



The **Regulation** and  
**Quality Improvement**  
**Authority**

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

**Tyrone County Hospital**

**20 June 2013**

## Contents

<b>1.0</b>	<b>Regulation and Quality Improvement Authority</b>	<b>1</b>
<b>2.0</b>	<b>The Inspection Programme</b>	<b>1</b>
<b>3.0</b>	<b>Inspection Summary</b>	<b>2</b>
<b>4.0</b>	<b>Overall Compliance Rates</b>	<b>4</b>
<b>5.0</b>	<b>General Environment</b>	<b>5</b>
<b>6.0</b>	<b>Patient Linen</b>	<b>7</b>
<b>7.0</b>	<b>Waste and Sharps</b>	<b>8</b>
<b>8.0</b>	<b>Patient Equipment</b>	<b>9</b>
<b>9.0</b>	<b>Hygiene Factors</b>	<b>10</b>
<b>10.0</b>	<b>Hygiene Practice</b>	<b>11</b>
<b>11.0</b>	<b>Key Personnel and Information</b>	<b>12</b>
<b>12.0</b>	<b>Summary of Recommendations</b>	<b>13</b>
<b>13.0</b>	<b>Unannounced Inspection Flowchart</b>	<b>14</b>
<b>14.0</b>	<b>RQIA Hygiene Team Escalation Policy Flowchart</b>	<b>15</b>
<b>15.0</b>	<b>Quality Improvement Action Plan</b>	<b>16</b>

## 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 inspection was undertaken to the Tyrone County Hospital, on the 20 June 2013. The inspection team was made up of two inspectors. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Tyrone County Hospital was previously inspected on 4 and 5 May 2011. This was an announced inspection, two wards were inspected. Both wards were compliant in all the standards. 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:

- Cardiac Assessment Unit

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

Overall the inspection team found evidence that the Tyrone County Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Inspectors observed good staff practice and knowledge resulting in all seven standards achieving high compliance scores. There was a good range of well positioned information posters, leaflets and audit scores for staff, patients and visitors (Picture 1 & 2).



Picture 1: Information posters



Picture 2: Audit scores

Inspectors found that further improvement was required mainly in relation to the fabric of the building. The hospital is an old but well maintained building. A new replacement building is planned and scheduled for opening in 2015.

The inspection resulted in 11 recommendations for the Western Trust and the Tyrone county Hospital, a full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections;

- Clinical hand hygiene facilities should be in line with HBN 04-01 guidance.
- The trust should continue to work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.

The Western Trust should ensure that sustained efforts are made to address recurring issues.

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. (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 Western Trust and in particular all staff at the Tyrone County 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.

Compliant:	85% or above
Partial Compliance:	76% to 84%
Minimal Compliance:	75% or below

Areas inspected	CAU
General environment	95
Patient linen	97
Waste	97
Sharps	94
Equipment	95
Hygiene factors	96
Hygiene practices	97
<b>Average Score</b>	<b>96</b>

## 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.

<b>General environment</b>	
Reception	89
Corridors, stairs lift	N/A
Public toilets	95
Ward/department - general (communal)	N/A
Patient bed area	95
Bathroom/washroom	N/A
Toilet	100
Clinical room/treatment room	100
Clean utility room	100
Dirty utility room	91
Domestic store	87
Kitchen	100
Equipment store	N/A
Isolation	N/A
General information	96
<b>Average Score</b>	<b>95</b>

The findings in the table above indicate that the general environment and cleaning in the Cardiac Assessment Ward was of a very high standard. Four of the sections achieved full compliance.



Picture 3: Discarded cigarette butts and packaging

The main reception was bright, clean and well maintained. However, the area around the main entrance was littered with cigarette butts and empty cigarette packaging (Picture 3). Parts of the glass frame work of the lobby were dusty, the glass was dirty and stained and one of the low glass panels was cracked. All of which detracts from an otherwise well-presented and welcoming reception.

The key findings in respect of the general environment for the ward are detailed in the following section.

The Cardiac Assessment Ward is a small area which has five beds and a transfer trolley in the main bay (Picture 4).



Picture 4: View of bed area

A second bay is used as a clinical area, where staff prepare for clinical procedures. There was a good standard of cleaning by all staff which resulted in only one cleaning issue identified.

### **Issues**

- The vinyl flooring in the domestic store required a more detailed clean in inaccessible areas.
- There were minor maintenance issues in the dirty utility room; unsealed vinyl flooring and flaking plaster work on the ceiling. The vinyl flooring in the domestic store was unsealed and the sanitary ware was old and worn.
- Nursing cleaning schedules were in place but required more detail.

## 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>	
Storage of clean linen	100
Storage of used linen	93
Laundry facilities	N/A
<b>Average Score</b>	<b>97</b>

The above table outlines the findings in relation to the management of patient linen, clean linen was stored appropriately and this section was fully compliant. Good practice was observed in relation to the handling and disposal of used patient linen with the exception of one issue.

### Issues

- The only issue was in relation to a member of staff who did not wear an apron when changing bed linen.

## 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.

<b>Waste and sharps</b>	
Handling, segregation, storage, waste	97
Availability, use, storage of sharps	94

The scores achieved in the above table indicate good compliance in relation to handling and storage of waste.

### 7.1 Management of Waste

#### Issues

- There was inappropriate disposal of household and pharmaceutical waste.

### 7.2 Management of Sharps

Sharps boxes must be labelled and signed on assembly and disposal. Identification of the origin of sharps waste in the event of spillage or injury to staff is vital this also assists in the immediate risk assessment process following a sharps injury.

The table above outlines the ward was compliant in this standard. The following areas were noted where compliance could be improved.

#### Issues

- A sharps box in use was not signed or dated and the sharps box on the resuscitation trolley had not been changed after use.

## 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>	
Patient equipment	95

There were good staff practices in relation to the cleaning of patient equipment which resulted in a high compliance score. A small number of actions need to be addressed.

### Issues

- Bedpans which were not inverted were stored on top of the bedpan washer
- The casing of the ECG machine was worn and the glucometer box was blood stained.
- Due to a lack of appropriate storage, empty blood sample bottles were stored in the staff food freezer.

## 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	
Availability and cleanliness of wash hand basin and consumables	89
Availability of alcohol rub	93
Availability of PPE	100
Materials and equipment for cleaning	100
<b>Average Score</b>	<b>96</b>

The scores achieved in the table indicate good compliance in relation to this standard, with the sections on availability of PPE and materials and equipment for cleaning achieving full compliance.

### Issues

- The number of hand wash sinks does not comply with national policy.
- The hand wash sink in the treatment room was not fully accessible; a procedure trolley was stored in front of it (Picture 5).



Picture 5: Difficult to access hand washing sink

- The taps in the bed bay and back bay were wrist operated and all clinical hand wash sink had overflows.
- The underside of some alcohol dispensers required cleaning.

## 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.

<b>Hygiene practices</b>	
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	85
Effective use of PPE	100
Correct use of isolation	N/A
Effective cleaning of ward	100
Staff uniform and work wear	100
<b>Average Score</b>	<b>97</b>

Staff are to be commended for achieving full compliance in four of the five sections within this standard.

### Issues

- Inspectors observed re-sheathed needles in sharps boxes.

### Additional issue

- Inspectors observed staff eating meals in the clinical area at the back of the ward.

## 11.0 Key Personnel and Information

### Members of the RQIA inspection team

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

### Peer Reviewers

### Trust representatives attending the feedback session

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

- Ms D Keenan - Services Manager on speaker telephone from Altnagelvin
  - Ms F Harper - Sister CAU
  - Ms J Leary - Co-ordinating Sister renal unit
  - Ms D Lynch - Infection Prevention and Control
  - Mr J Dougherty - Support Services co-ordinator
- Apologies: - None

## 12.0 Summary of Recommendations

### Recommendations

#### Standard 2: Environment

1. The trust should ensure the entrance to the hospital is free from debris.
2. The trust should maintain an on-going maintenance programme.
3. Nursing staff on the Cardiac Unit should review their current cleaning work schedule and ensure all equipment and staff responsibilities are detailed.

#### Standard 3: Linen

4. Nursing staff on the Cardiac Unit should be reminded of the correct PPE to wear when changing bed linen.

#### Standard 4: Waste and Sharps

5. Staff on the Cardiac Unit should be reminded of the trust's waste disposal policy.
6. Nursing staff on the Cardiac Unit should ensure sharps boxes are changed and conform to policy.

#### Standard 5: Patient Equipment

7. Nursing staff on the Cardiac Unit should ensure patient equipment is clean, fit for purpose and stored correctly.

#### Standard 6: Hygiene Factors

8. Clinical hand wash sinks should comply with HBN 04-01, and be accessible.
9. Staff on the Cardiac Unit should ensure all dispensers are clean.

#### Standard 7: Hygiene Practices

10. Nursing staff practice on the Cardiac Unit in relation to re-sheathing of needles should be reviewed.

#### Additional Recommendation

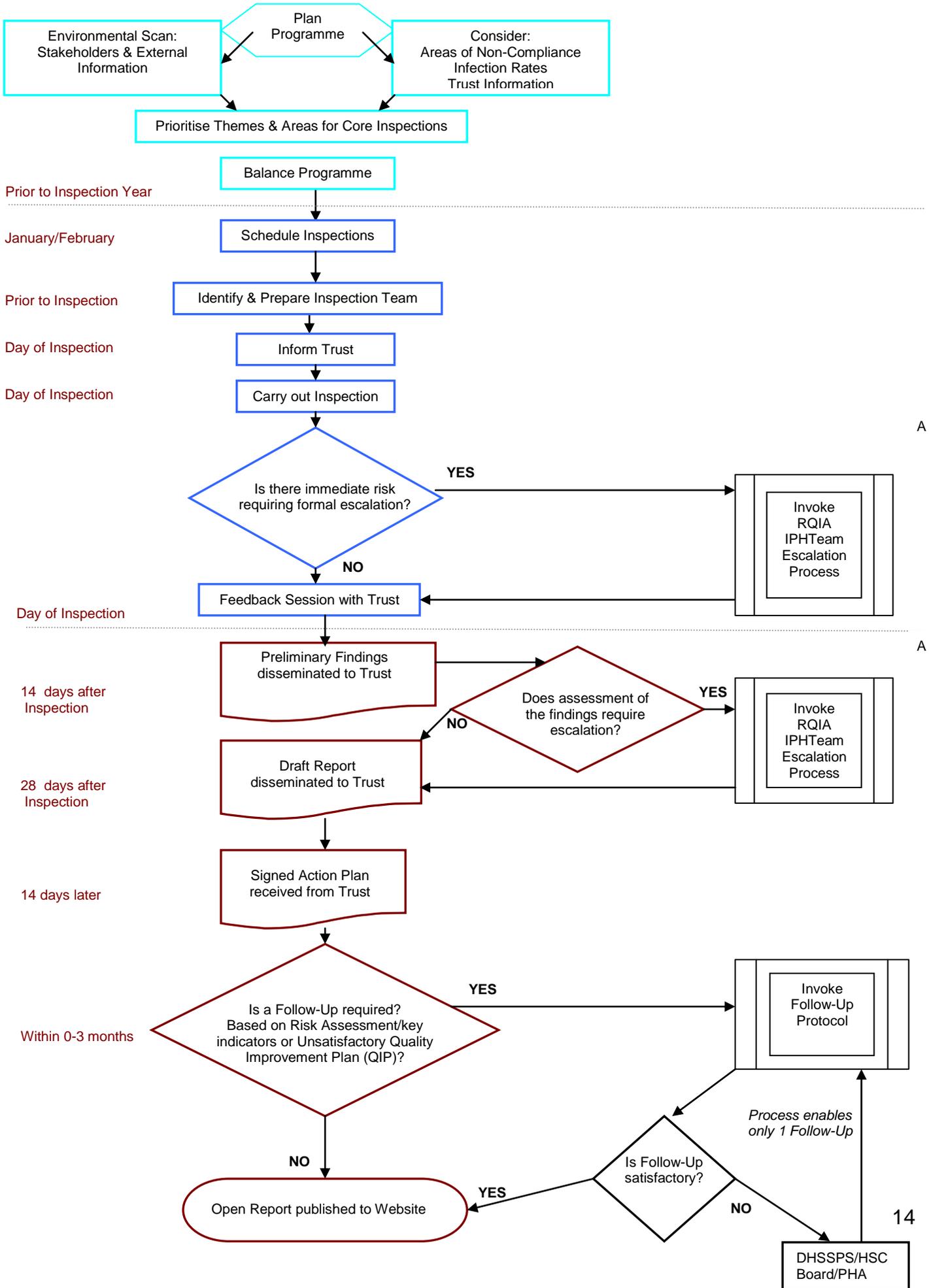
11. Staff practice of eating meals in the clinical area of the ward should be reviewed.

# 13.0 Unannounced Inspection Flowchart

Plan Programme

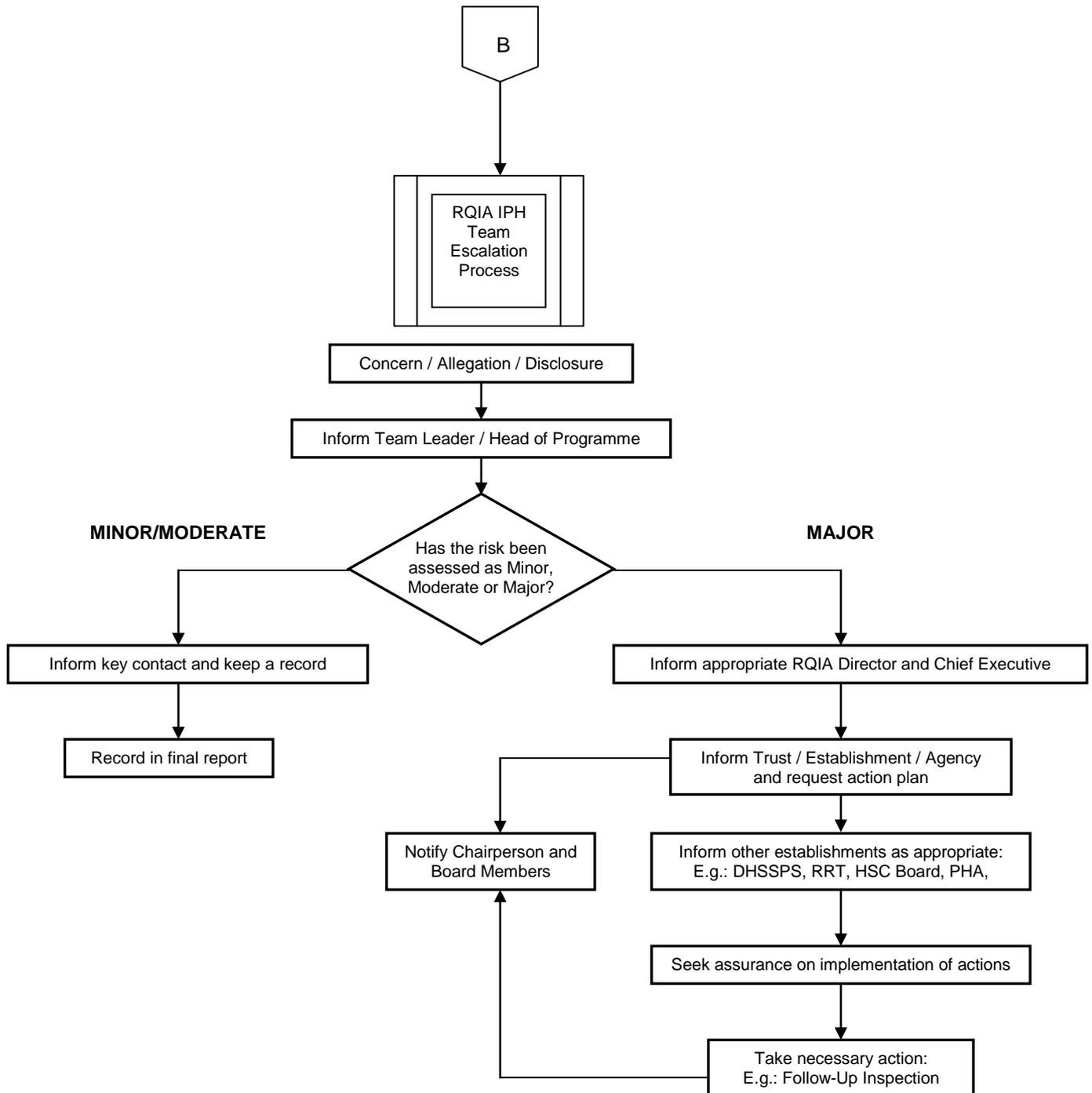
Episode of Inspection

Reporting & Re-Audit



## 14.0 Escalation Process

### RQIA Hygiene Team: Escalation Process



## 15.0 Quality Improvement Action Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	The trust should ensure the entrance to the hospital is free from debris.	Support services	This area has been cleaned and staff are monitoring more frequently	Immediate
2.	The trust should maintain an ongoing maintenance programme.	Estates services	Estates were contacted by support services and they are to do daily checks at the entrances.	Immediate
3.	Nursing staff on the Cardiac Unit should review their current cleaning work schedule and ensure all equipment, and staff responsibilities are detailed.	Nursing	The Ward sister has reviewed and updated the cleaning schedule and inform staff	June 2013
4.	Nursing staff on the Cardiac Unit should be reminded of the correct PPE to wear when changing bed linen.	Nursing	The Ward sister has spoken to the individual staff member and advice all staff of the policy.	Immediate
5.	Staff on the Cardiac Unit should be reminded of the trust's waste disposal policy.	Nursing	The ward sister spoke to individual staff and has raised awareness with all staff in the unit to be more vigilant.	Immediate
6.	Nursing staff on the Cardiac Unit should ensure sharps boxes are changed and conform to policy.	Nursing	The ward sister has address this issue and staff reminded to follow policy. Staff and sister to be more vigilant	Immediate
7.	Nursing staff on the Cardiac Unit should ensure patient equipment is clean, fit for purpose and stored correctly.	Nursing	Staff to follow the cleaning schedule and Trust policy when dealing with all equipment. Ward sister to be more vigilant and do spot checks and record these.	Immediate
8.	Clinical hand wash sinks should comply with HBN 04-01, and be accessible.	Estates	TCH is currently going to have a new build. However, replacement of sinks is being actively pursued with estates and IP&C a decision is yet to be finalised .	January 2015

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
9.	Staff should ensure all dispensers are clean.	Nursing	Staff awareness increased and also added to the support staffs cleaning schedule	Immediate
10.	Nursing staff practice on the Cardiac Unit in relation to re-sheathing of needles should be reviewed.	Nursing	This was addressed and the practice has stopped and new bungs now used.	Immediate and bungs from August
11.	Staff practice of eating meals in the clinical area of the ward should be reviewed and exceptions defined.	Nursing	Staff informed that this is for emergencies only. To be addressed at next staff meeting. Other health professionals also advised.	Immediately and October staff meeting



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