



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced inspection

Western Health and Social Care Trust

Altnagelvin Hospital

10 June 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the **Altnagelvin Hospital**, on the 6 June 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness standards and the following area was inspected:

- Ward 2

Altnagelvin Area Hospital is an acute hospital which offers a range of services, including a 24-hour Accident and Emergency Department and is one of Northern Ireland's five designated cancer units. It has 481 inpatient beds and 48 day case beds. Altnagelvin Area Hospital is currently undergoing a major redevelopment programme.

The main hospital building consists of;

- Outpatients department
- Day case unit
- Medical imaging
- Theatres
- Surgical wards
- Maternity ward
- Oncology unit
- Physiotherapy department
- Renal Unit
- Breast Screening Unit
- Laboratories
- Pharmacy building

Ward 2 is an escalation ward where patients are admitted for assessment or treatment before possible transfer to a specific department. Although the ward is funded for 18 beds; one renal, five cardiology and twelve general medicine, it can hold up to thirty patients. This has implications for staffing and staff confirmed that agency and bank staff are required at times to provide adequate staffing levels. At present there can be 10 consultants with their associated specialties treating or assessing patients admitted to the ward. At the feedback trust representatives confirmed that meetings had been held by the senior management team to address ward pressures.

Inspection Outcomes

Ward 2 was compliant over all. In the environment standard, the non-compliant scores mainly reflect issues related to the age, condition and general wear and tear of the building. Inspectors observed that the environment was in general clean and tidy, a number of issues were identified for improvement but overall the observation of staff indicated

that they were mainly compliant with hygiene and infection prevention and control practices.

The inspection resulted in 12 recommendations for the Altnagelvin Hospital, a full list of recommendations is listed in Section 13.

A detailed list of preliminary findings is forwarded to Western Health and Social Care Trust within 14 days of the inspection to enable early action on identified areas which have achieved non complaint scores. The draft report which includes the high level recommendations in a Quality Improvement Plan is forwarded within 28 days of the inspection for agreement and factual accuracy. The draft report is agreed and a completed action plan is returned to RQIA within 14 days from the date of issue. The detailed list of preliminary findings is available from RQIA on request.

The final report and Quality Improvement Plan will be available on the RQIA website. Reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency.

Notable Practice

The inspection identified the following areas of notable practice

- **Implementation of High Impact Intervention care bundles; good knowledge displayed by staff**
- **Good hand hygiene decontamination and PPE practices**
- **Good practices in relation to the isolation of patients**

The RQIA inspection team would like to thank the staff at the Altnagelvin Hospital for their assistance during the inspection.

The following tables give an overview of compliance scores noted in areas inspected by RQIA:

Table 1 summarises the overall compliance levels achieved.

Tables 2-7 summarise the individual tables for sections two to seven of the audit tool as this assists organisation to target areas that require more specific attention.

Table 1

Ward	Ward 2
General Environment	85
Patient Linen	86
Waste	94
Sharps	76
Equipment	79
Hygiene Factors	93
Hygiene Practices	96
Average Score	87

Table 2

General Environment	Ward 2
Reception	82
Corridors, stairs lift	89
Public toilets	72
Ward/ department - general (communal)	86
Patient bed area	89
Bathroom/washroom	83
Toilet	89
Clinical room/ treatment room	85
Clean utility room	80
Dirty utility room	94
Domestic store	90
Kitchen	96
Equipment store	72
Isolation	88
General information	85
Average Score	85

Table 3

Linen	Ward 2
Storage of clean linen	84
Storage of used linen	88
Laundry facilities	N/A
Average Score	86

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

Table 4

Waste and Sharps	Ward 2
Handling, segregation, storage, waste	94%
Availability, use, storage of sharps	76%

Table 5

Patient Equipment	Ward 2
Patient equipment	79%

Table 6

Hygiene Factors	Ward 2
Availability and cleanliness of wash hand basin and consumables	84
Availability of alcohol rub	100
Availability of PPE	93
Materials and equipment for cleaning	96
Average Score	93

Table 7

Hygiene Practices	Ward 2
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	78
Staff uniform and work wear	100
Average Score	96

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

2.0 Background Information to the Inspection Process

RQIA's infection prevention and hygiene team was established to undertake a rolling programme of unannounced inspections of acute hospitals. The Department of Health Social Service and Public Safety (DHSSPS) commitment to a programme of hygiene inspections was reaffirmed through the launch in 2010 of the revised and updated version of 'Changing the Culture' the strategic regional action plan for the prevention and control of healthcare-associated infections (HCAIs) in Northern Ireland.

The aims of the inspection process are:

- to provide public assurance and to promote public trust and confidence
- to contribute to the prevention and control of HCAI
- to contribute to improvement in hygiene, cleanliness and infection prevention and control across health and social care in Northern Ireland

In keeping with the aims of the RQIA, the team will adopt an open and transparent method for inspection, using standardised processes and documentation.

3.0 Inspections

The DHSSPS has devised draft Regional Healthcare Hygiene and Cleanliness standards. RQIA has revised its inspection processes to support the publication of the standards which were compiled by a regional steering group in consultation with service providers.

RQIA's infection prevention/hygiene team have planned a three year programme which includes announced and unannounced inspections in acute and non-acute hospitals in Northern Ireland. This will assess compliance with the DHSSPS Regional Healthcare Hygiene and Cleanliness standards.

The inspections will be undertaken in accordance with the four core activities outlined in the RQIA Corporate Strategy, these include:

- **Improving care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care
- **Informing the population:** we publicly report on the safety, quality and availability of health and social care
- **Safeguarding rights:** we act to protect the rights of all people using health and social care services
- **Influencing policy:** we influence policy and standards in health and social care

4.0 Unannounced Inspection Process

Trusts receive no advanced notice of the onsite inspection. An email and telephone call will be made by the Chief Executive of RQIA or nominated person 30 minutes prior to the team arriving on site. The inspection flow chart is attached in Section 14.

4.1 Onsite Inspection

The inspection team was made up of two inspectors, from RQIA's infection prevention/ hygiene team. One inspector led the team and was responsible for guiding the team and ensuring they were in agreement about the findings reached. Membership of the inspection team is outlined in Section 12.

The inspection of ward environments is carried out using the draft Regional Healthcare Hygiene and Cleanliness audit tool. The inspection process involves observation, discussion with staff, and review of some ward documentation.

4.2 Feedback and Report of the Findings

The process concludes with a feedback of key findings to trust representatives including examples of notable practice identified during the inspection. The details of trust representatives attending the feedback session is outlined in Section 12.

The findings, report and follow up action will be in accordance with the Infection Prevention/ Hygiene Inspection Process (methodology, follow up and reporting).

The infection prevention/hygiene team escalation process will be followed if inspectors/reviewers identify any serious concerns during the inspection (Section 15).

A number of documents have been developed to support and explain the inspection process. This information is currently available on request and will be available in due course on the RQIA website.

5.0 Audit Tool

The audit tool used for the inspection is based on the draft Regional Healthcare Hygiene and Cleanliness standards. The standards incorporate the critical areas which were identified through a review of existing standards, guidance and audit tools (Appendix 2 of Regional Healthcare Hygiene and Cleanliness standards). The audit tool follows the format of the draft Regional Healthcare Hygiene and Cleanliness Standards and comprises of the following sections.

1. **Organisational Systems and Governance:** policies and procedures in relation to key hygiene and cleanliness issues; communication of policies and procedures; roles and responsibilities for hygiene and cleanliness issues; internal monitoring arrangements; arrangements to address issues identified during internal monitoring; communication of internal monitoring results to staff

This standard is not audited when carrying out unannounced inspections however the findings of the organisational system and governance at annual announced inspection will be, where applicable, confirmed at ward level.

2. **General Environment:** cleanliness and state of repair of public areas; cleanliness and state of repair of ward/department infrastructure; cleanliness and state of repair of patient bed area; cleanliness and state of repair of toilets, bathrooms and washrooms; cleanliness and state of repair of ward/department facilities; availability and cleanliness of isolation facilities; provision of information for staff, patients and visitors.
3. **Patient Linen:** storage of clean linen; handling and storage of used linen; ward/department laundry facilities
4. **Waste and Sharps:** waste handling; availability and storage of sharps containers
5. **Patient Equipment:** cleanliness and state of repair of general patient equipment
6. **Hygiene Factors:** hand wash facilities; alcohol hand rub; availability of personal protective equipment (PPE); availability of cleaning equipment and materials.
7. **Hygiene Practices:** hand hygiene procedures; handling and disposal of sharps; use of PPE; use of isolation facilities and implementation of infection control procedures; cleaning of ward/department; staff uniform and work wear

Level of Compliance

Percentage scores can be allocated a level of compliance using the compliance categories below. The categories are allocated as follows:

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

Each section within the audit tool will receive an individual and an overall score, to identify areas of partial or minimal compliance to ensure that the appropriate action is taken.

6.0 Environment

STANDARD 2.0 GENERAL ENVIRONMENT

Cleanliness and state of repair of public areas; cleanliness and state of repair of ward/department infrastructure; cleanliness and state of repair of patient bed area; cleanliness and state of repair of toilets, bathrooms and washrooms; cleanliness and state of repair of ward/department facilities; availability and cleanliness of isolation facilities; provision of information for staff, patients and visitors.

General Environment	Ward 2
Reception	82
Corridors, stairs lift	89
Public toilets	72
Ward/ department - general (communal)	86
Patient bed area	89
Bathroom/washroom	83
Toilet	89
Clinical room/ treatment room	85
Clean utility room	80
Dirty utility room	94
Domestic store	90
Kitchen	96
Equipment store	72
Isolation	88
General information	85
Average Score	85

6.1 Cleaning

At the time of the inspection there was good evidence to indicate compliance with regional specifications for cleaning. The inspectors observed that regular cleaning mechanisms were in place to prevent the build up of dust and debris which in turn prevents the build up of bacteria and subsequently reduces the potential risk for the transmission of infection.

In the public toilet at the main reception of the original building, there were cobwebs at the light fitting, the air vent was dusty, there was a blood stain on a toilet roll dispenser and excess toilet rolls were stored in the cubicles. The ward whilst generally clean required minor improvements in the cleaning of windows, the edges and corners of flooring and mail box storage.

Throughout the ward the inspectors noted that external windows were dirty and in the foyer of the main reception the internal windows needed buffed. Toilet roll holders are exposed and single bar which has contributed to the practice of storing excess toilet rolls in the toilets and bathrooms.

The touch points of some light switches and doors were grubby, there was sticky tape and paper labels on the mailbox shelving, impeding the cleaning process, and lime scale was observed on the sink taps in the treatment room and domestic store. Particular attention is required to ensure that limescale is removed from taps and fittings as recent evidence has shown that limescale may harbour biofilms and the build up of limescale can interfere with good cleaning and disinfection by masking and protecting pathogens.

6.2 Clutter



Picture 1 Tidy ward area

In Ward 2 there was evidence of a continued emphasis in providing clutter free environments, this provides effective utilisation of space and good stock management which assists with effective cleaning (Picture 1).

6.3 Maintenance and Repair

The inspectors acknowledge that the public toilet at the main reception has a high throughput of visitors but it reflects a worn and tired environment and is in poor repair. The skirting was splitting away from the wall, two ceiling lights were not working, the ceiling had areas of chipped paint, flooring was ripped in places and therefore not impervious to moisture, the air vent was dusty, the mirror was tarnished at the edges and paintwork on the doors and frames was chipped.

Throughout the ward and including side rooms, there was paint work damage to walls, doors, frames and skirting and laminate was chipped or missing on desk tops in the treatment room, clean utility and ward. Wall damage was noted in the equipment store where there were holes

in the wall, which had not been filled in when furniture had been removed, and wall tile damage was noted in the dirty utility room.

Unsealed flooring, walls and wood can act as a reservoir for bacteria and also compromise the cleaning process due to the inability to remove all bacteria by normal damp dusting and cleaning processes. It is imperative that all floors and doors are fitted and sealed correctly to ensure they are impervious to moisture and prevent the possible build up and subsequent transmission of bacteria.

6.4 Fixtures and Fittings

Fixtures and fittings within the ward were generally in good repair; some issues were identified which need addressed. In Bay K one of the supports holding a privacy curtain rail was not fixed securely to the ceiling and there were no curtains fitted to the exterior windows. The ward manager confirmed the broken support had been repeatedly reported to estates services for repair and replacement curtains were being sourced within the hospital.

In the female shower room, the base of the shower tray was slightly chipped and the seal on the shower door was splitting.

6.5 Information

Hand hygiene posters were displayed at hand washing sinks and alcohol gel dispensers. Information leaflets on hand hygiene, common infections and infection prevention and control were available and clear instructions were in place to advise staff and visitors of isolation precautions (Picture 2).



Picture2 Information for staff on isolation precautions

Cleaning schedules which outline staff responsibility for nursing staff need developed further to include all items of equipment and posters on the segregation of waste and the management of an inoculation injury were not available.

6.6 Additional Issues

A patient going for a procedure and who was nil by mouth did not take their prescribed medication and left it on the bedside table to take after the procedure. Staff were alerted and dealt with the issue.

Recommendations

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively.**
- 2. Greater attention is required to ensure lime scale is removed from fixtures and fittings.**
- 3. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

Storage of clean linen; handling and storage of used linen; ward/department laundry facilities.

Linen	Ward 2
Storage of clean linen	84%
Storage of used linen	88%
Laundry facilities	N/A
Average Score	86%

7.1 Management of Linen

Inspectors observed that used linen was stored and segregated correctly and that clean linen was stored in a separate store. With minimal effort from staff full compliance could easily be achieved. The issues which need addressed are in relation to the cluttered window sill, minor dust in the mail box shelving, paper labels on shelving and the floor underneath the linen shelves was dirty and dusty.

The inspectors noted the door of the linen store was damaged, the frame of the linen skips was chipped and some reusable linen bags were torn.

Good practice was observed in the handling of used linen, used linen was placed immediately into the appropriate colour coded bags at the point of use and staff were observed to wear the appropriate personal protective equipment (PPE) when handling soiled/ contaminated linen.

Recommendations

- 4. The trust should ensure the linen store is dust free, linen skips are in good repair and reusable linen bags are fit for purpose.**

8.0 Waste and Sharps

STANDARD 4.0 WASTE AND SHARPS

Waste: Effectiveness of arrangements for handling, segregation, storage and disposal of waste on ward/ department

Sharps: Availability, use and storage of sharps containers on ward/ department

Waste and Sharps	Ward 2
Handling, segregation, storage, waste	94%
Availability, use, storage of sharps	76%

8.1 Waste

The inspection evidenced that there are arrangements in place for the handling, segregation, storage and disposal of waste which generally comply with local and regional guidance. Full compliance would have been achieved had waste been correctly disposed into the correct waste stream. The magpie boxes and the yellow lidded burn bin contained disposed IV medication and household waste was disposed of into a clinical waste bin (Picture 3).



Picture 3 IV medication disposed into a magpie box

8.2 Sharps

Sharps boxes in use conformed to BS7320 (1990)/UN9291 standards. Boxes were assembled correctly but some were not labelled with the date, locality and staff signature. This is good practice as correct labelling ensures that if there is a spillage of sharps waste from the sharps box or an injury to a staff member as a result of incorrect assembly/ disposal, the area the sharps box originated from can be immediately identified. Identifying the origin of the sharps box and its contents is imperative to assist in the immediate risk assessment process carried out following a sharps injury and also to ensure that

staff who incorrectly assembled/ disposed of the sharps box can receive education on the correct procedures to follow.



Picture 4 Open temporary closures, sharps protruding above the aperture

It was observed during the inspection that the temporary closure mechanisms, to prevent spillage and impede access, were not always in place when the sharps boxes were not in use. There was one instance of sharps protruding above the aperture (Picture 4), integral sharps trays were not available and the sharps box on the drugs trolleys and the venepuncture trolleys was not secured to the trolley.

Recommendations

- 5. The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient Equipment	Ward 2
Patient equipment	79%

This section was partially compliant. A cleaning schedule was in place but had not been consistently signed off by staff and the inspectors identified some cleaning issues in relation to patient equipment.

Trigger tape was in use to identify equipment which was clean and ready to use however at times more attention to detail when cleaning was required. An IV pump covered in plastic wrapping had a small blood stain, the base of the Accucheck blood glucose monitoring machine was grubby and an enteral feeding pump beside a bed was stained with feed. The drugs trolleys were grubby, had adhesive tape on the frame and there was tape on the notes trolley. Damage to surfaces or adhesive tape act as a barrier to an effective cleaning process. The inspectors noted the drip tray of the ice machine in the kitchen was dirty, this was cleaned immediately by catering staff.

The underneath of one commode was stained and damaged at the metal frame which supports the commode pot. Four out of nine commode pots spot checked were stained. Staff immediately manually cleaned the pots and confirmed that the washer disinfectant had been repaired the previous week. The commode pots inspected would suggest that the machine is not reaching satisfactory disinfection standards and trust representatives confirmed that this would be addressed immediately.

The base of some IV stands, the emergency trolley and a hoist had chipped paint, the emergency trolley and equipment stored on it were dusty and the sodium bicarbonate bottles in the emergency trolley had May 2011 expiry dates. The bottles were immediately replaced by in date bottles.

Recommendations

- 6. The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.**
- 7. The trust should ensure that washer disinfectors reach satisfactory cleaning standards.**

10.0 Hygiene Factors

STANDARD 6.0 HYGIENE FACTORS

*Hand wash facilities; alcohol hand rub; availability of PPE;
availability of cleaning equipment and materials*

Hygiene Factors	Ward 2
Availability and cleanliness of wash hand basin and consumables	84
Availability of alcohol rub	100
Availability of PPE	93
Materials and equipment for cleaning	96
Average Score	93

The ward is to be commended in achieving full compliance in the availability of alcohol rub. There were however some issues in relation to the cleanliness, condition and appropriateness of the hand washing facilities which affected the overall score.

The hand wash sinks in the clean utility and female shower room were old and worn, the taps of the hand wash sink in the clean utility were dirty, paper towel dispensers in the male toilet and clean utility were grubby and the dispenser in the domestic store was empty. Soap dispensers in a bay and the female shower room were grubby underneath. There was no liquid soap dispenser in the domestic store and in the dirty utility antibacterial hand wash and alcohol gel were available but there was no wall mounted liquid hand washing soap.

A small hand wash sink had been fitted in the dirty utility however a plug, an overflow and small twist taps were supplied (Picture 5). Overflows to sinks, basins, baths and bidets are not recommended, as they constitute a constant infection control risk, much more significant than the possible risk of damage due to water overflowing (WCs have an internal overflow). This recommendation does not apply to staff residential accommodation, but does apply to patient areas including en-suite and general public toilet areas (HTM 64).



Picture 5 Inappropriate hand washing sink

To ensure satisfactory environmental cleaning, equipment such as the domestic trolley and vacuum should remain clean and dust free. Face protection should also be available where there is a risk of bodily fluid splashing onto the face and eyes.

Recommendations

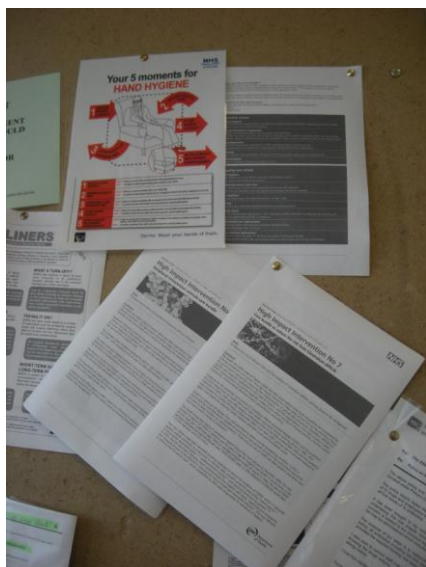
- 8. The trust should review the condition and appropriateness of the hand washing sinks and consumables in Ward 2 with a view to replace or replenish.**
- 9. A systematic approach should be used for cleaning fixtures and fittings and equipment used for the general cleaning of the ward.**
- 10. Appropriate eye and face protection should be available to ensure staff are protected from risks associated with contact from blood, body fluids, chemicals or contaminated items.**

11.0 Hygiene Practices

STANDARD 7.0 HYGIENE PRACTICES

Hand hygiene procedures; handling and disposal of sharps; use of PPE; use of isolation facilities and implementation of infection control procedures; cleaning of ward/department; staff uniform and work wear.

Hygiene Practices	Ward 2
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	78
Staff uniform and work wear	100
Average Score	96



Picture 6 Information on WHO Hand hygiene

The ward is commended for achieving full compliance in five out of six sections within hygiene practices.

The results of the audit indicate that effective hygiene practices were in place. Hand hygiene practices observed complied with WHO (World Health Organisation) guidance on the correct technique to use for hand washing and appliance of hand rub (Picture 6). Observations indicated that staff performed hand hygiene at the appropriate moments for hand hygiene.

The inspectors observed that single use aprons and gloves were worn when in contact or anticipated contact with blood, body fluids or in potential contact with contaminated items and aprons and gloves were changed between patients and between different episodes of care.

On the day of the inspection one patient was in precautionary isolation and practices observed in relation to the application of isolation precautions were good and in line with current practice guidance. Issues identified relating to the effective cleaning of the ward were in regard to some nursing staff who were unsure of the National Patient Safety Agency (NPSA) colour coding guidelines and the lack of a

relevant poster for staff to reference. Some staff were unsure of dilution rates for blood spills and a member of staff was using anti bacterial hand wash solution to decontaminate equipment.

Staff changing facilities are available for all groups of staff to change into and out of their uniform at work.

Recommendations

- 11. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use**
- 12. The trust should ensure all staff are aware of NPSA colour coding guidelines**

12.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs L Gawley - Inspector Infection Prevention/Hygiene Team
Mrs S O'Connor - Inspector Infection Prevention/Hygiene Team

Trust representatives attending the feedback session

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

Ms Geraldine Hillick – Director Acute Hospital
Mrs Anne Witherow - Assistant Director Nursing (via telephone link)
Ms Isobel Mc Clintock - Representing A&E and Medical division
Mrs Fiona Hughes – Head of Infection Prevention and Control
Mrs Maeve Brown - Divisional Nurse
Mrs Monica Service - Ward Manager
Mrs Sonia Gormley – Support Services Manager
Mrs Yvonne Black – Support Services

Apologies

Ms Diane Brennan - Assistant Director for Emergency Care and Medicine
Ms Kay Kerrigan - Manager Coordinator for Medicine
Ms Wendy Cross - Lead Nurse Governance and Performance

Supporting documentation

A number of documents have been developed to support the inspection process, these are:

- Infection Prevention/Hygiene Inspection Process (methodology, follow up and reporting)
- Infection Prevention/Hygiene Team Inspection Protocol (this document contains details on how inspections are carried out and the composition of the teams)
- Infection Prevention/Hygiene Team Escalation Policy
- RQIA Policy and Procedure for Use and Storage of Digital Images

This information is currently available on request and will be available in due course on the RQIA website.

13.0 Summary of Recommendations

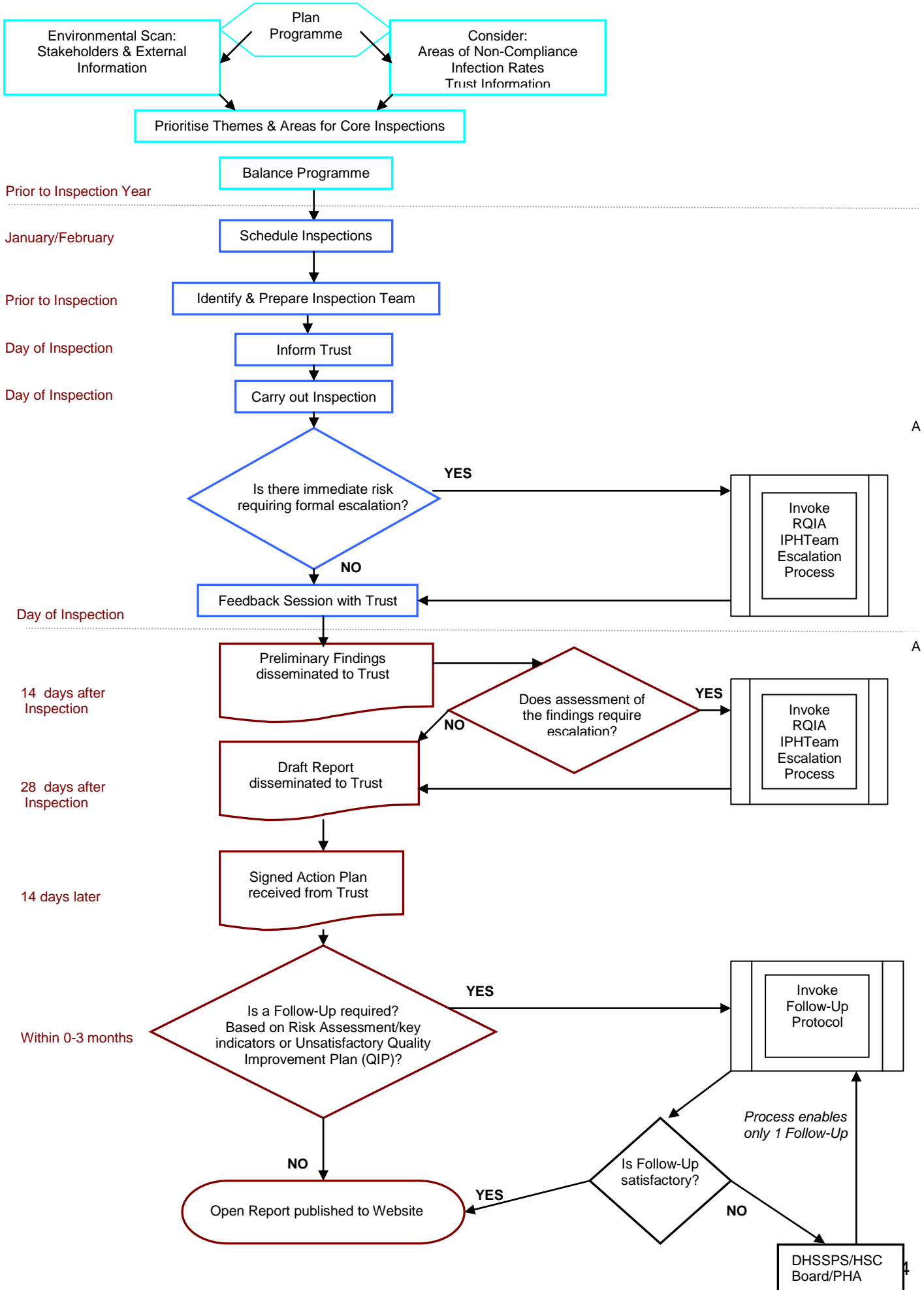
- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively.**
- 2. Greater attention is required to ensure lime scale is removed from fixtures and fittings.**
- 3. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 4. The trust should ensure the linen store is dust free, linen skips are in good repair and reusable linen bags are fit for purpose.**
- 5. The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.**
- 6. The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.**
- 7. The trust should ensure that washer disinfectors reach satisfactory cleaning standards.**
- 8. The trust should review the condition and appropriateness of the hand washing sinks and consumables in Ward 2 with a view to replace or replenish.**
- 9. A systematic approach should be used for cleaning fixtures and fittings and equipment used for the general cleaning of the ward.**
- 10. Appropriate eye and face protection should be available to ensure staff are protected from risks associated with contact from blood, body fluids, chemicals or contaminated items.**
- 11. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.**
- 12. The trust should ensure all staff are aware of NPSA colour coding guidelines.**

14.0 Unannounced Inspection Flowchart

Plan Programme

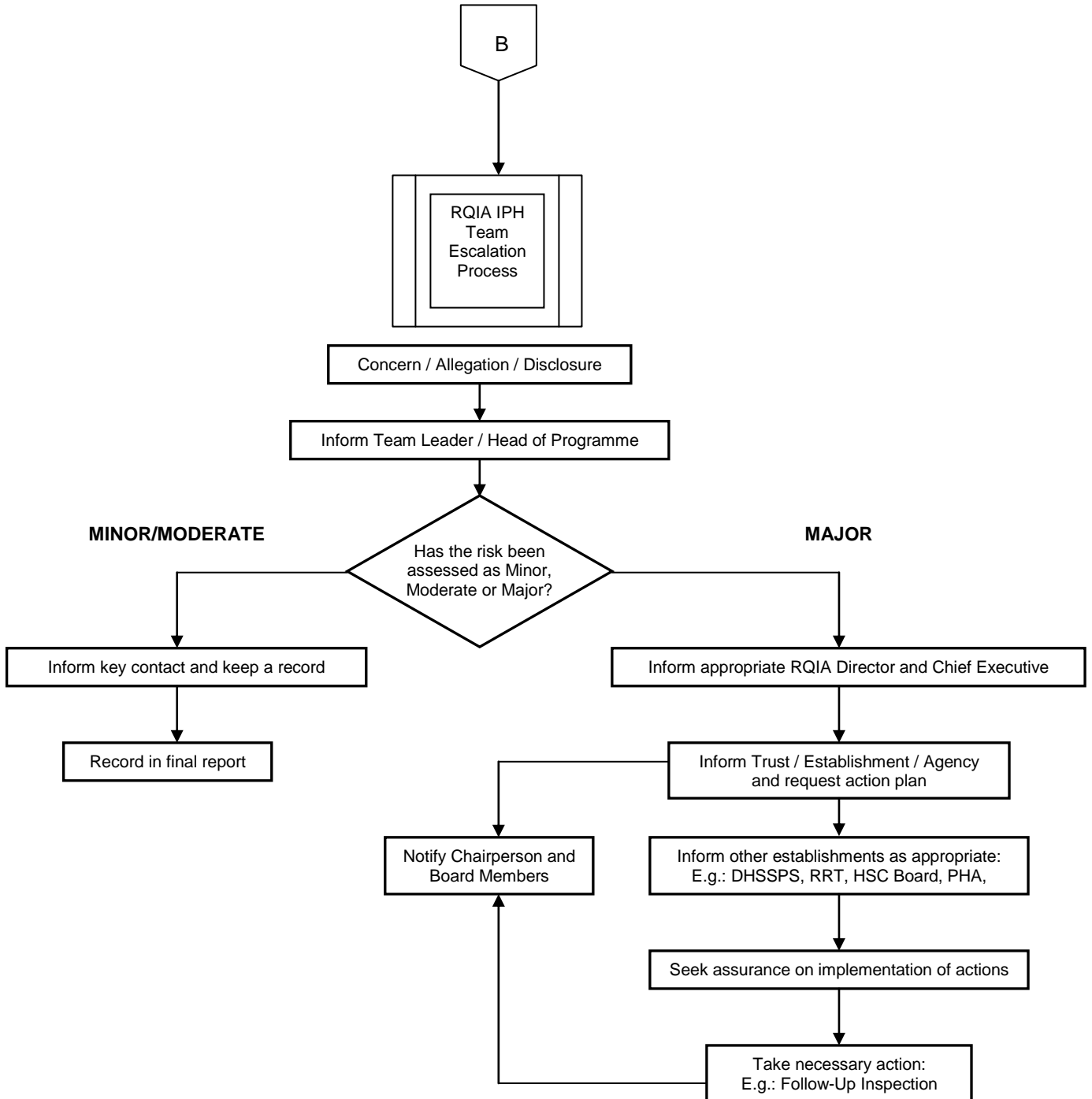
Episode of Inspection

Reporting & Re-Audit



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Recommendations

Location	Reference Number	Recommendation	Designated Department	Action required	Date for Completion Timescale	
	1.	The Trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively.	Profession Nursing	This will be tabled at CMT and also at the monthly accountability meetings with Heads of service	Commenced and on-going	
	2.	Greater attention is required to ensure lime scale is removed from fixtures and fittings.	Support Services	Addressed through cleaning programmes	Commenced and on-going	
	3.	The Trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.	Estates	The back log of repair and maintenance items identified on audits to be completed in a more timely manner	Commenced and on-going	
	4.	The Trust should ensure the linen store is dust free, linen skips are in good repair and reusable linen bags are fit for purpose.	Nursing Support Services	To be included in the regular cleaning schedules. To be discussed at the monthly accountability meetings	Actioned July 2011	
	5.	The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that staff and appropriate practice is in place.	Nursing	This is now being included in the weekly/monthly audit reviews and should take effect from Sept 2011	Sept 2011	
	6.	The Trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.	Nursing	Reinforced at accountability meeting and will included in the Trusts on-going audit programme	September 2011	

Location	Reference Number	Recommendation	Designated Department	Action required	Date for Completion Timescale	
	7.	The Trust should ensure that washer disinfectors reach satisfactory cleaning standards.	Estates	All bed pan washers are verified and validated as per the requirements of HTM's	Complete and on-going	
	8.	The Trust should review the condition and appropriateness of the hand washing sinks and consumables in Ward 2 with a view to replace or replenish.	Estates	Hand washing sinks and the need for consumables will be reviewed with IPC and repaired/ replaced as appropriate.	Sept 2011	
	9.	A systematic eye and face protection should be available to ensure staff are protected from risks associated with contact from blood, body fluids, chemicals or contaminated items.	Nursing	A review of the availability of this equipment will be carried out during august with report and recommendation for September 2011	September 2011	
	10.	The Trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.	Support services nursing	Support Services staff received training on the dilution rates as part of their BICS Training	Actioned on-going	
	11.	The Trust should ensure all staff are aware of NPSA colour coding guidelines.	Support services	Support Services staff received training on the dilution rates as part of their BICS Training	Actioned and on-going	



The **Regulation** and
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