



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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UNANNOUNCED HYGIENE INSPECTION REPORT

Causeway Hospital

Northern Health & Social Care Trust

9 June 2008

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The Inspection Team

The members of the team were:

- ❖ Mrs E Colgan - Inspector, RQIA
- ❖ Mr G Doherty - Estates Officer, RQIA
- ❖ Mrs B Dougan - Project Manager, RQIA
- ❖ Mrs B Grimes - Hotel Services Contracts Manager, WHSCT
- ❖ Mrs Z Hunter - Project Manager, RQIA
- ❖ Mrs W Maguire - Inspector, RQIA
- ❖ Dr V Tohani - Consultant in Communicable Disease Control, SHSSB
- ❖ Mrs L Watt - Infection Control Nurse, Ulster Independent Clinic

The Project Manager, Mrs B Dougan 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 Causeway 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 details the main findings of the inspection. Areas of non-compliance are detailed in Appendix 1.

2.1 Areas Visited

- ❖ Accident and Emergency Department (A&E)
- ❖ Outpatient Department
- ❖ Medical Ward 1
- ❖ Surgical Ward 2

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
A & E	74%	81%	57%	90%	44%	87%	65%	100%
Outpatients	79%	80%	83%	84%	N/A	79%	79%	100%
Medical Ward 1	76%	88%	67%	100%	69%	100%	91%	100%
Surgical Ward 2	68%	76%	57%	83%	91%	84%	96%	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 in the Outpatients Department.

2.3 Hospital Environment and Facilities

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Score	74%	79%	76%	68%

Overall there was evidence of satisfactory standards of hygiene and general cleanliness. However, as the inspection took place on Monday morning and only skeleton cleaning staff had been in place over the weekend, this led to several observations which affected the scoring.

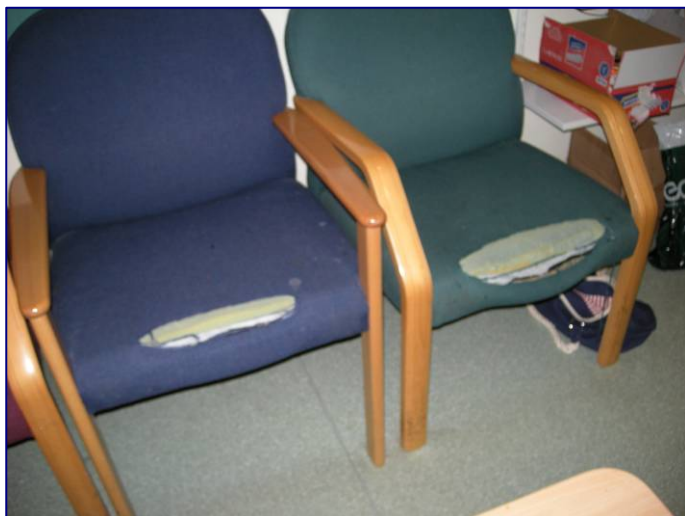
None of the areas achieved full compliance (85% or above) with the Environmental section of the toolkit. Partial compliance was achieved by Outpatients Department and Medical Ward 1, with A & E and Surgical Ward 2 achieving only minimal compliance.

In some areas maintenance work was required to repair and redecorate. For example, the floor in Outpatients 4 was damaged due to damp and needs to be repaired. In A & E plaster room, the floor covering had been removed for repair exposing an uneven surface. Surgical Ward 2 kitchen required some minor repairs to the seal behind the sinks and the wall above the work surfaces.



The floor in Outpatients 4

Although not included in the toolkit, the inspection team noted that in Outpatients Department, draft excluders were coming off doors leaving a sticky residue behind which was preventing thorough cleaning.



The seating in A & E kitchen (staff room) was in extremely poor condition and should be replaced immediately

Chairs in the waiting area of Outpatients 4 had torn upholstery which prevented thorough cleaning.

Worn chairs in the staff Room/Kitchen in A & E

Limited storage facilities in all areas were leading to a cluttered environment, which again was preventing thorough cleaning. Inappropriate items were stored in all of the areas inspected. For example, nebuliser and suction equipment stored in the dirty utility room in Outpatients Department. Intravenous pumps and commodes stored in dirty utility in Surgical Ward 2. Stationery was stored in the domestic's room and a blood bank bag, sterile specimen bottles and toiletries were stored in the dirty utility room in A & E. The major treatment room in A & E was being used inappropriately as a store room for beds and other equipment.

Inspectors noted a storage area in Surgical Ward 2 which was being used for the storage of new sharps bins and felt that this area could be organised to provide the ward with an additional storage area.

In A & E and Outpatients Department, there is no dedicated isolation facilities. One recommendation and interim measure to address the lack of isolation facilities would be the use of areas screened by disposable curtains.

2.4 Departmental Waste Handling and Disposal

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Scores	81%	80%	88%	76%

All wards achieved compliance with the Waste Handling and Disposal section of the toolkit. Clinical waste bags were however observed on trolleys in the corridor in A & E and medical ward 1. In surgical ward 2, large skips were placed in the corridor and used to transport all waste from the ward. This meant that while waste was segregated at ward level, it was mixed for transportation and disposal. Skips were also accessible to patients and the public.



The Department Manager at the time of the inspection stated that only 50% of staff in A & E had received training in the correct disposal of clinical waste.

Trolley containing clinical waste bags in corridor in Medical Ward 1

2.5 Handling and Disposal of Linen

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Scores	57%	83%	67%	57%

None of the areas inspected had a dedicated clean linen store. In medical Ward 1, clean linen was stored in a bathroom which was being converted to a clean linen store. As renovation was in progress, pipes and building blocks were exposed and the inspection team noted that this work on the conversion needs to be completed and the room properly designated. In the three other areas inspected, clean linen was stored on trolleys in the main corridors, with the potential for contamination. In Outpatients, the linen trolley was blocking a fire exit.

Soiled linen, domestic and clinical waste bags were all stored together in large skips prior to disposal (A & E and Surgical Ward 2). In Medical Ward 1, colour coding of linen was not visible and staff questioned lacked awareness of colour coding. One member of staff was observed not using apron and gloves while handling soiled linen in Surgical Ward 2.

2.6 Management of Patient Equipment

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Scores	90%	84%	100%	83%

All areas inspected achieved compliance on the management of patient equipment. The inspection team noted very good standards generally with evidence of exceptional standards in Medical Ward 1. Attention to detail when cleaning patient equipment would improve scores in all other areas. A commode in Surgical Ward 2 was not clean underneath and a trolley in the clinical room had a sticky substance on the top and lower shelf.

Used instruments in Outpatients were not stored in an appropriate container prior to collection for decontamination. Wheelchairs outside the entrance to A & E contained items of rubbish and gave a poor impression to the general public.

2.7 Ward / Departmental Kitchens

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Scores	44% (Staff Room)	N/A	69%	91%

The Outpatient department did not have a kitchen. The inspection team observed a good overall standard of cleanliness in Surgical Ward 2 kitchen which could be further improved by ensuring that attention was paid to cleaning around the edges of the floor and behind the dishwasher. The freezer had a build up of ice and needed defrosting.

Medical Ward 1 achieved minimal compliance with kitchen hygiene standards. While the floor and surfaces were clean, inaccessible surfaces had food debris. Inappropriate items were stored in the kitchen (for example, a mop and bucket, sharps boxes and staff outdoor clothing hanging behind the door). Equipment (such as the toaster) needed cleaning and there was unlabelled food in the fridge. There was no thermometer in the fridge or freezer and no evidence of daily temperature recording.

Although not part of the audit, the inspection team had some concerns regarding the preparation and storage of food in Medical Ward 1. At 10.00 am soup was observed to be stored in a sealed container on the work top in the kitchen and frozen entree lunch dishes were in an ambient temperature on top of the regeneration trolley. At this time also, potatoes for the patients lunch were in cooking mode. At 1.00 pm omelettes and other food had been placed in an ambient environment for the evening meal.

In A & E, the standard of cleanliness in the staff room/kitchen achieved only minimal compliance with the toolkit. The RQIA team was informed that toast is prepared for patients in the staff room. This room was cluttered and untidy and the seating was in an extremely poor state of repair.

Floors, work surfaces and equipment (for example, the microwave) required cleaning. There was no satisfactory system for the cleaning of crockery and cutlery and the Trust should consider installing a dishwasher in A & E.

The back door leading to the outside was left propped open with the potential for pest infestation.



A & E staff room/kitchen door propped open

2.8 Safe Handling and Disposal of Sharps

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Scores	87%	79%	100%	84%

Medical Ward 1 had excellent standards for the safe handling and disposal of sharps and achieved 100% compliance. The A&E Department also achieved compliance however, the inspection team found a sharps box in the soiled linen receptacle. Partial compliance was achieved by Outpatients and Surgical Ward 2. In both these areas full sharps bins were stored in an unlocked area leaving them accessible to the public. One sharps bin in Surgical Ward 2 was noted to be overfilled and contained an empty intravenous antibiotic vial.

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



Overfilled sharps bin with empty intravenous antibiotic vial in Surgical Ward 2

2.9 Hand Hygiene

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Scores	65%	79%	91%	96%

Compliance with the hand hygiene standard was achieved in Medical Ward 1 and Surgical Ward 2. While very good standards were observed in both these wards, compliance could be improved in Medical Ward 1 by ensuring that patients are offered hand hygiene facilities after toileting and prior to meals.

Outpatients Department achieved partial compliance and A & E achieved minimal compliance. In A & E, a clinical waste bin was observed to be opened by a member of staff using the lid rather than the foot pedal. No hand washing was observed during the inspection in this department. The Department Manager at the time of the inspection stated that only 50% of staff in A & E had received training in hand hygiene procedures within the last year. In Outpatients Department, the inspection team were informed that training in infection control has been impacted by the pressure to meet waiting list targets.

Compliance with Hand Hygiene in Outpatients Department and A & E could be improved by ensuring that sufficient, clean, working and securely attached alcohol hand rubs and hand cream is available.

Posters promoting hand washing should be clearly displayed in all public areas to encourage staff and members of the public to decontaminate their hands.

2.10 Personal Protection Equipment

Area visited	A & E	Outpatients	Medical Ward 1	Surgical Ward 2
Scores	100%	100%	100%	100%

All areas inspected achieved full compliance with the Personal Protection Equipment section of the toolkit. Aprons, sterile and non-sterile gloves were available in all areas and powdered or polythene gloves were not in use in the clinical areas visited.

2.11 Additional Observations

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

During the inspection to Surgical Ward 2, a medicine trolley was observed to be open and unattended in the clean store. Inspectors brought this to the attention of the senior nurse who took immediate action.



Open medicine trolley unattended in Surgical Ward 2

2.12 Recommendations

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

- ❖ Ms M. Stewart, Office Manager, Facilities
- ❖ Miss M. Mailey, Head of Domestic Services
- ❖ Mrs E. Coulter, General Manager, Support Services
- ❖ Mrs D. Campbell, Infection Control Sister

Apologies from the Chief Executive were noted.

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 Department, Causeway Hospital

Environment

- There was a lack of storage space resulting in clutter in clinical and non-clinical areas. Boxes were stored on the floor in the trolley wait area and plaster room. Files/books were stored on floor in the triage area and the clinical room/clean store was cluttered. The store containing crutches, splints - space is over utilised. This could impede the cleaning of these areas.
- A trolley containing clinical waste bags was stored in the main corridor and was the first thing that could be seen on entering the Department.
- Wheelchairs outside the entrance to A & E contained items of rubbish and gave a poor impression to the general public.
- Inappropriate items were stored in the dirty utility room (sterile specimen bottles, toiletries, etc) and stationery was stored in domestic's room.
- Files/folders/books were stored on desks making cleaning difficult.
- There was no pre-planned programme for changing curtains, however staff advised curtains are changed frequently with level 3 cleaning.
- Some clinical items were stored in the relatives room (sachets of Normasol, blood pressure monitor and clinical waste bin). The seating in this room was stained.
- There was no patient's toilet within A & E. The public toilet, situated in the waiting area was found to be clean, however a cleaning checklist had not been updated since 25.05.08 and the soap dispenser was empty.
- Waste bin used to prop ward manager's office door open (security issue)
- The use of a teddy bear for children in the plaster room is a good idea provided it is routinely cleaned and sanitised.
- Cup dispenser at water cooler in trolley waiting area needs a cover
- Dust on filing cabinet in trolley waiting area
- Plaster on walls in examination room 2 found to be chipped
- Light above patient's bed dusty.
- Toys were stored on trolley with clinical items in resuscitation area.
- No dedicated isolation facilities. One recommendation and interim measure to address the lack of isolation facilities would be the use of areas screened by disposable curtains.

Departmental Waste Handling and Disposal

- Bags containing clinical waste/domestic waste/dirty linen, while segregated at ward level, were mixed for transportation and disposal. Clinical waste bags awaiting disposal were observed on trolleys in the main corridor of the Department and were accessible to patients and the public.
- A clinical waste bin was observed to be opened by a member of staff using the lid rather than the foot pedal
- The Department Manager stated, at the time of the inspection only 50% of staff in A & E had received training in the correct disposal of clinical waste.

Departmental Kitchen/Staff Room

- This room was cluttered with boxes stored on the floor, making cleaning difficult.
- Floors, work surfaces and equipment (for example, the microwave) required cleaning
- The seating was in an extremely poor state of repair and needs to be replaced.
- The back door leading to the outside was left propped open with the potential for pest infestation.
- There was no satisfactory system for the cleaning of crockery and cutlery and the Trust should consider installing a dishwasher.
- Cleaning materials were not stored separately.
- Food stored in the fridge was not dated nor labelled.
- There was no thermometer, so ensuring the correct temperature of the fridge would be impossible.
- A disposable paper roll was not available for drying equipment or surfaces.

Handling and Disposal of Linen

- There was no designated room for the storage of clean linen. Linen was stored on trolleys in corridors with the potential for contamination.
- Stack of clean linen found on shelf beside computer/printer in resuscitation room
- Bags containing soiled linen were stored together with clinical and domestic waste bags for transportation and disposal.

Management of Patient Equipment (General)

- Bedpans/urinals were not stored inverted (sitting beside sink in dirty utility room)
- Disposable liners not used in all bedpan bases. Staff advised that liners will not fit into slipper pans.

Safe Handling and Disposal of Sharps

- A locked sharps box awaiting disposal was found in a dirty linen receptacle.
- Temporary closure mechanism on sharps bins was not being used on all occasions.

Hand Hygiene

- Hand cream was not generally available
- Alcohol hand rub was not available at the entrance/exit to the Department. Staff advised alcohol rub had been removed following a risk assessment as a patient had ingested it.
- Most staff were observing the dress code, however, a few had wrist watches and one was wearing a loose tie.
- The Department Manager stated, at the time of the inspection only 50% of staff had received training in hand hygiene procedures within the last year.
- No hand washing was observed during the inspection in this Department.
- Hand hygiene poster coming off wall in resuscitation room.

Personal Protective Equipment

- No action required.

AREA: Outpatients, Causeway Hospital

Environment

- Generally all areas were clean and tidy and well run, with the exception of Area 4 which accommodates the GP Out of Hours service.
- Domestic store in Outpatients 1 exhibited best cleanliness of a domestic store seen by inspection team, however some old colour coding was still in place.
- Chairs in the waiting area of Outpatients 4 were not covered in an impermeable material and were stained and torn.
- Venetian blinds dusty.
- Dirty utility had some items inappropriately stored, eg nebuliser and suction equipment.
- Draft excluder was coming off doors leaving a sticky residue which was preventing thorough cleaning
- Outpatients 4 has a problem with the floor bubbling due to damp.
- No dedicated isolation facilities. One recommendation and interim measure to address the lack of isolation facilities would be the use of areas screened by disposable curtains.
- Some light string pulls had broken stoppers.
- Nitrogen storage area unlocked.

Departmental Waste Handling and Disposal

- Waste dispersal room was not locked.
- Clinical waste was tied onto a trolley
- Clinical waste posters should be on display

Handling and Disposal of Linen

- The linen trolley was blocking a fire exit

Management of Patient Equipment (General)

- Used instruments with blood staining left sitting out in dirty utility room (not in CSSD box)
- Suction catheter attached to resuscitation trolley,
- Oxygen masks uncovered

Safe Handling and Disposal of Sharps

- Temporary closure mechanisms were not in use
- Sharps were stored in an unlocked area.
- Outpatients 3 resuscitation trolley required an empty sharps box

Hand Hygiene

- Visible impact hand hygiene posters needed at entrance and waiting area - opportunity to educate visitors and patients.
- Not all staff had received training in infection control and staff advised training had been impacted by the pressure to meet waiting list targets.

- Hand cream was not generally available and was not wall mounted.
- Alcohol hand rub was not directly accessible at the point of care.

Personal Protective Equipment

- No action required.

AREA: Medical Ward 1, Causeway Hospital

Environment

- Attention to detail when cleaning chairs is required, as some were stained and smelling of urine
- Consultant rooms had large piles of patient notes on the floor, which had implications for cleaning and security of information.
- The ward floor was washed but no dry path was left (health and safety issue).

Departmental Waste Handling and Disposal

- Trolley containing clinical waste bags was left in corridor accessible to patients and the public.

Departmental Kitchen/Staff Room

- Kitchen floor and surfaces were clean, however inaccessible surfaces had food debris.
- Mop and sharps boxes were stored in the kitchen
- Personal clothing hanging behind the door
- Toaster needed cleaning
- Unlabelled food in fridge
- No written instructions on the dishwasher
- Issues regarding the preparation and storage of food - At 10.00 am soup was observed to be stored in a sealed container on the work top in the kitchen and frozen entree lunch dishes were in an ambient temperature on top of the regeneration trolley. At this time also, potatoes for the patients lunch were in cooking mode. At 1.00 pm omelettes and other food had been placed in an ambient environment for the evening meal.

Handling and Disposal of Linen

- Clean linen was stored in a bathroom which was being converted to a clean linen store. Pipes and building blocks were exposed and the work on the conversion needs to be completed and the room properly designated.
- Colour coding of linen was not visible and staff questioned lacked awareness of colour coding.

Management of Patient Equipment (General)

- Items in the resuscitation trolley drawer need to be separated to ensure they can be found quickly.

Safe Handling and Disposal of Sharps

- No action required.

Hand Hygiene

- Overall standards of hand hygiene were good. compliance could be improved by ensuring that patients are offered hand hygiene facilities after toileting and prior to meals.
- One member of staff, observed leaving an isolation room, was not wearing gloves or apron and did not wash hands.

Personal Protective Equipment

- No action required.

AREA: Surgical Ward 2

Environment

- Good standard of general cleaning was evident, however, only skeleton cleaning staff had been in place during the weekend and this led to several observations which affected the scoring.
- All ward floors needed brushed and cleaned, a lot of debris was observed, eg plastic covers from patient thermometers.
- Attention was needed to high level dusting, especially the high level white plastic covers.
- There was no pre planned programme for curtain changes, however, staff reported that due to the number of level 3 cleans undertaken, curtains were changed on a regular basis and changes could be requested when required.
- One portable patient fan required dusting.
- The ward bathroom was not generally used and the area was being used for storage of hoists and other equipment. The area needed some refurbishment around the skirting and required cleaning, including the floor and bath. A soiled continence pad had been left behind the toilet and open clinical waste bags were observed.
- Dirty towels were observed in two shower rooms.
- Communal shampoo and baby bath were noted in several shower rooms.
- A patient hairbrush and other inappropriate items were observed in one shower room.
- There were two used electrode pads (for peri-operative patient monitoring) left on a sink in one of the shower rooms.
- Toilet area floors generally needed light cleaning. In one a sticky label was stuck to the floor and in another, used paper towels were observed on the floor.
- No sanitary waste disposal was noted in any of the toilets inspected, however, all did have clinical waste bins in place.
- The dirty utility was well equipped and of a good standard. Floors in the dirty utility needed attention around the edges.
- Dirty utility did contain inappropriate items, eg IV pumps, drip stands and a commode.
- The new colour coding system is in place, however, two mop handles of different colours had been placed to dry in one bucket.
- Domestic's room was shared with the neighbouring ward and inspectors found it well equipped and of a high standard. However, the floor in the domestic room needed cleaning.

Ward/Departmental kitchens

- Well equipped, well fitted, and generally well maintained kitchen. Some minor repairs needed to the seal behind the sinks and the wall above the work surfaces.
- Some marks were observed on the kitchen floor.
- Inaccessible areas, eg behind the dishwasher, needed cleaning.
- The freezer had a build up of ice and needed defrosting.
- Good record keeping was noted eg temperature of fridges and freezer.
- Food probe needed cleaning.

Handling and disposal of linen

- The ward did not have a dedicated linen store and clean linen is stored in a trolley which is situated on the main corridor of the ward.
- Soiled linen is placed in linen bags which are placed in a large skip (on the same corridor as the clean linen) prior to disposal.
- One member of staff was observed not using aprons and gloves while handling soiled or infected linen.

Departmental waste handling and disposal

- As previously noted, large skips are placed in the corridor and used to transport all waste from the ward. This meant that while waste was segregated at ward level, it was mixed for transportation and disposal. Also, skips were accessible to patients and the public.
- A Ciproxin (intravenous antibiotic) bottle was observed in the Magpie box.
- Internal storage area (in neighbouring ward) was not locked.

Safe handling and disposal of sharps

- One sharps bin was noted to be filled above the fill line.
- Temporary closure mechanism on sharps bins was generally not being used.
- Locked bins were placed in skip on corridor for disposal, leaving them accessible to the public.

Management of Patient equipment (General)

- A trolley in the clinical treatment room had a sticky substance on the top and lower shelf.
- There was no disposable paper towel for use on the couch in the treatment room.
- One commode was noted to need cleaning underneath and the underneath was starting to show signs of corrosion due to frequent washing.

Hand hygiene

- Excellent standards observed.
- One hibiscrub dispenser was noted to need cleaning.
- Squeezable hand creams were noted in shower rooms and one wall mounted hand cream dispenser was empty.

Personal Protective Equipment

- No action required.

Article I. RQIA Unannounced Hygiene Inspection Report – Causeway Hospital 9 June 2008

Northern Trust Improvement Plan

Area: Accident and Emergency Department

Article II. Issue	Action	Responsible Person	Date
Environment			
1. Lack of Storage Space	- Plaster slabs and overstock of POP moved onto trolleys in plaster room	Ward Manager	Complete
	- Shelving ordered for Triage to move files from floor	Ward Manager	Complete
2. Trolley containing clinical waste bags was stored in main corridor	- will be stored in disposal room when not in use by domestic cleaning staff	Ward Manager	Immediate
3. Wheelchairs outside the entrance to A&E contained items of rubbish	- Wheelchairs cleaned with Tristel after use and twice daily - Staff reminded to keep tidy - Stains removed by washing	Ward Manager	Complete
	- Clean weekly and record (all other times responsibility of Porters/Nursing)	Domestic Porter/ supervisor to monitor	Complete
4. Inappropriate items stored in dirty Utility Room	- Inappropriate items removed and staff reminded of procedure	Ward Manager	Immediate
5. Files/Folders/Books stored on desks	- These will be stored on bookshelves when not in use	Ward Manager	Immediate

6. No pre-planned programme for changing curtains	- Disposable screens have been ordered	Ward Manager	30 September 2008
7. Clinical items stored in the relatives rooms	- Equipment removed from Relatives room and stored in triage room	Ward Manager	Immediate
8. No patient's toilet within A&E	- Record each clean on checklist - Check and replenish soap on each clean	Domestic Assistant/ Supervisor to monitor	Domestic staff informed and Domestic Supervisors monitoring on a daily basis
9. Waste bin used to prop door open	- waste bin removed and will not be used in future	Ward Manager	Immediate
10. Teddy bear in plaster room needs to be cleaned regularly	- Teddy bear removed as not suitable for cleaning	Ward Manager	Complete
11. Cup dispenser at water cooler needs a cover	- to be ordered from supplier	Ward Manager	31 August 2008
12. Dust on filing cabinet	- Clean daily	Domestic Assistant/ Supervisor to monitor	Complete (staff spoken to)
13. Plaster on walls in examination room 2 chipped	- works request completed by Ward Manager to repaint and repair this area	Ward Manager	31 August 2008
14. Light above patient's bed dusty	- Clean daily	(see number 12)	(see number 12)

15. Toys stored on trolley with clinical items in resuscitation room	- Toys to be stored in toy box when not is use	Ward Manager	Immediate
16. No dedicated isolation facilities	- disposable curtains on order and tracks measured. Prompt level three cleans ordered by nursing staff and completed by domestic staff to reduce infection risk.	All staff	Ongoing
Article III. Departmental Waste Handling and Disposal			
17. Bags containing clinical waste/domestic waste/dirty linen mixed for transportation and disposal	- actioned	Portering Manager	Immediate
18. A clinical waste bag opened by member of staff using lid rather than foot pedal	- Information issued to all staff regarding the use of bins and infection control	Ward Manager	Immediate
19. Department Manager stated that, at time of inspection, only 50% of staff in A&E had received training in correct disposal of clinical waste	- All staff will have completed infection control training by end August 2008	Ward Manager/ Lead Nurse	31 August 2008
Article IV. Departmental Kitchen/Staff Room			
20. Cluttered with boxes	- boxes removed as appropriate	Catering Manager	Complete
21. Floors, work surfaces and equipment required cleaning	- actioned	Domestic Supervisor	Complete
22. Seating in extremely poor condition	- Chairs waiting recovering, will be covered in washable material	Ward Manager	Complete

23. Back door leading to outside was propped open	- Back door of staff room to be kept closed	Ward Manager	Immediate
24. No satisfactory system for cleaning of crockery and cutlery	- Advice to get dishwasher, which will be discussed with the General Manager	Ward Manager/ General Manager	1 August 2008
25. Cleaning materials not stored separately	- Pantry situation to be reviewed	Ward Manager	Immediate
26. Food in fridge not labelled	- Fridge cleaned and checked daily by House keeper - Notice for staff to keep food in labelled plastic containers - Staff informed re keeping fridge tidy - Pantry Housekeeper to keep fridge clean and tidy when Housekeeper off	Ward Manager	Immediate
27. No thermometer	- thermometer to be provided	Catering Manager	Immediate
28. Disposable paper roll not available	- to be provided	Catering Manager	Immediate
Article V. Handling and Disposal of Linen			
29. No designated room for storage of clean linen	- it is not possible to provide a designated linen room with structure of Emergency Department. Linen to be stored in trolley in separate area from soiled linen.	Ward Manager/ Domestic Cleaning staff	Immediate
30. Clean linen found on shelf beside computer in resuscitation room	- Clean linen removed from shelf beside computer in resuscitation room	Ward Manager/ Domestic Cleaning staff	Immediate
31. Bags containing soiled linen stored with clinical and domestic waste bags for transportation and disposal	- Soiled linen to be stored separately from other waste bags when transported for disposal	Ward Manager/ Domestic Cleaning staff	Immediate

Article VI. Management of Patient Equipment			
32. Bed pans/urinals not stored inverted	- bed pans to be inverted during storage	Ward Manager	Complete
33. Disposable liners not used in all bedpan bases	- new slippers pans to be ordered to fit disposable liners	Ward Manager	31 August 2008
Article VII. Safe Handling and Disposal of Sharps			
34. A locked sharps box awaiting disposal found in dirty linen receptacle	- staff reminded of waste disposal procedures. To be monitored by Ward Manager	Ward Manager	Complete
35. Temporary closure mechanism on sharps bins was not being used on all occasions	- Information in memo to staff to remind them to close temporary closure of sharps boxes after use	Ward Manager	Complete
Article VIII. Hand Hygiene			
36. Hand cream not generally available	- wall mounted hand cream containers to be ordered	Ward Manager	31 August 2008
37. Alcohol hand rub not available at entrance/exit to Department	- alcohol hand rub to be made available	Ward Manager	31 August 2008
38. Most staff observing the dresscode, although a couple of exceptions	- staff to be reminded of uniform policy, including no wrist watches. To be monitored by Ward Manager and senior nursing staff	Ward Manager/ Lead Nurse	Complete
39. Department Manager stated that, at time of inspection, only 50% of staff had received training in hand hygiene procedures within the last year	- all staff have completed infection control training via DVD, Educare Training sessions	Ward Manager/Lead Manager	31 August 2008

40. No hand washing was observed	<ul style="list-style-type: none"> - Staff use hand basin in patient's cubicle prior to leaving cubicle. This was then not observed by RQIA Team as screens were pulled. Each cubicle has hand basin with only one on floor in Department - Staff reminded regarding hand wash procedures and hand washing audit completed weekly to monitor compliance 	<p>All staff</p> <p>Ward Manager</p>	<p>Immediate</p> <p>Immediate</p>
41. Hand hygiene poster coming off wall in resuscitation room	- hand hygiene posters replaced	Ward Manager	Complete

Article IX. Area: Outpatients

Issue	Action	Responsible Person	Date
Environment			
1. Generally clean and tidy, with exception of Area 4	- Area Four brought to Domestic Supervisor's attention	Domestic Supervisor	Immediate
2. Domestic Store in Outpatients One exhibited excellent cleanliness, however some old colour coding still in place	- Remove	Domestic Supervisor	Complete
3. In Outpatients Four chairs not covered in washable material	- chairs being replaced/recovered as appropriate	Department Sister	Immediate
4. Venetian blinds dusty	- Clean blinds monthly	Domestic Supervisor	Complete
5. Dirty Utility had some items inappropriately stored	- staff reminded of proper procedure on storage of items	Department Sister	Immediate
6. Draft excluder was coming off doors leaving a sticky residue	- replaced	Estate Services	Immediate
7. Outpatients Four has problem with floor bubbling	- plans for reflooring of area	Estate Services	Immediate
8. No dedicated isolation facilities	- Trust will review the isolation facilities in Outpatients		

9. Some light pull strings had broken stoppers	- string pulls in toilets have been replaced where applicable	Estate Services	Immediate
10. Nitrogen storage area was unlocked	- staff to be reminded to keep the Nitrogen storage area locked when not in use	Department Sister	Immediate
Departmental Waste Handling and Disposal			
11. Waste dispersal room was not locked	- staff to be reminded to keep the Waste Dispersal locked when not in use	Department Sister	Immediate
12. Clinical waste was tied onto a trolley	- staff now aware not to tie clinical waste bags to trolleys but to use appropriate bins	Department Sister	Immediate
13. Clinical waste posters should be on display	- actioned	Department Sister	Immediate
Article X. Handling and Disposal of Linen			
14. Linen trolley blocking a fire exit	- wards and departments reviewing areas where linen exchange trolleys are stored. Will ensure that fire exits and doors are not blocked	Department Sister	Immediate
Article XI. Management of Patient Equipment			
15. Used instruments with blood staining left sitting out in dirty utility room	- staff aware to ensure that all used instruments are put in appropriate unit for collection in a timely fashion	Department Sister	Immediate
16. Suction catheter attached to resuscitation trolley	- staff to be advised not to attach suction catheters to resus trolleys	Department Sister	Immediate
17. Oxygen masks uncovered	- all oxygen masks on the resus trolleys are	Department Sister	Complete

	now enclosed in clear plastic		
Article XII. Safe Handling and Disposal of Sharps			
18. Temporary closure mechanisms were not is use	- staff to be advised of the Trust Sharps Policy	Department Sister	Immediate
19. Sharps were stored in unlocked area	- staff to be advised of the Trust Sharps Policy	Department Sister	Immediate
20. Outpatients Three resuscitation trolley required an empty sharps box	- staff to be advised of the Trust Sharps Policy	Department Sister	Immediate
Article XIII. Hand Hygiene			
21. Visible impact hand hygiene posters needed at entrance and in waiting area	- hand hygiene posters being displayed	Department Sister	Immediate
22. Not all staff had received training in infection control	- all staff to be trained in infection control via DVD or Educare Training sessions	Department Sister	31 August 2008
23. Hand cream not generally available	- wall mounted hand cream containers to be ordered	Department Sister	31 August 2008
24. Alcohol hand rub not directly accessible at the point of care	- will be provided at appropriate point	Department Sister	Immediate

Article XIV. Area: Medical Ward One

Issue	Action	Responsible Person	Date
Article XV. Environment			
1. Attention to detail when cleaning chairs is required	- Clean daily on level 1, 2 and 3 cleans	Ward Manager/ Domestic Staff	Immediate
2. Consultant rooms had large piles of patient notes on floor	- Shelves have been ordered to remove notes from floor	Ward Manager/ Consultant	8 August 2008
3. Ward floor washed but no dry path was left	- Staff advised to wash floor in large sections	Domestic Assistant/ supervisor to monitor	Immediate
Article XVI. Departmental Waste Handling and Disposal			
4. Trolley containing clinical waste bags left in corridor	- Trolley to be stored in locked dirty storage room when not in use	Domestic Cleaning staff	Immediate
Article XVII. Departmental Kitchen/Staff Room			
5. Overall clean but inaccessible surfaces had food debris	- Pantry staff reminded of need to ensure all floors are clean, included in daily cleaning	Ward Manager/ Assistant Catering Manager	Immediate
6. Mop and bucket stored in the kitchen	- To be stored in domestic cleaning store	Pantry Assistant	Immediate
7. Personal clothing hanging behind door	- Pantry staff have been reminded that personal clothing must not be stored in kitchen. Staff to use lockers in changing rooms	Assistant Catering Manager/ Ward Manager	Complete

8. Toaster needed cleaning	- Replaced 26 June 2008	Lead Nurse/ Assistant Catering Manager	Complete
9. Unlabelled food in fridge	- Notice for staff to keep food in labelled plastic containers - Staff informed re keeping fridge tidy	Ward Manager	Immediate
10. No written instructions on dishwasher	- Catering manager to supply laminated instructions for display in ward kitchen	Assistant Catering Manager	14 July 2008
11. Issues regarding the preparation and storage of food	- Pantry staff have received re-training in food storage	Assistant Catering Manager	Complete
	- Schedule for cooking ward food is available in ward kitchen	Assistant Catering Manager	Complete
	- Pantry staff have received re-training in food storage	Assistant Catering Manager	Complete
Article XVIII. Handling and Disposal of Linen			
12. Clean linen was stored in bathroom which was being converted to a linen store	- work ongoing to replace bathroom as clean storage room. Bath has been removed and panel now replaced and appropriate shelving has been ordered	Ward Manager	
13. Colour coding of linen was not visible	- all staff will have completed training on colour coding	Ward Manager	31 August 2009
Article XIX. Management of Patient Equipment			
14. Items in resuscitation trolley drawer need to be separated	- Resus trolley is checked daily to ensure all equipment is available and in working order	Checking Nurse	Complete

	and checking nurse responsible for ensuring that trolleys kept clean and tidy		
Article XX. Hand Hygiene			
16. Overall standards good. Compliance could be improved by ensuring patients are offered hand hygiene facilities after toileting and prior to meals	- patients now provided with hand wipes at every meal. Ward Manager will monitor use of hand wipes	Ward Manager/ Pantry staff	Immediate
17. One member of staff leaving an isolation room did not have gloves or apron and did not wash hands	- patient in isolation room no longer required isolation nursing. Staff have been reminded of need to remove signage when no longer required. All staff to have completed infection control training by end August 2008. Infection Control Link Nurse to monitor compliance	Infection Control Link Nurse/ Ward Manager	Immediate. Training ongoing to be completed by 31 August 2008.

Article XXI. Area: Surgical Ward Two

Issue	Action	Responsible Person	Date
Environment			
1. Good standard of general cleaning, however only skeleton cleaning staff over the previous weekend	- Trust will be taking a review of Domestic Services staff		End of August
2. All ward floors needed brushed and cleaned	- Dust control mop and damp mop daily	Domestic Assistant/ Supervisor	Immediate
3. Attention needed to high level dusting	- Remove dust from high ledges weekly	Domestic Assistant/ Supervisor	Immediate
4. No pre planned programme for changing curtains	- new disposable screens to be ordered. Protocol for disposable screens being developed	Domestic Supervisor / Lead Nurse	End August
5. One portable patient fan required dusting	- actioned	Senior Staff Nurse	Immediate
6. Ward bathroom not generally used and being used for storage	- alternative storage to be looked at	General Manager	Immediate
7. Dirty towels were observed on two shower rooms	- staff advised to check bathrooms after patients use	Senior Staff Nurses	Immediate
8. Toilet floors generally needed light cleaning	- Remove debris and damp mop daily	Domestic Assistant/ Supervisor	Immediate
9. No sanitary waste disposal noted in any toilets inspected	- yellow clinical waste bags in place for sanitary disposal	Domestic Supervisor	Immediate

10. The dirty utility was well equipped but floors needed attention around edges	- Damp clean and maintain	Domestic Assistant/ Supervisor	Immediate
11. Dirty utility did contain inappropriate items	- inappropriate items removed	Domestic Assistant	Immediate
12. New colour coding system in place, however two mop handles of different colours had been placed to dry in one bucket	- Advised staff to segregate colour coded equipment	Domestic Supervisors	Complete (spoke to staff)
13. Domestic's room shared with neighbouring ward - floor needed cleaning	- Floor Cleaned and brought to staff's attention	Domestic Assistant	Immediate
Article XXII. Ward/ Departmental Kitchens			
14. Well equipped, fitted and maintained. Some minor repairs required.	- to be actioned	Estate Services	Immediate
15. Some marks on floor	- actioned	Domestic Assistant	Immediate
16. Inaccessible areas required cleaning	- actioned	Domestic Supervisor	Immediate
17. Freezer had build up of ice	- now defrosted	Domestic Assistant	Immediate
19. Food probe needed cleaning	- catering staff trained	Catering Manager	Immediate
Article XXIII. Handling and Disposal of Linen			
20. Ward did not have dedicated linen store and clean linen stored on trolley in main corridor	- storage facilities being reviewed		

21. Soiled linen placed in bags which are placed into large skip on main corridor	- usually kept in sluice. Staff advised not to have skip on corridor	Senior Staff Nurse	Immediate
22. One member of staff observed not using aprons and gloves while handling soiled/infected linen	- staff advised re importance of gloves and aprons. Staff update on infection control		30 June 2008
Article XXIV. Departmental Waste Handling and Disposal			
23. As in 21, large skips used to transport all waste which means it is mixed for transportation and disposal	- actioned	Portering Manager	Immediate
24. Ciproxin bottle observed in the Magpie box	- staff advised re importance of waste disposal	Senior Staff Nurse	Immediate
25. Internal storage area not locked	- lock obtained for door	Senior Staff Nurse	Immediate
Article XXV. Safe Handling and Disposal of Sharps			
26. One sharps box was above the fill line	- staff advised re sharps policy. Sharps boxes added to new cleaning rota	Senior Staff Nurse/Domestic Supervisor	Immediate
27. Temporary closure mechanism on sharps boxes generally not being used	- staff reminded on sharps policy	Senior Staff Nurse	Immediate
28. Locked bins placed in skip on corridor	- Bins locked and removed	Portering Manager	Immediate

Article XXVI. Management of Patient Equipment			
29. Trolley in clinical treatment room had sticky substance on top and lower shelf	- staff advised not to use tape on top of trolleys	Senior Staff Nurse	Immediate
30. No disposable paper towel for use in treatment room	- paper towel replaced		Complete
31. One commode was noted as needing cleaning	- staff advised re importance of cleaning underneath after every use and using Venaclean tape. New commode ordered.		15 August 2008
Article XXVII. Hand Hygiene			
33. One hibiscrub dispenser needed cleaning	- brought to Domestic Supervisors attention	Domestic Supervisor	Immediate
34. Squeezable hand creams noted in shower rooms and one wall mounted hand cream dispenser was empty	- hand creams removed from shower rooms	Senior Staff Nurses	Immediate