



The Regulation and
Quality Improvement
Authority

RQIA
**Infection Prevention/Hygiene
Unannounced Inspection**

Antrim Area Hospital

**Northern Health and Social Care
Trust**

5 March 2014

Contents

1.0	Regulation and Quality Improvement Authority	1
2.0	The Inspection Programme	1
3.0	Inspection Summary	2
4.0	Overall Compliance Rates	4
5.0	General Environment	5
6.0	Patient Linen	12
7.0	Waste and Sharps	13
8.0	Patient Equipment	16
9.0	Hygiene Factors	18
10.0	Hygiene Practice	20
11.0	Key Personnel and Information	22
12.0	Summary of Recommendations	23
13.0	Unannounced Inspection Flowchart	28
14.0	RQIA Hygiene Team Escalation Policy Flowchart	29
15.0	Quality Improvement Action Plan	30

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.

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.

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.

3.0 Inspection Summary

An unannounced inspection was undertaken to the Antrim Area Hospital on the 5 March 2014. The inspection team was made up of four inspectors, four peer reviewers and one observer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Antrim Area Hospital was previously inspected on 9 October 2012. This inspection identified that wards were overall compliant in the the Regional Healthcare Hygiene and Cleanliness Standards. The inspection report of that inspection is available on the RQIA website www.rqia.org.uk.

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

- Emergency Department (ED)
- Ward B2 (Medicine)
- Ward B3 (Cardiology)
- Ward C6 (Male Surgery)

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

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

Good practices observed by the inspection team:

- Completion of care bundles
- Audit scores displayed at ward entrances
- Newly refurbished sanitary areas
- Good posters on the decontamination of commodes
- Ward B3 participated in a pilot with the cath lab to reduce waiting times
- Pictorial triggers and signage
- Safety briefings include infection prevention and control
- Good team work and links with the infection prevention and control team

Inspectors found that further improvement was required in the following areas:

- Storage and clutter within wards
- Ward B3 achieved minimal compliance in the standard on the availability, use and storage of sharps and in the section on effective hand hygiene procedures. Attention is required to bring these areas up to a compliant level

The inspection of the Antrim Area Hospital, NHSCT, resulted in **1** recommendation for public areas, **10** recommendations for ED, **14** recommendations for Ward B2, **12** recommendations for Ward B3 and **15** recommendations for Ward C6. Addressing these recommendations will further enhance the overall compliant standards achieved by staff. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Storage and clutter within wards
- Inconsistent recording of fridge temperature records
- Chemicals not stored in accordance with COSHH guidance
- Availability of clinical hand washing sinks are not in line with local and national guidance
- Secure storage of medication in accordance with Medicines Management

The NHSCT 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. (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 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 NHSCT and in particular all staff at the Antrim Area 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

Ward	ED	B2	B3	C6
Environment	91	88	87	81
Patient Linen	92	93	94	97
Waste	96	84	97	93
Sharps	89	63	97	88
Equipment	94	79	87	80
Hygiene Factors	92	98	98	94
Hygiene Practices	96	88	94	91
Total	93	85	93	89

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.

Environment	ED	B2	B3	C6
Reception	N/A	N/A	N/A	76
Corridors, stairs lift	N/A	N/A	84	78
Public toilets	98	N/A	N/A	95
Ward/department – general (communal)	95	96	79	78
Patient bed area	98	86	94	81
Bathroom/washroom	100	94	98	84
Toilet	100	92	86	95
Clinical room/treatment room	N/A	76	69	73
Clean utility room	95	65	N/A	82
Dirty utility room	90	83	83	57
Domestic store	67	100	90	76
Kitchen	96	100	96	96
Equipment store	88	N/A	70	66
Isolation	90	94	98	92
General information	79	85	92	89
Total	91	88	87	81

The findings in the table above indicate that the ED and Wards B2 and B3 were overall compliant for this standard. Ward C6 was partially compliant, with greater attention required to cleaning in difficult to access areas.

A high standard of cleaning and well maintained public areas such as the reception, corridors and public toilets promote public confidence in the standards set by the hospital. Minor maintenance, repair and cleaning issues were identified in these areas.

In the main reception area, corridors leading to the wards and in the public toilet, dust was observed on horizontal surfaces and some fixtures and fittings. There was a small tear in the fabric cover on the bench in the coffee dock, some ceiling slats were missing and a mattress was stored in the entrance corridor to Ward C6. In Ward B3 entrance corridor there was door and chair damage observed.

Some areas require attention to detail in cleaning, maintenance and repair and in maximising the use of available storage space.

The key findings in respect of the general environment are detailed in the following sections.

- Maintenance and repair issues; the wood finish on doors and frames, paint work or plaster damage on walls. In some areas fixtures, fittings and surfaces were chipped and damaged; shelving. The new ED, opened in June 2013, while bright and spacious had damage to surfaces caused by trolleys and chairs. The trust advised at the feedback session that this was to be addressed by the contractors.
- Greater attention to detail when cleaning high and low horizontal surfaces such as dust and debris in cupboards or shelving and inaccessible flooring or skirting is required. Some sanitary fixtures and fittings required cleaning. In Wards B3 and C6 lime scale was noted on taps.



Picture 1: Cluttered store

- Equipment stores were cluttered making effective cleaning of surfaces and hard to access areas difficult (Picture 1). In ward areas, rooms are small and storage was insufficient for stock with supplies stored on the floor or on top of cupboards. The amount of stock should be reviewed. In B3 and C6 the clinical work surface was inadequate.



Picture 2: Information leaflets

- Information leaflets on general infections were available (Picture 2). In Ward B2 hand hygiene posters were not always displayed. Information posters on the NPSA cleaning colour coded system were not available in the ED and Ward C6. In the ED there was no linen segregation poster.
- Nursing cleaning schedules were available in C6, however in Wards B2 and B3 cleaning schedules were unable to be located. In the ED there were gaps in the equipment cleaning schedules and in the water flushing records for the domestic store. Domestic service cleaning schedules were not available in Ward B2; COSHH data information was available in all areas.
- In Wards B2, B3 and C6, the drugs' fridge temperature records were either unable to be located or inconsistently recorded. The drugs' fridge was either unlocked or required cleaning. In C6, the patient food fridge temperature was inconsistently recorded and in the ED there was no dishwasher temperature record available.

Emergency Department

The new purpose built, state of the art ED was opened in June 2013. The department has an ambulance triage area, minors area, majors area, resuscitation area, paediatric area, an observation ward and two negative pressure isolation rooms. The department is clean, spacious and provides a welcoming environment for patients.

The standard of maintenance and cleaning of surfaces and fixtures within this ward was of a good standard, some issues were identified.

- There was an excessive amount of information posters and guidance attached to walls and worktops, especially at the nurses' stations. This impedes effective cleaning and reduces the aesthetic appearance of the department.
- There were blood splashes on the worktop in the near patient testing room and the uncovered computer keyboards in cubicles, could pose difficult to clean.
- In Cubicle 8, the internal foam mattress was stained; this was immediately taken out of use by staff. Mattress audits are not currently carried out within the ED.
- The domestic store in particular required cleaning. All surfaces, fixtures and fittings were dusty or had debris present. Cleaning schedules were stored haphazardly and there were inappropriate items within the store; two jumpers, diluting juice.

Ward B2

The ward has recently had refurbishment to sanitary areas which has significantly improved this environment for patients.

The standard of maintenance and cleaning of surfaces and fixtures within this ward was of a good standard, some issues were identified.

- In the treatment room, blood stains were noted on the wall behind the clinical work surface and there were worn labels and adhesive tape on cupboard doors.
- In the clean utility room high density storage drawers, bags of IV fluids; sodium chloride, potassium chloride and manitol were mixed together. This had the potential to lead to incorrect usage by staff.
- Two mattresses, with incomplete documentation, and two bed bumpers were stored in the clean utility room. There was no warning on the door of the room to denote the storage of oxygen.

- In the dirty utility room patients property was stored underneath the sluice hopper, the macerator required cleaning and there was no deep equipment sink available.

Ward B3

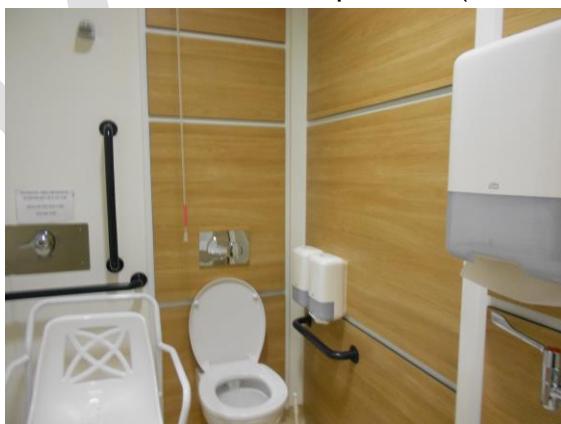
The ward has recently had refurbishment to sanitary areas which has significantly improved this environment for patients.

The standard of maintenance and cleaning within this ward was of a good standard, some issues were identified.

- In the main ward the work station was cluttered, there was surface damage to surfaces and seating and adhesive tape used to attach labels.
- A disposable bedpan containing urine was noted on the bathroom floor, this was immediately removed by staff. A raised toilet seat was on the floor of the toilet. A PPE dispenser was on the floor underneath the hand washing sink in the dirty utility.
- Work is required with storage and maintenance in the treatment/clinical room. The dedicated work surface was inadequate for the storage of equipment and for preparing to carry out clinical procedures. In the dirty utility room, some shelving was underutilised while boxes of cloths were noted on the floor.
- In the kitchen, decanted cereal bags were not dated. The air conditioning unit was broken resulting in staff propping the kitchen door open and therefore accessible to the public.

Ward C6

The ward has recently had refurbishment of its sanitary areas which has significantly improved this environment for patients (Picture 3).



Picture 3: Refurbished toilet

The standard of maintenance and cleaning within this ward was of a satisfactory standard, some issues were identified.

- Maintenance and repair issues include; ceiling light bulbs not working, privacy curtain not hooked up, mirror screw caps missing and window blinds damaged. Damage was observed to the edge of shelving and a pull cord was broken.
- Cleaning issues include; adhesive labels, dust in the leaflet rack, on computer screens, behind a radiator, in air vents and inside cupboards. Shower fittings, a curtain and blinds were stained. In the dirty utility room the sluice hopper and macerator required cleaning and in the isolation room the undercarriage of the bed was dusty. Some posters were old, worn and not laminated. Due to insufficient storage, inaccessible skirting, flooring and shelving could not be effectively cleaned and were dusty. External windows required cleaning.
- The clinical room, dirty utility room and equipment store were cluttered with equipment or stores. Patient property and a mattress cover were stored in the dirty utility room.
- There was no dedicated hand washing sink in the domestic store. The equipment sink used to prepare cleaning solution was used as a hand washing sink. Taps on the domestic store sinks required cleaning.
- In the kitchen, decanted food containers were not dated or labelled. The inspection was carried out on Wednesday 5 March however; kitchen cleaning schedules were completed for the whole week rather than on a daily basis.

Additional Issues

Emergency Department

- The computer on wheels (COW) located in the majors area had the access password underneath the computer keyboard. This has the potential to compromise the confidentiality of patient information

Ward B2

- Mattress and commode audit documentation was not up to date.
- The ward has an escalation bed in Bay 2. The bed is located against double doors into the next ward. The patient dignity was challenged; there was no access to a call bell.
- The pharmacy room door was open, the room was unattended and a medication cupboard inside the room was open and medication easily accessible.

Ward C6

- The ward has one escalation bed in Bay 4; there are no dedicated privacy screens or a call bell.
- A female patient was nursed on the ward.
- Ampoules of medication were left unattended in the unlocked and open treatment room, easily accessible.

DRAFT

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).

Linen	ED	B2	B3	C6
Storage of clean linen	84	100	100	94
Storage of used linen	100	86	88	100
Laundry facilities	N/A	N/A	N/A	N/A
Total	92	93	94	97

The above table outlines the findings in relation to the management of patient linen. All wards achieved overall compliance. In ED, the partially compliant score in the storage of clean linen indicated cleaning and maintenance issues.

Emergency Department

- Walls were scuffed, marked and there was debris on the floor and skirting
- There was adhesive tape or sticky labels attached to surfaces

Ward B2

- Used linen was not placed immediately into used linen bags
- Soiled linen in a red bag had not been put in a water soluble bag

Ward B3

- Some older style linen skips and linen bag frames were damaged

Ward C6

- Linen was stored untidily on the linen pod shelving

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	ED	B2	B3	C6
Handling, segregation, storage, waste	96	84	97	93
Availability, use, storage of sharps	89	63	97	88

The above table indicates that the ED and Wards B3 and C6 achieved compliance in the standard on waste and sharps. It is disappointing to note that Ward B2 scored partial compliance for the handling, segregation and storage of waste and minimal compliance for availability, use and storage of sharps. Immediate action is required to bring these standards to compliance. Issues identified for improvement in this section of the audit tool were:

7.1 Management of Waste

Issues common to all areas

- Some waste receptacles or the waste disposal hold required cleaning
- There was inappropriate waste in receptacles used for the collection of waste

Emergency Department

- The lid of the yellow clinical waste euro bin was open
- Documentation disposed of into the sharps box contained patient details

Ward B2

- There was no house hold waste bin in the dirty utility room
- The side of the house hold waste bin in Bay 4 was stained
- A used waste bag was observed tied to an observation trolley

Ward B3

- The clinical waste bin was located beside the hand washing sink. Staff immediately moved the household waste bin to the hand washing sink
- The lid of the clinical waste bin in the dirty utility room was damaged; paint was chipped

Ward C6

- The magpie box and purple lidded burn bin was overfilled
- The lid of the orange and purple lidded burn bins was stained

7.2 Management of Sharps

Emergency Department



Picture 4: Syringe on top of sharps box

- There were blood spots on the top of the sharps box in the near patient testing room; a blood filled syringe was on top of the sharps box. The temporary closure mechanism on this box was also not deployed (Picture 4).
- A small sharps box was insecurely hooked onto the drip stand on the resuscitation trolley. This sharps container also had contents present

Ward B2

- Two of the four sharps boxes were not signed or dated
- Three of the four sharps boxes did not have the temporary closure mechanism in place
- All four sharps trays were stained or had adhesive tape present

Ward B3

- Rectangle sharps boxes to fit into the ANTT trays were not available. Staff were using circular boxes

Ward C6

- Three sharps boxes were not labelled; with date and signature
- An IV line was protruding from a sharps box

DRAFT

8.0 Standard 5.0: 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.

Patient Equipment	ED	B2	B3	C6
Patient equipment	94	79	87	80

The above table indicates that the ED and Ward B3 achieved compliance in this standard, Wards B2 and C6 achieved partial compliance. Issues identified for improvement in this section of the audit tool were:

Issues common to areas

- Some nursing staff were not aware of the symbol for single use item equipment
- The resuscitation trolley and equipment on the trolley required cleaning or was out of date and out of the original packaging (Picture 5)



Picture 5: Equipment out of packaging

Emergency Department

- There was adhesive tape attached to some equipment
- The mobile blood pressure monitor and an IV (Baxter) pump in the resuscitation area were stained
- Clean linen skips had sticky paper labels attached

Ward B2

- The single use jug in the dirty utility room was being reused
- The underside of a commode labeled with trigger tape as “cleaned” was faecally stained
- Stored equipment, such as Baxter pumps did not have trigger tape to indicate that they had been clean, the pumps were stained
- Clean linen trolleys were stained and had adhesive tape residue
- Dressing trolleys in the clean store were stained and had adhesive tape attached
- A blood glucose monitoring machine and case were stained

Ward B3

- In the equipment store, not all stored equipment had trigger tape in place. Some trigger tape was dated December 2013 and January 2014. Some stored Baxter pumps were dusty.
- The ice machine was broken. This had been reported.
- Manual handling equipment was chipped or worn and discoloured.
- A pressure relieving cushion, stored in a clinical waste bag in the equipment store, was stained and a popper was missing.

Ward C6

- A stored IV pump required cleaning. Stored equipment had no trigger tape insitu; pumps, IV stands. Some stored IV stands were old and worn.
- The base of the notes trolley was dusty and there were taped labels present.
- The base of the glucometer was dusty.
- Nebuliser and oxygen masks were stored uncovered behind the patients bed.
- The mobile keyboard stored in the treatment room was sticky.
- The base of the oxygen cylinder holders was rusted.

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	ED	B2	B3	C6
Availability and cleanliness of WHB and consumables	100	97	95	88
Availability of alcohol rub	100	97	100	100
Availability of PPE	87	100	100	100
Materials and equipment for cleaning	82	98	98	87
Total	92	98	98	94

The above table indicates good compliance in this standard. Full compliance was achieved in a number of sections. It was disappointing to note that despite the new environment and hand washing facilities (Picture 6) in the ED, materials and equipment for cleaning section was partially compliant. Action is needed to address the issues identified below.



Picture 6: Hand washing sink

Issues common to areas

- At ward level the ratio of hand washing sinks to patients is not in line with local/national policy; 1:6
- Cleaning chemicals were not always locked away or were stored in handheld buckets and not discarded after use

Emergency Department

- PPE stations (Danicentre) were located inside cubicles. At the feedback session the inspection team were informed that the decision

to locate the stations within cubicles was taken in conjunction with the infection prevention and control team (IPC). The IPC team felt that this has increased compliance with the use of PPE and the enclosed stations decreased the risk of contamination of PPE. In the event that a patient with an infective organism is admitted to a cubicle, the PPE within the station will be disposed of after the patient transfer or discharge.

- A roll of aprons was observed on a clinical waste bin.
- There was no staff face protection on the resuscitation trolley within the majors area.
- Small decanted bottles of Difficil - S on the domestic trolley were not dated.
- A label was present on a floor burnisher to indicate that the piece of equipment was out of order. There was no date on the label to indicate when this had been reported.
- A number of items of domestic equipment had been observed abandoned throughout the department; items included vacuum cleaner, mop and bucket, burnisher and domestic trolley. Equipment required cleaning.

Ward B2

- Consumable dispensers should be available and fully stocked.

Ward B3

- Hand washing sinks, fixtures and fitting were old, worn and not in line with HBN 04-01.

Ward C6

- Hand washing sinks, fixtures and fitting were old, worn and not in line with HBN 04-01.
- Some sanitary ware and a consumable dispenser required more detailed cleaning.
- A nurse and agency nursing auxiliary was unaware of how to reconstitute Difficil – S. The small Difficil – S bottle was not labeled or dated.
- The underside of mop buckets was dirty, especially under the edging. In the dirty utility room, water was present in the handheld bucket on the nursing cleaning trolley, rather than discarded after use.

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	ED	B2	B3	C6
Effective hand hygiene procedures	100	72	95	80
Safe handling and disposal of sharps	100	92	100	100
Effective use of PPE	100	94	100	100
Correct use of isolation	100	81	95	85
Effective cleaning of ward	81	90	84	89
Staff uniform and work wear	97	100	89	90
Total	96	88	94	91

The above table indicates good compliance in this standard. Full compliance was achieved in a number of sections. In Ward B2 effective hand hygiene was minimally compliant; action is needed to address the issues identified below.

Issues common to areas

- Nursing staff were not all aware of the NPSA cleaning colour coded system
- In the wards infection prevention and control nursing care plans or documentation was not in place or not detailed enough for patients with infection

Emergency Department

- A staff nurse was unaware of the current disinfectant solution used within the department
- One member of the medical team was observed wearing dangling stoned ear rings

Ward B2

- Staff did not use the seven step hand hygiene technique for hand washing or when using alcohol rub
- A member of nursing staff carried an IV syringe in her hand to the patient, they did not use a tray or follow the ANTT process
- A member of staff did not wash their hands after removing their gloves
- There was no notice on the door of a patient who was being nursed under infection prevention precautions

- COSHH data sheets were not available for domestic staff, the folder was missing

Ward B3

- A member of nursing staff was unaware not to use alcohol rub for hand decontamination when a patient has *Clostridium difficile*.
- Detergent wipes were not available in the ward for routine cleaning of equipment. A nurse was unaware of how to reconstitute Difficil – S.
- Not all staff adhered to the trust dress code policy; nail polish, stoned earrings.

Ward C6

- A doctor did not wash their hands after leaving the patient or after removing personal protective equipment.
- Two staff did not wash their hands before serving meals.
- A nurse was unaware of how to reconstitute Difficil – S and use for blood and body fluid spillages.
- Not all staff adhered to the trust dress code policy; long sleeved jumper, stoned ring, earrings that had crevices or stones which are not easily cleaned.

Additional Issues

Ward C6

- An FY0 junior doctor was carrying a paper mache kidney dish and nasogastric tube, under their arm, to insert into a patient.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- | | |
|----------------|--|
| Mrs L Gawley | - Inspector, Infection Prevention/Hygiene Team |
| Mrs M Keating | - Inspector, Infection Prevention/Hygiene Team |
| Mr T Hughes | - Inspector, Infection Prevention/Hygiene Team |
| Mrs S O'Connor | - Inspector, Infection Prevention/Hygiene Team |

Peer Reviewers

- | | |
|--------------|---|
| Mr S Trainor | - PCSS Manager, BHSCT |
| Mr R Donavon | - Clinical Coordinator, Medical Specialties, SEHSCT |
| Mrs G Smyth | - PE Manager, SEHSCT |
| Ms S Baird | - Clinical Governance & IPC, NWIC |

Observer

- | | |
|------------|--|
| Jill Munce | - Corporate Improvement, Public Engagement, RQIA |
|------------|--|

Trust representatives attending the feedback session

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

- | | |
|--------------|---|
| M O'Hagan | - Director Acute Services |
| M Bermingham | - AD, Corporate Support Services |
| C Stirman | - Service Lead |
| A McErlane | - Service Lead, Unscheduled Care |
| K Agnew | - Lead Nurse, Theatres |
| P McGaw | - General Manager, ATICS |
| N Baldwin | - Lead Nurse, Infection Prevention & Control |
| A Laverty | - Service Lead, Cardiology |
| M Neeson | - Surgery |
| L Crymble | - Senior Infection Prevention & Control Nurse |
| V Davidson | - GM, Acute Catering & Domestic Services |
| M Adams | - ED, Sister |
| C Kelly | - Estates Engineer |
| S Sherrard | - Capital Development Department |
| A Devlin | - Acting Ward Manager, B3 |
| J Williams | - Acting Ward Manager, B2 |
| M Donaghy | - Deputy Ward Sister, C6 |
| L Bates | - PA, Director of Nursing |
| H Carmone | - Student Nurse |

Apologies:

- | | |
|-----------|-----------------------|
| O MacLeod | - Director of Nursing |
|-----------|-----------------------|

12.0 Summary of Recommendations

Recommendation for General Public Areas (Main Entrance to Hospital)

1. The trust should continue to ensure that general public areas are clean and furnishings and fixings are in a good state of repair.

Recommendations: ED

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains. Only relevant posters and guidance documents should be available displayed on surfaces.
2. A maintenance programme should be in place for damage to doors, walls and equipment.
3. Information posters on NPSA and linen guidance should be available for staff to reference. Cleaning schedules, dishwasher and water flushing records should be fully completed and mattress audits commenced.
4. Staff should ensure that computer on wheels password is secure to prevent unauthorised access to information.

Standard 3: Linen

No recommendations.

Standard 4: Waste and Sharps

5. Staff should ensure waste and sharps receptacles are clean and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.

Standard 5: Patient Equipment

6. Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.

Standard 6: Hygiene Factors

7. The trust should review the availability of PPE.
8. Cleaning chemicals and equipment should be clean, stored correctly and in a good state of repair.

Standard 7: Hygiene Practices

9. Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant solution in use.
10. Staff should adhere to the trust uniform policy.

Recommendations: B2

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains.
2. A maintenance programme should be in place for damaged surfaces, furniture, fixtures or fittings.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Information posters on hand hygiene and a poster to denote the presence of oxygen should be available. Cleaning schedules and drugs fridge temperature records should be available and consistently maintained. Mattress documentation should be fully completed.
5. The door of the pharmacy room and medication cupboard should be secured at all times to prevent unauthorised access.
6. The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.

Standard 3: Linen

7. Staff should ensure that linen is segregated and disposed of as per trust policy.

Standard 4: Waste and Sharps

8. Staff should ensure waste and sharps receptacles are available, clean, used and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.

Standard 5: Patient Equipment

9. Staff should ensure their knowledge is up to date and that equipment and IV fluids are clean, in a good state of repair, stored and used correctly.

Standard 6: Hygiene Factors

10. The trust should review the provision of a dedicated clinical hand wash sinks.
11. Cleaning chemicals should be stored in accordance with COSHH guidance. Consumable dispensers should be available and fully stocked.

Standard 7: Hygiene Practices

12. Nursing staff should ensure they are aware of the NPSA colour coded system in use. COSHH data sheets should be available for domestic staff.
13. Staff should be aware of the 7 step hand hygiene technique and the WHO 5 moments. All staff should be familiar with and adhere to the ANTT process when carrying out clinical procedures.
14. Nursing staff should ensure detailed care plans are maintained for patients in isolation. Signage should be used to denote the use of infection prevention and control precautions.

Recommendations: B3

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt, stains.
2. A maintenance programme should be in place for damaged surfaces, furniture, fixtures or fittings.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Cleaning schedules and drugs fridge temperature records should be available and consistently maintained.
5. Decanted food should be labelled correctly. The air conditioning should be fixed and the kitchen should be inaccessible to the public.

Standard 3: Linen

No recommendations.

Standard 4: Waste and Sharps

6. Staff should ensure waste and sharps receptacles are available, clean and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.

Standard 5: Patient Equipment

7. Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.

Standard 6: Hygiene Factors

8. The trust should review the provision of a dedicated clinical hand wash sinks. Hand washing sinks, fixtures and fitting should be in line with HBN 04-01 and replaced when old, worn and not fit for purpose.
9. Cleaning chemicals should be stored in accordance with COSHH guidance.

Standard 7: Hygiene Practices

10. Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant in use. Staff should be aware of the solutions used for hand hygiene.
11. Nursing staff should ensure detailed care plans are maintained for patients in isolation.
12. Staff should adhere to the trust uniform policy.

Recommendations: C6

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt, stains.
2. A maintenance programme should be in place for damaged surfaces, furniture, fixtures or fittings.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Information posters on NPSA guidance should be available for staff to reference. Drugs fridge and patient food fridge temperature records should be available and consistently maintained.

5. Decanted food containers should be labelled correctly. Kitchen cleaning schedules were completed for the whole week rather than on a daily basis.
6. The door of the treatment room should be secured at all times to prevent unauthorised access.
7. The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.

Standard 3: Linen

No recommendations.

Standard 4: Waste and Sharps

8. Staff should ensure waste and sharps receptacles are available, clean, used and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.

Standard 5: Patient Equipment

9. Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.

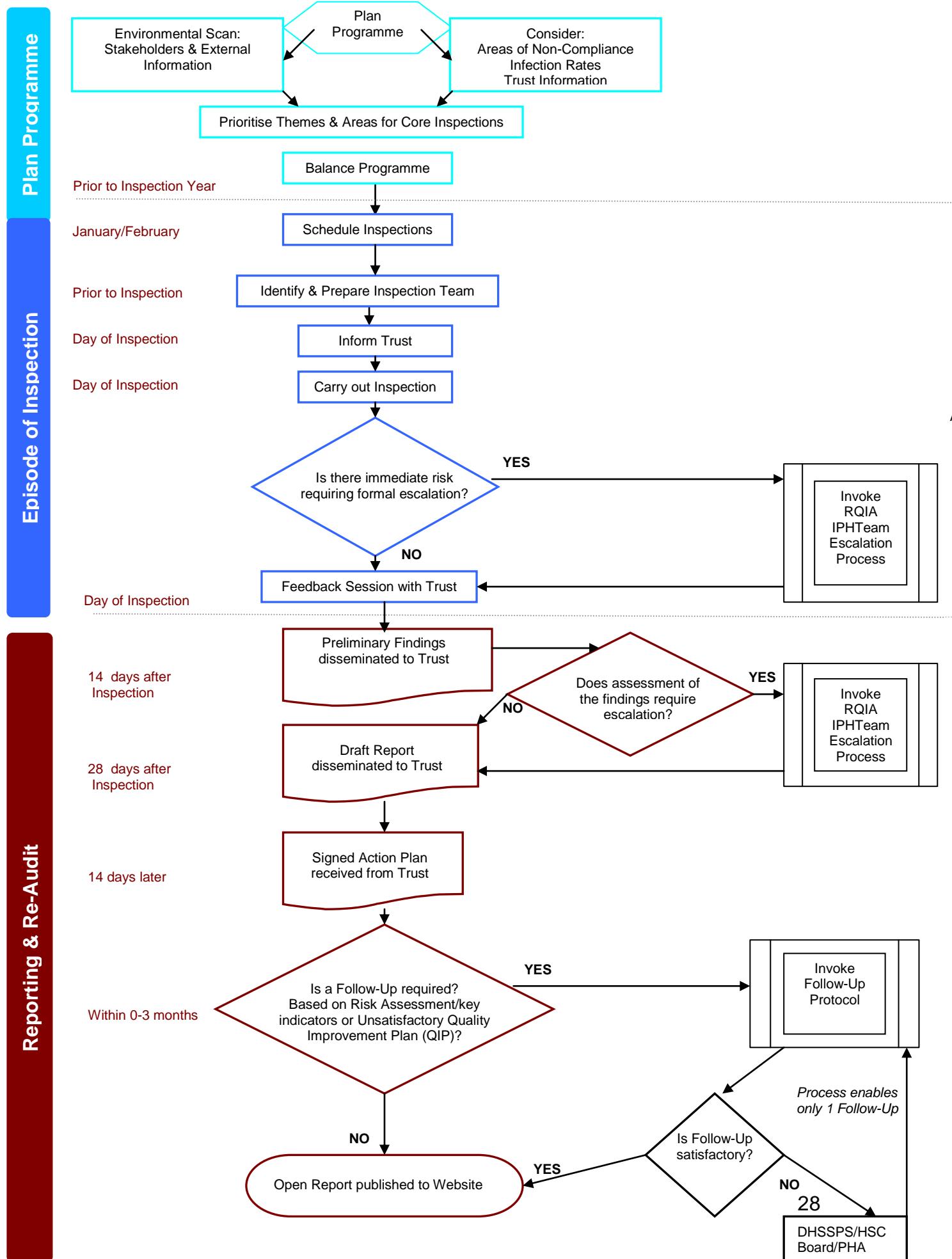
Standard 6: Hygiene Factors

10. The trust should review the provision of a dedicated clinical hand wash sinks. Hand washing sinks, fixtures and fitting should be in line with HBN 04-01 and replaced when old, worn and not fit for purpose.
11. Cleaning chemicals and equipment should be clean, stored correctly and in a good state of repair. Ward staff should ensure that consumables are clean.

Standard 7: Hygiene Practices

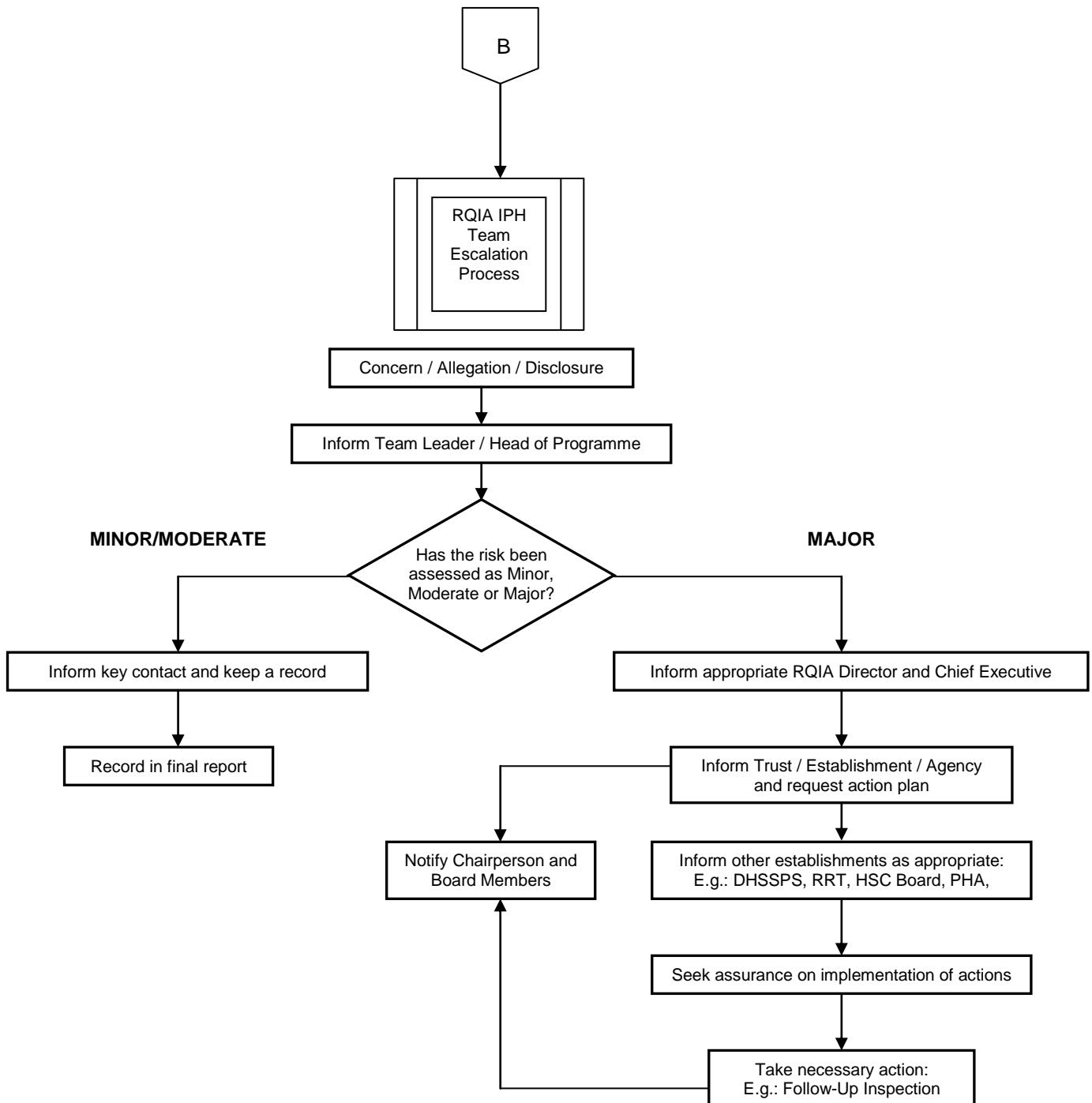
12. Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant in use.
13. Staff should be aware of the solutions used for hand hygiene and the WHO 5 moments for hand hygiene. All staff should be familiar with and adhere to the ANTT process when carrying out clinical procedures.
14. Nursing staff should ensure detailed care plans are maintained for patients in isolation.
15. Staff should adhere to the trust uniform policy.

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
Recommendations for General Public Areas (Main Entrance to Hospital)				
1.	The trust should continue to ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	Domestic Services	<p>The Trust has recently embarked on a night shift cleaning regime for public areas to allow for clear corridor access to complete cleaning duties. Supervision of this service is challenging and a number of actions have been taken to address issues identified in the preliminary report which will ensure standards are sustained into the future.</p> <p>All cleaning issues and Estates issues highlighted on the day of the audit have been addressed or actioned with the staff/service responsible. An enhanced focus has been placed on supervision by the Domestic Services Supervisors.</p>	Completed

Area: Emergency Department

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
Standard 2: Environment				
1.	<p>Staff should ensure that all surfaces are clean and free from dust, dirt and stains. Only relevant posters and guidance documents should be available displayed on surfaces.</p>	Domestic Services	<p>Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon to "quality check" the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff, and in the event of two re-occurrences of the same lapse in cleaning standards/practices, disciplinary action will be taken.</p> <p>Environmental Audits are carried out monthly in 4 designated areas of ED in conjunction with the Ward Manager.</p> <p>An Emergency Department Environmental Cleanliness Focus Group meets quarterly to review progress and set targets for improvement.</p> <p>All cleaning issues highlighted in the preliminary report have been addressed</p> <p>The Domestic Store Cleaning Manual has been updated and replaced in the</p>	<p>Completed</p> <p>Completed</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
		Nursing Staff	Domestic Store. Appropriate equipment to be ordered for storage of posters and guidance documents	30.5.14
2.	A maintenance programme should be in place for damage to doors, walls and equipment.	Estates	Building at end of defects liability period. Snagging list has been completed and agreed with contractor on 24 th June 2014. Contractor to provide programme to address issues. List of items to be addressed is attached (TO EMAIL)	Immediate
3.	Information posters on NPSA and linen guidance should be available for staff to reference. Cleaning schedules, dishwasher and water flushing records should be fully completed and mattress audits commenced.	Nursing Staff Nursing Staff Domestic Services	NIPSA poster and linen guidance now available in all appropriate areas Mattress audit undertaken and to be completed monthly by band 3's Dishwasher and flushing records completed appropriately by domestic staff	Completed Completed Completed
4.	Staff should ensure that computer on wheels password is secure to prevent unauthorised access to information.	Ward Sister	All passwords secured and staff aware of Trust policy. POPI departmental procedures reviewed and protocol issued	Completed
Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
5.	Staff should ensure waste and sharps receptacles are clean and stored correctly. Waste should be disposed	Nursing Staff	Dissemination and information to all staff of appropriate cleaning/disposal to	Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
	of into the correct waste stream in accordance with trust policy. .		appropriate waste stream Waste and sharps receptacles have been cleaned and this will be monitored via the daily cleaning checklists	
Standard 5: Patient Equipment				
6.	Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.	Nursing Staff	Equipment identified has been cleaned and in good repair. Equipment cleaned as per manufacturer guidelines. Staff education on this is ongoing in conjunction with the equipment manuals. On receipt of new equipment cleaning and maintenance is included in the initial training with manuals of reference available. Cleaning rota within department is monitored by the Nurse in Charge of each shift. This is also monitored by spot checks by the Band 7 team. This is supported by monthly audits of mattresses and commodes. The results of the audits are shared with staff to identify areas of development at team meetings and safety briefing. There is ongoing monitoring by the infection control Link team.	30.05.14
Standard 6: Hygiene Factors				
7.	The trust should review the availability of PPE.	Infection Control	This has been reviewed and appropriate measures are in place in all cubicles, apart from isolation rooms which are	Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
			treatment rooms and appropriate PPE is available. The isolation room in ED has appropriate PPE prior to entering the room. This has been extensively reviewed by Infection Control Team. Face PPE now available in Resus trolley	
8.	Cleaning chemicals and equipment should be clean, stored correctly and in a good state of repair.	Domestic Services Ward Sister/ Nursing staff	Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning equipment is kept clean, stored appropriately and maintained in a good state of repair, in line with the standard in which they have been trained. Small Difficil – S bottle is now dated with the date the bottle must be replaced. Any contents left in the bottle are disposed of at the end of every shift and bottle cleaned. All equipment has now been cleaned and Domestic Supervisors are monitoring the upkeep of equipment cleaning as part of their Daily Observational audits. Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning including the Domestic Services Store, to ensure standards are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and	Completed Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
			<p>in the event of two re occurrences relating to the same lapse in cleaning standards/practice, disciplinary action will be taken.</p> <p>The floor burnisher has been repaired and is now in working order.</p> <p>Risk assessment carried out by Trust and chemicals remain in sluice room in large container and is managed by Ward Sister</p>	
Standard 7: Hygiene Practices				
9.	Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant solution in use.	Nursing Staff	<p>Signs in place with reference to NPSA colour coded system and correct formulation of disinfected concentrations. Staff have been informed via safety briefings and forms part of all inductions of new staff to department.</p> <p>Knowledge is monitored by clinical educator, ward sisters and by peer review. Knowledge is also monitored by the infection control link team as supported by the ED Infection control nurse. All new developments in infection control and waste management are communicated via the infection control current issues board.</p>	Completed
10.	Staff should adhere to the trust uniform policy.	Nursing Staff Medical Staff	All staff to be reminded regarding Trust uniform policy, via safey briefings and	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
		Domestic Services Portering Services	staff to be challenged when uniform policy not adhered to	

Area: Ward B2

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains.	Domestic Services	<p>Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re occurrences relating to the same lapse in cleaning standards/practice, disciplinary action will be taken.</p> <p>Environmental Audits are carried out monthly in conjunction with the Ward Manager with an action plan completed to address any issues.</p> <p>All cleaning issues highlighted in the preliminary report have been addressed.</p>	Completed
2.	A maintenance programme should be in place for	Estate	Planned maintenance every 12 weeks of	Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
	damaged surfaces, furniture, fixtures or fittings.	Services/ Ward Sister/ Nursing Staff	doors for fire code. All other maintenance is scheduled as per action desk once reported by ward staff. This involves staff making a telephone call to maintenance desk and receiving an incident log number which is followed up by the ward manager to ensure actions completed.	
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing Staff	Declutter programme commenced and review of stock in progress. Ward Sister has commenced a review of stock in her store room and has taken the opportunity provided by dump the junk week to remove any unnecessary and broken items. A store champion has been identified from the nursing support staff to ensure this area is maintained once declutter completed.	30.05.14
4.	Information posters on hand hygiene and a poster to denote the presence of oxygen should be available. Cleaning schedules and drugs fridge temperature records should be available and consistently maintained. Mattress documentation should be fully completed.	Infection Control Estates Nursing Staff	Infection Control provided hand hygiene poster for ward and same erected and displayed. Signage erected on door to advise Oxygen present. Fridge template including cleaning column to commenced from 14.04.14. Ward Sister to carry out inspections.	Completed completed completed
5.	The door of the pharmacy room and medication cupboard should be secured at all times to prevent unauthorised access.	Ward Sister	Salto swipe access lock installed onto door and pharmacy staff advised to ensure room door closed when they leave the room. Sister to monitor this situation.	Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
6.	The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.	Ward Sister/ Nursing Staff	Bed positioned as per Trust and Fire Officer agreement. A Risk assessment was carried out by fire officer and Trust staff to ensure appropriate location of beds in event of fire. Portable screens are available at ward level to help maintain privacy and dignity of patients when extra bed in use. Extra beds are de-escalated at the earliest opportunity.	Completed
Standard 3: Linen				
7.	Staff should ensure that linen is segregated and disposed of as per trust policy.	Ward Sister/ Nursing Staff	Water soluble bags available at ward level. Ward Sister updated staff at ward meeting 01.04.14. This is part of the stock ordered by ward sister on a weekly basis on the top up system. Ward Sister has agreed to monitor the situation in relation to processes within her ward and address any issues immediately.	Completed
Standard 4: Waste and Sharps				
8.	Staff should ensure waste and sharps receptacles are available, clean, used and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.	Nursing Staff	Clinical and non-clinical waste information reviewed again with staff at team meeting on 01.04.14. This is a matter that requires constant reinforcement and communication. Sharps receptacles are available in the clean utility room and are replenished as required by the nursing and nursing support staff at ward level. These receptacles were cleaned immediately this issue was identified after the audit and infection control and ward sister	Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
			monitor compliance with random checks in their wards weekly.	
Standard 5: Patient Equipment				
9.	Staff should ensure their knowledge is up to date and that equipment and IV fluids are clean, in a good state of repair, stored and used correctly.	Ward Sister/ Nursing Staff	Single use jug disposed of on day of inspection. Equipment cleaned immediately after audit complete. Staff updated to date and change daily as per infection control guidelines and as trained. New staff to ward to receive communication from their preceptor in their ward induction. Trigger tape in use. Staff updated at team meeting and on day of audit. Education is provided for any new equipment by company representatives eg. BM machines in B2 and information cascaded to all staff via safety briefings and team meetings. Ward Sister monitors staff knowledge at staff appraisals.	Completed
Standard 6: Hygiene Factors				
10.	The trust should review the provision of a dedicated clinical hand wash sinks.	Estates	No capacity for additional hand wash sinks in the clinical bays. Infection control have been involved in the review of this report and could not identify any further area to install dedicated hand wash sinks within 6 bedded bay.	Completed
11.	Cleaning chemicals should be stored in accordance with COSHH guidance. Consumable dispensers should be available and fully stocked.	Ward Sister/ Domestic Services	Risk assessment carried out by Trust supported by infection control. Difficile S chemical remains in sluice room on	Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
			bench in large container and is dispensed into smaller bottles when required.. When not in use these small bottles are stored in a locked yellow CossH cupboard. This process is managed by Ward Sister/ Nurse in Charge.	
Standard 7: Hygiene Practices				
12.	Nursing staff should ensure they are aware of the NPSA colour coded system in use. COSHH data sheets should be available for domestic staff.	Ward Sister/ Nursing Staff Domestic Services	Ward Sister to laminate and erect on ward for staff information. This has been communicated via team safety briefings and is monitored by infection control spot audits and ward sister. Erected in every store	Completed
13.	Staff should be aware of the 7 step hand hygiene technique and the WHO 5 moments. All staff should be familiar with and adhere to the ANTT process when carrying out clinical procedures.	Ward Sister/ Nursing Staff	Staff updated at ward meeting 01.04.14. Infection control carry out spot audits at ward level to monitor compliance to hand hygiene 7 steps technique as well as ANTT. Any actions required following this audit are taken by the ward sister.	Completed
14.	Nursing staff should ensure detailed care plans are maintained for patients in isolation. Signage should be used to denote the use of infection prevention and control precautions.	Ward Sister/ Nursing Staff/ Infection Control	Staff updated at team meeting on 01.04.14. Ward Sister and Infection Control team to carry out random checks on ward weekly.	Completed

Area: Ward B3

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt, stains.	Domestic services	<p>Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re-occurrences in relation to the same lapse in cleaning standards/practice, disciplinary action will be taken.</p> <p>Environmental Audits are carried out monthly in conjunction with the Ward Manager with an action plan completed to address any issues.</p> <p>All cleaning issues highlighted in the preliminary report have been</p>	Completed
2.	A maintenance programme should be in place for damaged surfaces, furniture, fixtures or fittings.	Estate Services/ Nursing Staff	Planned maintenance every 12 weeks of doors for fire code. All other maintenance is scheduled as per action desk once	Completed

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			reported by ward staff.	
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing Staff	Declutter programme and review of stock completed. Ward Sister has undertaken a review of stock in her store room and has taken the opportunity provided by dump the junk week to remove any unnecessary and broken items. A store champion has been identified from the nursing support staff to ensure this area is maintained and a daily checklist is also completed.	Completed
4.	Cleaning schedules and drugs fridge temperature records should be available and consistently maintained.	Ward Sister/ Nursing Staff	Cleaning schedules and Fridge template including cleaning column to commence from 14.04.14. Ward Sister to carry out inspections. Staff reminded through safety briefings of the importance of ensuring that the fridge door is closed securely after use.	Completed
5.	Decanted food should be labelled correctly. The air conditioning should be fixed and the kitchen should be inaccessible to the public.	Catering Services	The food items noted being stored in the air tight container were cereals which are deemed to be a non-high risk food item. Environmental Health Officers have advised that there is no requirement to label the containers in question as the frequency of filling these is three times per week in line with the delivery of direct ward issues. Staff are trained to decant the entire contents into the containers to facilitate cleaning of the containers and to	Completed

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			<p>ensure appropriate stock rotation of these food items. The air conditioning unit was repaired on the 1st April 2014 therefore there is no current requirement to keep the door ajar whilst the staff member is working in the kitchen.</p> <p>Estates</p> <p>Ward Sister has raised a request for repair of air conditioning via action desk Air Conditioning has now been repaired</p>	Completed
Standard 3: Linen Completed				
	No recommendations.			
Standard 4: Waste and Sharps				
6.	Staff should ensure waste and sharps receptacles are available, clean and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.	Nursing Staff	<p>Clinical and non-clinical waste information to be reviewed again with staff at team meeting. This is a matter that requires constant reinforcement and communication.</p> <p>Sharps receptacles are available in the clean utility room and are replenished as required by the nursing and nursing support staff at ward level from the store. These receptacles were cleaned immediately this issue was identified after the audit and infection control and ward sister monitor compliance with random checks in their wards weekly.</p>	30.05.14

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			.	
Standard 5: Patient Equipment				
7.	Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.	Nursing Staff	Equipment cleaned on ward immediately after audit. Staff updated at team meeting on 04.06.14 and through safety briefings Trigger tape in use 14.04.14. Staff updated to date and change daily as per infection control guidelines and as trained. New staff to ward to receive communication from their preceptor in their ward induction. Staff updated at team meeting and on day of audit. Education is provided for any new equipment by company representatives eg. Telemetry machines in B3 and information cascaded to all staff via safety briefings and team meetings. Ward Sister monitors staff knowledge at staff appraisals.	Completed
Standard 6: Hygiene Factors				
8.	The trust should review the provision of a dedicated clinical hand wash sinks. Hand washing sinks, fixtures and fitting should be in line with HBN 04-01 and replaced when old, worn and not fit for purpose.	Estate Services	No capacity for additional hand wash sinks in the clinical bays. Infection control have been involved in the review of this report and could not identify any further area to install dedicated hand wash sinks within 6 bedded bay. As fixtures and fittings become worn, a	Completed

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			<p>request is sent to estates department for replacement via the normal reporting process for essential maintenance. This is commenced by Ward Sister / Nurse in Charge.</p> <p>When Estate Services receive a request for the provision of a new WHB via a Minor Works request or replacement of an existing WHB via a helpdesk work request this work is scheduled with the relevant User and is specified and installed in accordance with HTM 04-01.</p>	
9.	Cleaning chemicals should be stored in accordance with COSHH guidance.	Ward Sister/ Domestic Services	Risk assessment carried out by Trust supported by infection control. Chemicals remain in sluice room in large container and is dispensed into smaller containers when required. This process is managed by Ward Sister.	Completed
Standard 7: Hygiene Practices				
10.	Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant in use. Staff should be aware of the solutions used for hand hygiene.	Nursing Staff	Staff reminded of this information at the team meeting on 04.06.14. Communication with staff at safety briefings ongoing. Ward Sister has laminated and erected signs for staff information. Knowledge is monitored by infection control and ward sister spot audits.	Completed
11.	Nursing staff should ensure detailed care plans are maintained for patients in isolation.	Ward Sister/ Nursing Staff	Staff reminded of the importance of recording accurate and detailed care plans at the team meeting on 04.06.14.	Completed

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			Communication via safety briefings 14.04.14. Ward Sister and Infection Control team carrying out random checks on ward weekly.	
12.	Staff should adhere to the trust uniform policy.	Nursing Staff/ Medical Staff/ Domestic Services/ Portering Services	All staff reminded regarding Trust uniform policy at ward safety briefings and team meeting on 04.06.14 and staff challenged when uniform policy not adhered to	ongoing

Area: Ward C6

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt, stains.	Domestic Services	<p>Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon to "quality check" the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re-occurrences in relation to the same lapse in cleaning standards/practice, disciplinary action will be taken.</p> <p>Environmental Audits are carried out monthly with the Ward Manager with an action plan completed to address any issues.</p> <p>All cleaning issues highlighted in the preliminary report have been addressed</p>	Completed
2.	A maintenance programme should be in place for damaged surfaces, furniture, fixtures or fittings.	Estates Services	Planned maintenance every 12 weeks of doors for fire code. All other maintenance is scheduled as per action desk once reported by ward staff. Once reported to	Completed

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			the action desk, a job number is issued, the completion of these requests are then followed up by ward staff to ensure completion.	
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing Staff	Lack of storage space. Ordering of stores to be kept under review. Storage of items have been considered, rearrangement of items were possible has been put in place, 3 staff assigned to ordering/monitoring of stores ordering, advised to keep to minimum.	Ongoing
4.	Information posters on NPSA guidance should be available for staff to reference. Drugs fridge and patient food fridge temperature records should be available and consistently maintained.	Nursing Staff	Poster have been acquired and laminated and displayed for staff to refer to. Highlighted to staff regarding the importance of ensuring temperatures are recorded, this duty is allocated as duties to the link auxillary and floating nurse daily. This has been highlighted at daily safety briefings on ward and will be monitored by ward sister. Findings of audit and action plan shared with staff, copy placed on noticeboard for all staff to read and sign.	Completed
5.	Decanted food containers should be labelled correctly. Kitchen cleaning schedules were completed for the whole week rather than on a daily basis.	Catering Services	Ward Pantry staff have been reminded that they must only complete the cleaning schedule on a daily basis and not for the whole week. This is monitored by the Catering Supervisors who carry out daily non-compliance checklists. The food items noted being stored in the air tight containers were cereals which are deemed to be non-high risk food items. Environmental Health Officers have	Completed

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			advised that there is no requirement to label the containers in question as the frequency of filling these is three times per week in line with the delivery of direct ward issues. Staff are trained to decant the entire contents into the containers to facilitate cleaning of the containers and ensure appropriate stock rotation of these food items.	
6.	The door of the treatment room should be secured at all times to prevent unauthorised access.	Nursing	Staff to be reminded to secure the treatment door. Discussed at daily safety briefing with staff regarding ensuring door closed when not in use, signage also applied, may consider possibility installation of salto lock being applied to door to restrict access.	Ongoing
7.	The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.	Nursing Staff	Bed positioned as per Trust and Fire Officer agreement. A risk assessment was carried out by fire officer and trust staff to ensure appropriate location of beds in event of fire. Portable screens are available at ward level to help maintain privacy and dignity of patients when extra bed in use, extra beds are deescalated at the earliest opportunity.	Completed
Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
8.	Staff should ensure waste and sharps receptacles are	Nursing Staff	Notice regarding use of sharps boxes placed beside Sharps boxes for staff reference. Staff	Complete

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
	available, clean, used and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.		have been informed through daily safety briefing to ensure waste/sharp receptables are clean, if found to be stained they are to be cleaned immediately, ward sister will carry out spot checks on a weekly basis to monitor adherence. Plan to liaise with Trust waste disposal officer to arrange staff update regarding segregation of waste	
Standard 5: Patient Equipment				
9.	Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.	Nursing Staff	Staff made aware that all equipment must be cleaned and trigger tape attached. Cleaning of equipment is incorporated into daily cleaning rota for day and night staff to complete. Staff attend infection control training through attendance at mandatory training, and through use of watching infection control dvd, and completion of questionnaire, this is currently ongoing on ward by infection control link nurse, this will be monitored by ward sister.	Complete
Standard 6: Hygiene Factors				
10.	The trust should review the provision of a dedicated clinical hand wash sinks. Hand washing sinks, fixtures and fitting should be in line with HBN 04-01 and replaced when old, worn and not fit for purpose.	Nursing Staff	No capacity for additional hand wash sinks in the clinical bays. Sinks, fixtures and fittings to be reviewed as part of planned maintenance programme. The sink area in the clean utility has been assessed for replacement with new sink, costing is currently being done for this, unsure of timescale at present, replacement taps for equipment sink in dirty utility requested through estate services, progress will be	31/12/14

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			monitored by ward sister.	
11.	Cleaning chemicals and equipment should be clean, stored correctly and in a good state of repair. Ward staff should ensure that consumables are clean.	Domestic Services	Domestic Services staff have cleaned all consumables and Domestic Supervisors are monitoring this through the Daily Observation audits. Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning equipment is kept clean, stored appropriately and maintained in a good state of repair in line with the standard in which they have been trained. Daily Observational audits take place each afternoon to "quality check" the standards of Environmental cleaning including the Domestic Services Store to ensure standards are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re-occurrences in relation to the same lapse in cleaning standards/practice, disciplinary action will be taken.	Complete
Standard 7: Hygiene Practices				
12.	Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant in use.		NPSA colour coded system now displayed in Dirty Utility. This information has been	Complete

Reference number	Recommendation	Designated department	Action required	Date for completion/timescale
			disseminated to staff at daily safety briefing, knowledge will be monitored by ward sister.	
13.	Staff should be aware of the solutions used for hand hygiene and the WHO 5 moments for hand hygiene. All staff should be familiar with and adhere to the ANTT process when carrying out clinical procedures.		All staff reminded of the importance of hand hygiene. Infection control staff carry out independent hand hygiene audits and HII audits. Staff attend either face to face infection control training or watch infection control dvd and complete questionnaire, training records are maintained and monitored on ward by ward sister.	Ongoing
14.	Nursing staff should ensure detailed care plans are maintained for patients in isolation.	Nursing Staff	Staff to be reminded at safety briefings and ward meetings of the importance of recording accurate and detailed care plans. Care plans will be audited by Lead Nurse weekly.	Complete
15.	Staff should adhere to the trust uniform policy.	All	All staff to be reminded regarding Trust uniform policy and staff to be challenged when uniform policy not adhered to. Staff have been reminded at daily safety briefing of uniform policy and adherence to it, this will be monitored by ward sister.	Ongoing



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk