



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th Floor Riverside Tower 5 Lanyon Place Belfast BT1 3BT

Tel: (028) 9051 7500 Fax: (028) 9051 7501

UNANNOUNCED HYGIENE INSPECTION REPORT

Belfast City Hospital

Belfast Health & Social Care Trust

15 April 2008

CONTENTS

1	Background Information	
1.1	The Role and Responsibility of the Regulation and Quality Improvement Authority (RQIA)	1
1.2	Approach and Scope	2
1.3	The Audit Tool	2
1.4	Preparation	3
2	Main findings	
2.1	Areas Visited	4
2.2	Audit Scores	4
2.3	Hospital Environment and Facilities	6
2.4	Departmental Waste Handling and Disposal	8
2.5	Handling and Disposal of Linen	9
2.6	Management of Patient Equipment	9
2.7	Ward/Department Kitchens	10
2.8	Safe Handling and Disposal of Sharps	11
2.9	Hand Hygiene	11
2.10	Personal Protective Equipment	12
2.11	Additional Observations	12
2.12	Areas Already Identified by the Trust for Action	12
2.13	Recommendations	13
	Appendix 1 Areas for Action	14

The Inspection Team

The members of the team were:

- ❖ Mrs E Colgan - Inspector (Team Leader)
- ❖ Mrs P Clayton - Inspector
- ❖ Mr K Monaghan - Estates Officer
- ❖ Mr G Doherty - Estates Officer
- ❖ Mrs B Dougan - Project Manager
- ❖ Mrs A Hamilton - Community Facilities and Services Manager (Northern Trust)
- ❖ Dr M McCartney - Consultant Communicable Disease Control (EHSSB)
- ❖ Mrs J Norrie - Infection Control Nurse (South East Trust)

The identified Team Leader was Mrs E Colgan, and the Project Manager was Mrs B Dougan and they provided guidance for the team and ensured that team members were in agreement regarding the findings of the hygiene inspection.

1. BACKGROUND INFORMATION

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

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

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

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

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

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

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

One of these measures was the commencement of a rolling programme of unannounced hygiene inspections of all hospitals. RQIA have now commenced this programme of inspections. This report details the findings of the visit to Belfast City Hospital.

1.2 Approach and Scope

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

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

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

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

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

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

1.3 The Audit Tool

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

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

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

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

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

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

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

1.4 Preparation

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

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

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

2. MAIN FINDINGS

This section discusses the main findings of the inspection giving a collective overview of areas visited under the eight sections within the audit tool. The findings were also formatted into bullet points which give a detailed account of the findings for individual wards and departments (Appendix I).

2.1 Areas Visited

Belfast Health and Social Care Trust, Belfast City Hospital

- ❖ Accident & Emergency Department
- ❖ Outpatients Department
- ❖ Ward 2 (Male Surgical)
- ❖ Ward 22 (Wakehurst)

2.2 Audit Scores

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

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

	ENVIRONMENT	WASTE HANDLING & DISPOSAL	LINEN	PATIENT EQUIPMENT	KITCHEN	SHARPS	HAND HYGIENE	PPE
Ward 2 Male Surgical	43%	69%	67%	75%	59%	74%	81%	100%
A&E	80%	75%	100%	83%	47%	83%	95%	100%
Outpatients	42%	81%	57%	71%	N/A	81%	83%	100%
Ward 22 Wakehurst	68%	94%	89%	94%	40%	95%	74%	100%

Level of Compliance

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

N/A means not applicable- There was no kitchen or staff room in the Outpatients department.

2.3 Hospital Environment and Facilities

Area visited	Ward 2 Male Surgical	A&E	Outpatients	Ward 22 Wakehurst
Score	43%	80%	42%	68%

No areas achieved a full compliance score. Accident and Emergency was partially compliant with only a few areas noted for improvement. In the remaining three areas the issues identified by the team included the following issues. The standard of cleanliness varied between different areas in the Hospital and in many instances it was attention to detail that was of concern and that optimal cleaning was restricted by untidy and cluttered environments. In some areas there appeared to be insufficient storage, for example, storage areas in the Outpatients department. Often supplies and products were stored on the floor.



Untidy and cluttered storage area

Maintenance of the fabric of the building at times fell short of an acceptable standard. Paint work needed touched up and cleaned and in some areas plaster was chipped and the PVC coving was marked and coming away from the walls. Chairs were visibly clean in all areas except Accident and Emergency.

There were dedicated dirty utility/sluice rooms available. In some areas it was noted that the sink used for the decontamination of equipment was also used for handwashing. In outpatients the dirty utility room is used for a variety of purposes, the hospital needs to ensure that this area is fit for purpose and utilised appropriately.

The bathrooms and washrooms observed were used appropriately and the level of cleanliness was generally good, there was excess storage of equipment noted in one area.

Toilet areas were generally clean; soap and towel dispensers were available.

There is a colour code for cleaning materials in place and all areas except one were compliant with current standards.

The cleanliness of workstation areas required improvement as computer screens and keyboards were dusty. In Outpatients the reception area desks are in need of refurbishment.

The majority of the floor areas were visibly clean however corners and edges were noted to be dusty or have debris and at times ground in dirt was evident.

The curtains and screens observed were visibly clean. There did not appear to be a pre-planned curtain changing programme in place. Staff asked stated these were changed at nurses request. In Accident and Emergency and in Ward 22 portable fans were observed to be dusty.

The door to the domestic store in Outpatients and Accident and Emergency were propped open for easy access. This is particularly relevant as this is a public area and the store contained a variety of cleaning products. This practice did not comply with COSHH regulations.

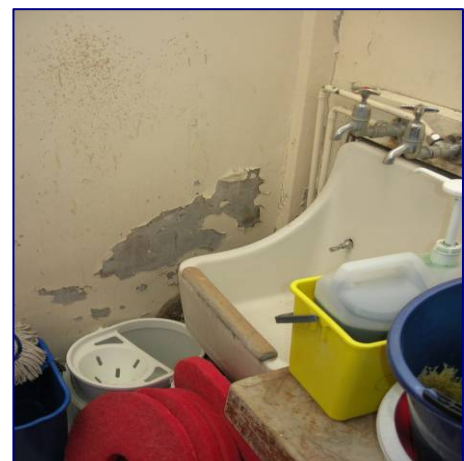


Domestic store untidy

The domestic store in Outpatients was untidy and this area was in need of deep cleaning. The inspectors were informed by a member of domestic staff that this area is only used by the domestic staff who work at night. She went on to state day staff have store their equipment in a toilet area and underneath stairs. Storage of this equipment in public access areas would not comply with COSHH Regulations.

Two domestic stores did not have separate hand washing facilities.

In Ward 22 equipment in the domestic store was in need of replacement to ensure effective cleaning.



Equipment in need of replacement

The window frames in Ward 22 were in a poor state of repair and should be replaced.



Window frames poor state of repair

2.4 Departmental Waste Handling and Disposal

Area visited:	Ward 2	A&E	Outpatients	Ward 22
Score	69%	75%	81%	94%

Compliance in the handling and storage of waste whilst generally acceptable there were instances of poor practice noted for example clinical waste bags were tied to trolleys in two areas.



Waste bins in two areas were not labelled. Various other issues were identified in relation to Departmental Waste, Handling and Disposal such as clinical waste bins with open lids, open waste bins instead of pedal operated bins and in places domestic bins were not provided.

Waste bins in two areas not labelled, clinical waste bins with open lids also open waste bins instead of pedal operated bins.

The disposal of waste prior to collection was an issue in Ward 2 where large amounts of linen and waste were stored together for disposal.

Linen and waste stored together



2.5 Handling and Disposal of Linen

Area visited:	Ward 2	A&E	Outpatients	Ward 22
Score	67%	100%	57%	89%

In this area compliance was good in Accident and Emergency and Ward 22. Work is required in the Outpatients department and Ward 22 to improve compliance.

In Outpatients there was inappropriate storage of linen in a general store, which also contained staff lockers and equipment.

In Ward 2 there were insufficient linen transport cages in the disposal area and remedial work was required to the plasterwork in the linen room.

Linen observed in all areas was free from stains and a system of colour-coded bags was noted. There were no department based laundry facilities in any of the units visited.

2.6 Management of Patient Equipment

Area visited:	Ward 2	A&E	Outpatients	Ward 22
Score	75%	83%	71%	94%

Compliance was achieved in only Ward 22 and partial compliance in Accident and Emergency. Improvements were required in Ward 2 and Outpatients. Staff stated there were written guidelines available detailing responsibility for cleaning equipment ie nurses or domestic staff, however these written procedures were not viewed in all areas due to the workload of staff at the time of the visit.

The majority of equipment observed was visibly clean, however some areas such as dressing and emergency trolleys were dusty and in one area an item of stock was out of date on the emergency trolley.

In two areas, Accident and Emergency and Ward 22, the team noted that not all commodes were clean and in Ward 2 catheter stands viewed were visibly stained.

In Accident and Emergency the blood gas machine was located in the nurses' office, this machine was in need of cleaning as visible bloodstains were observed by the team.

Staff in Outpatients reported that after a risk assessment by the Infection Control Team they requested additional equipment to ensure the safe initial flushing of the sigmoidoscope prior to being sent for full decontamination. At the time of the review this had not been received.

Some mattresses on trolleys in Outpatients and Accident and Emergency were torn. In Accident and Emergency some were visibly stained.

It was noted that a new washer/disinfector is being installed in Ward 2.

2.7 Ward / Departmental Kitchens

Area visited:	Ward 2	A&E	Outpatients	Ward 22
Score	59%	47% (staff room)	N/A	38%

The scores achieved for this section indicate that an improvement is required in all areas visited with the exception of the Outpatients, which does not have a kitchen or any staff facilities.

Lack of attention to the cleaning of fixtures, fittings, floors and surfaces were noted in all of these areas.

The staff room in Accident and Emergency was in need of detailed cleaning and there was evidence of food on the floor. Excess clutter was noted in this area, this should be removed to ensure that effective cleaning can occur. The bottled water dispenser was in need of cleaning.

In Ward 2 whilst the overall condition of the kitchen units was acceptable they were in need of repair. The hospital colour coding system was not being complied with in relation to mops and buckets. If any patient dishes were to be washed in this kitchen a dishwasher would be required. The freezer in this area needed to be defrosted.

The kitchen in Ward 22 was tidy, many areas and appliances were dirty and this kitchen was in need of refurbishment. The refrigerator was not achieving the required temperature, this may be because of the incorrect location of the thermometer in the door of the fridge, this needs to be reviewed.



Refrigerator not achieving required temperature

The dishwasher was visibly dirty and staff were not aware of a maintenance programme. The ice-making machine did not have a scoop, this creates a question as to how ice is removed for patient use. The cleaning equipment for the kitchen was stored incorrectly in the sluice area.

In two areas food in refrigerators was not always labelled and dated.

2.8 Safe Handling and Disposal of Sharps

Area visited:	Ward 2	A&E	Outpatients	Ward 22
Score	74%	83%	81%	95%

In this section one ward area reached the compliant level, while Accident and Emergency and Outpatients achieved partial compliance and Ward 2 minimal compliance. The areas noted for improvement were in relation to the secure storage of sharps bins away from public access area. In most areas the temporary closure mechanisms were not used and a few did not have labels fully completed. On emergency trolleys sharps boxes were not always securely stored or empty.

2.9 Hand Hygiene

Area visited:	Ward 2	A&E	Outpatients	Ward 22
Score	81%	95%	83%	74%

The scoring achieved in this section indicates that only Accident and Emergency showed full compliance, two areas showed partial compliance (Ward 2 and Outpatients) and one minimal compliance (Ward 22). Several issues were identified for improvement.

Generally there was evidence of elbow operated sinks in Ward 22 the number of sinks did not comply with current standards (4 beds per sink in acute care settings). Sinks were clean and well maintained except in Ward 22 where they were noted to be old, stained and rusty in places.



Blocked sink

In two areas various equipment blocked access to sinks.

There was no evidence of wall mounted hand cream. Alcohol gels were noted to be placed at sinks and at various locations. More effort is required to display posters etc and information relating to hand hygiene for the general public particularly in Outpatients. These posters should always be laminated.

Discussion with staff would indicate that not all have received training in hand hygiene practices.

2.10 - Personal Protective Equipment

Area visited:	Ward 2	A&E	Outpatients	Ward 22
Score	100%	100%	100%	100%

All areas inspected achieved full compliance with the Personal Protective Equipment section of the toolkit.

2.11 Additional Observations

In Outpatients it was noted that staff in Wings A, B, C and D were working in very busy but cramped environment. However other wings were noted to be less busy with access space to improve facilities within these four wings. Some thought should be given to a review of the allocation of space with this department.

Although not part of the audit the following fire safety issues were identified

- ❖ Significant number of fire doors wedged or propped open
- ❖ Inappropriate storage along main corridor at wing G (filing cabinets and storage cupboards)
- ❖ Inappropriate storage of cleaning chemicals and toilet rolls etc underneath back stairs
- ❖ Concern about storage and use of a heat detector in small dead end corridor in D wing

Another issue identified was the cleanliness and condition of the front entrance area to the hospital reception and adjoining corridors of the hospital. This area requires to be urgently updated as this creates a negative public perception of cleanliness. It was noted at times that medical staff were not complying with the dress code guidelines from the DHSSPS.

2.12 Areas Already Identified by the Trust for Action

The representatives from the Trust acknowledged that they were aware of the environmental challenges identified and described plans to refurbish the main entrance area when funds became available.

2.13 Recommendations

Verbal feedback was given to representatives from the Trust at the end of the visit.

- ❖ Mr A. Brown, Head of Patient Client Support Services.
- ❖ Mrs P. Cummins, Co Director PCSS
- ❖ Mr S. Trainor, Senior Manager PCSS
- ❖ Mr M. Leahy, Estates Manager
- ❖ Mrs J. Buchanan, Control of Infection Nurse
- ❖ Mrs M. McElroy, Corporate Nursing

Areas of non-compliance for each area are detailed in Appendix 1. The Trust is expected to develop an improvement plan to ensure appropriate steps are taken to address each point of non-compliance and submit to RQIA within the timescale set. Further audit may be undertaken in the future to ascertain the quality of improvements arising from the agreed action.

Appendix 1 - Areas for Action

AREA: Accident and Emergency, Belfast City Hospital

Environment Issues

- The door of the domestic room was propped open (this contravenes COSHH Regulations)
- Several patient trolleys were dusty underneath
- In Treatment room I the hand rail on the patient trolley had tape which would lead to ineffective cleaning
- In the waiting area the polypropylene chairs had in ground dirt present
- In the visitors/relatives room the seating was unclean
- In the public entrance at rear of department the floor was in need of thorough cleaning
- Several high surfaces were dusty and required cleaning
- There was no evidence of effective pre-planned programme for curtain changes
- One portable fan was dusty
- Posters stuck to doors in clinical areas could present difficulty for effective cleaning
- The domestic store had no separate hand washing facilities
- The domestic store had no waste receptacle.

Departmental Waste Handling and Disposal

- Discussion with staff indicated that they have not attended a training session in the correct and safe disposal of clinical wastes
- Bins were not all labelled.

Staff Room

- This area was found to be in need of detailed cleaning
- There was half eaten fruit on floor
- There was clutter on top and inside the cupboard
- The cupboard door needs the hinge adjusted
- Underneath the lid of the waste bin needs cleaned
- The bottled water container was unclean
- Not all staff food in refrigerator was labelled and dated.

Handling and Disposal of Linen

100% compliance, no issues raised.

Management of Patient equipment (General)

- The location of the blood gas machine was inappropriate and needs to be moved immediately, it is presently situated in nurses office which is unacceptable. This machine was not clean and there were visible blood stains.
- Some mattresses observed were worn/torn in places.

- One commode was not clean.

Safe Handling and Disposal of Sharps

- There was an incomplete record maintenance on labels of sharps boxes
- Temporary closure mechanisms not used
- Sealed and locked bins were not always in a locked room away from public access

Hand Hygiene

No issues.

Personal Protective Equipment

No issues.

AREA: Ward 2 (Male Surgical), Belfast City Hospital

Environment

- The general overall impression was good although it was let down by attention to detail in relation to the dusting
- The PVC skirting in some locations (particularly in the bathroom) was in need of attention (open joints and not securely bonded to the wall surfaces).
- In the clinical room there was no liquid soap in the dispenser and a box of kidney dishes was stored on the floor. A package of new pillows and some sheets of paper were stored in bathroom
- The bath mat needed to be replaced (worn and required deep cleaning)
- One of the WC bowls and a commode (underneath) were not as clean as they should have been
- There were two areas where the appropriate bins for domestic waste were not in place (dirty utility and domestic store)
- The domestic store was in need of improvement. Particular attention was required in relation to storage, strict adherence to the Hospital's colour coding system, equipment (brushes and dusters were in poor condition), the splash back at the sink and the overall standard of cleanliness.

Departmental Waste Handling and Disposal

- The waste disposal bags were tied but not labelled. Two clinical waste disposal bags were tied to the medicine trolleys. Domestic bins were not provided in some areas.
- A number of domestic waste disposal bags had been mixed in with the linen bags in the disposal area
- The lids of the clinical waste bins in the disposal area were not closed.

Ward/Departmental Kitchens

- The overall condition was reasonably good although the units were approaching the end of their life.
- The Hospital's colour coding system was not being adhered to (a mop with a yellow head was stored in a green bucket)
- More attention was required to cleaning particularly with regard to the tops of the cupboards
- The freezer needed to be defrosted
- The kitchen was not equipped with a dishwasher

Handling and Disposal of Linen

- The linen was clean and appropriately stored
- There were insufficient linen transportation cages in the disposal area
- Remedial works were required to the plasterwork in the Linen room.

Management of Patient Equipment (General)

- One item on the resuscitation trolley was out of date (airway)
- Catheter stands were not clean
- Work was in progress with regard to the installation of a new bedpan washer

- A raised toilet seat and commodes were not clean.

Safe Handling and Disposal of Sharps

- Generally satisfactory although the temporary closures on the sharps boxes were not being used
- The sharps boxes were not being stored out of reach of children and the general public.

Hand Hygiene

- The standard was generally good
- There was no hand cream available with the hand washing facilities and no liquid soap in one of the soap dispensers
- The hand hygiene training is conducted on a two yearly cycle. 100 percent attendance was not being achieved

Personal Protective Equipment

Good compliance was noted.

AREA: Ward 22 Wakehurst (Fracture Rehabilitation and Medical Investigations, 25beds), Belfast City Hospital

Environment

- Very clear uncluttered environment in clinical areas. Generally clean in patient areas
- Bathrooms and toilets in good state of repair
- Window frames were generally in very poor state of repair
- Ceiling tiles were loose in many places
- Walls were cracked and chipped especially at edges
- Sinks were in a poor state but were not cracked - some were stained and rusty
- High and low surfaces were dusty and cobwebs were evident throughout ward
- Blinds were stained and dirty throughout ward
- Fans and air vents were dirty throughout ward
- Phones and keyboards were dusty
- Paintwork, walls and edges were not in good general repair although repainting and wall edges improvement had been started but not completed.

Departmental Waste Handling and Disposal

- No major issues identified
- Waste segregation posters were not available in all areas and no training records were available, staff did confirm training as part of induction.

Ward/Departmental Kitchens

- Tidy but generally not clean. Many areas and appliances were dirty
- Environment was in poor state of repair especially windows, ceiling and worksurface and worksurface seals
- Dishwasher is hard to clean but it was visibly dirty and no maintenance programme was available
- Fridge temperature - 11°C (patient fridge - thermometer in door)
- No scoop was available at the ice-making machine
- Patient/staff food in refrigerator was not labelled and dated
- The cleaning equipment for the ward kitchen was stored in the sluice area.

Handling and Disposal of Linen

No major issues identified.

Management of Patient Equipment (General)

- Patient equipment generally was in a very good state
- A small number of commodes were slightly dirty underneath
- All raised toilet seats were clean.

Safe Handling and Disposal of Sharps

- There was evidence of good handling and disposal of sharps
- The sharps box on the arrest trolley was not empty.

Hand Hygiene

- There were insufficient sinks - the number in place do not comply with current standards in clinical areas
- There were no handwashing sinks in the sluice area or domestic room - staff have to access sinks in the ward areas
- Sinks were noted to be old, stained and rusty in places but not cracked. Not all were elbow-operated
- Hydrax at 2 ward area sinks - no hand cream

Personal Protective Equipment

No issues identified

AREA: Outpatients, Belfast City Hospital

Environment

- Coved skirting was damaged at corners and coming away from walls, in places it was discoloured
- Corners without protection were damaged
- The general condition of walls is good but local damage/redecoration should be carried out
- Storage was totally inadequate for a department of this size ie the domestic store was packed full of equipment with no access to the sink or sluice hopper
- The CSSD cupboard was extremely cramped, there were 3 trolleys of other clean/sterile equipment which had to be removed before staff could access the shelves in this area
- Another small store houses staff lockers, linen, scrubs and other equipment
- The dirty utility room is more like a testing room service - clinical room
- There were no adequate facilities for staff changing. There was only one staff toilet for all staff in the Outpatients area. There was no staff room or kitchen area
- The curtains/screens in place should have dates noted for pre-planned changing programme
- Staff lockers were dusty in an area where clean linen and scrubs were stored
- Work station areas needed tidied and cleaned
- Reception desks were shabby with surfaces missing in places
- No separate hand washing facilities in dirty utility or domestic store
- More attention to high dusty throughout the department was required
- Floors were generally clean although attention to detail was required at edges and corners
- The integrity of the silicone edging around the sink in the dirty utility area needs attention
- The domestic store requires cleaning and tidied to allow proper access, machines stored in this area were dirty and dusty. This store was open and contained substances which under COSHH regulations are required to be kept locked away.

Departmental Waste Handling and Disposal

- Not all bins were enclosed and some open bins were noted in clinical areas
- Clinical waste bags tied unto trolleys noted in several areas.

Ward/Departmental Kitchens

Not applicable.

Handling and Disposal of Linen

- No designated storage area was available i.e. linen is stored in a clean store with staff lockers, equipment etc.

Management of Patient Equipment (General)

- In Vascular Room One the equipment previously requested to carry out initial flushing of the sigmoidoscope is required
- It was noted that some mattresses were torn in the physiotherapy department
- Dressings and equipment trolleys were dusty and marked in some areas. The resuscitation trolley was in need of cleaning.

Safe Handling and Disposal of Sharps

- Temporary closure mechanisms on sharps bins were not used
- Sharps bin on resuscitation trolley was not securely stored.

Hand Hygiene

- Fairly good but more visible posters are required
- Although there was sufficient antibacterial hand rub available it blended into the background more visibly particularly for the general public is recommended
- There was no evidence of wall mounted hand creams
- In places access to hand washing sinks was blocked with equipment.

Personal Protective Equipment

Good.

Additional Comments

In this area it was noted that staff in Wings A, B, C and D were working in very busy but cramped environment.

Although not part of the audit the following fire safety issues were identified

- Significant number of fire doors wedged or propped open
- Inappropriate storage along main corridor at wing G (filing cabinets and storage cupboards)
- Inappropriate storage of cleaning chemicals and toilet rolls etc underneath back stairs
- Concern about storage and use of a heat detector in small dead end corridor in D wing

Another issue identified was the cleanliness and condition of the front area of the hospital. This area requires to be urgently updated as this creates a public perception of cleanliness. It was noted at times that medical staff were not complying with the new guidelines from the DHSSPS.

REGULATION & QUALITY IMPROVEMENT AUTHORITY REPORT FINDINGS

CATERING (BCH) ACTION PLAN

MAY / JUNE 2008

AREA	ISSUE/ PROBLEM	RECOMMENDED ACTION	WHOM / SIGN	DATE
Ward 2 South	Hospital colour coding system not been adhered to correctly.	Corresponding colour coded mop and bucket put in place.	Catering Manager	Complete
Ward 2 South	More attention required regarding cleaning, particularly top of cupboards.	Top of cupboards damp dusted and catering staff reminded of the need for regular cleaning.	Catering Manager	Complete
Ward 2 South	Freezer needed defrosting.	Freezer defrosted and staff reminded of the need for regular defrosting.	Catering Manager	Complete
Ward 2 South	No dishwasher.	Not all ward kitchens have a dishwasher. However any refurbishment undertaken includes the installation of a dishwasher.	Catering Manager	Ongoing.
Ward 22	Kitchen tidy but generally not clean.	Deep clean of cupboards, work surfaces and appliances required and some immediate minor remedial work by estates required.	Catering Manager	Deep clean complete / Estates issues to be complete by 30 June 2008.
Ward 22	Dishwasher visibly dirty.	Requires immediate cleaning.	Catering Manager	Complete
Ward 22	Fridge temperature 11°C	Fridge thermostat to be checked by electrical engineer.	Catering Manager	Completion of job to be checked 30 June 2008.

Ward 22	Patient and ward staff food not labelled.	Staff to be discouraged from using patient fridge and the need for labelling of patient food to be highlighted to ward staff.	Catering Manager	Complete
Ward 22	No ice scoop.	Ice scoop to be replaced immediately.	Catering Manager	Complete
Ward 22	Kitchen cleaning equipment stored in sluice.	Cleaning equipment to be removed immediately.	Catering Manager	Complete

REGULATION & QUALITY IMPROVEMENT AUTHORITY REPORT FINDINGS
DOMESTIC SERVICES (BCH) ACTION PLAN
MAY / JUNE 2008

AREA	ISSUE/ PROBLEM	RECOMMENDED ACTION	WHOM / SIGN	DATE
A & E	Door of domestic store propped open	Ensure door is closed at all times to adhere to COSHH Regulations. Brief staff in area and include on team brief to increase awareness for all staff.	Assistant Duty Manager (Domestic services)	Completed
A & E	Waiting area chairs, ground in dirt present	Clean chairs	ADM(DS)	30/6/08
A & E	Visitors / Relatives Room the seating wasn't clean	Clean all seating	ADM(DS)	30/6/08
A & E	Door at rear of department – floor needs cleaned	Clean floor	ADM(DS)	Completed
A & E	High surfaces dusty	Damp Dust high surfaces	ADM(DS)	Completed
A & E	No evidence of curtain changing programme	* Curtain Diary is always available from ADM's office	No action required	
A & E	Domestic store had no separate hand wash facilities	Report to Estate Services, request wash hand basin and record job number	ADM(DS)	30/6/08
A & E	Domestic store has no waste receptacle	There is no space for a waste bin in the domestic store. Ensure domestic staff dispose of waste in the correct household bins on ward/facility.	ADM(DS)	Completed
A & E	Staff room needs deep clean / include bin and cupboards and items domestic staff are responsible for.	Clean staff room / bin / cupboards. Confirm appropriate day & time with ward sister for a regular clean in area.	ADM(DS)	30/6/08

AREA	ISSUE PROBLEM	RECOMMENDED ACTION	WHOM/SIGN	DATE
2 South	Attention to detail in relation to dusting	Damp Dust	Assistant Duty manager (Domestic Services)	30/6/08
2 South	Clinical Room – no liquid soap available	Replace soap	ADM(DS)	Completed
2 South	Domestic store – incorrect colour coding system in place Splash back at sink dirty & store needs general tidy	Correct colour coding to be used. Clean splash back, Re organize and clean store	ADM(DS)	Completed
2 South	Household waste mixed with linen bags in disposal	Re- enforce correct waste disposal procedure in all facilities	ADM(DS)	Completed
Ward 22	Sinks stained and rusty	Clean sinks , report rust to Estates to replace plug stoppers	ADM(DS)	Completed
Ward 22	High and Low surfaces dusty	Damp dust all areas	ADM(DS)	30/6/08
Ward 22	Air vents dirty	Vacuum ceiling air vents if applicable to domestic staff	ADM(DS)	30/6/08
Ward 22	Phones dusty	Dust phones	ADM(DS)	30/6/08
Ward 22	Appliances in kitchen dirty	Clean appliances including dishwasher and fridge.	ADM(DS)	Completed
Ward 22	Damage to work surface and work surface seals in ward kitchen	Report to Estates and record job number	ADM(DS)	Completed
Ward 22	Thermometer in fridge door	Remove to shelf on fridge and inform staff off correct procedure	ADM(DS)	Completed
Ward 22	No scoop in ice making machine	Request from catering scoop for Machine	ADM(DS)	Completed
Ward 22	Kitchen cleaning equipment stored in sluice ??	Ensure cleaning equipment is segregated correctly	ADM(DS)	Completed

Ward 22	No hand washing sink in domestic store	Request from Estates and record job number	ADM(DS)	30/6/08
Outpatients	Domestic store dirty and un organized , no access to sink or sluice	Clean , tidy and re organize store Clean all equipment	ADM(DS)	Completed
Outpatients	Door of store propped open	Ensure store door remains closed		Completed
Outpatients	No visible changing programme for changing curtains	* Curtain changing book available from ADM office	No Action required	
Outpatients	Tops of staff lockers dusty	Dust lockers	ADM(DS)	30/6/08
Outpatients	Work stations / Desks need cleaned	Clean desks / work stations	ADM(DS)	Completed
Outpatients	No hand washing sink in Domestic store	Request from Estates and record job number	ADM(DS) and Estates	30/6/08
Outpatients	High surfaces dusty	Damp dust	ADM(DS)	30/6/08
Outpatients	Attention required to skirtings and corners	Clean corners / skirtings	ADM(DS)	30/6/08
Outpatients	In appropriate storage of cleaning chemicals and toilet rolls below back stair case	Remove and find suitable storage area	ADM(DS)	Completed
Tower front entrance	Cleanliness of front area of hospital was identified as an issue	Enhanced cleaning and damp dusting of Front Entrance	ADM(DS)	Completed
		Report to Estates high level dusting required at front reception to all high surfaces/ ledges above doors , high level lights need dusting and surfaces above staff front desk and toilets/record job number	ADM(DS)	Completed

REGULATION & QUALITY IMPROVEMENT AUTHORITY REPORT FINDINGS

PORTERING & WASTE MANAGEMENT (BCH) ACTION PLAN
MAY / JUNE 2008

AREA	ISSUE/ PROBLEM	RECOMMENDED ACTION	WHOM / SIGN	DATE
A & E	No evidence of training on the safe handling and disposal of clinical waste.	Programme of refresher training sessions for staff on the safe handling and disposal of clinical waste.	Waste Manager	Immediately in consultation with Lead Nurse A&E.
A & E	Not all bins were labelled.	Label all bins accordingly – work in progress and ongoing.	Waste Manager	Immediately
Ward 2 South	Waste disposal bags not labelled.	Programme of refresher training sessions for staff on the safe handling and disposal of clinical waste.	Waste Manager	Immediately
Ward 2 South	Domestic disposal bags mixed with laundry bags. Insufficient laundry cages.	Ensure domestic waste bin and dirty laundry cages in situ for disposal. Issue to be raised with contractor regarding prompt return of cages.	Portering Manager	Immediately
Ward 2 South	Lid of clinical waste bin not closed.	Staff to be reminded of the need to ensure that clinical waste bin should be closed at all times.	Portering manager	Immediately
Ward 22	No waste segregation posters in area.	Display of poster promoting best practice in area. Programme of refresher training sessions for staff on the safe handling and disposal of clinical waste.	Waste Manager	Immediately
Outpatients	Not all bins were closed and some open bins were noted in clinical areas.	Programme of refresher training for staff in the area regarding the safe handling and disposal of waste.	Waste Manager	Immediately
Outpatients	Clinical waste bags tied to trolleys noted in several clinical areas.	Refresher training sessions will highlight the need for the practice to be stop and be discouraged.	Waste Manager	Immediately