



# Unannounced Infection Prevention/Hygiene Inspection

Daisy Hill Hospital  
23 October 2018

[www.rqia.org.uk](http://www.rqia.org.uk)

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## 1.0 Profile of Service

An unannounced inspection was undertaken to Daisy Hill Hospital on 23 October 2018.

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

- Emergency Department (ED)

Previous infection prevention and hygiene inspection reports of Daisy Hill Hospital are available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

### Service Details

**Responsible Person:**

Shane Devlin

**Position:**Chief Executive Officer  
Southern 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](http://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

<b>Compliant:</b>	<b>85% or above</b>
<b>Partial Compliance:</b>	<b>76% to 84%</b>
<b>Minimal Compliance:</b>	<b>75% or below</b>

Areas inspected	ED
General environment	88
Patient linen	92
Waste	98
Sharps	89
Equipment	91
Hygiene factors/Cleaning Practices	96
Hygiene practices/Staff Questions	94
<b>Average Score</b>	<b>93</b>

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

This inspection team comprised of one inspector from RQIA's HSC Healthcare Team and one Senior RQIA inspector from the Children's Team. Details of our inspection team and the Southern Trust representatives who participated in a local feedback session delivered in ED on 23 October 2018 can be found in Section 5.0.

One action for improvement was required.

This inspection to Daisy Hill ED was carried out as a result of information gathered as part of our intelligence monitoring systems. This relates to a complaint about poor standards of cleanliness within the ED. The Trust is currently responding to the complainant as part of its complaints procedure.

Structural work had commenced to increase the size of the ED to facilitate the provision of direct assessment and a clinical decision making area and an older persons unit. We were told that these changes should improve the flow of patients through the ED.

During this inspection, compliance was achieved with each of the assessed standards. We observed a department that had a good standard of

environmental cleanliness and was in good decorative order. The department is small and lacks storage space resulting in equipment being stored in corridors; however, 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 relation to 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 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 Southern Health and Social Care Trust, and in particular staff at Daisy Hill Hospital ED, 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 ED has a separate entrance from the main Daisy Hill Hospital. The entrance, reception lobby and public toilets were clean, tidy and in good decorative order.



Picture: 1 Toilet in public reception area

#### Emergency Department

##### General Environment - Maintenance and Cleanliness

#### Areas of Good Practice

- The ED was clean and well maintained. Work had just commenced on what has previously been the adjoining outpatients department. This new space is to facilitate the addition a direct assessment and clinical decision area and an older persons unit.
- The department sister and facilities support services manager were in discussion regarding the re-instatement of a dedicated night time cleaning service to carry out discharge cleans; currently this work is carried out on request to the hospital at night team which can lead to delays.
- Staff engaged well with inspectors; they answered questions and produced information when required.

## Patient Linen

### Areas of Good Practice

- Patient linen was visibly clean, free of damage and stored in a clean environment. Staff handled both clean and soiled linen safely to prevent the spread of microorganisms to those receiving care.

### Areas for Improvement

- We observed packets of linen in the linen store were not stored in a tidy manner on the shelves; the overspill was preventing the fire door from being closed. This was corrected at the time of inspection.

## Waste and Sharps

### Areas of Good Practice

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

### Areas for Improvement

- Not all sharps containers were signed and dated or had the temporary closure mechanism in place.

## Equipment

### Areas of Good Practice

- Patient equipment including commodes, ANTT trays, blood glucose monitor and bedside suction machines were in a good state of repair and managed appropriately to limit the risk of contamination with microorganisms.

### Areas for Improvement

- Equipment cleaning schedules were in place and completed by nursing staff; however, not all equipment was listed. For example more attention to cleaning is required in relation to the storage units in the clinical room and in the patient crucibles these areas were listed on the cleaning schedule.

## 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.

## 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 excellent hand hygiene practices. Hand hygiene was performed by staff at the correct moments and location, within the flow of care delivery

### Additional Area for improvement

- We observed when nursing staff were engaged in cleaning duties they only wore gloves but not aprons as part of their personal protective equipment (PPE).

## 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.

<b>General Environment Standards</b>	<b>ED</b>
<b>Public shared areas</b>	
Reception	100
Public toilets	95
Corridors, stairs lift	N/A

<b>General environment Standards wards or departments</b>	<b>ED</b>
Ward/department - general (communal)	79
Patient bed area	95
Bathroom/washroom	N/A
Toilet	89
Clinical room/treatment room	85
Clean store room	N/A
Dirty utility room	89
Domestic store	88
Kitchen	N/A
Equipment store	N/A
Isolation	96
General information	83
<b>Average Score</b>	<b>88</b>

### 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.

<b>Patient linen</b>	<b>ED</b>
Storage of clean linen	92
Storage of used linen	92
Laundry facilities	N/A
<b>Average Score</b>	<b>92</b>

**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).

<b>Waste and sharps</b>	<b>ED</b>
Handling, segregation, storage, waste	98
Availability, use, storage of sharps	89

**Standard: Patient Equipment**

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

<b>Patient equipment</b>	<b>ED</b>
Patient equipment	91

**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.

<b>Hygiene factors</b>	<b>ED</b>
Availability and cleanliness of wash hand basin and consumables	100
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	90
<b>Average Score</b>	<b>96</b>

**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.

<b>Hygiene practices</b>	<b>ED</b>
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	80
Correct use of isolation	N/A
Effective cleaning of ward	93
Staff uniform and work wear	96
<b>Average Score</b>	<b>94</b>

## 5.0 Key Personnel and Information

### Members of the RQIA inspection team

- Ms M Keating - Inspector, Healthcare Team
- Ms J Smith - Senior Inspector, Childrens Team

### Trust representatives attending the feedback session on XXX 2017

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

C Connolly	Lead Nurse, MUSE
J Mathews	Lead Nurse, SEC
L Small	Ward Manager, ED
S Holmes	Lead Nurse, ED
M Johnston	Locality Support Services Manager

**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: Emergency Department**

Reference number	Actions for Improvement	Responsible Person	Action/ Required	Date for completion/ timescale
<b>Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool</b>				
1.	Staff should ensure that appropriate PPE is worn when carrying out cleaning tasks.	Support Services and Nursing	<p>As part of their induction and training all Support Services staff receive information and training on colour coding and the use of PPE and this will be reinforced with staff.</p> <p>Nursing staff complete online and face to face infection control training 2 yearly and this would cover the use of PPE. Information is also available at department level regarding the colour coding for aprons and cloths used by support services. Ward Manager challenges anyone who uses PPE inappropriately.</p>	Completed



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