



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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UNANNOUNCED HYGIENE INSPECTION REPORT

Altnagelvin Hospital

and

Waterside Hospital

Western Health and Social Care Trust

12 May 2008

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The Inspection Team

The members of the team were:

- ❖ Mrs P Clayton - Inspector, RQIA
- ❖ Mrs E Colgan - Inspector, RQIA
- ❖ Mrs P Cummins - Associate Director, Belfast HSC Trust
- ❖ Mr G Doherty - Estates Officer, RQIA
- ❖ Mrs Z Hunter - Project Manager
- ❖ Dr M McCartney - Consultant in Communicable Disease Control (CCDC), EHSSB
- ❖ Mr K Monaghan - Estates Officer, RQIA

Mrs Hunter provided leadership for the team inspecting Altnagelvin Hospital, and Mrs Colgan provided leadership for the team inspecting Waterside Hospital. Team leaders ensured that there was team consensus regarding the findings of the hygiene inspection.

1. BACKGROUND INFORMATION

1.1 The Role and Responsibilities of the Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 places a statutory duty of quality on Health and Social Care (HSC) organisations and requires RQIA to encourage continuous improvement in the quality of care and services throughout all sectors in Northern Ireland.

The '*Quality Standards for Health and Social Care*' (DHSSPS, March 2006) emphasise the responsibility of Health and Social Care (HSC) Trusts to comply with the Duty of Quality placed on them by the Order. This means that each organisation has a legal responsibility for satisfying itself that the quality of care it commissions and/or provides meets a required standard.

The quality standard for 'Safe and Effective Care' states that each Health and Social Care organisation should have "properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure -

- ❖ promotion of general hygiene standards, and prevention, control and reduction in the incidence of healthcare acquired infection and other communicable diseases;
- ❖ appropriate decontamination of reusable medical devices;
- ❖ safe and effective handling, transport and disposal of waste, recognising the need to promote the safety of service users and carers, staff and the wider public, and to protect the environment". (Standard 5.3.1 f)

In his statement of 23 January 2008, The Minister for Health, Social Services and Public Safety, Michael McGimpsey, announced a package of new initiatives aimed at tackling Healthcare Associated Infections.

One of these measures was the commencement of a rolling programme of unannounced hygiene inspections of all hospitals. RQIA have now commenced this programme of inspections. This report details the findings of the visit to Waterside and Altnagelvin Hospitals.

1.2 Approach and Scope

The unannounced hygiene inspection was a snapshot of hygiene and infection control standards within the specified functional areas on the day of the visit and should not be taken as a representation of standards in the hospital over a period of time. The unannounced hygiene inspection collected information through direct observations of the areas visited.

The definitions used in '*The Independent Audit of Environmental Cleanliness Standards in HSC Acute Hospital Facilities*' (February 2008, DHSSPS) were used to identify areas to visit. This document defined functional areas as

- ❖ Very High Risk
- ❖ High Risk
- ❖ Moderate Risk
- ❖ Low Risk

A multi disciplinary decision was taken to focus the inspection on High Risk and Moderate Risk areas where there is general public access.

The decision to focus on these areas was based on promoting public confidence as a clean, tidy and well maintained environment can provide reassurance to patients that the care they will receive is safe. Cleanliness is not a full indication of safe care but rather is used as an indicator. Good hygiene and infection control practices are measures which can be taken to provide safe care, however, they will not provide a guarantee that patients will not contract an infection as a result of care.

The Inspection Team was comprised of RQIA staff and external professionals with relevant knowledge and experience.

1.3 The Audit Tool

The audit tool used for the hygiene inspection was based on an adapted version of the Infection Control Nurses Association (ICNA) toolkit. The decision to use this toolkit was based on the principle that a multi disciplinary approach to hygiene and infection control standards is required.

The sections of this audit tool used for the hygiene inspections are listed below:

- ❖ Environment
- ❖ Ward/Departmental Kitchens
- ❖ Handling and Disposal of Linen
- ❖ Departmental Waste Handling and Disposal
- ❖ Safe Handling and Disposal of Sharps
- ❖ Management of Patient Equipment (General)
- ❖ Hand Hygiene
- ❖ Use of Personal Protective Equipment

The team excluded the following sections as they were considered to be outside of the scope of the inspection:

- ❖ The Management of Patient Equipment in Specialist Areas (ie physiotherapy, occupational therapy)
- ❖ Clinical Practices (these require observations to be carried out over a period of time)

An exception was made in respect of the supply of Personal Protection Equipment and only three questions were used to review this area as the remainder were based on observational practice.

The audit undertaken comprised eight sections. Each section is devised to achieve a particular standard which covers a number of areas. In addition the team were advised on the use of digital cameras provided to record areas of particular concern. Team members agreed that images should be taken only of the environment and at no time would images of patients, staff or visitors be included. Where appropriate, images have been included in the report.

1.4 Preparation

The team met prior to the inspection to finalise arrangements for the visit and to identify areas to be audited.

The hygiene inspection was unannounced and a letter outlining the type and purpose of the hygiene inspection was sent by email to the Chief Executive Office in the Trust at 9.00am on the morning of the visit. The letter did not contain the details of areas to be visited. Following the email message, a telephone call was also made to request that a representative from the Trust be available at reception.

The inspection team wish to thank the Trust and the staff who willingly facilitated this visit, and responded constructively during the feedback session.

2. MAIN FINDINGS

This section details the main findings of the inspection. Areas of non-compliance for Altnagelvin Hospital can be found in Appendix 1 and areas of non-compliance for Waterside Hospital can be found in Appendix 2.

2.1 Areas Visited

The areas visited included:

Altnagelvin Hospital

- ❖ Ward 2
- ❖ Accident and Emergency Department

Waterside Hospital

- ❖ Ward 1
- ❖ Ward 3
- ❖ Ward 4

2.2 Audit Scores

Prior to the visit the RQIA provided the team with guidance on scoring of the audit tool. All criteria were to be marked yes, no or non-applicable.

The following table outlines the scores achieved by each area visited:

	ENVIRONMENT	WASTE HANDLING & DISPOSAL	LINEN	PATIENT EQUIPMENT	KITCHEN	SHARPS	HAND HYGIENE	PPE
Altnagelvin								
- Ward 2	73%	83%	67%	88%	78%	37%	76%	100%
- A&E	89%	94%	66%	97%	N/A	89%	80%	100%
Waterside								
- Ward 1	79%	92%	88%	95%	87%	77%	84%	100%
- Ward 3	65%	69%	50%	66%	74%	77%	84%	100%
- Ward 4	77%	92%	88%	95%	74%	77%	84%	100%

Level of Compliance

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

2.3 Altnagelvin Hospital

This subsection of the report details the main findings from the inspection of Ward 2 and the Accident and Emergency (A&E) Department in Altnagelvin Hospital.

2.3.1 Hospital Environment and Facilities

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	73%	89%

Overall there was evidence of good standards of hygiene and areas visited were generally clean and provided a pleasant environment. Both Ward 2 and the A&E Department were busy during the inspection, with a high throughput of patients and activity.

In both areas some maintenance work was required to repair and redecorate. For example, walls in A&E needed repair and in Ward 2 ceiling tiles needed to be replaced. The Domestic store in Ward 2 needs complete refurbishment. Chairs in A&E had torn upholstery which prevented thorough cleaning.

In Ward 2, while toilets and sinks were generally clean, some sinks needed to be made compliant with national standards and some toilets needed maintenance.

2.3.2 Departmental Waste Handling and Disposal

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	83%	94%

Both Ward 2 and A&E achieved compliance with the Waste Handling and Disposal section of the toolkit and staff demonstrated good knowledge of waste handling and disposal procedures.

However, the Trust needs to examine and eradicate the practice of tying domestic and clinical waste disposal bags onto trolleys which were also being used to convey clean linen and supplies.

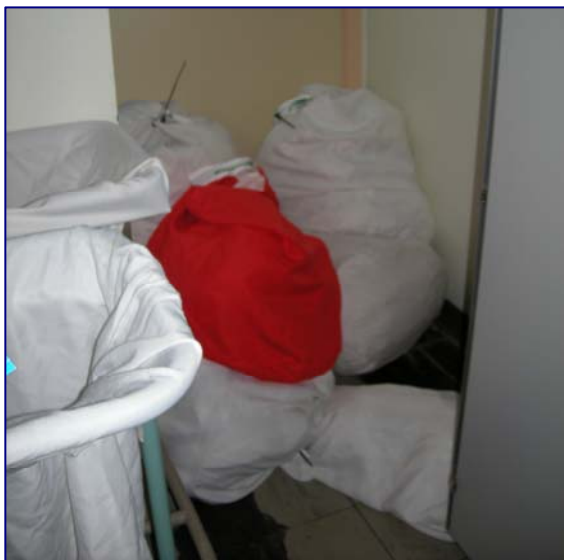
Some foot-operated bins, while clean, were noted not to be working properly.



Trolley with waste bags tied on.

2.3.3 Handling and Disposal of Linen

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	66%	67%



Both areas visited in Altnagelvin scored minimal compliance in this section of the toolkit. This was largely caused by a lack of space resulting in inappropriate storage of items in the clean linen store and preventing correct storage of soiled linen bags.

Storage of infected and soiled linen

2.3.4 Management of Patient Equipment

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	88%	97%

In Altnagelvin, both areas inspected achieved compliance with the management of patient equipment section of the toolkit. The inspection team noted very good standards being applied. Minimal effort, such as the dusting of the resuscitation trolley, the inverted storage of washbowls on Ward 2 and the covering of the suction catheter in the Resuscitation room in A&E would further improve the scores achieved.

2.3.5 Ward / Departmental Kitchens

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	78%	N/A

The A&E Department in Altnagelvin did not have a ward or departmental kitchen. The Ward Kitchen on Ward 2 of Altnagelvin achieved partial compliance.

The inspection team observed a good overall standard of cleanliness in the Ward 2 Kitchen which could be further improved by ensuring that attention was paid to cleaning around the edges and corners of the floor. The food trolley was clean but in need of repair or replacement.

It was reported to the inspection team that wards do not have dishwashing machines and the Trust should consider the implications of installing dishwashers at ward level. Although not part of the audit, the inspection team also noted that the room temperature in the Ward 2 Kitchen was uncomfortably hot and fans or air conditioning should be provided to control the temperature in the room.

2.3.6 Safe Handling and Disposal of Sharps

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	37%	89%

A&E achieved compliance in the Safe Handling and Disposal of Sharps section of the toolkit, while the poor practice observed in Ward 2 contributed to minimal compliance with the standards outlined in the toolkit.

Immediate action should be taken to ensure that all staff on Ward 2, particularly medical staff are aware and adhering to procedures for the safe handling and disposal of sharps. Several sharps bins were noted to be overfilled with sharps protruding and a doctor was observed carrying sharps from a patient area to the disposal area without using proper safety equipment.

Temporary closure mechanisms on sharps bins were generally not being used.



Overfilled sharps bin

2.3.7 Hand Hygiene

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	76%	80%

Both Ward 2 and A&E Department scored partial compliance with the Hand Hygiene section of the toolkit. Immediate improvement to scoring could be achieved by ensuring that hand hygiene posters are prominently displayed, particularly in public areas.



Hand washing facilities need to be improved as some sinks do not meet current national standards. The inspection team found some sinks retain plugs and others did not have elbow or wrist operated controls. In Ward 2, sinks were generally placed behind the doors which made access difficult, and in one ward there was not sufficient sinks for the number of beds.

In the A&E Department, access to the sink in the Resuscitation Room was blocked by equipment.

Blocked access to sink in Resuscitation Room

2.3.8 Personal Protection Equipment

Area visited	Ward 2, Altnagelvin	A&E, Altnagelvin
Scores	100%	100%

In accordance with good practice Personal Protection Equipment, including aprons, sterile and non-sterile gloves, were available in all areas and the correct types of gloves were in use in clinical areas.

2.3.9 Additional Observations

Although not part of the audit, some additional items were raised during the inspection and these are detailed below:

- The unlocked cupboard behind the nurses station on Ward 2 caused the team some concern as it provided access to hot pipes and a large drop cavity into which a child could crawl. The inspection team would recommend that this door is kept locked and the key removed from the lock and stored safely.

2.4 Waterside Hospital

This subsection details the main findings of the inspection visit to Wards 1, 3 and 4 of Waterside Hospital.

2.4.1 Hospital Environment and Facilities

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	79%	65%	77%

In Waterside Hospital, Wards 1 and 4 achieved partial compliance within the environment and facilities section of the toolkit, while Ward 3 only achieved minimal compliance. Generally Wards 1 and 4 were clean, although the inspection team noted a programme of ongoing refurbishment in Ward 4 which was causing dust on some high surfaces.

In Ward 3, bathrooms and the dirty utility room needed cleaning and high and low surfaces throughout the ward required dusting. Equipment was being stored in bathrooms.

Throughout the areas visited, the inspection team noted that some chairs were covered in a non-washable fabric which had become stained and it is recommended that these chairs are replaced or recovered with a washable fabric to facilitate cleaning. Inspectors found no evidence of a pre-planned programme for changing curtains.

Several sinks were noted to have rust around the plug holes.

Domestic storage rooms and dirty utility rooms did not have separate hand washing facilities and attention should be paid in ensuring that the domestic stores are kept locked in all areas to ensure compliance with COSHH regulations.

Floor cleaning machines were not being stored clean and dry, and while the new colour coding system had been successfully implemented, mops were being stored incorrectly.



Incorrect storage of mops

2.4.2 Departmental Waste Handling and Disposal

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	92%	69%	92%

Ward 1 and Ward 4 in Waterside Hospital achieved compliance with the Departmental Waste Handling and Disposal section of the toolkit, and inspectors noted good procedures for the handling and disposal of waste.

Ward 3 achieved minimal compliance within this section of the toolkit, as several non-lidded bins were noted to be in use and the pedal operating mechanism was broken on two lidded bins.

Throughout areas visited in Waterside Hospital, attention needs to be given to ensuring that waste bins are kept visibly clean.

2.4.3 Handling and Disposal of Linen

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	88%	50%	88%

Excellent standards were observed in the handling and disposal of linen on Ward 1 and Ward 4 and both areas achieved compliance with this section of the toolkit. Some light dusting was all that was required for these wards to have achieved 100% compliance.

Ward 3 scored only minimal compliance, largely due to the placement of a washing machine and tumble dryer in a room on the ward. This had not been agreed with the infection control team and the ward did not have guidelines for its safe use or a maintenance programme in place. The clean linen room on Ward 3 needed dusting and contained inappropriate items.

2.4.4 Management of Patient Equipment

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	95%	66%	95%

Excellent standards were observed for the management of patient equipment in Wards 1 and 4, with both wards achieving compliance.

Ward 3 scored only minimal compliance and on this ward attention to the thorough cleaning of patient equipment is required. The underside of a hoist was noted to be dirty, and several commodes required cleaning underneath and showed signs of wear and tear. The suction equipment on the resuscitation trolley was not clean and dry and the inspection team noted water in the container and that the attached catheter had been used.

2.4.5 Ward / Departmental Kitchens

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	87%	74%	74%

Ward 1 in Waterside Hospital scored compliance with the toolkit's assessment of its kitchen, while Ward 3 and 4 scored minimal compliance.

In all areas, the temperatures of fridges were not being monitored on a daily basis. It was also noted that none of the kitchens visited had a separate storage area for cleaning materials.



Spillage in freezer of staff room

In Ward 3, the kitchen did not have a fridge and the fridge/freezer in the staff room as well as the fridge in another ward were being used. This needs urgent replacement to ensure high food hygiene standards can be achieved.

The fridge/freezer in the staff room required cleaning, as did the toaster in the ward kitchen.

In Ward 4, compliance could be improved by paying attention to the cleaning of the kitchen floor, particularly the less accessible areas and ensuring the toaster is cleaned on a regular basis.

2.4.6 Safe Handling and Disposal of Sharps

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	77%	77%	77%

All areas visited in Waterside Hospital achieved partial compliance with the safe handling and disposal of sharps.

Compliance could be improved by ensuring that sharps bins on cardiac arrest trolleys are available, empty and safely secured.

It was also noted that the temporary closure mechanisms on sharps bins were not always being used.

2.4.7 Hand Hygiene

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	84%	84%	84%

In Waterside Hospital, partial compliance with the Hand Hygiene section of the toolkit was achieved by all areas.

As this is an older facility, the number of sinks per bed was not in accordance with current national guidance. Short term improvement could be made by ensuring that alcohol hand rub is directly accessible at the point of care.

The inspection team also noted that hand cream was not generally available and, where it was available, it was not wall-mounted.

2.4.8 Personal Protection Equipment

Area visited	Ward 1 Waterside	Ward 3 Waterside	Ward 4 Waterside
Scores	100%	100%	100%

All areas achieved 100% compliance and reviewers noted that personal protection equipment was available and of the correct type for clinical and non clinical use.

2.4.9 Additional Observations

While not part of the audit, the following additional observations were made during the inspection:

- ❖ On Ward 3 slide locks had been placed on the outside at the top of bedroom and ward bay doors. Staff spoken with stated this was to protect patient belongings if a patient was prone to wandering and would disturb the other patients personal items. This practice has adverse implications for patient autonomy, access to personal space/belongings and (potentially) adult protection. Alternative arrangements must be put in place immediately.
- ❖ During the inspection to Ward 4, Ambulance staff were observed entering the ward wearing gloves. They assisted the patient who was being discharged and left the ward wearing the same gloves. To ensure correct infection control practice this issue has been raised with the Medical Director of the Northern Ireland Ambulance Service Trust.

3 Recommendations

Verbal feedback was given to representatives from the Trust at the end of the visit. In addition to the inspection team, the following Trust staff attended:

- ❖ Mrs Y. Black , Support Services Manager
- ❖ Ms U. Doherty, Senior Human Resources Manager
- ❖ Mr W. Doran, Assistant Director of Facilities Management
- ❖ Mrs M. Kelly, Head of Support Services
- ❖ Mr T. McCarter, Head of Facilities Management
- ❖ Mrs A. Witherow, Assistant Director of Nursing

Apologies from the Chief Executive were noted.

Areas of non-compliance for each area are detailed in Appendix 1 (Altnagelvin Hospital) and Appendix 2 (Waterside Hospital) and the Trust is expected to develop improvement plans to ensure appropriate steps are taken to address each point.

Improvement plans are to be submitted to RQIA within the timescale set.

Further audit may be undertaken in the future to ascertain the quality of improvements arising from the agreed action.

Appendix 1 - Altnagelvin Hospital: Areas for action

AREA: Ward 2, Altnagelvin Hospital

Environment

- Keyboards in clinical areas needed cleaning. Consider replacing with new "flat" keyboards or using plastic keyboard covers to facilitate cleaning.
- Older taps were in poor condition and needed to be replaced with modern taps which meet current requirements.
- Suspended ceiling tiles were in poor condition and needed to be replaced.
- Shower unit (opposite Ward K) had some mould showing around the shower tray.
- Some toilets were not in a good state of repair and needed seals repaired and attention to the inner enamelling.
- Dirty utility room had wood on the sink and a wooden work top which should be replaced.
- Separate hand washing facilities should be available for domestic staff.
- The lock on the domestic store was broken, although it was noted the fault had been reported by domestic staff.
- Drainage of sinks was noted to be poor.
- In the clean store, attention was required to the cleaning of floor surfaces, and shelves and high surfaces required dusting.
- Floor surface in dirty utility room needed to be cleaned.
- Floor surface in the domestic's room needed to be replaced with a surface that can be cleaned.
- Switch room behind domestic store should be kept locked.
- Door at the corridor in front of nurses station (leading to pipes) should be kept locked at all times.
- Commodes were stored in the bathrooms.

Departmental Waste Handling and Disposal

- Clinical and domestic waste bags were tied to trolleys.
- Clinical waste bags sealed for disposal were inappropriately stored in an unlocked dirty sluice room.
- Several foot operated waste bins did not close correctly.

Ward/Departmental Kitchens

- Floor surface in the ward kitchen was generally clean but attention to the edges and corners was needed.
- Clear plastic aprons should be used when serving food.
- Kitchen trolleys were clean but not in good repair.
- Microwave needed cleaning.
- Consider installing dishwasher to facilitate cleaning ward crockery and cutlery.
- Ward kitchen was extremely warm and air conditioning or fans needed to be installed to enable the temperature of the room to be controlled.

Handling and Disposal of Linen

- Infected dirty linen bag (red) should be stored separate from uninfected dirty linen bags (white).

- Inappropriate items including stationery and trolleys were stored in the clean linen store.
- Some dirty linen bags were more than 2/3 full.

Management of Patient Equipment (General)

- Patient wash bowls and bed pans should be stored inverted.
- Resuscitation trolley was dusty and needed to be cleaned and tidied.
- Several commodes needed cleaning underneath.

Safe Handling and Disposal of Sharps

- Poor practice was observed with the inspection team witnessing a member of staff taking used sharps from patient area to nurses station for disposal.
- Several bins were observed to be filled above the fill line and had protruding sharps.
- One bin was incorrectly labelled.
- Large bins were stacked and stored on the floor in the nurses station in an area which was awkward to access.
- Temporary closure mechanisms were not in use.
- Sealed and locked bins were stored in the nurses station and, while not in a public area it could be easily accessed by the public.
- Sharps bin on the cardiac arrest trolley was overfilled and, not secured on the trolley.

Hand Hygiene

- More posters promoting hand washing were required throughout the Ward, especially at public entrance and in patient areas.
- Hand washing facilities need further improvement:
 - Ward area (L) had only one sink which did not conform to HBN 95 and should have at least two to facilitate the number of beds in the ward.
 - Sink in nurses office did not have elbow operated or automated taps.
 - Sinks in patient areas were generally behind the doors and not easily accessible.
 - Not all sinks had appropriate temperature control of water.
- Wall mounted hand cream was not available.

Personal Protective Equipment

- No action required.

AREA: Accident and Emergency Department, Altnagelvin Hospital

Environment

- On some chairs the vinyl covering was torn and fabric on others was stained and needed to be replaced.
- Skirting boards were grubby and needed to be replaced in some areas.
- Redecoration was required throughout, evidence of holes in walls, etc.
- Tops of cupboards were being used for storage making it difficult to clean.
- There was no written evidence of a pre-planned programme for curtain changes.

Departmental Waste Handling and Disposal

- Mixed disposal of hazardous/special waste was observed in the central working area of the unit.
- Some foot operated clinical and general waste disposal bins were not working properly.

Ward/Departmental Kitchens

- Not applicable.

Handling and Disposal of Linen

- Floor in the clean linen store was dirty.
- Some items stored on the floor of the clean linen room should be removed.
- Soiled linen bags were being stored in the corridor opposite the main entrance to Accident and Emergency.

Management of Patient Equipment (General)

- Yanker sucker fitted to the suction in the Resuscitation room was uncovered.

Safe Handling and Disposal of Sharps

- Temporary closure mechanism was not always used.
- When used, the sharps bin on cardiac arrest trolley should be replaced with an empty sharps bin.

Hand Hygiene

- More posters promoting hand washing should be displayed in staff and public areas.
- Some sinks did not conform to HBN 95 as plugs were in use and some did not have temperature control.
- Access to the sink in the resuscitation area was blocked by equipment and the hand bacterial wash was not wall mounted.
- Alcohol hand rub was not available at the entrance and exit of the Unit.
- Several staff, including doctors and nurses, were observed wearing wrist watches.

Personal Protective Equipment

- No action required.

Appendix 2 - Waterside Hospital: Areas for action

AREA: Ward 1 Waterside Hospital, Gransha Park

Environment

- Some chairs were covered in non-washable fabric which was stained.
- There was no evidence of a pre-planned programme for changing curtains.
- Throughout the ward high and low surfaces were dusty.
- Several sinks had rust around plug holes.
- The dirty utility room did not have separate hand washing facilities.
- Mops were stored incorrectly, inverted instead of upwards to allow for drying.
- The domestic room was not locked which does not comply with COSHH regulations.
- Machines used for floor cleaning were not always clean and dry.
- Items were stored on the floor in the clean store.
- There were no separate sinks for hand washing in domestic stores.

Ward/Departmental Kitchens

- Cleaning materials were not stored separately.
- Patient food stored in the fridge was not dated nor labelled.
- Temperatures of fridges were not monitored on a daily basis.

Departmental Waste Handling and Disposal

- Waste bins were not always visibly clean.

Handling and Disposal of Linen

- The clean linen store needed dusting.

Management of Patient Equipment (General)

- The resuscitation trolley was dusty.

Safe Handling and Disposal of Sharps

- Temporary closure mechanism on sharps bins was not being used on all occasions.
- Sharps bin on cardiac arrest trolley should be available and safely secured.

Hand Hygiene

- Hand cream was not generally available and was not wall mounted.
- The number of sinks per bed was not in accordance with national guidance.
- Alcohol hand rub was not directly accessible at the point of care.

Personal Protective Equipment

- No action required.

AREA: Ward 3 Waterside Hospital, Gransha Park

Environment

- Some chairs were covered in non-washable fabric which was stained.
- There was no evidence of a pre-planned programme for changing curtains.
- Corners of floor were not always free of dust and grit.
- Throughout the ward high and low surfaces were dusty.
- Several sinks had rust around plug holes.
- Some tiles had low level damage from chairs.
- The dirty utility room did not have separate hand washing facilities.
- Mops were stored incorrectly, inverted instead of upwards to allow for drying.
- The domestic room was not locked which does not comply with COSHH.
- Machines used for floor cleaning were not always clean and dry.
- All products were not stored above floor level in the clean store
- There were no separate sinks for hand washing in domestic store.
- The bathrooms were in need of cleaning.
- Equipment was stored in the bathrooms.
- The floors in bathrooms and dirty utility room were in need of cleaning.

Ward/Departmental Kitchens

- Cleaning materials were not stored separately.
- There was no fridge, the staff room fridge/freezer and a fridge in another ward were being used, this needs urgent replacement.
- The freezer in the staff room was in need of cleaning.
- The toaster was in need of cleaning.
- Temperatures of fridges were not monitored on a daily basis.
- There was no ice scoop available.

Departmental Waste Handling and Disposal

- Some open top waste bins were noted in the Ward.
- The pedal operating mechanism was broken on two bins.
- Waste bins were not always visibly clean.

Handling and Disposal of Linen

- The clean linen store needed dusting.
- There was inappropriate storage of items in the clean linen store.
- The use of the ward based washing machine needs to be agreed with Infection Control staff and written guidance should be in place if this continues to be used.
- There was no evidence of a maintenance programme for the washing machine and tumble dryer.

Management of Patient Equipment (General)

- Resuscitation trolleys were dusty.
- The underside of the hoist was not clean.
- The suction equipment on the resuscitation trolley was not clean and dry, water was noted in the container and the catheter attached had been used and there was no liner.
- Several commodes needed cleaning underneath and some were showing evidence of wear and tear.

Safe Handling and Disposal of Sharps

- Temporary closure mechanisms on sharps bins were not always being used.
- Sharps bin on cardiac arrest trolley should be available and safely secured.

Hand Hygiene

- Hand cream was not generally available and was not wall mounted.
- The number of sinks per bed was not in accordance with national guidance.
- Alcohol hand rub was not directly accessible at the point of care.

Personal Protective Equipment

- No action required.

AREA: Ward 4 Waterside Hospital, Gransha Park

Environment

- Cleaning materials were not stored separately.
- Some chairs were covered in non-washable fabric which was stained.
- There was no evidence of a pre-planned programme for changing curtains.
- Throughout the ward, high and low surfaces were dusty.
- Several sinks had rust around plug holes.
- The dirty utility room did not have separate hand washing facilities.
- Mops were stored incorrectly, inverted instead of upwards to allow for drying
- The domestic room was not locked which does not comply with COSHH.
- Machines used for floor cleaning were not always clean and dry.
- There were no separate sinks for hand washing in domestic stores.

Ward/Departmental Kitchens

- Attention was required to the cleaning of the floor, especially in the inaccessible areas.
- Cleaning materials were not stored separately.
- Temperatures of fridges were not monitored on a daily basis.
- The toaster was in need of cleaning.

Departmental Waste Handling and Disposal

- Waste bins were not always visibly clean.

Handling and Disposal of Linen

- The clean linen store needed dusting.

Management of Patient Equipment (General)

- The resuscitation trolley was dusty.

Safe Handling and Disposal of Sharps

- Temporary closure mechanisms on sharps bins were not always being used.
- Sharps bin on cardiac arrest trolley should be available and safely secured.

Hand Hygiene

- Hand cream was not generally available and was not wall mounted.
- The number of sinks per bed was not in accordance with national guidance.
- Alcohol hand rub was not directly accessible at the point of care.

Personal Protective Equipment

- No action required.

Altnagelvin Hospital and Waterside Hospital Action Plan

Issue Number	Area of Concern	Actions	Lead Person/ Responsible Officer (NB Names not included)	Time Frame	Date Achieved
1	Keyboards in clinical areas needed cleaning. Consider replacing with new "flat" keyboards or using plastic keyboard covers to facilitate cleaning.	Clean Keyboards Assess replacing Keyboards of providing plastic keyboard covers		Immediate 2 weeks	
<u>2</u>	Older taps were in poor condition and needed to be replaced with modern taps which meet current requirements.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
3	Suspended ceiling tiles were in poor condition and needed to be replaced.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
4	Shower unit (opposite Ward K) had some mould showing around the shower tray.	Support Services		Immediate	
5	Some toilets were not in a good state of repair and needed seals repaired and attention to the inner enamelling.	Repair seals Assess and cost replacement and include in 0809 MCW programme		Immediate 4 weeks	
6	Dirty utility room had wood on the sink and a wooden work top	Assess and cost replacement and include in 0809 MCW programme		4 weeks	

	which should be replaced.				
7	Separate hand washing facilities should be available for domestic staff.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
8	The lock on the domestic store was broken, although it was noted the fault had been reported by domestic staff.	Repair lock		Immediate	
9	Drainage of sinks was noted to be poor.	Check and clear sinks drains		Immediate	
10	In the clean store, attention was required to the cleaning of floor surfaces, and shelves and high surfaces required dusting.	Support Services		Immediate	
11	Floor surface in dirty utility room needed to be cleaned.	Support Services		Immediate	
12	Floor surface in the domestic's room needed to be replaced with a surface that can be cleaned.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
13	Switch room behind domestic store should be kept locked.	Lock Door and maintain locked		Immediate	
14	Door at the corridor in front of nurses station (leading to pipes) should be kept locked at all times.	Lock Door and maintain locked		Immediate	
15	Commodes were stored in the bathrooms.	Relocate commodes to dirty Utility Store		Immediate	
16	Clinical and domestic waste bags were tied to trolleys.	Discontinue practice		Immediate	

17	Clinical waste bags sealed for disposal were inappropriately stored in an unlocked dirty sluice room.	Regularly remove Clinical waste bags to Lift lobby Clinical Waste Eurobin		Immediate	
18	Several foot operated waste bins did not close correctly.	Assess and repair or advise if replacement is necessary		2 weeks	
19	Floor surface in the ward kitchen was generally clean but attention to the edges and corners was needed.	Clean edges and corners		Immediate	
20	Clear plastic aprons should be used when serving food.	Implement practice		Immediate	
21	Kitchen trolleys were clean but not in good repair.	Assess and repair or advise if replacement is necessary		2 weeks	
22	Microwave needed cleaning.	Clean Microwave		Immediate	
23	Consider installing dishwasher to facilitate cleaning ward crockery and cutlery.	Assess and cost installation of Dishwasher and include in 0809 MCW programme		4 weeks	
24	Ward kitchen was extremely warm and air conditioning or fans needed to be installed to enable the temperature of the room to be controlled.	Assess Ventilation and include proposals in 0809 MCW programme		4 weeks	
25	Infected dirty linen bag (red) should be stored separate from uninfected dirty linen bags (white).	Implement change in storage practice		Immediate	
26	Inappropriate items including stationery and trolleys were stored in the clean linen store.	Implement change in storage practice		Immediate	

27	Some dirty linen bags were more than 2/3 full.	Implement change in storage practice		Immediate	
28	Patient wash bowls and bed pans should be stored inverted.	Implement change in storage practice		Immediate	
29	Resuscitation trolley was dusty and needed to be cleaned and tidied.	Clean Trolleys		Immediate	
30	Several commodes needed cleaning underneath.	Clean Commodes		Immediate	
31	Poor practice observed -the inspection team witnessing a member of staff taking used sharps from patient area to nurses station for disposal.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
32	Several bins were observed to be filled above the fill line and had protruding sharps.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
33	One bin was incorrectly labelled.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
34	Large bins were stacked and stored on the floor in the nurses station in an area which was awkward to access.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
35	Temporary closure mechanisms were not in use.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
36	Sealed and locked bins were stored in the nurses station and, while not in a public area it could be easily accessed by the public.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	

37	Sharps bin on the cardiac arrest trolley was overfilled and, not secured on the trolley	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
38	More posters promoting hand washing were required throughout the Ward, especially at public entrance and in patient areas.	Secure and erect posters in key locations		2 weeks	
39	Hand washing facilities need further improvement: <ul style="list-style-type: none"> - Ward area (L) had only one sink which did not conform to HBN 95 and should have at least two to facilitate the number of beds in the ward. - Sink in nurses office did not have elbow operated or automated taps. - Sinks in patient areas were generally behind the doors and not easily accessible. - Not all sinks had appropriate temperature control of water. 	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
40	Wall mounted hand cream was not available.	Secure and erect wall mounted hand cream dispensers in key locations		2 weeks	

1	On some chairs the vinyl covering was torn and fabric on others was stained and needed to be replaced.	Secure funding and requisition replacement chairs		4 weeks	
2	Skirting boards were grubby and needed to be replaced in some areas.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
3	Redecoration was required throughout, evidence of holes in walls, etc.	Assess and cost redecoration and include in 0809 MCW programme		4 weeks	
4	Tops of cupboards were being used for storage making it difficult to clean.	Reorganise storage		Immediate	
5	There was no written evidence of a pre-planned programme for curtain changes.	Assess and develop pre planned curtain change programme		4 weeks	
6	Mixed disposal of hazardous/special waste was observed in the central working area of the unit.	Reinforce waste management policy and implement change in practice		Immediate	
7	Some foot operated clinical and general waste disposal bins were not working properly.	Assess and repair or advise if replacement is necessary		2 weeks	
8	Floor in the clean linen store was dirty.	Clean floor		Immediate	
9	Some items stored on the floor of the clean linen room should be removed.	Reinforce waste management policy and implement change in practice		Immediate	

10	Soiled linen bags were being stored in the corridor opposite the main entrance to Accident and Emergency.	Reinforce waste management policy and implement change in practice		Immediate	
11	Yanker sucker fitted to the suction in the Resuscitation room was uncovered.	Implement good practice in respect of Yanker sucker		Immediate	
12	Temporary closure mechanism was not always used.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
13	When used, the sharps bin on cardiac arrest trolley should be replaced with an empty sharps bin.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
14	More posters promoting hand washing should be displayed in staff and public areas.	Secure and erect posters in key locations		2 weeks	
15	Some sinks did not conform to HBN 95 as plugs were in use and some did not have temperature control.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
16	Access to the sink in the resuscitation area was blocked by equipment and the hand bacterial wash was not wall mounted.	Reorder equipment storage to allow access to sink Wall mount bacterial wash		Immediate 2 weeks	
17	Alcohol hand rub was not available at the entrance and exit of the Unit.	Secure and erect alcohol gel rub at entrance		2 weeks	
18	Several staff, including doctors and nurses, were observed wearing wrist watches.	Reinforce good practice in unit		Immediate	

1	Some chairs were covered in non-washable fabric which was stained.	Secure funding and requisition replacement chairs		4 weeks	
2	There was no evidence of a pre-planned programme for changing curtains.	Assess and develop pre planned curtain change programme		4 weeks	
3	Throughout the ward high and low surfaces were dusty.	Clean high and low surfaces and ensure on programme		Immediate	
4	Several sinks had rust around plug holes.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	
<u>5</u>	The dirty utility room did not have separate hand washing facilities.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
6	Mops were stored incorrectly, inverted instead of upwards to allow for drying.	Reassess mop storage of mops and implement change in practice		Immediate	
7	The domestic room was not locked which does not comply with COSHH regulations.	Keep Domestic Room locked when unattended		Immediate	
8	Machines used for floor cleaning were not always clean and dry.	Assess and implement revised working practice		Immediate	
9	Items were stored on the floor in the clean store.	Assess and implement revised working practice		Immediate	
<u>10</u>	There were no separate sinks for hand washing in domestic stores.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
11	Cleaning materials were not stored separately.	Assess and implement revised working practice		Immediate	

12	Patient food stored in the fridge was not dated nor labelled.	Assess and implement revised working practice		Immediate	
13	Temperatures of fridges were not monitored on a daily basis.	Assess and implement revised working practice		Immediate	
14	Waste bins were not always visibly clean.	Clean waste bins and ensure they are on cleaning programme		Immediate	
15	The clean linen store needed dusting.	Clean line store and ensure it is on cleaning programme		Immediate	
16	The resuscitation trolley was dusty.	Clean trolley and maintain		Immediate	
17	Temporary closure mechanism on sharps bins was not being used on all occasions.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
18	Sharps bin on cardiac arrest trolley should be available and safely secured.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
19	Hand cream was not generally available and was not wall mounted.	Secure and erect wall mounted hand cream dispensers in key locations		2 weeks	
20	The number of sinks per bed was not in accordance with national guidance.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
21	Alcohol hand rub was not directly accessible at the point of care.	Secure and erect wall mounted alcohol gel dispensers in key locations		4 weeks	

1	Some chairs were covered in non-washable fabric which was stained.	Secure funding and requisition replacement chairs		4 weeks	
<u>2</u>	There was no evidence of a pre-planned programme for changing curtains.	Assess and develop pre planned curtain change programme		4 weeks	
3	Corners of floors were not always free of dust and grit.	Clean corners and maintain		Immediate	
4	Throughout the ward high and low surfaces were dusty.	Clean low surfaces and maintain		Immediate	
5	Several sinks had rust around plug holes.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
<u>6</u>	Some tiles had low level damage from chairs.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
7	The dirty utility room did not have separate hand washing facilities.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
8	Mops were stored incorrectly, inverted instead of upwards to allow for drying.	Reassess mop storage of mops and implement change in practice		Immediate	
9	The domestic room was not locked which does not comply with COSHH.	Keep Domestic store when unlocked		Immediate	
10	Machines used for floor cleaning were not always clean and dry.	Assess and implement revised working practice		Immediate	
11	All products were not stored above floor level in the clean store.	Reassess storage and implement change in practice		Immediate	

12	There were no separate sinks for hand washing in domestic store.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
13	The bathrooms were in need of cleaning.	Clean floors and maintain		Immediate	
14	Equipment was stored in the bathrooms.	Reorder equipment storage		4 Immediate	
15	The floors in bathrooms and dirty utility room were in need of cleaning.	Clean floors and maintain		Immediate	
16	Cleaning materials were not stored separately.	Assess and implement revised working practice		Immediate	
17	There was no fridge, the staff room fridge/freezer and a fridge in another ward were being used, this needs urgent replacement.	Secure funding and requisition replacement fridge		4 weeks	
18	The freezer in the staff room was in need of cleaning.	Clean freezer and maintain		Immediate	
19	The toaster was in need of cleaning.	Clean toaster and maintain		Immediate	
20	Temperatures of fridges were not monitored on a daily basis.	Reinforce good practice		Immediate	
21	There was no ice scoop available.	Secure Ice scoop and use		Immediate	
22	Some open top waste bins were noted in the Ward.	Secure funding and requisition replacement waste bins		4 weeks	
23	The pedal operating mechanism was broken on two bins.	Repair bins		Immediate	

24	Waste bins were not always visibly clean.	Clean bins and maintain		Immediate	
25	The clean linen store needed dusting.	Dust and maintain		Immediate	
26	There was inappropriate storage of items in the clean linen store.	Reassess storage and implement change in practice		Immediate	
27	The use of the ward based washing machine needs to be agreed with Infection Control staff and written guidance should be in place if this continues to be used.	Agree dishwasher operation with Infection control and implement		2 weeks	
28	There was no evidence of a maintenance programme for the washing machine and tumble dryer.	Assess and implement maintenance programme		4 weeks	
29	Resuscitation trolleys were dusty.	Clean and maintain		Immediate	
30	The underside of the hoist was not clean.	Clean and maintain		Immediate	
31	The suction equipment on the resuscitation trolley was not clean and dry, water was noted in the container and the catheter attached had been used and there was no liner.	Clean and maintain		Immediate	
32	Several commodes needed cleaning underneath and some were showing evidence of wear and tear.	Clean and maintain Assess need to replace		Immediate 4 weeks	

33	Temporary closure mechanisms on sharps bins were not always being used.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
34	Sharps bin on cardiac arrest trolley should be available and safety secured.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
35	Hand cream was not generally available and was not wall mounted.	Secure and erect wall mounted hand cream dispensers in key locations		2 weeks	
36	The number of sinks per bed was not in accordance with national guidance.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
37	Alcohol hand rub was not directly accessible at the point of care.	Secure and erect wall mounted alcohol gel dispensers in key locations		2 weeks	
1	Cleaning materials were not stored separately.	Assess storage and implement change in practice		Immediate	
<u>2</u>	Some chairs were covered in non-washable fabric, which was stained.	Secure funding and requisition replacement chairs		4 weeks	
3	There was no evidence of a pre-planned programme for changing curtains.	Assess and develop pre planned curtain change programme		4 weeks	
4	Throughout the ward, high and low surfaces were dusty.	Clean and maintain		Immediate	
<u>5</u>	Several sinks had rust around plug holes.	Assess and cost replacement and include in 0809 MCW programme		4 weeks	

6	The dirty utility room did not have separate hand washing facilities.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
7	Mops were stored incorrectly, inverted instead of upwards to allow for drying.	Assess storage and implement change in practice		Immediate	
8	The domestic room was not locked which does not comply with COSHH.	Keep door locked when unattended		Immediate	
9	Machines used for floor cleaning were not always clean and dry.	Clean and maintain		Immediate	
10	There were no separate sinks for hand washing in domestic stores.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
11	Attention was required to the cleaning of the floor, especially in the inaccessible areas.	Clean and maintain		Immediate	
12	Cleaning materials were not stored separately.	Assess storage and implement change in practice		Immediate	
13	Temperatures of fridges were not monitored on a daily basis.	Monitor and record temperatures daily		Immediate	
14	The toaster was in need of cleaning.	Clean and maintain		Immediate	
15	Waste bins were not always visibly clean.	Clean and maintain		Immediate	
16	The clean linen store needed dusting.	Clean and maintain		Immediate	
17	The resuscitation trolley was dusty.	Clean and maintain		Immediate	

18	Temporary closure mechanisms on sharps bins were not always being used.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
19	Sharps bin on cardiac arrest trolley should be available and safety secured.	Reinforce procedures for disposal of Sharps and implement change in practice		Immediate	
20	Hand cream was not generally available and was not wall mounted.	Secure and erect wall mounted hand cream dispensers in key locations		2 weeks	
21	The number of sinks per bed was not in accordance with national guidance.	Assess and cost provision and include in 0809 MCW programme		4 weeks	
22	Alcohol hand rub was not directly accessible at the point of care.	Secure and erect wall mounted alcohol gel dispensers in key locations		2 weeks	