



The **Regulation** and
Quality Improvement
Authority

RQIA

**Infection Prevention/Hygiene
Unannounced inspection**

**South Eastern Health and Social Care
Trust**

**GP Ward
Bangor Community Hospital**

11 May 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the **Bangor Community Hospital**, on the 11 May 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness standards and the following area was inspected:

- GP Ward

The South Eastern Health and Social Care Trust (SEHSCT) is an amalgamation of the former Ulster Community and Hospitals Trust, and Down Lisburn Trust, it encompasses the government districts of Newtownards, Down, North Down and Lisburn. The trust is an integrated organisation and provides a mix of both acute hospital services and community health and social services.

The GP Ward is part of Bangor Community Hospital and is a 20 bedded unit for patients with acute medical conditions, who would previously have had to be admitted to the Ulster Hospital. In addition to medical conditions treated, other care provided includes: blood transfusions, therapy and rehabilitation, chronic disease management and 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 an overall partially compliant score. The non-compliant scores, in the environment standard, generally reflect issues associated with the age and condition of the building. Staff practices in relation to the safe handling and disposal of sharps resulted in a low non compliant score and it is recommended that refresher training is arranged to reinforce good practice. The standard on patient equipment was partially compliant, staff should refer to the trust's policy 'The Cleaning and Decontamination of the Care Environment and Equipment, Guidance and Principles', to address issues highlighted.

The observation of staff practice indicated that they were compliant with hygiene and infection prevention and control practices.

The inspection resulted in 11 recommendations for Bangor Community Hospital, a full list of recommendations is listed in Section 14.

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

- **The trust had published an excellent advice leaflet in relation to the GP ward, which includes a section on Infection Prevention and Control.**
- **Audit scores of High Impact Intervention Care Bundles and Environmental Cleanliness audits were displayed at the entrance to the ward.**
- **The inspectors noted, good working relationships across all disciplines, in a very busy ward.**

The RQIA inspection team would like to thank the SEHSCT and in particular all staff at the Bangor Community 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 the organisation to target areas that require more specific attention.

Table 1

Areas Inspected	GP Ward
General Environment	85%
Patient Linen	89%
Waste	99%
Sharps	45%
Equipment	77%
Hygiene Factors	96%
Hygiene Practices	93%
Average Score	83%

Table 2

General Environment	GP Ward
Reception	N/A
Corridors, stairs lift	75%
Public toilets	98%
Ward/ department - general (communal)	77%
Patient bed area	93%
Bathroom/washroom	93%
Toilet	86%
Clinical room/ treatment room	93%
Clean utility room	N/A
Dirty utility room	74%
Domestic store	65%
Kitchen	90%
Equipment store	N/A
Isolation	89%
General information	82%
Average Score	85%

Table 3

Linen	GP Ward
Storage of clean linen	88%
Storage of used linen	89%
Laundry facilities	N/A
Average Score	89%

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

Table 4

Waste and Sharps	GP Ward
Handling, segregation, storage, waste	99%
Availability, use, storage of sharps	45%

Table 5

Patient Equipment	GP Ward
Patient equipment	77%

Table 6

Hygiene Factors	GP Ward
Availability and cleanliness of wash hand basins and consumables	100%
Availability of alcohol rub	100%
Availability of PPE	91%
Materials and equipment for cleaning	91%
Average Score	96%

Table 7

Hygiene Practices	GP Ward
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	76%
Staff uniform and work wear	83%
Average Score	93%

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 15.

4.1 Onsite Inspection

The inspection team was made up of two inspectors, from RQIA 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 13.

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 13.

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 16).

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	GP Ward
Reception	N/A
Corridors, stairs lift	75
Public toilets	98
Ward/ department - general (communal)	77
Patient bed area	93
Bathroom/washroom	93
Toilet	86
Clinical room/ treatment room	93
Clean utility room	N/A
Dirty utility room	74
Domestic store	65
Kitchen	90
Equipment store	N/A
Isolation	89
General information	82
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; however the inspectors noted that dust was an issue. Throughout the ward the external windows and window frames and radiators were dusty and cobwebs were noted on high surfaces. Equipment such as the video link unit, ECG trolley unit and the new high density storage unit in the treatment room were very dusty. Regular cleaning mechanisms need to be put 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.

Cleaning issues were also identified, in relation to a shower chair which was stained and rusty in places, and the raised toilet seat was stained on the underside. In the dirty utility room, the inside of the macerator around the lid had a build up of grime, Disposable bed pans are generally used, reusable bed pans which are also available for use are cleaned with disinfectant between use.

6.2 Clutter

Due to a lack of storage, the ward has a cluttered appearance, walking aids and sit on scales are stored at the entrance to the ward and the portable, near patient testing equipment is stored in the main corridor. Linen trolleys and more walking aids are being stored in a shower room which is currently out of commission.



Picture 1: Patient equipment stored at entrance to ward

The dirty utility room was cluttered when the inspectors commenced their inspection, a large amount of used laundry and waste bags were on the floor awaiting disposal. As a result staff could not access the hand washing sink or the foot mechanism for the household and clinical waste bins. The bags were removed during the morning.

6.3 Maintenance and Repair

The ward has a bright appearance but on closer inspection the paint work on the walls was streaked and stained, the finish on the skirting was badly chipped and doors and door frames were damaged exposing the wood. Damage to surfaces impedes the cleaning process and has the potential to act as a reservoir for bacteria. The ward manager stated that capital bids have been submitted for a repainting programme.

A refurbishment programme has commenced, the clinical room has recently been renovated, new cupboards, high density shelving and work surfaces including hand washing sink have been installed.



Picture 2: New clinical room

A shower room has also been refurbished, and a second which is currently not in use has been scheduled for upgrading, all of which have contributed, to an improvement of the ward facilities.

The domestic store which is located off the ward, reflects the age of the building, with very high ceilings and old damaged tiled walls. Both the equipment sink and flush sluice are old and worn.



Picture 3: Domestic store

A redundant sluice machine which takes up a lot of space could be removed. The paint finish on the wooden cupboard has been stripped away exposing the wood below. The trust should consider including the refurbishment of the domestic store as part of the ward improvement programme.

6.4 Fixtures and Fittings

In general the fixtures and fittings were in good repair, patient chairs lockers and beds were new and undamaged. The vinyl cover on some of the visitors' stools was split which is a barrier to an effective cleaning process.

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. Clear instructions are in place, to advise staff and visitors of isolation precautions.

There was a range of posters in place for staff to reference such as waste and colour coding however a poster on the segregation of linen was not available.

Detailed cleaning schedules for domestic staff were in place, nursing staff have cleanings schedules, but they lack detail and are not signed off consistently. The schedules also refer to the use of Haz Tabs for disinfection; this product is not longer in use. The ward manager was advised to refer to the trust's recently published policy on 'The Cleaning and Decontamination of the Care Environment and Equipment, Guidance and Principles'.

Recommendations

- 1. The trust should ensure that regular cleaning mechanisms are in place to prevent the build-up of dust.**
- 2. The trust should include the domestic store in the ward refurbishment programme.**
- 3. The ward manager should develop the existing cleaning schedule in line with the trust policy – 'The Cleaning and Decontamination of the Care Environment and Equipment' and an audit process to ensure compliance.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen	GP Ward
Storage of clean linen	88%
Storage of used linen	89%
Laundry facilities	N/A
Average Score	89%

7.1 Management of Linen

The ward achieved a compliant score in both the storage of clean and used linen.

Minor damage was noted to the door frame of the clean linen store, the floor was dusty and the framework of the used linen skip was dusty.

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 clean linen store should be included in the routine cleaning schedule.

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	GP Ward
Handling, segregation, storage, waste	99%
Availability, use, storage of sharps	45%

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. Arrangements should be made to ensure that any accumulation of waste is removed immediately.

8.2 Sharps

Staff practice in relation to the management of sharps was poor. Two of the sharps bins were filled above the fill line and the sharps container on the resuscitation trolley was not secured.



Picture 4: Overfilled sharps box

The temporary closure mechanisms on all of the sharps containers, to prevent spillage and impede access, were not in place. Sharps bins in

use conformed to BS7320 (1990)/UN9291 standards, however one was not assembled correctly, when the bin was lifted the lid was not secured. Not all of the bins were signed and dated.

Refresher training should be arranged for staff, followed by an audit of practice to ensure consistent staff compliance. The correct labelling of sharps containers 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.

Recommendations

- 5. The trust should consider refresher training for staff in relation to the safe handling and disposal of sharps, and to include all issued highlighted above.**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient Equipment	GP Ward
Patient equipment	77%

This section was partially compliant. The inspectors identified some cleaning issues in relation to patient equipment. The cardiac monitoring unit, portable suction machine and framework of the resuscitation trolley were dusty, the underside of a commode was stained and the seat covers were damaged. Bed pans were stored under the sink but not inverted and measuring jugs which are being reused were stored upright on a window sill. Part of the laminate finish on the drugs and notes trolley was missing, and the dressing trolley in the clinical room was smeared, and had adhesive tape attached. Damage to surfaces, or use of adhesive tape can act as a barrier to an effective cleaning process.

Discussion with staff indicated that there was some confusion, regarding the disinfectant product in use and the appropriate dilution strengths. Notices on the wall of the dirty utility room, and references in the nursing schedule for cleaning of commodes, referred to Haz Tabs which are no longer used by the trust.

The inspectors observed that laryngoscope blades on the resuscitation trolley were removed from their sterile packaging. 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

- 6. 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 and that equipment is fit for purpose.**
- 7. The trust should ensure that when changes are made to products, such as disinfectant they have mechanisms in place to ensure they are effectively communicated to staff.**

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	GP Ward
Availability and cleanliness of wash hand basin and consumables	100%
Availability of alcohol rub	100%
Availability of PPE	91%
Materials and equipment for cleaning	91%
Average Score	96%

The ward is to be commended in achieving full compliance in the availability and cleanliness of hand washing facilities and of alcohol rub. Also a high compliance score in the availability of personal protective equipment and materials and equipment for cleaning.

A few issues were identified for improvement. In the dirty utility room plastic aprons were observed draped over the radiator, the aprons were very dusty. PPE stations were available in the ward outside single rooms, which is good practice, however only glove dispensers were available at the entrance to bed bays. The ward manager should seek advise from the infection prevention and control staff on the correct storage of PPE in a dirty utility room and on the availability of PPE stations at entrance to bed bays.

In the domestic store attention to detail is required when drying equipment, buckets were not stored inverted resulting in a build up of dirt around the crevices. The floor polishing machine and the vacuum in this store were dusty.

Recommendations

- 8. The ward manager in conjunction the Infection prevention team should review the location and availability of PPE stations.**
- 9. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean and dry.**

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	GP Ward
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	76%
Staff uniform and work wear	83%
Average Score	93%

The ward is commended for achieving full compliance in four sections within hygiene practices.

The results of the audit indicate that in four sections effective hygiene practices were in place resulting in a full compliant score. 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. Observations indicated that staff performed appropriate hand hygiene practices.

Correct and appropriate use of personal protective equipment was observed by nursing staff engaged in activities where their uniforms could become contaminated. Aprons and gloves were changed between patients and between different episodes of care.

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

The section on effective cleaning of the ward was partially compliant, none of the staff questioned were able to give the correct dilution rates for the disinfectant in use. Patient Experience staff do have a COSHH manual with most products listed, however the sheet for the disinfectant was missing.

In relation to the section on staff uniform and work wear, a member of speech and language staff was observed working with a patient. She

was wearing a hoodie top with long sleeves which were not rolled up and she had long hair which was not tied back. The ward manager did address this issue with the staff member.

Staff changing facilities are available for domestic staff but the domestic staff questioned, stated staff do not use them, changing facilities are not available for nursing staff.

Recommendations

- 10. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use, and that the information sheet on the product is displayed prominently to reinforce staff knowledge.**
- 11. The trust should ensure all staff are aware of and conform to the trust policy on the dress code.**

12.0 Additional Issues

The inspectors observed that the notice board behind the patient bed in the isolation room was partly made of fabric. It is advised that as fabric cannot be effectively cleaned, especially in an isolation room, an alternative method of displaying patient details is investigated.

The inspectors were informed by the Ward Manger and the Patient Experience Manager that the ward has only funding for a part time member of cleaning staff. As this is a busy 20 bedded unit, the inspectors are concerned that this is not sufficient to maintain consistent cleaning standards.

13.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs M Keating - Inspector Infection Prevention/Hygiene Team
Mrs L Gawley - 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 L Kelly - Assistant Director Safe and Effective Care
Mr B Brown - Assistant Director Primary Care and Nursing
Mr R Walker - Patient Experience Manager
Ms J Reid - Infection Prevention and Control Nurse
Ms M Roberts - Ward Manager
Ms C Eaton - Staff Nurse

Apologies

Mr M Armstrong

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.

14.0 Summary of Recommendations

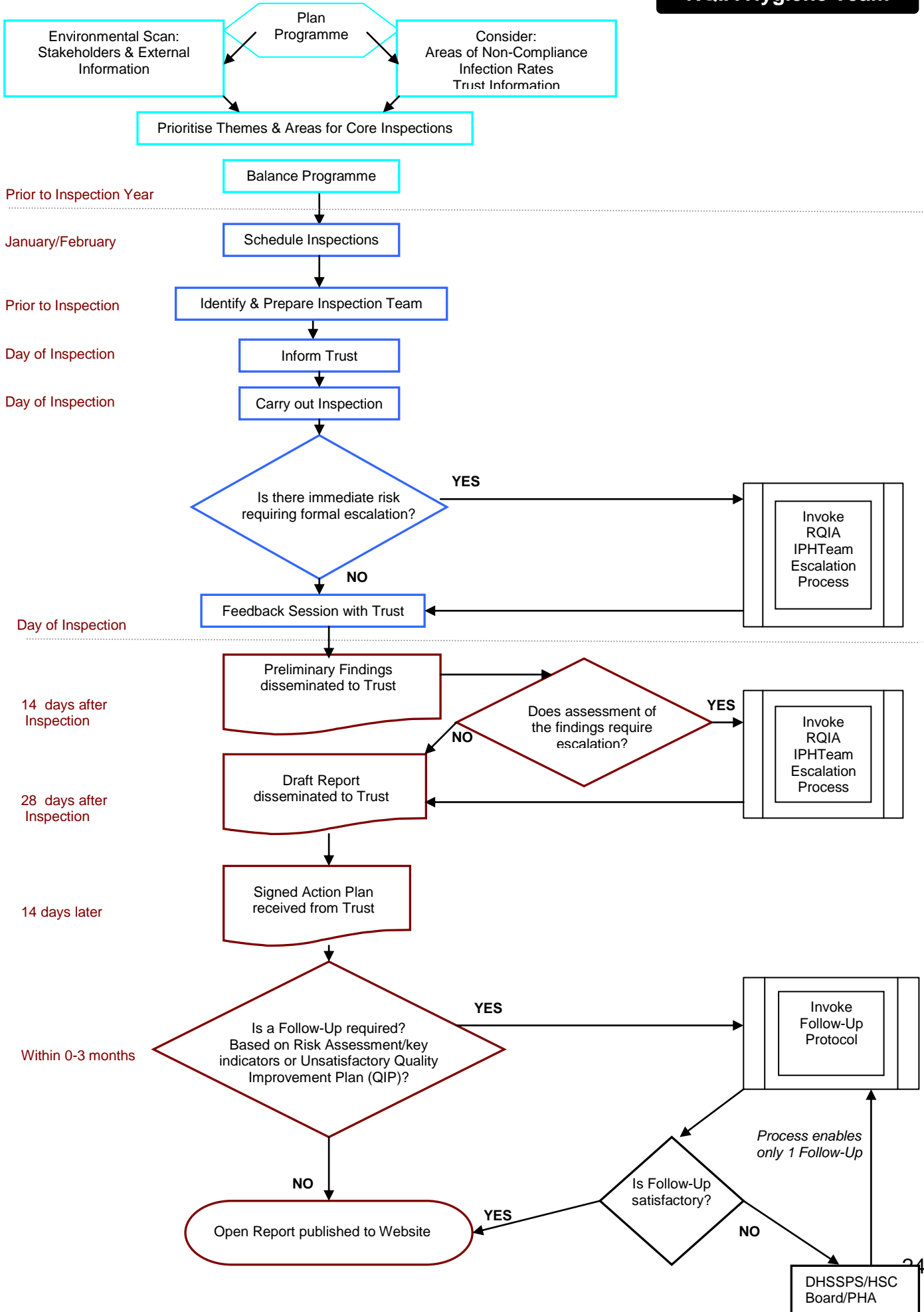
- 1. The trust should ensure that regular cleaning mechanisms are in place to prevent the build-up of dust.**
- 2. The trust should include the domestic store in the ward refurbishment programme.**
- 3. The ward manager should develop the existing cleaning schedule in line with the trust policy – ‘The Cleaning and Decontamination of the Care Environment and Equipment’ and an audit process to ensure compliance.**
- 4. The clean linen store should be included in the routine cleaning schedule.**
- 5. The trust should consider refresher training for staff in relation to the safe handling and disposal of sharps, and to include all issued highlighted above.**
- 6. 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 and that equipment is fit for purpose.**
- 7. The trust should ensure that when changes are made to products, such as disinfectant they have mechanisms in place to ensure they are effectively communicated to staff.**
- 8. The ward manager in conjunction the Infection prevention team should review the location and availability of PPE stations.**
- 9. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean and dry.**
- 10. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use, and that the information sheet on the product is displayed prominently to reinforce staff knowledge.**
- 11. The trust should ensure all staff are aware of and conform to the trust policy on the dress code.**

15.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

Reporting & Re-Audit

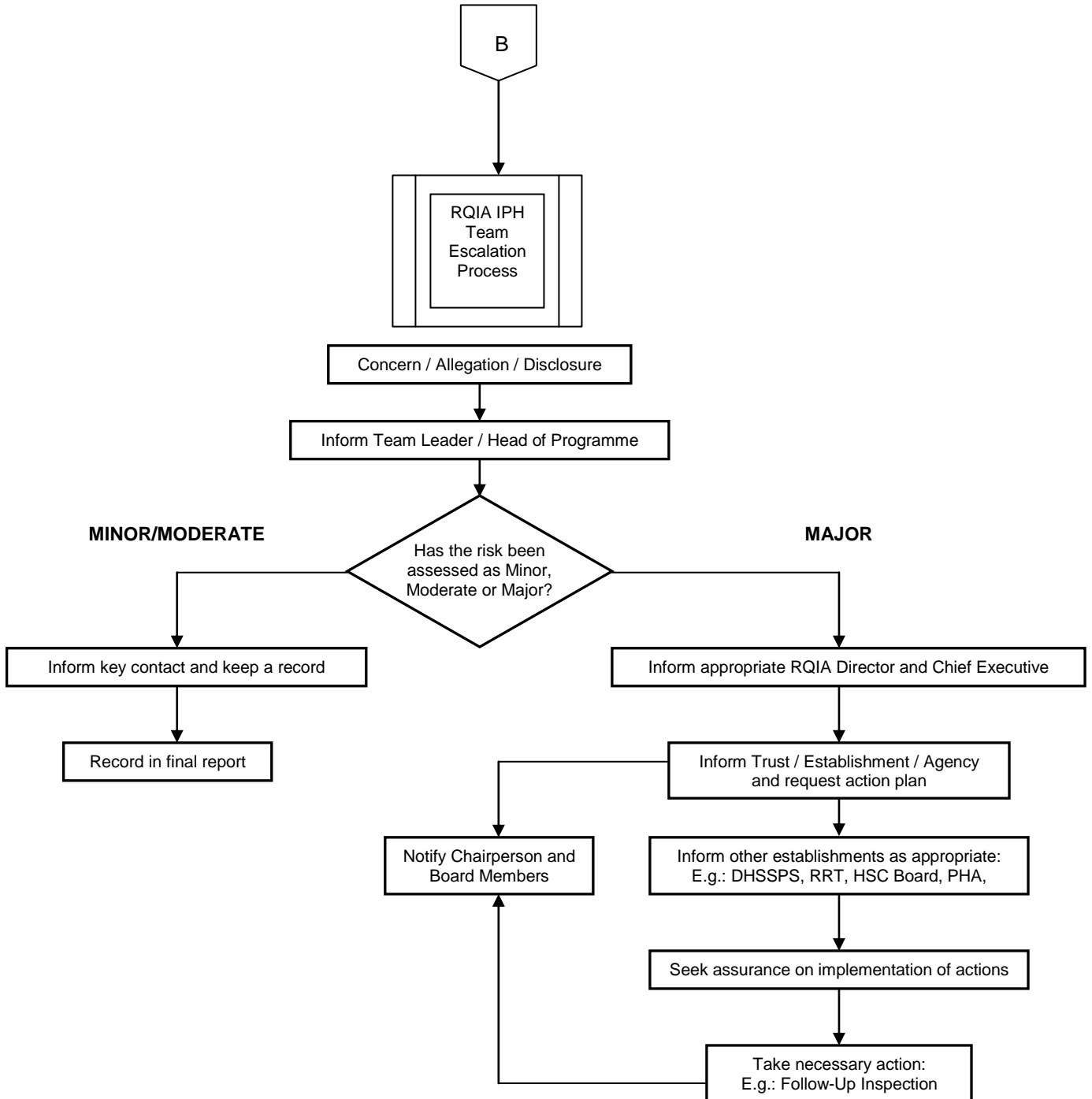


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16.0 Escalation Process

RQIA Hygiene Team: Escalation Process



17.0 Action Plan

Recommendations

Reference number	Recommendations	Designated department	Action Required	Date for completion/ timescale
1.	The trust should ensure that regular cleaning mechanisms are in place to prevent the build-up			
2.	The trust should include the domestic store in the ward refurbishment programme.	Estates	Minor Capital Works for costing in terms of general refurbishment of Bangor GP Ward to address recurrent environmental issues.	End of Sept 2011
3.	The ward manager should develop the existing cleaning schedule in line with the trust policy – ‘The Cleaning and Decontamination of the Care Environment and Equipment’ and an audit process to ensure compliance.	Nursing	Clinical Cleaning Schedule is being developed in line with Trust Policy and will include an audit process to ensure compliance.	End of August
4.	The clean linen store should be included in the routine cleaning schedule.	Nursing/Patient Experience	Included in cleaning schedule Discussion underway to secure additional funding for refurbishment of this area.	End of August
5.	The trust should consider refresher training for staff in relation to the safe handling and disposal of sharps, and to include all issued highlighted above.	Nursing	Refresher training on safe handling and disposal of sharps has been scheduled	End of Sept 2011

6.	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 and that equipment is fit for purpose.	Nursing and Patient Experience	Clinical Cleaning Schedule in line with Trust Policy has been developed and will include an audit process to ensure compliance. Patient Experience team co-ordinator to ensure that cleaning is in line with Trust Policy and continue to audit process to ensure compliance.	
7.	The trust should ensure that when changes are made to products, such as disinfectant they have mechanisms in place to ensure they are effectively communicated to staff.	Nursing/Patient Experience	To review best practice on products and assure awareness is ensured and compliance is monitored on all GP Wards.	End of Sept 2011
8.	The ward manager in conjunction the infection prevention team should review the location and availability of PPE stations.	Nursing/IPC team	Discussion is underway to review the location and availability of PPE stations	End of August
9.	Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean and dry.	Patient Experience	Patient Experience Co-ordinator to ensure implementation of cleaning Schedule in line with Trust Policy and audit process to ensure compliance.	Completed
10.	The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use, and that the information sheet on the product is displayed prominently to reinforce staff knowledge.	Nursing and Patient Experience	Dilution Rates Charts have been displayed in relevant areas and staff have been made aware of dilution rates.	Completed

11.	The trust should ensure all staff are aware of and conform to the trust policy on the dress code	Nursing and Patient Experience	Relevant Managers to coordinate update to all relevant teams regarding Trust Dress Code Policy with reference to RQIA audit findings. Ward Sister and Patient Experience Co-ordinator to monitor compliance	End of July
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