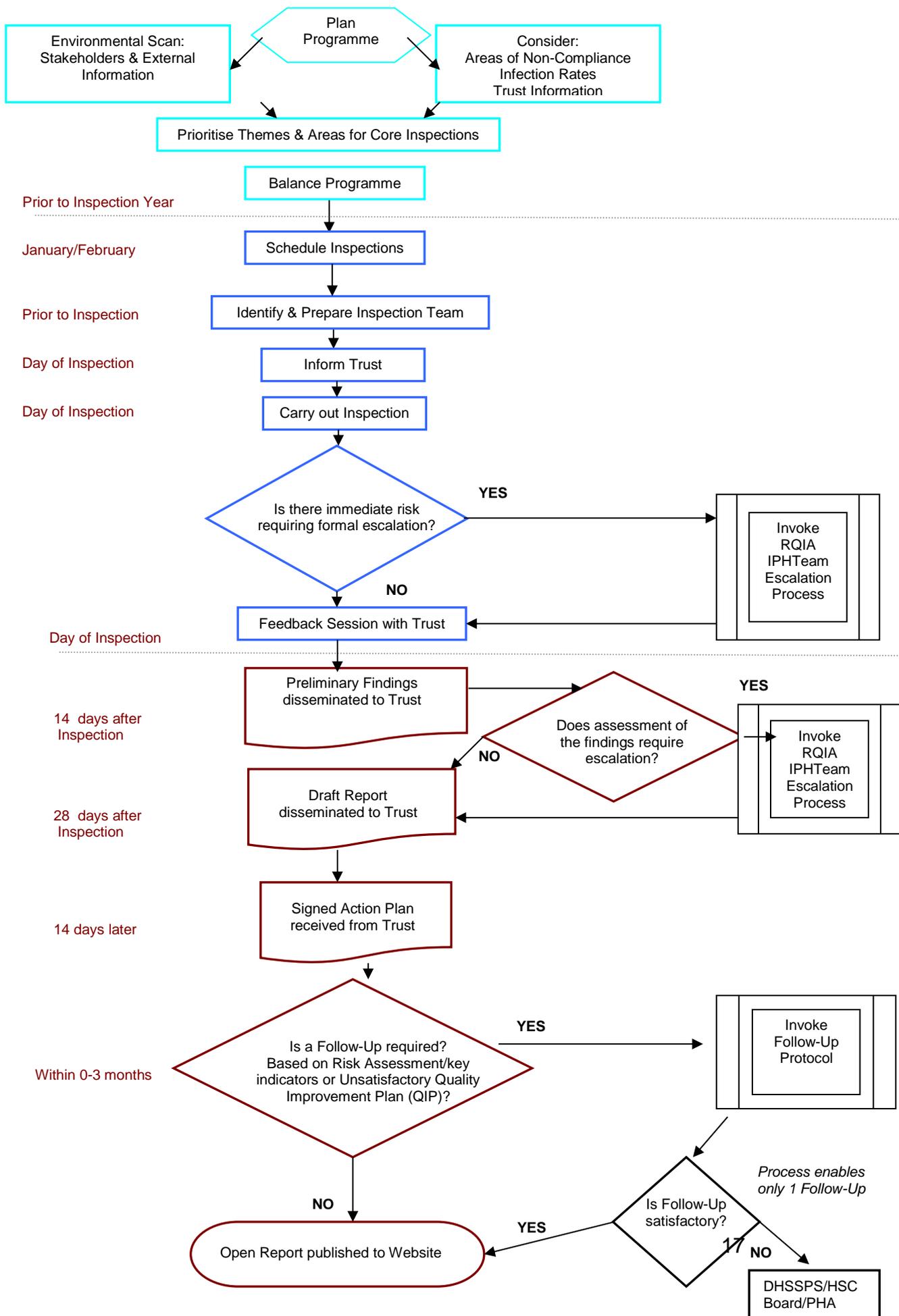
12. Staff should ensure they decontaminate their hands in line with the WHO 5 moments of hand hygiene guidance.

13. Staff should ensure they wear the correct PPE when engaged in cleaning tasks and that the correct cleaning chemicals are used.

14. All staff should be aware of the correct procedure to follow immediately after a needle stick injury.

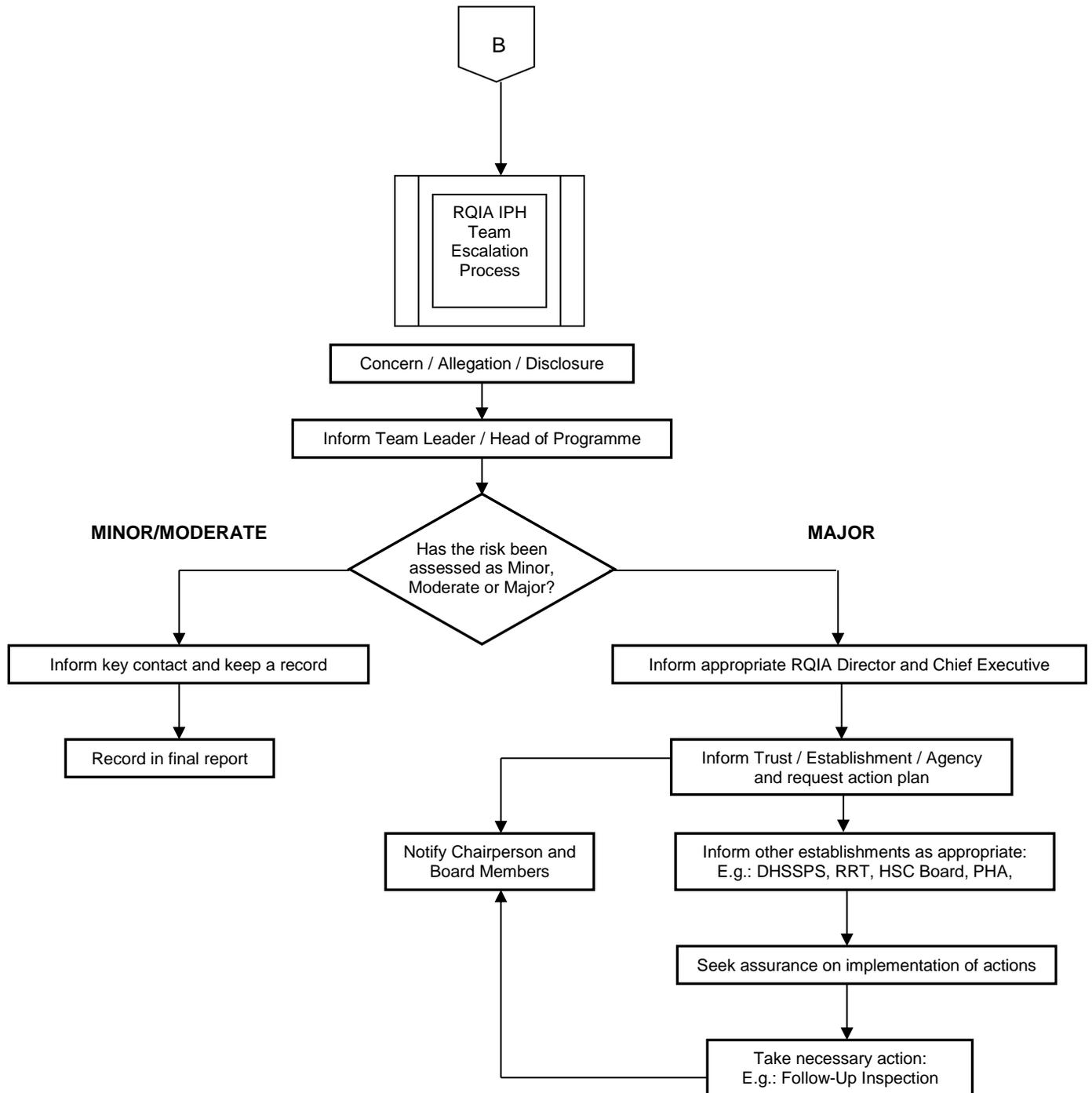
# 13.0 Unannounced Inspection Flowchart

Plan Programme  
Episode of Inspection  
Reporting & Re-Audit



## 14.0 RQIA Hygiene Team Escalation Policy Flowchart

### RQIA Hygiene Team: Escalation Process



## 15.0 Quality Improvement Action Plan

### Area: Musgrave Park Hospital - Ward 6B

Reference number	Recommendations Common to	Designated department	Action required	Date for completion/ timescale
<b>Standard 2: Environment</b>				
1. *	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	PCSS Nursing Estates	Front entrance to Withers cleaned at time of inspection. Overhead external canopy was cleaned in September 2014, reviewed and appears clean. Daily cleaning of area- programme in place. Seating in front lobby repaired. Painting of pillars outside front entrance- painting scheduled March 2015.	Ongoing  Complete 31 March 2015
2.	A maintenance programme should ensure damaged furniture or fixtures are in good repair, and that repairs are carried out to an acceptable standard.	Estates	Seating returned to supplier. Now returned and repaired. Area freshly painted December 2014. Reviewed and no black marks could be found. All touch up painting completed at ward level.	Complete  Complete
3. *	Staff should ensure that records of temperature checks are completed daily; and include guidance on actions to be taken when correct temperatures are not achieved.	Nursing PCSS	New Temperature records in place from time of inspection. Guidance on temperature ranges available in ward kitchens and pharmacy store room for both Nursing and PCSS staff. Staff retrained on requirement. Documentation monitored daily by PCSS	Ongoing

\* indicates stated for a second time

Reference number	Recommendations Common to	Designated department	Action required	Date for completion/ timescale
			supervisors. Ward is closed on a Sunday. Ward 6a staff will record temperatures on Sundays to ensure 100% compliance 7 days per week.	Complete
4. *	Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.	Nursing	Schedules in place and recorded. Monitored by Sister/ Deputy Charge Nurse. Raised at safety briefs daily and supervision episodes.	Complete  Ongoing
5. *	The trust should install a dedicated hand washing sink in the domestic store.	Nursing PCSS Estates	Capital money obtained to carry out full refurbishment in domestic store room. Plans include installation of new hand wash sink. Work to be completed by end March 2015	31 March 2015
<b>Standard 3: Linen</b>				
6.	Staff should ensure patient linen and equipment is in good repair.	Nursing PCSS	PCSS have worked with staff to ensure cleaning is of a high standard with appropriate supervisory input. Work schedules in place for daily cleaning in all areas, cleaning schedule in place for high surfaces to be dusted weekly, floors daily. Monitored daily. "Trigger tape" in use for all clean equipment. New large equipment store room cleaning schedule in place and all staff aware. Monitored by Sister/ Deputy Charge Nurse.	Complete  Ongoing

\* indicates stated for a second time

Reference number	Recommendations Common to	Designated department	Action required	Date for completion/ timescale
<b>Standard 4: Waste and Sharps</b>				
7. *	Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. Waste bins should be clean, secure and signed appropriately.	Nursing PCSS	Retraining of Nursing and PCSS staff complete Cleaning complete at time of inspection. New waste receptacles ordered where required.	Ongoing  Complete
<b>Standard 5: Patient Equipment</b>				
8. *	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing PCSS	Cleaning schedules in place and monitored. "Trigger tape" in use for all clean equipment New large equipment store room cleaning schedule in use.	Complete
9. *	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing PCSS	"Trigger tape" in use for all clean equipment. All staff aware.	Complete
<b>Standard 6: Hygiene Factors</b>				
10. *	The trust should provide clinical hand wash sinks, with appropriate taps, in designated areas, to comply with local and national guidance.	Nursing PCSS Estates	Old sink at nurse's station and also in equipment room removed. Capital money obtained to carry out refurbishment in showers and domestic store room. Plans include installation of new hand wash sink in domestic store room and showers. Major refurbishment required to refurbish clinical bays in 6B which will include additional hand wash sinks. Capital bid to	Complete  31 March 2015

\* indicates stated for a second time

Reference number	Recommendations Common to	Designated department	Action required	Date for completion/ timescale
			be submitted 2015/2016.	31 March 2016
11. *	Ward cleaning staff should ensure all cleaning equipment is stored correctly.	PCSS	Area cleaned at time of inspection. Cleaning schedule in place for all areas and checked throughout the day with additional cleaning when necessary. Monitored daily by PCSS supervisors. PCSS staff retrained on housekeeping.	Complete  Ongoing
<b>Standard 7: Hygiene Practices</b>				
12.	Staff should ensure they decontaminate their hands in line with the WHO 5 moments of hand hygiene guidance.	Nursing PCSS	All staff retrained regarding seven step hand washing. Monitored by sister and deputy charge nurse. Programme of hand hygiene audits ongoing Independent Hand Hygiene audit completed January 2015- 100%.	Complete  Ongoing
13.	Staff should ensure they wear the correct PPE when engaged in cleaning tasks and that the correct cleaning chemicals are used.	Nursing PCSS	Staff retrained on importance of PPE. All staff have access to trust IT Hub Policies. Staff reminded at safety briefs. Infection control update training complete for PCSS staff. Health and Safety update training arranged for all PCSS staff. Additional PPE holders installed on ward. All staff aware of correct cleaning chemicals to be used and information charts available in Sluice.	Complete
14.	All staff should be aware of the correct procedure to follow immediately after a needle stick injury.	Nursing PCSS	Sharps awareness update training arranged for all PCSS staff. Nursing staff aware. Policy available for all staff through Trust	Complete

\* indicates stated for a second time

Reference number	Recommendations Common to	Designated department	Action required	Date for completion/ timescale
			homepage.	

\* indicates stated for a second time



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