



Unannounced Infection Prevention/Hygiene Inspection

Musgrave Park Hospital
24 May 2018

www.rqia.org.uk

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1.0 Profile of Service

An unannounced inspection was undertaken to Musgrave Park Hospital on 24 May 2018.

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

- Meadowlands Ward 2

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

Service Details

Responsible Person:
Mr Martin Dillon

Position: **Chief Executive Officer
Belfast 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	
General Environment	87
Patient Linen	90
Waste	98
Sharps	97
Patient Equipment	98
Hygiene Factors	94
Hygiene Practices	96
Average Score	94

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

This inspection team comprised of two inspectors from RQIA's HSC Healthcare Team. Details of our inspection team and Belfast Trust representatives who participated in a local feedback session delivered in the Meadowlands unit on 24 May 2018 can be found in Section 5.0.

Three actions for improvement have been made to Ward 2 Meadowlands.

This inspection to Meadowlands Ward 2 was carried out as a result of information gathered as part of our intelligence monitoring systems. Intelligence flagged an outbreak of Meticillin-resistant *Staphylococcus aureus* (MRSA) in recent months. Ward 2 Meadowlands had been previously inspected on 16 August 2017; compliance was achieved with each of the assessed hygiene and cleanliness standards.

During this inspection, compliance was again 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. Patient equipment was clean and in a good state of repair however improvement is required in improving the standard of cleanliness of domestic cleaning equipment.

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 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 Belfast Health and Social Care Trust and in particular staff at Musgrave Park Hospital Meadowlands Unit 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 Meadowlands unit is located to the back of the main Musgrave Park Hospital and has its own entrance and reception area. The entrance and the reception was clean, tidy, in good decorative order.

The public toilet at the unit entrance however requires improvement in its environmental cleaning practices and would benefit from refurbishment of its fixtures and fittings.

Ward 2 Meadowlands

General Environment - Maintenance and Cleanliness

Areas of Good Practice

- Staff engaged well with inspectors, they answered questions and produced information when required.
- There was evidence of an improvement programme in place to maintain the ward to a high standard. Since the previous inspection, the patient wash/ shower rooms and toilets throughout the ward have been completely refurbished. All surfaces have been replaced and modern fixtures and fittings added throughout (Picture 1).



Picture 1: Newly Refurbished Patient Toilet

- Clinical areas of the ward were tidy and uncluttered and cleaning was of a high standard. Enhanced cleaning had continued following the outbreak of MRSA.

- A range of IPC audit scores were displayed for the public to provide assurance of IPC practices. They included hand hygiene and environmental cleanliness audits.

Areas for Improvement

- Improvement is required to the cleaning of high horizontal surfaces of ward support areas such as the dirty utility room, kitchen, domestic store and linen store. The domestic sluice and the equipment store were untidy, items of stock and equipment were disorganised.

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 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.

Equipment

Areas of Good Practice

- Patient equipment including commodes, ANTT trays, blood glucose monitor and arterial blood gas analyser were clean, in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.
- Equipment cleaning schedules were in place and completed by staff. A trigger system was in place to identify when equipment had been cleaned.

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 and we observed that it was used appropriately by staff.

Areas for Improvement

- Domestic cleaning equipment required more detailed cleaning. This included items such as the cleaning trolley, buckets and a flat mop (Picture 2).



Picture 2: Dusty Flat Mop

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, use of personal protective equipment (PPE) and the management of sharps and waste.

- We observed excellent hand hygiene practices. Hand hygiene was performed by staff at the correct moments and location, within the flow of care delivery
- Patients that presented an infection control risk were isolated in a single room in line with trust guidance. Care pathways/plans were appropriately maintained for patients identified with alert organisms such as MRSA.
- The labelling of invasive access lines continues within the ward to safeguard the patient by reducing the risk of 'wrong route administration'.

Additional Area for improvement

- During the inspection we observed a patient sitting in a wheelchair at their bedside, the patient was unattended and had a lap belt in place. Within the patient's records there was no documented rationale or care plan that reflects the management of using a lap belt for restrictive practice.

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.

Public shared areas	
Reception	98
Public toilets	43
Corridors, stairs lift	N/A

General Environment	
Ward/department - general (communal)	74
Patient bed area	92
Bathroom/washroom	94
Toilet	92
Clinical room/treatment room	85
Clean utility room	N/A
Dirty utility room	85
Domestic store	78
Kitchen	87
Equipment store	82
Isolation	95
General information	97
Average Score	87

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	
Storage of clean linen	85
Storage of dirty linen	94
Average Score	90

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	
Handling, segregation, storage, waste	98
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	
Patient equipment	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	
Availability and cleanliness of WHB and consumables	97
Availability of alcohol rub	93
Availability of PPE	100
Materials and equipment for cleaning	86
Average Score	94

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	
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	89
Correct use of isolation	94
Effective cleaning of ward	95
Staff uniform and work wear	100
Average Score	96

5.0 Key Personnel and Information

Members of the RQIA inspection team

- Ms J Gilmour - Inspector, Healthcare Team
- Mr T Hughes - Inspector, Healthcare Team

Trust representatives attending the feedback session on 24 May 2018

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

- Ms K Devenney - Senior Manager, Nursing
- Ms C Collins - Service Manager
- Ms A Hughes - Assistant Service Manager
- Ms N Stevenson - Deputy Ward Manager
- Ms S McNair - Consultant Geriatrician
- Ms C Fitzsimons - Infection Prevention and Control Nurse
- Ms R Bradley - Support Services Manager
- Mr K Teir - Assistant Support Services Manager

Apologies:

- Ms B Creaney - Director of Nursing and User Experience

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.

Area: Ward 2 Meadowlands

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool				
1.	Environmental cleaning of the public toilet should be improved and its fixtures and fittings refurbished. Robust monitoring of the public toilet should be in place to provide continued assurance of cleaning practices.	PCSS ESTATES	Supervisors complete 3 times daily check on Meadowlands wards which now also includes 3 times daily check of visitor's toilet on main Meadowlands corridor. Refurbishment of Visitors/ Staff toilets on Meadowlands corridor. Estimate for refurbishment of public toilet submitted.	26.06.18 31.08.18
2.	The standard of cleaning of domestic cleaning equipment should be improved. Robust monitoring of domestic cleaning equipment should be in place to provide continued assurance of cleaning practices.	PCSS	Supervisors complete 3 times daily check on Meadowlands Wards and this also now includes 3 times daily check of Domestic Store and Domestic Equipment. This is verified and signed off by supervisor.	26.06.18

			Weekly deep clean of domestic store carried out by domestic staff every Sunday. This is verified and signed off by supervisor.	
3.	All staff must ensure they comply with Trust policies relating to restrictive practices.	Ward Sister/ ASM	All staff furnished with Trust guidelines and documentation relating to restrictive practices.	03.07.18
		Ward Sister/ ASM	All nursing staff will engage in clinical supervision on discussion on management of restrictive practices	30.07.18
			Multi-disciplinary Working Group established in Meadowlands to review and increase provision of Diversional therapy for inpatients and promotion of dementia friendly unit	Ongoing -



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