



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced inspection

South Eastern Health and Social Care
Trust

Ards Hospital

4 August 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the **Ards Hospital**, on the 4 August 2011. The hospital was assessed against the Regional Healthcare Hygiene and Cleanliness standards and the following area was inspected:

- G.P. Ward

The GP Ward is a 14 bedded unit however at present bed occupancy has been increased to 20 beds. The ward provides care for patients with acute medical conditions, who would previously have been admitted to the Ulster Hospital. In addition to medical conditions treated, other care provided includes:

- Blood transfusions
- Therapy and rehabilitation
- Chronic disease management
- Palliative care

Patients are cared for in this local environment by GPs supported by specially trained nurses, physiotherapists and occupational therapists.

Inspection Outcomes

The GP ward achieved overall an compliance level. Inspectors observed that the environment in general required attention to detail when cleaning and de-cluttering, with issues identified for improvement. Overall the observation of staff indicated compliance with hygiene and infection prevention and control practices.

The inspection resulted in 15 recommendations for the SEHSCT and the Ards Hospital, a full list of recommendations is listed in Section 13.

A detailed list of preliminary findings is forwarded to South Eastern 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 for peripheral vascular catheters and urinary catheters**
- **Fully completed MRSA care plan and good documentation**
- **Implementation of hand hygiene and mattress audits**
- **The introduction of disposable patient privacy curtains**
- **Domestic services ward cleaning schedule on display for the general public**
- **5 star kitchen rating and new easily cleanable kitchen notice board**

The RQIA inspection team would like to thank the staff at the Ards 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

GP. Ward	
Environment	73
Patient Linen	85
Waste	97
Sharps	89
Equipment	78
Hygiene Factors	85
Hygiene Practices	92
Average Score	86

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

Table 2

Environment	
Reception	85
Corridors, stairs lift	77
Public toilets	N/A
Ward/ department - general(communal)	65
Patient bed area	85
Bathroom/washroom	81
Toilet	74
Clinical room/ treatment room	28
Clean utility room	N/A
Dirty utility room	63
Domestic store	64
Kitchen	85
Equipment store	79
Isolation	85
General information	80
Average Score	73

Table 3

Linen	
Storage of clean linen	78
Storage of used linen	92
Laundry facilities	N/A
Average Score	85

Table 4

Waste and sharps	
Handling, segregation, storage, waste	97
Availability, use, storage of sharps	89
Average score	

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

Table 5

Patient Equipment	
Patient equipment	78

Table 6

Hygiene Factors	
Availability and cleanliness of wash hand basin and consumables	84
Availability of alcohol rub	100
Availability of PPE	77
Materials and equipment for cleaning	78
Average Score	85

Table 7

Hygiene practices	
Effective hand hygiene procedures	82
Safe handling and disposal of sharps	100
Effective use of PPE	80
Correct use of isolation	100
Effective cleaning of ward	90
Staff uniform and work wear	100
Average Score	92

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 have devised Regional Healthcare Hygiene and Cleanliness standards and accompanying regional audit tool. RQIA has revised their inspection processes to support the publication of the standards which were compiled by a regional steering group in consultation with service providers. One of the standards relates to organisational systems and governance, to ensure compliance with this, a new inspection process and methodology process has been developed in consultation with the regional steering group.

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 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 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 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.

Environment	
Reception	85
Corridors, stairs lift	77
Public toilets	N/A
Ward/ department - general(communal)	65
Patient bed area	85
Bathroom/washroom	81
Toilet	74
Clinical room/ treatment room	28
Clean utility room	N/A
Dirty utility room	63
Domestic store	64
Kitchen	85
Equipment store	79
Isolation	85
General information	80
Average Score	73

6.1 Cleaning

At the time of the inspection there was evidence in some areas to indicate compliance with regional specifications for cleaning. However, the inspectors observed that while cleaning mechanisms were in place to prevent the build up of dust, debris and bacteria and subsequently reduce the potential risk for the transmission of infection, they were not always implemented or adhered to. The ward was non compliant for five criteria within this standard, with an overall non compliant score.

In the main reception, corridors and stairs leading to the ward dust was observed behind radiators, high surfaces and external windows, frames and sills. Splash marks were noted on the wall outside the ward entrance and stains were observed on the ceiling, however the cleaning in these areas was generally satisfactory.

Greater attention to detail is required throughout the ward when cleaning, as dust was observed behind fixtures and fitting, in corners and edges and doors. Inspectors observed that adhesive tape was used to attach labels or posters to walls, cupboards and doors, which in some instances had left a sticky residue, impeding the cleaning process.

At the nurses' station and treatment room, chairs were covered in fabric which was not easily cleaned; the chair in the treatment room was stained. In the shower/ toilet there was mould at the base of the shower, the edging of the shower door frame was dirty and the shower chair and raised toilet seat required cleaning, an issue also identified in the toilet. Inspectors observed in the toilets that the light pull cords were dirty and frayed and should be replaced. In the treatment room dead flies were noted in the ceiling light fitting, there were splash marks on the cupboard doors and the outside of the drugs' fridge was stained.

In the dirty utility room the edging of the macerator lid was dirty and there was limescale on the hand washing sink taps. Limescale was also noted on the hand washing sink taps and hot water geyser in the kitchen. Particular care 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.

The isolation room inspected was generally clean however attention to detail is required to ensure dust is removed from behind the radiator, windows, floor corners and edges and wall trunking.

6.2 Clutter

There was limited evidence of an emphasis to provide a clutter free environment, effective utilisation of space and good stock management to assist with effective cleaning.

Inspectors observed a clutter throughout the wards and the multi-purpose use of rooms. The treatment room was used as a clinical area and office, with a computer and printer in place, the linen store was used to store stationery, the dirty utility room was used as a domestic sluice and there was a coat stored in the domestic store.

In all areas inspected, untidy overfilled shelving, insufficient storage facilities, excess storage of toilet rolls, equipment stored on the floor or on window sills was observed. All of these contributed to the cluttered environment, which impedes cleaning processes.

6.3 Maintenance and Repair

Inspectors observed chipped paintwork on walls, exposed wood on doors and door frames and floor and skirting damage within the ward.

In the main ward entrance the ceiling light diffuser was cracked, the formica edges of the nurses' station were split, there was a hole in the dirty utility room ceiling tile and the domestic sluice sink in the dirty utility room was out of order. In the male bedded bay some areas of skirting were cracked and the floor had small splits present, in the dirty utility room and toilet the skirting was separating from the wall edge, and in the treatment room the floor vinyl did not fully cover the floor; gaps were present around the floor edges. Ground in floor stains which cannot be removed by cleaning were observed in the shower room, treatment room, domestic store and equipment store. Inspectors also noted in the shower room, chipped handrails and a missing cap from one of the taps in the disabled shower/ toilet.

In the isolation room inspected the ceiling light diffuser was cracked, the privacy blind on the door was broken at one side, the formica shelf was worn/ split and the wooden chair frame was worn and not impervious to moisture.

Exposed bare wooden surfaces, and damaged paintwork and flooring are not impervious to moisture, and impedes effective cleaning.

6.4 Fixtures and fittings



Picture 1 Worn cupboards

Inspectors observed worn shelving in the domestic store. In the treatment room (Picture 1) and equipment store some wooden cupboards were very worn, with exposed bare wood. The wall mirror in the male bedded bay was starting to tarnish as were the taps in the shower room hand washing sink.

Cork notice boards were observed on the wall behind patient beds; these cannot be effectively cleaned and should be removed. A washable notice board was however available in the ward kitchen.

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. There was a range of posters in place for staff to reference such as waste, sharps management, cleaning colour coding and the segregation of linen (Picture 2). Not all ward posters were laminated to allow them to be easily cleaned and were attached to surfaces with adhesive tape rather than blu tac. It was also noted that record files were old and worn, and cannot be effectively cleaned.



Picture 2 Information posters

The outside of the drugs fridge door was covered in taped posters, preventing effective cleaning and the door was unlocked and easily accessible. Inspectors observed that there was nowhere on the drugs fridge temperature record sheet for staff to indicate action taken in the event of a variation in fridge temperature checks and a servicing sticker on the side of the drugs fridge indicated that it had not been serviced since March 2010.

Inspectors noted that a nursing cleaning schedule while available was not up to date, did not detail all equipment and was not specific to the area. Trust staff advised at the feedback session that the infection prevention and control team are developing a trust wide standard nursing cleaning schedule.

6.6 Additional Issues

- Due to the limited storage space within the ward the use of the unused bathroom should be reviewed.
- There was no user friendly information displayed on ward notice boards to advise patients or visitors on environmental cleanliness or care bundle scores.

Recommendations

1. **The trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively and that the environment is in a good state of repair.**

- 2. The trust should work on the repair and maintenance of the ward and equipment and replace damaged fixtures and fittings.**
- 3. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 4. The trust should develop detailed nursing cleaning schedules and standard fridge temperature recording documentation.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen	
Storage of clean linen	78
Storage of used linen	92
Laundry facilities	N/A
Average Score	85

7.1 Management of Linen

The ward has achieved partial compliance in the storage of clean linen and compliance in the storage of used linen.



Picture 3 Cluttered linen store

Inspectors noted that there was no designated linen store within the ward. Linen was stored in a cluttered multipurpose store, which was also used to store stationery supplies (Picture 3), or on uncovered trolleys in the corridor. In the clean linen store the skirting behind the door was dusty, there were boxes stored on the floor, making areas inaccessible to clean and exposed wood damage was noted to the door and frame, impeding the cleaning process. Inspectors however did observe that used linen was stored and segregated correctly and that unused linen was clean and free from rips and tears.

Good practice was generally observed in the handling of used linen, used linen was placed immediately into the appropriate colour coded bags at the point of use. One registered nurse was observed not wearing the appropriate personal protective equipment (PPE) when handling soiled/ contaminated linen; not wearing an apron when changing a bed and handling used linen.

Recommendations

- 5. The trust should ensure that clean linen is stored correctly and that the clean linen store is clean and fit for purpose.**
- 6. The trust and individual staff have a collective responsibility to ensure that personal protective equipment is worn when handling soiled/contaminated linen.**

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	
Handling, segregation, storage, waste	97
Availability, use, storage of sharps	89

8.1 Waste

Staff are commended for achieving a high compliance score in this section of the standard. The inspection evidenced that there are arrangements in place for the handling, segregation, storage and disposal of waste which comply with local and regional guidance.

Inspectors observed only minor damage to the household waste bin in the treatment room and a small amount of rust on the base of the clinical waste bin in the male bay.

8.2 Sharps

Inspectors observed that the sharps trays stored in the equipment store were dusty and required cleaning.

The sharps box in use conformed to BS7320 (1990)/UN9291 standards. The box was assembled correctly; 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.

It was observed during the inspection that the temporary closure mechanism, to prevent spillage and impede access, was in place when the sharps box was not in use.

Recommendations

- 7. The trust should ensure that waste bins and equipment used in the management of waste and sharps is kept clean and replaced as appropriate.**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient Equipment	
Patient equipment	78

The ward has achieved partial compliance in this standard. Inspectors observed that improvement is required in the cleaning and storage of patient equipment to achieve a compliant score.

Inspectors observed the underside of two commode lids were damaged and patient wash bowls were not stored inverted when not in use, to assist with the drying process. Patient equipment such as; stored enteral feeding pump, ECG machine, stored blood pressure cuff and monitor, hoist frame, wheelchair frame and patient privacy screen frame all required cleaning. The frame of the drugs trolley and notes trolley had taped labels present, the castors/ wheels of the kitchen trolley were dirty (Picture 4) and the linen trolley was cluttered, with communal patient cleansing products present. The frame of the drugs trolley and a patient privacy screen was chipped.



Picture 4 Kitchen trolley; dirty castors/wheels

There was no mechanism in place to identify if stored equipment was cleaned and ready for use however inspectors were advised at the feedback session that the infection prevention and control team are reviewing this process.

The inspectors observed that on the resuscitation trolley, a magills forcep was uncovered and laryngoscope blades were removed from their original sterile packaging and stored in plastic bags. Plastic bags cannot be used for traceability purposes as there are not sterile and

have no dates of packaging or identification details present. The Association of Anaesthetists of Great Britain and Ireland guidelines 'Infection Control in Anaesthesia' states that single use resuscitation equipment should be kept in a sealed package or should be decontaminated between patients according to manufacturer's instructions. It also states that packaging should not be removed until the point of use for infection control, identification and traceability in the case of a manufacturer's recall and safety.

Recommendations

- 8. The trust and individual staff have a collective responsibility to ensure that equipment is cleaned, stored correctly and in a good state of repair.**

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	
Availability and cleanliness of wash hand basin and consumables	84
Availability of alcohol rub	100
Availability of PPE	77
Materials and equipment for cleaning	78
Average Score	85

The ward has achieved an overall compliant score, staff are commended for achieving full compliance in the availability of alcohol gel rub.

Hand washing sinks and fixtures and fittings were clean, working and in a good state of repair, however greater attention to detail is required when cleaning the liquid soap dispensers in the treatment room and dirty utility. Inspectors observed that the 1:6 ratio of hand washing sinks to patients was not in line with local and national guidelines and the hot water tap in the shower/toilet, behind the nurses station, and in the male bay was very hot. Inspectors were advised at the feedback session that estate services were fixing thermostat controls to all taps in the ward.

Clinical hand wash sinks were not all sensor operated or elbow and overflow free; evidenced in the treatment room (Picture 5), male bay and isolation room. The sink in the treatment room also had a plug in situ. Overflows to sinks, basins, baths and bidets are not recommended, as they constitute a potential infection control risk more significant than the possible risk of damage due to water overflowing (WCs have an internal overflow).



Picture 5 Treatment room sink, twist taps, overflow and plug insitu

There were no issues identified in relation to availability or use of alcohol rub.

Inspectors observed a range of personal protective equipment available in the wall mounted dispensers for staff to easily access. Plastic aprons and gloves were however stored in a wall mounted dispenser in the shower/ toilet, increasing the risk of contamination and there were no protective face goggles on the resuscitation trolley or in the ward for general use.

Inspectors noted that cleaning products were stored in line with COSHH (Control of Substance Hazardous to Health) regulations, in a locked area. Domestic and auxiliary staff displayed good knowledge of the dilution rates for the disinfectant in use however nursing staff were unaware of the dilution rates for actichlor plus disinfectant and advised inspectors that they do not routinely clean equipment.

The cleaning and storage of equipment used for general cleaning requires attention; inspectors observed a dirty dust pan, hazard cone and hand held bucket. Inspectors also observed that dirty mop buckets were not stored inverted after use and an old, worn wooden brush, which was unable to be effectively cleaned. Inspectors also noted that the frame of the floor burnisher was chipped.

Recommendations

- 9. The trust should ensure that hand washing sinks and consumables are clean, available and fit for purpose.**
- 10. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in the use of disinfectants and that all staff participate in equipment cleaning.**
- 11. The trust should ensure all personal protective equipment is available for staff to use and stored appropriately.**

12. The trust should ensure that equipment used for the general cleaning of a ward is clean, store appropriately and fit for purpose.

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	
Effective hand hygiene procedures	82
Safe handling and disposal of sharps	100
Effective use of PPE	80
Correct use of isolation	100
Effective cleaning of ward	90
Staff uniform and work wear	100
Average Score	92

The ward is commended for achieving full compliance in three sections of this standard and an overall compliant score.

The results of the audit indicate that improvement is required in effective hygiene practices. Hand hygiene practices observed did not always comply with WHO (World Health Organisation) guidance on the correct technique to use for hand washing or the performance of hand hygiene at the appropriate moments. A registered nurse stated a 5 step technique for hand washing rather than the recommended 7 step technique and another registered nurse did not wash her hands after contact with the patients surroundings.

The inspectors observed that single use aprons and gloves were worn by some staff 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. However improvement is also required by nursing staff as a registered nurse was observed wearing the same pair of gloves when caring for a patient, opening the lid of a waste bin with a gloved hand and carrying a tray into the kitchen. This issue was raised with the ward sister and immediately addressed.

There were no issues identified with the safe handling and disposal of sharps.

On the day of the inspection there were no patients requiring isolation however on discussion with staff in relation to the application of isolation precautions knowledge was good and in line with current

practice guidance. A review of documentation for a patient with a history of infection evidenced that a patient centred care plan for the identified alert organism was in place and completed by staff.

Discussion with staff indicated that two disinfectants were used at ward level, this is confusing for staff; inspectors were given conflicting information by staff in relation to the disinfectant in use and when they were to be used. The trust should review the disinfectants in use within the trust and advise staff of recommended practices. Registered nursing staff were unfamiliar with of the NPSA (National Patient Safety Agency) cleaning colour coding system.

Inspectors observed that the trust has implemented the concept of 'bare below the elbow', and there was good adherence observed by staff.

Recommendations

- 13. The trust and individual staff have a collective responsibility to ensure that hand hygiene is performed correctly and carried out appropriately.**
- 14. The trust and individual staff have a collective responsibility to ensure that all personal protective equipment is used appropriately.**
- 15. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in the cleaning and decontamination of equipment.**

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:

Linda Kelly - Assistant Director, Safe and Effective Care
Mark Armstrong - Unscheduled Care Manager
Richard Walker - Patient Experience Manager
Juli Reid - Infection Prevention and Control Nurse

Observer

Catriona Campbell - Nurse Education Consultant, Beeches

Apologies

Lynn Willis - Ward Sister

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 improve, monitor and ensure that environmental cleaning is carried out effectively and that the environment is in a good state of repair.**
- 2. The trust should work on the repair and maintenance of the ward and equipment and replace damaged fixtures and fittings.**
- 3. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 4. The trust should develop detailed nursing cleaning schedules and standard fridge temperature recording documentation.**
- 5. The trust should ensure that clean linen is stored correctly and that the clean linen store is clean and fit for purpose.**
- 6. The trust and individual staff have a collective responsibility to ensure that personal protective equipment is worn when handling soiled/ contaminated linen.**
- 7. The trust should ensure that waste bins and equipment used in the management of waste and sharps is kept clean and replaced as appropriate.**
- 8. The trust and individual staff have a collective responsibility to ensure that equipment is cleaned, stored correctly and in a good state of repair.**
- 9. The trust should ensure that hand washing sinks and consumables are clean, available and fit for purpose.**
- 10. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in the use of disinfectants and that all staff participate in equipment cleaning.**
- 11. The trust should ensure all personal protective equipment is available for staff to use and stored appropriately.**
- 12. The trust should ensure that equipment used for the general cleaning of a ward is clean, store appropriately and fit for purpose.**
- 13. The trust and individual staff have a collective responsibility to ensure that hand hygiene is performed correctly and carried out appropriately.**

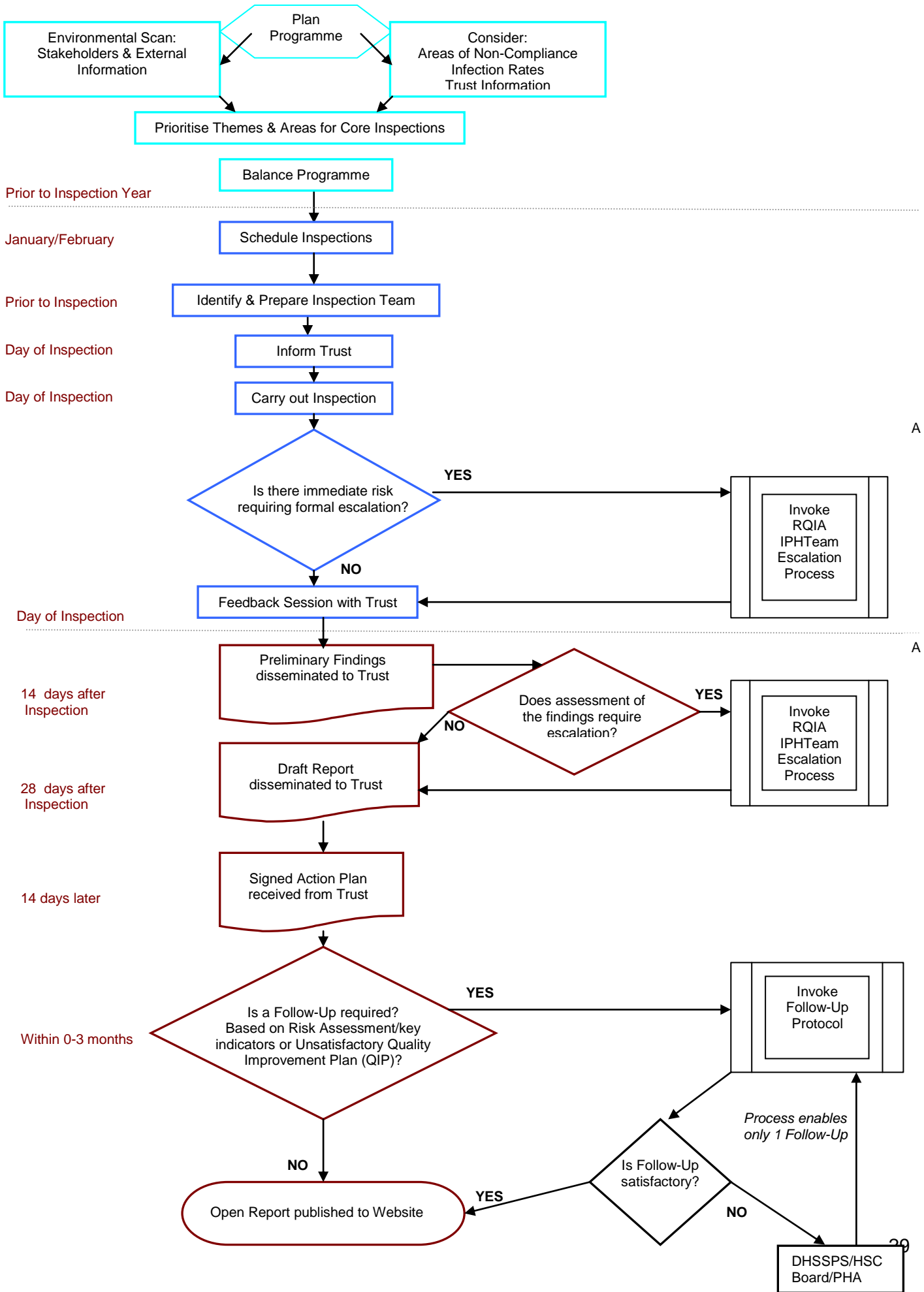
- 14. The trust and individual staff have a collective responsibility to ensure that all personal protective equipment is used appropriately.**
- 15. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in the cleaning and decontamination of equipment.**

14.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

Reporting & Re-Audit

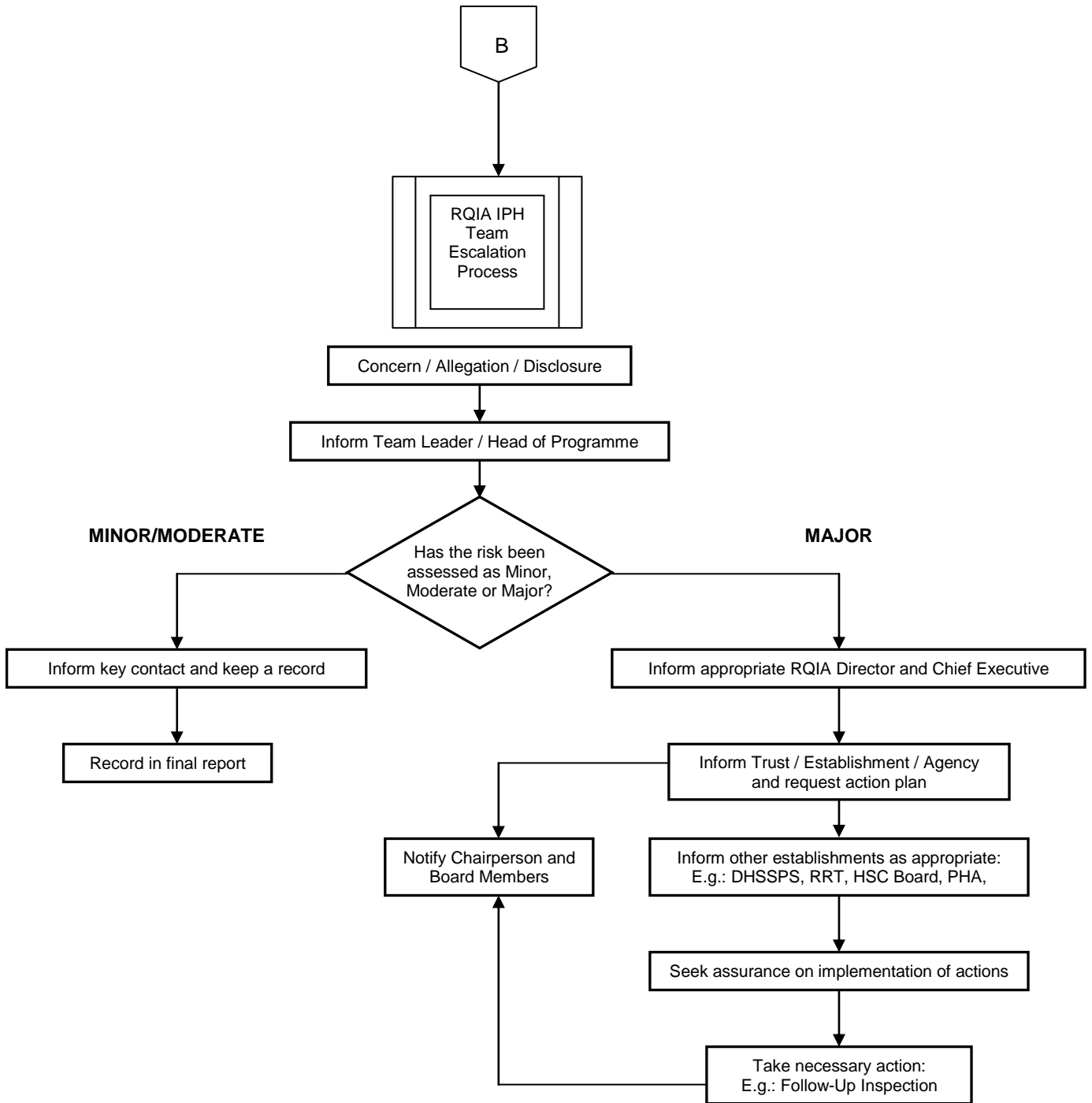


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15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Reference Number	Recommendations	Designated department	Action required	Date for completion /timescale
1.	The trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively and that the environment is in a good state of repair.	Estates/Patient Experience	A programme of monitoring and audit is established within the SET in relation to environmental cleaning and maintenance issues. Ward Sisters are also aware of responsibility to report through any areas of non compliance for action to appropriate depts..	Ongoing
2.	The trust should work on the repair and maintenance of the ward and equipment and replace damaged fixtures and fittings.	Estates	The Estates Dept has an ongoing programme established to monitor and repair ward environment. Ward Sisters have responsibility to monitor and report through equipment for repair	Ongoing
3.	The trust and staff should work to improve storage and maintain clutter free ward environments.	Estates/Nursing/Patient Experience	The Ward Manager is responsible for addressing clutter and identifying storage issues. The multidisciplinary audits monitor and address storage and clutter issues where possible. The Trust have a declutter day to coincide with pay day every month	Ongoing
4.	The trust should develop detailed nursing cleaning schedules and standard fridge temperature recording documentation.	Nursing	The Trust have a equipment cleaning policy and are standardising the approach to trigger systems across the wards/facilities. The Trust have a standardised documentation for recording fridge temperatures and	March 2012

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			this is highlighted in the Medicines Policy. Monitoring/auditing of the use is an area for action for the Trust.	
5.	The trust should ensure that clean linen is stored correctly and that the clean linen store is clean and fit for purpose.	Nursing	This is part of internal audit programme – compliance is monitored by Nursing Sister	Ongoing
6.	The trust and individual staff have a collective responsibility to ensure that personal protective equipment is worn when handling soiled/contaminated linen.	Nursing/IPC	Appropriate PPE is available for staff as per Trust Policy. As part of the annual audit programme compliance with this will be monitored on a twice yearly basis. Appropriate use of PPE has been highlighted recently in a improvement newsletter	Ongoing
7.	The trust should ensure that waste bins and equipment used in the management of waste and sharps is kept clean and replaced as appropriate.	Nursing/IPC/ Patient Experience	The monitoring of waste bins and the management of waste and sharps forms part of ongoing monitoring/audit processes, with the expectation for action where non compliance is achieved .	Ongoing
8.	The trust and individual staff have a collective responsibility to ensure that equipment is cleaned, stored correctly and in a good state of repair.	Nursing/Patient Experience	This forms part of the Trust programme of Audits and Trust Decontamination Policy	Ongoing
9.	The trust should ensure that hand washing sinks and consumables are clean, available and fit for purpose.	Estates/Patient Experience/ Nursing	Part of multidisciplinary and managerial audit programme	Ongoing
10.	The trust and individual staff have a collective responsibility to ensure that staff knowledge is	Nursing/Patient Experience	This forms part of the Trust programme of Audits and Trust	Ongoing

Reference Number	Recommendations	Designated department	Action required	Date for completion /timescale
	kept up to date in the use of disinfectants and that all staff participate in equipment cleaning.		Decontamination Policy	
11.	The trust should ensure that all personal protective equipment is available for staff to use and store appropriately.	Nursing/Patient Experience	Appropriate PPE is available for staff as per Trust Policy. As part of the annual audit programme compliance with this will be monitored as part of audit programme. Appropriate use of PPE has been highlighted recently in a improvement newsletter	Ongoing
12.	The trust should ensure that equipment used for the general cleaning of a ward is clean, stored appropriately and fit for purpose.	Patient Experience	The is part of ongoing patient experience programme – non-compliance is auctioned	Ongoing
14.	The trust and individual staff have a collective responsibility to ensure that all personal protective equipment is used appropriately.	Patient Experience/ Nursing	Appropriate PPE is available for staff as per Trust Policy. As part of the annual audit programme compliance with this will be monitored as part of audit programme. Appropriate use of PPE has been highlighted recently in a improvement newsletter	Ongoing
15.	The trust and individual staff have a collective responsibility to ensure that staff knowledge is up to date in the cleaning and decontamination of equipment.	Patient Experience/ Nursing	All staff are required to undertake mandatory IPC training every 2 years – this training includes information of cleaning and decontamination of equipment. Staff are also expected to adhere to the principles outlined in the Decontamination Policy.	Ongoing



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