



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced inspection

Southern Health and Social Care Trust

Craigavon Area Hospital

23 June 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the Craigavon Area Hospital, on the 23 June 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness standards and the following areas were inspected:

- Ward 1 South
- Ward 3 South
- Ward 4 South
- MAU (Medical Assessment Unit)

Opened in 1972, Craigavon Area Hospital provides a range of acute inpatient, day case, outpatient and diagnostic services as well as Intensive Care, consultant-led and midwife-led maternity services and an Accident and Emergency Service. Also provided from the hospital are a number of area-wide clinical services including neo-natal intensive care, specialist cancer services, pathology and laboratory services and pharmacy services.

Inspection Outcomes

An overall compliance score was achieved by Ward 1 South, and Wards 3 and 4 South and Medical Assessment Unit (MAU) achieved an overall partially compliant score. The inspectors observed that more attention to detail is required when cleaning and that the age of the building and its fixtures and fittings had a negative impact on some scores in the environment standard. The trust has identified that clutter and storage is an issue and is currently working to improve these areas. The roles and responsibilities for cleaning patient equipment requires further clarification and the introduction of detailed cleaning schedules would increase compliance in this area for all wards and particularly Ward 4 South which was minimally compliant.

As a result of the findings for Ward 4 South a follow up inspection will be carried out within three months.

The inspection resulted in 20 recommendations for Craigavon Area Hospital; a full list of recommendations is listed in Section 13.

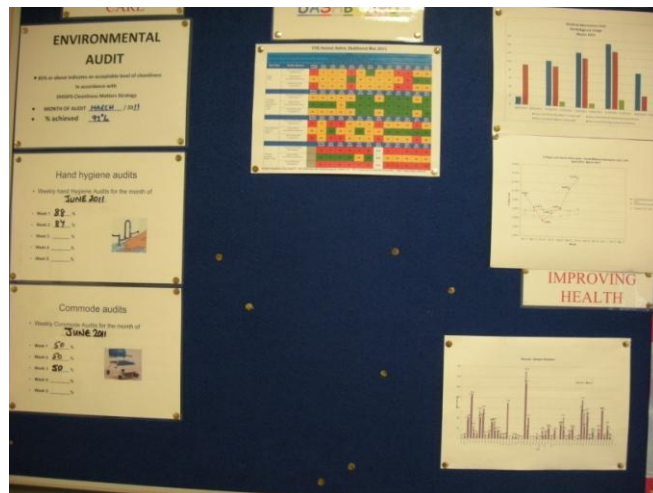
A detailed list of preliminary findings is forwarded to Southern Health and Social Care Trust within 14 days of the inspection to enable early action on identified areas which have achieved non complaint scores. The draft report which includes the high level recommendations in a Quality Improvement Plan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

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

Notable Practice

The inspection identified the following areas of notable practice:

- **The hospital is participating in the Releasing Time to Care: the productive ward, which staff report has benefited the patients and the ward. The Productive Ward focuses on improving ward processes and environments to help nursing staff spend more time on patient care thereby improving safety and efficiency**
- **The inspectors observed good hand hygiene practices in relation to the use of alcohol rub by staff and visitors**
- **Patient information on protected meal times, which was being implemented by staff on the day of inspection**
- **Audit scores are promoted on the boards at ward level (Picture 1)**



Picture 1 MAU audit scores displayed on ward noticeboard

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

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

Table 1 summarises the overall compliance levels achieved.

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

Table 1

Ward	1South	3 South	4 South	MAU
General Environment	80	81	72	77
Patient Linen	92	81	87	72
Waste	98	86	82	86
Sharps	80	76	86	88
Equipment	84	83	72	78
Hygiene Factors	92	93	81	92
Hygiene Practices	89	90	88	87
Average Score	88	84	81	83

Table 2

General Environment	1 South	3 South	4South	MAU
Reception	N/A	100	N/A	N/A
Corridors, stairs lift	58	72	61	62
Public toilets	N/A	78	N/A	N/A
Ward/ department - general(communal)	79	84	66	79
Patient bed area	86	92	66	85
Bathroom/washroom	73	92	77	69
Toilet	77	77	85	78
Clinical room/ treatment room	73	73	67	74
Clean utility room	78	69	78	N/A
Dirty utility room	93	86	89	77
Domestic store	91	76	65	77
Kitchen	94	85	54	81
Equipment store	83	N/A	68	71
Isolation	77	85	78	87
General information	79	71	79	79
Average Score	80	81	72	77

Table 3

Linen	1 South	3 South	4South	MAU
Storage of clean linen	90	79	88	55
Storage of used linen	94	82	86	88
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	92	81	87	72

Level of Compliance

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

Table 4

Waste and sharps	1 South	3 South	4 South	MAU
Handling, segregation, storage, waste	98	86	82	86
Availability, use, storage of sharps	80	76	76	88

Table 5

Patient Equipment	1 South	3 South	4 South	MAU
Patient equipment	84	83	72	78

Table 6

Hygiene Factors	1 South	3 South	4 South	MAU
Availability and cleanliness of wash hand basin and consumables	91	89	87	89
Availability of alcohol rub	100	100	77	100
Availability of PPE	93	100	93	100
Materials and equipment for cleaning	85	83	65	77
Average Score	92	93	81	92

Table 7

Hygiene Practices	1 South	3 South	4 South	MAU
Effective hand hygiene procedures	91	82	94	81
Safe handling and disposal of sharps	90	100	100	100
Effective use of PPE	89	100	90	78
Correct use of isolation	95	N/A	78	94
Effective cleaning of ward	73	72	71	79
Staff uniform and work wear	93	96	96	90
Average Score	89	90	88	87

Level of Compliance

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

2.0 Background Information to the Inspection Process

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

The aims of the inspection process are:

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

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

3.0 Inspections

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

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

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

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

4.0 Unannounced Inspection Process

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

4.1 Onsite Inspection

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

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

4.2 Feedback and Report of the Findings

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

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

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

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

5.0 Audit Tool

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

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

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

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

Level of Compliance

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

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

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

6.0 Environment

STANDARD 2.0 GENERAL ENVIRONMENT

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

General Environment	1 South	3 South	4South	MAU
Reception	N/A	100	N/A	N/A
Corridors, stairs lift	58	72	61	62
Public toilets	N/A	78	N/A	N/A
Ward/ department - general(communal)	79	84	66	79
Patient bed area	86	92	66	85
Bathroom/washroom	73	92	77	69
Toilet	77	77	85	78
Clinical room/ treatment room	73	73	67	74
Clean utility room	78	69	78	N/A
Dirty utility room	93	86	89	77
Domestic store	91	76	65	77
Kitchen	94	85	54	81
Equipment store	83	N/A	68	71
Isolation	77	85	78	87
General information	79	71	79	79
Average Score	80	81	72	77

6.1 Cleaning

At the time of the inspection there was evidence in some areas to indicate compliance with regional specifications for cleaning. However the inspectors observed that while cleaning mechanisms were in place they were not always implemented or adhered to in order to prevent the build up of dust, debris and bacteria and subsequently reduce the potential risk for the transmission of infection. Poor attention to detailed cleaning was a major factor which contributed to the minimal compliance scores.

The main reception area was light, bright, clean and tidy. The area around the lifts on the ground floor and the lifts and the corridors outside all four wards were in stark contrast to the reception area. Cleaning issues were identified in relation to stains on walls/skirting,

touch points on doors and light switches. The tiled wall on the ground floor was grubby and dirty in appearance, the vinyl flooring in the lift and outside the entrance to all four wards was stained.

Two public toilet areas on the ground floor were inspected. The high surfaces had cobwebs and dust present, the pull cords and base of the toilet brush stand were dirty and excess toilet rolls were stored on the windowsill.

In all four areas, the inspectors noted that more attention to detail was required to remove stains/ dirt from walls and touch points on doors and light switches. There was a build up of dust and debris on the corners, edges and skirting of floors and dust/ cobwebs on high surfaces, high density shelving units and air vents. The storage containers in the clinical room of Ward 1 South had a large build up of grime; this was reported to staff who cleaned them immediately. The poor condition of the containers would indicate they are not fit for purpose and should be replaced. Inspectors were concerned to note dried blood stains on the window sill of the clinical room of Ward 4 South and on the wall and door of the sluice room in Ward 3 South.

Throughout the four wards inspected chrome fittings on the sinks were worn with age (Picture 2) and limescale was noted on most of the taps.



Picture 2 MAU worn taps

Particular care is required to ensure that limescale is removed from taps and fittings as recent evidence has shown that limescale may harbour biofilms and the build up of limescale can interfere with good cleaning and disinfection, by masking and protecting pathogens.

In the MAU various areas in the shower room required cleaning, such as the floor grill of the shower which had a build up of dirt and hairs, the disabled toilet hand rail which had faecal stains and in ground dirt in the grooves of the handrail.

In Ward 4 South inspectors examined a side room which had just been terminally cleaned. It was concerning to note that the inspectors

observed further cleaning was still required in relation to the following areas; the skirting, light switches, bed rails and the under side of the soap dispenser which were stained and had not been effectively cleaned. Finger marks were present on the door, and crumbs/debris were observed in the patients bedside locker.

6.2 Clutter

Throughout all four wards the inspectors identified that work surfaces and stores were cluttered and boxes of stock were observed on the floor or window-sills. In Ward 1 South and Ward 3 South these issues are addressed through staff participation in the Releasing Time to Care project. In the MAU there are plans to review the storage of dry consumables in the sluice room and for the refurbishment of the linen store, as current practice is for clean linen to be stored on trolleys in the ward corridor.

6.3 Maintenance and Repair

The hospital was opened in 1972 and the building has many original features which are now old and worn. Throughout the wards damage was noted to walls, doors and vinyl flooring (Picture 3), and the laminate finish on some shelves and cupboards has become chipped.



Picture 3 Ward 4 South damaged flooring

In the entrance lobby of Ward 3 South a ceiling strip light was not working and the tube over the seated area was missing. On Wards 1 South, 4 South and MAU the inspectors reported that some light diffusers were missing and missing ceiling tiles were noted in Wards 1 and 3 South and MAU.

In Wards 1 and 4 South mould was observed on the walls and skirting in the shower rooms and an odour was present in the male toilet in Ward 1 South.

6.4 Fixtures and fittings

In all four wards damage was noted to some chairs and stools, a fabric chair was observed in the clinical room of MAU, damaged chairs and fabric covers are not impervious to moisture and therefore can not be cleaned effectively. Vertical binds were damaged in Ward 1 South and Ward 4 South.

6.5 Information

The same issues were identified in all four wards. Cleaning schedules while available for nursing staff did not detail all equipment at ward level or staff responsibility for cleaning equipment. Not all posters were easily cleanable/laminated, some posters were secured with adhesive tape to walls. In Wards 1 and 3 South and MAU the National Patient Safety Agency (NPSA) poster on the colour coding of cleaning equipment was not available for nursing staff to reference and nursing staff in Ward 3 South when questioned were unsure of the correct colour codes. In Ward 1 South linen segregation posters were not displayed and in Ward 4 South a registered nurse was not able to identify the ward designated Infection Prevention and Control link nurse.

In Ward 3 South hand hygiene posters were not displayed at the hand wash sinks and leaflets on *C-difficile* were not available in the leaflet racks.

Recommendations

- 1. The trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively.**
- 2. The trust should ensure that all staff are aware of their roles and responsibilities in environmental cleaning.**
- 3. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 4. The trust should work on the repairs and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 5. The trust should develop detailed nursing cleaning schedules.**
- 6. The trust should ensure posters and notices are of a cleanable finish and not secured with adhesive tape.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen	1 South	3 South	4South	MAU
Storage of clean linen	90	79	88	55
Storage of used linen	94	82	86	88
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	92	81	87	72

7.1 Management of Linen

Ward 1 and 4 South were compliant in both sections of this standard; Ward 3 South was partially compliant. MAU was compliant in the handling and storage of used linen, but minimally compliant in the storage of clean linen. At present there is no designated clean linen store in MAU; clean linen is stored uncovered on two trolleys at either end of the ward. Inspectors were advised that a linen store is to be built which will improve compliance in this area.

Clean linen is transported to the wards in open cages, only sheets are in protective plastic covering, pillowcases and towels are therefore exposed to possible contamination. In all areas inspected there were issues noted for improvement. In Wards 1 and 3 South, linen stores were a shared facility, the rooms were cluttered and had poorly defined storage areas. In Ward 1 South ceiling tiles were missing and in Ward 3 South the room had previously been a bathroom and a large part of the flooring was missing and residue of adhesive tape was on the walls. Clean linen was stored on the floor of Ward 4 South.

The used linen skips in all four wards were dusty and/ or damaged. In Ward 3 South staff, when questioned, were unsure of the level of personal protective equipment (PPE) required when changing used bed linen.

Recommendations

7. The trust should ensure clean linen is packaged to minimise the risk of contamination during transport.
8. The trust should ensure clean linen is stored in an appropriate environment.

8.0 Waste and Sharps

STANDARD 4.0 WASTE AND SHARPS

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

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

Waste and sharps	1 South	3 South	4 South	MAU
Handling, segregation, storage, waste	98	86	82	86
Availability, use, storage of sharps	80	76	76	88

8.1 Waste

Wards 1 and 2 South and MAU achieved compliant scores in this section, Ward 4 South was partially compliant. Full compliance would have been achieved in Ward 1 South by the appropriate disposal of household waste.

Wards 3 and 4 South and MAU have issues in common which they need to address. Inappropriate waste was noted in black lidded burn bins, staff should ensure they comply with trust policy with regard to the correct disposal of waste. In MAU pharmaceutical waste was disposed of incorrectly into a sharps box and in Ward 3 South a bottle of Lignocaine spray with applicator had been disposed of into an overflowing household waste bin. Some household and clinical waste bins were dirty or rusty in Wards 3 and 4 South and MAU.

In Ward 3 and 4 South household waste bins were not always positioned at the hand sink for the disposal of household waste and in Ward 4 South a clinical waste bag was tied to the phlebotomist trolley.

In the large clinical euro bin in the disposal room of Ward 3 South the inspectors observed a clinical waste bag had split open and the contents had spilled on to the bottom of the bin, and a used suction canister had been incorrectly placed directly into the bin. The ward manager confirmed that disposing of suction waste in this manner was not in keeping with the infection prevention and control policy which states that used suction canisters should be placed in a clinical waste bag with a traceable tag prior to disposal.

8.2 Sharps

Only MAU achieved a compliant score in this section, the other wards were partially compliant.

In Wards 1, 3 and 4 South the temporary closure mechanism was not in place on all sharps bins and in Ward 3 South the sharps bin on the resuscitation trolley contained disposable gloves and plastic wrappers. In all four wards the integral sharps trays had a residue of adhesive tape, and some had grubby marks present and required cleaning. Of concern in Ward 3 South were the protruding sharps from the sharps bin on the drugs trolley at the reception area. This is unsafe practice as it increases the risk of injury and bins should be no more than two thirds full. The safe handling and disposal of needles and other sharp instruments should form part of the overall strategy for clinical waste disposal to protect staff, patients and visitors from exposure to blood borne pathogens.

Recommendations

- 9. The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.**
- 10. The trust should ensure that household waste bins are located at hand wash sinks.**
- 11. The trust should ensure that waste bins are kept clean and replaced as appropriate.**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient Equipment	1 South	3 South	4 South	MAU
Patient equipment	84	83	72	78

Ward 4 South was minimally compliant in this standard, with Ward 1 South, 3 South and MAU achieving partial compliance.

In all four wards there were recurring themes with regard to the cleanliness to patient equipment, no mechanisms were in place to identify if equipment had been cleaned and was ready for use. Paper notices and adhesives tape residue were present on drugs trolleys, dressing trolleys, and notes trolleys.

In Ward 1 South the base of IV stands, IV pumps and blood pressure monitoring equipment stands were dusty. In Ward 3 South and MAU the IV stands in the equipment store were dusty and stained, also in MAU the drugs trolley and the cardiac machine were dusty. Dust was observed on the castors of the IV stand, the ECG machine, the base of the blood glucose monitoring machine and the resuscitation equipment and trolley of Ward 4 South.

In all areas inspected some equipment was showing signs of damage or wear. In Ward 4 South the paintwork on the hoist was chipped, in Ward 1 and 3 South the locking mechanism on the resuscitation trolley was broken which permits unrestricted access to drugs held in the trolley. In MAU some of the bedpans were worn and one was cracked, the inspectors were informed replacements have been ordered. In Ward 3 South there were issues around the cleaning and storage of bedpans and commodes. Bedpans were stored upright on the window sill of the sluice room and in the shared linen store, and the underside of a commode was blood stained and the framework of another was rusty.

In MAU the underside of a commode was stained and the framework was rusty (Picture 4). In 4 South a commode was not decontaminated between patient use and bedpans were not stored inverted.



Picture 4 Ward 3 South blood stained commode

The inspectors observed that in Wards 1, 3 and 4 South laryngoscope blades on the resuscitation trolley were removed from their sterile packaging. The Association of Anaesthetists of Great Britain and Ireland guidelines 'Infection Control in Anaesthesia' states that single use resuscitation equipment should be kept in a sealed package or should be sterilised between patients according to manufacturer's instructions. It also states that packaging should not be removed until the point of use for infection control, identification and traceability in the case of a manufacturer's recall and safety.

Recommendations

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

10.0 Hygiene Factors

STANDARD 6.0 HYGIENE FACTORS

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

Hygiene Factors	1 South	3 South	4 South	MAU
Availability and cleanliness of wash hand basin and consumables	91	89	87	89
Availability of alcohol rub	100	100	77	100
Availability of PPE	93	100	93	100
Materials and equipment for cleaning	85	83	65	77
Average Score	92	93	81	92

Ward 4 South was partially compliant in this standard, with Ward 1 South, 3 South and MAU achieving compliance.



Picture 5 Ward 4 South dirty soap dispenser

All four wards scored well and were compliant in the section on the availability and cleanliness of wash hand sinks and consumables. In all of the wards, the inspectors noted some of the undersides of soap (Picture 5) and hand towel dispensers required more detailed cleaning.

In Ward 1 South some of the taps had a build up of limescale.

Wards 1 South, 3 South and MAU were fully compliant in the section regarding the availability of alcohol rub for which they should be commended. In Ward 4 South the underside of the alcohol dispensers were dirty and some were broken, this contributed to a partially compliant score.

Ward 3 South and MAU were fully compliant in the section regarding the availability of PPE, however both Ward 1 and 4 South did not have any face protection on the resuscitation trolley.

In all four wards the inspectors observed disinfectant was not held under locked conditions in line with Control of Substances Hazardous to Health (COSHH) regulations, there was also confusion as to which product should be used as both Actichlor Plus and Milton products were available. When questioned nursing staff stated they used Milton for cleaning blood spills however the inspectors were informed by the trust Infection Prevention and Control team representatives that the use of Milton had been discontinued for some time and that only Actichlor Plus should be used. In Ward 4 South a registered nurse did not know the correct dilution rates for Actichlor Plus and two bottles of diluted Actichlor Plus solution were out of date. In Ward 3 South the inspectors noted that lids on containers of disinfectant and detergent wipes were open and the cloths had dried out, making them ineffective.

Cleanliness issues were also noted in relation to the cleaning equipment. More attention is required in relation to the cleanliness of floor burnishers, domestic trolleys, dustpans and mop handles to ensure that they are clean and in a good state of repair.

In Ward 1 South domestic staff were mixing coloured cleaning materials. Disposable yellow and blue cloths were in a red bucket (Picture 6) on one domestic trolley and on another, blue and red cloths were in a red bucket.



Picture 6 Ward 1 South incorrect mix of colour cloths and bucket

To prevent cross contamination when cleaning, hospitals in Northern Ireland should comply with the National Patient Safety Agency guidelines for cleaning equipment colour coding; blue for general use, green for kitchen areas, red for sanitary areas and yellow for infection or isolation. The Infection Prevention and Control team informed the inspectors that they are currently reviewing the practice of using green mops and buckets in the sluice facilities.

Recommendations

- 13. The trust should ensure that all hygiene consumables are clean and in a good state of repair.**

- 14. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 15. Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants.**
- 16. The trust should ensure that staff are aware of and comply with the trust policy on Colour coding of cleaning equipment.**
- 17. The trust should ensure that cleaning equipment is clean and in a good state of repair.**

11.0 Hygiene Practices

STANDARD 7.0 HYGIENE PRACTICES

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

Hygiene Practices	1 South	3 South	4 South	MAU
Effective hand hygiene procedures	91	82	94	81
Safe handling and disposal of sharps	90	100	100	100
Effective use of PPE	89	100	90	78
Correct use of isolation	95	N/A	78	94
Effective cleaning of ward	73	72	71	79
Staff uniform and work wear	93	96	96	90
Average Score	89	90	88	87

The standard of hand hygiene practices was generally good, although there appears to be an issue where staff are using antibacterial solutions for social hand washing. In Ward 3 South two members of staff were observed washing their hands and did not follow the seven step technique. The inspectors did observe good hand hygiene practice by both staff and visitors in relation to the use of alcohol gel. However in MAU a nurse was observed decontaminating her hands with alcohol gel after leaving an isolation room where the patient was being nursed for suspected *Clostridium difficile* infection. Alcohol rub is not effective when dealing with *Clostridium difficile* infection. Immobile patients were not always offered hand hygiene before or after meals and not all staff performed hand hygiene before meal service.

Wards 3 South, 4 South and MAU were a 100 per cent compliant in the safe handling and disposal of sharps for which they are to be commended. Ward 1 South achieved a compliant score however a registered nurse was observed carrying a used butterfly needle from a patients bedside to the sharps bin in the preparation room.

In relation to effective use of PPE, staff need to review their practice on when to wear protective gloves and aprons, and when to remove them. In MAU a doctor was observed donning gloves to carry out a procedure then entering the preparation room to retrieve further equipment with out removing or changing their gloves.

As no patients were in isolation in Ward 3 South this section was not reviewed. On the other three wards inspectors noted that the nursing notes of patients being nursed in isolation did not contain clear instructions or a care plan/pathway to provided guidance to staff on the specific isolation precautions and care required. In Ward 4 South an assessment of on-going needs was not made daily and decisions were not documented.

Wards 1, 3 and 4 South minimal compliant scores and MAU partial compliant scores in the section for effective cleaning of wards, relates to issues highlighted in the previous standard pertaining to the incorrect use of Milton and knowledge of the correct dilution rates for Actichlor Plus disinfectant. COSHH data sheets were not readily available for staff in hard copy but could be accessed on the trust's intranet site. Nursing staff when questioned were not sure of the correct colour coding for cleaning equipment and no posters were displayed in the sluice room as a reference aid.

Changing facilities are not available for medical staff. A doctor in MAU did not comply with the trust dress code policy, and was observed with long sleeves and a wrist watch, similarly in Ward 1 South a doctor was observed wearing long hair not tied back and off the collar.

Recommendations

- 18. The trust and individual staff have the collective responsibility to ensure that hand hygiene is carried out in line with WHO guidance and that PPE is used appropriately.**
- 19. The trust should ensure the continued development and implementation of the care plans that reflect the infection prevention and control need of the patient.**
- 20. The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy.**

12.0 Key Personnel and Information

Members of the RQIA inspection team

- Mrs E Colgan - Senior Officer Infection Prevention/Hygiene Team
- Mrs L Gawley - Inspector Infection Prevention/Hygiene Team
- Mrs S O'Connor - Inspector Infection Prevention/Hygiene Team
- Mrs M Keating - Inspector Infection Prevention/Hygiene Team

Peer Reviewers

- Ms G Smyth - Quality and training Manager Ulster Hospital
- Ms Y Black - Assistant Support Services Manager WHSCT
- Ms S Gormley - Support Services Manager WHSCT
- Ms L Watt - Infection control Nurse Ulster Independent Clinic

Trust representatives attending the feedback session

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

- Dr G Rankin - Director of Acute Services
- Dr N Damani - Clinical Director Infection Prevention and Control
- Dr R Rajendra - Consultant Microbiologist
- Mr B Conway - Assistant Director MUSC
- Ms H Trouton - Assistant Director Surgery and Elective Care
- Ms M Corrigan - Head of ENT and Urology
- Ms M Burke - Head of Medicine and A&E
- Ms T Reid - Head of General and Oral Surgery
- Ms K Corley - Locality Support Services Manager
- Ms M Johnston - Senior Support services Manager
- Ms A Smyth - Domestic Services Manager
- Ms M Markey - Infection Prevention and Control Nurse
- Ms K Tierney - Infection Prevention and Control Nurse
- Ms F Thompson - Clinical Sister MAU
- Ms I Brennan - Clinical Sister MAU
- Ms S Kennedy - Ward Manager 1 South
- Ms S Tedford - Ward manager 3 South
- Ms S Burns - Acting Nurse Manager

Apologies

- Ms M McAlinden - Chief Executive

Supporting documentation

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

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

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

13.0 Summary of Recommendations

- 1. The trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively.**
- 2. The trust should ensure that all staff are aware of their roles and responsibilities in environmental cleaning.**
- 3. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 4. The trust should work on the repairs and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 5. The trust should develop detailed nursing cleaning schedules.**
- 6. The trust should ensure posters and notices are of a cleanable finish and not secured with adhesive tape.**
- 7. The trust should ensure clean linen is packaged to minimise the risk of contamination during transport.**
- 8. The trust should ensure clean linen is stored in an appropriate environment.**
- 9. The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.**
- 10. The trust should ensure that household waste bins are located at hand wash sinks.**
- 11. The trust should ensure that waste bins are kept clean and replaced as appropriate**
- 12. The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.**
- 13. The trust should ensure that all hygiene consumables are clean and in a good state of repair.**
- 14. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**

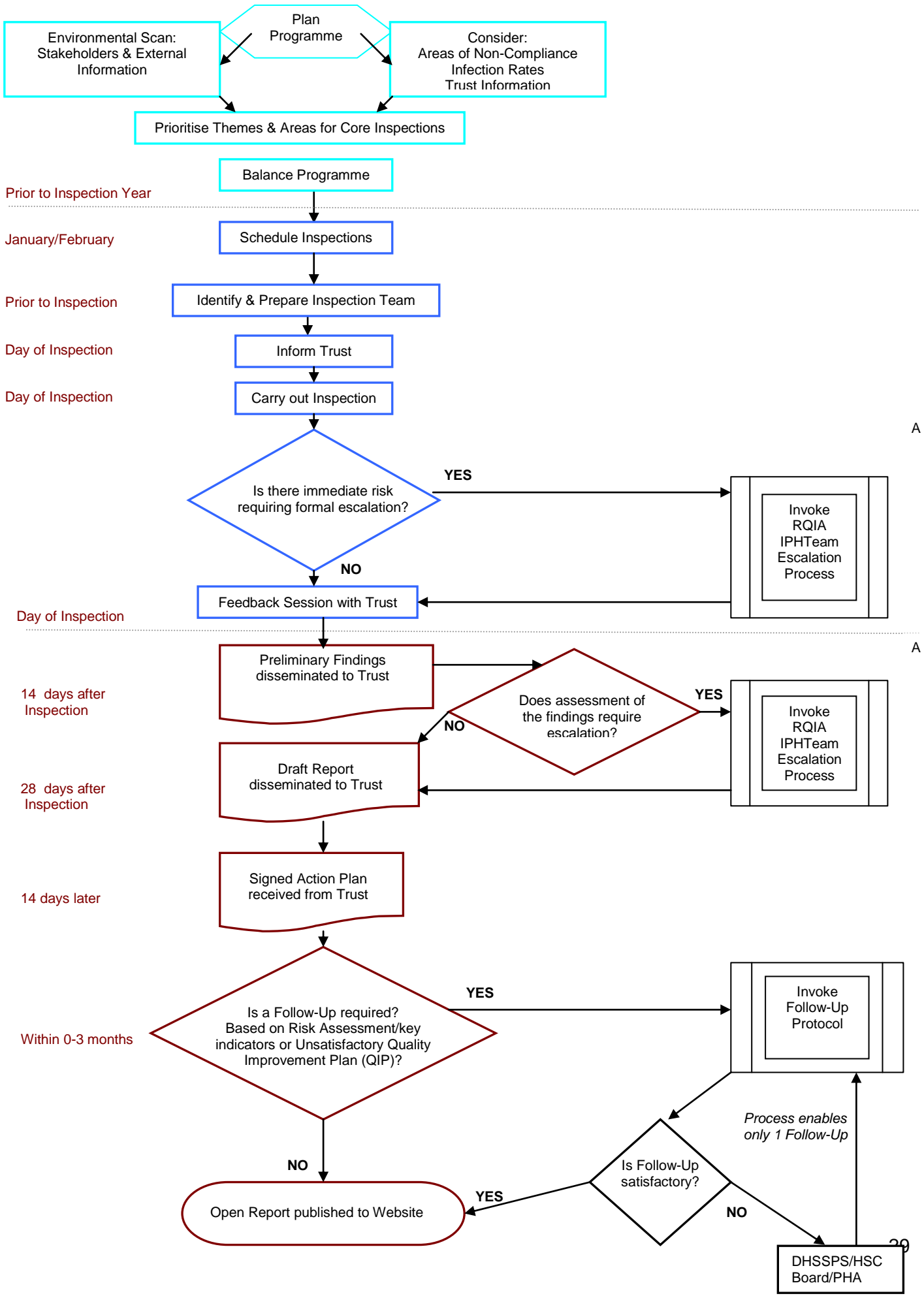
- 15. Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants.**
- 16. The trust should ensure that staff are aware of and comply with the trust policy on Colour coding of cleaning equipment.**
- 17. The trust should ensure that cleaning equipment is clean and in a good state of repair.**
- 18. The trust and individual staff have the collective responsibility to ensure that hand hygiene is carried out in line with WHO guidance and that PPE is used appropriately.**
- 19. The trust should ensure the continued development and implementation of the care plans that reflect the infection prevention and control need of the patient.**
- 20. The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy.**

14.0 Unannounced Inspection Flowchart

Plan Programme

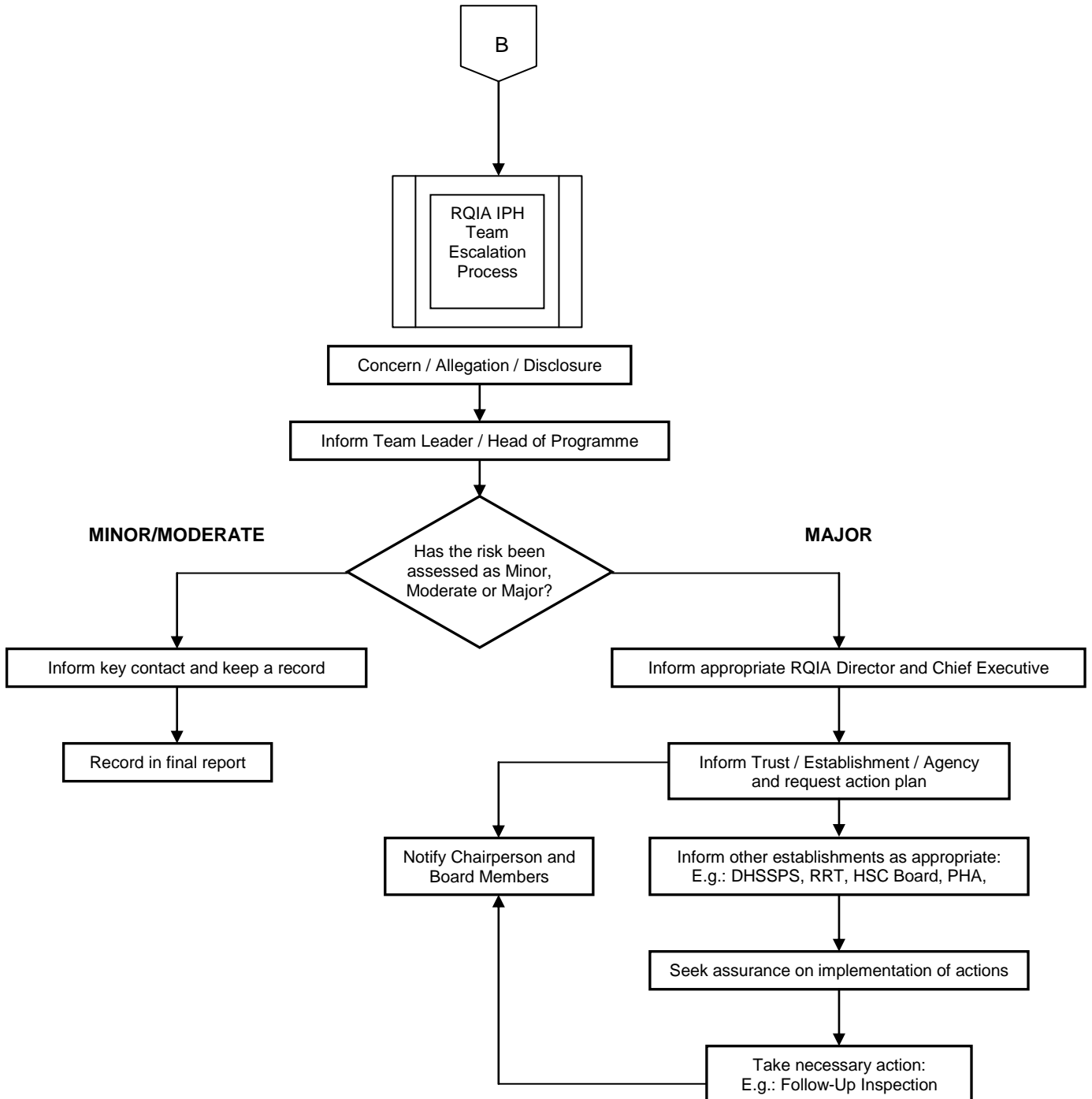
Episode of Inspection

Reporting & Re-Audit



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Reference number	Recommendations	Designated department	Action required	Comments/Update	Date for completion/ timescale
1	The trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively	Domestic Services in conjunction with Nursing & Estates	Review of Domestic Services and Nursing cleaning schedules. Implement the new Regional cleanliness audit tool.	Domestic Services cleaning schedules are being reviewed as part of the Lean Project. This project is already underway. Nursing cleaning schedules are in place and there are SOPs for a number of pieces of medical equipment. Paper has been submitted and agreed at SMT 7/9/11 relating to a change in the Environmental Cleanliness audit process to address the new audit requirements. The new audit tool was introduced for Managerial Audits in September 2011.	01/12/2011
2	The trust should ensure that all staff are aware of their roles and responsibilities in environmental cleaning	Domestic Services in conjunction with Nursing & Estates	Nursing and Infection Control to complete work on SOPs for medical equipment.	The DHSSPS Cleanliness Matters toolkit which contains the 49 elements is used for internal Departmental Audits. The responsibility for cleaning each of the 49 elements was agreed through the Trust's Environmental Cleanliness Committee. Nursing and Infection Control are currently undertaking a more in-depth piece of work to identify the method of cleaning of patient equipment in clinical areas.	01/12/2011

Reference number	Recommendations	Designated department	Action required	Comments/Update	Date for completion/ timescale
3	The trust and staff should work to improve storage and maintain clutter free ward environments	Ward Manager	Ensure all clutter is removed from the ward area.	Complete. Clutter has been removed from the ward area. The Trust operates a Dump the Junk days at CAH which ensures the wards are cleared on at least a monthly basis. Skips are also provided at CAH to enable Porter staff to remove items if required due to Infection Control concerns.	31/10/2011
4	The trust should work on the repairs and maintenance of ward and public environments and to replace damaged fixtures and fittings	Domestic Services & Nursing & Estates	Within ward areas Ward Managers are responsible for ensuring that works identified through the audit process are highlighted to Estates. Within public areas Domestic Services are responsible for ensuring that works identified through the audit process are highlighted to Estates.	As there is a high volume of repairs required the Trust is urgently engaging with HEIG to seek to secure additional general capital or MES funding to address this issue.	Ongoing
5	The trust should develop detailed nursing cleaning schedules	Ward Manager	Ensure nursing cleaning schedule is in place and evidenced.	Complete. Cleaning schedules are in place and there are SOPs for a number of pieces of medial equipment.	31/10/2011
6	The trust should ensure posters and notices are of a cleanable finish and not secured with adhesive tape	Ward Manager	Check wards to ensure posters and notices are of a cleanable finish and not secured with adhesive tape.	Complete	31/10/2011
7	The trust should ensure clean linen is packaged to minimise the risk of contamination during transport	Nursing and linen services manager	All linen items despatched from the laundry should be shrink wrapped.	Complete	31/10/2011

Reference number	Recommendations	Designated department	Action required	Comments/Update	Date for completion/ timescale
8	The trust should ensure clean linen is stored in an appropriate environment	Nursing	All linen items despatched from the laundry should be shrink wrapped.	Complete	31/10/2011
9	The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place	Infection Control, Nursing, Estates & Domestic Services	Infection Control to confirm if independent sharps audits are conducted on the wards.	Complete. Checks in relation to waste and sharps management are included in Managerial Audits. In addition an annual audit is conducted by Daniels Co (who supply sharps boxes) on wards and after they audit they follow up with training as required. An Internal Audit on waste management has been undertaken at CAH and an action plan has been developed to address issues raised.	01/12/2011
10	The trust should ensure that household waste bins are located at hand wash sinks	Ward Manager	Remove clinical waste bins located at the hand wash sinks and replace with household waste bins.	Complete	30/09/2011
11	The trust should ensure that waste bins are kept clean and replaced as appropriate	Domestic Services & Ward Manager	Ensure Domestic staff keep the bins clean and report to the Ward Manager if replacement bins are needed.	Complete	30/09/2011
12	The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair	Domestic Services in conjunction with Nursing & Estates	Nursing and Infection Control to complete work on SOPs for medical equipment.	The DHSSPS Cleanliness Matters toolkit which contains the 49 elements is used for internal Departmental Audits. The responsibility for cleaning each of the 49 elements was agreed through the Trust's Environmental	01/12/2011

Reference number	Recommendations	Designated department	Action required	Comments/Update	Date for completion/ timescale
				Cleanliness Committee. Nursing and Infection Control are currently undertaking a more in-depth piece of work to identify the method of cleaning of patient equipment in clinical areas.	
13	The trust should ensure that all hygiene consumables are clean and in a good state of repair	Domestic Services	Hygiene consumables are interpreted as hand towel holders and soap dispensers. Check that all dispensers are clean and in a good state of repair.	All soap dispensers will be replaced when a new contract for soap dispensers is awarded which will allow for dispensers to be more easily cleaned. The contract is currently out to tender and expected to be awarded Nov 2011.	01/01/2012
14	The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations	Nursing & Domestic Services	Check all cupboards where chemicals are held to ensure they are lockable and fit cupboards where none are available.	Complete. All cupboards are lockable.	01/11/2011
15	Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants	Nursing & Domestic Services	Training on Actichlor will be provided.	Ward Managers to ensure that training on the use of Actichlor is provided to any staff who were unable to attend training sessions held in July and August 2011. Training on Actichlor will continue to be delivered as part of BICs training to all Domestic staff.	Ongoing
16	The trust should ensure that staff are aware of and comply with the trust policy on Colour coding of equipment	Domestic Services	Ensure Domestic Services comply with NPSA colour coding policy.	Complete. The Trust is now fully compliant with NPSA colour coding policy as applies to Domestic Services equipment, however the NPSA policy does	01/11/2011

Reference number	Recommendations	Designated department	Action required	Comments/Update	Date for completion/ timescale
				not include mops and mop handles as they are a neutral colour and mop heads are single use.	
17	The trust should ensure that cleaning equipment is clean and in a good state of repair	Domestic Services	Check to ensure that cleaning equipment is clean and in a good state of repair, and that the cleaning of equipment is included on work schedules.	Complete. All Domestic staff have been reminded to clean domestic equipment after use and this is included on their work schedule. Where Domestic equipment is showing signs of wear this will be replaced.	30/09/2011
18	The trust and individual staff have the collective responsibility to ensure that hand hygiene is carried out in line with WHO guidance and that PPE is used appropriately	Infection Control & Nursing	Ensure that the new Hand Hygiene posters are in place. Within Nursing the appropriate use of PPE needs to be reinforced.	Complete. The new Hand Hygiene posters are now on display in these wards. Infection Prevention & Control provide regular training sessions that staff are encouraged to access and avail of. Regular hand hygiene auditing at ward/department level should help maintain focus and compliance. In the near future IPC plan to audit clinical staff in the wearing and removal of PPE in the clinical setting.	30/09/2011
19	The trust should ensure the continued development and implementation of the care plans that reflect the infection prevention and control need of the patient	Nursing	Ensure care plans reflect the infection prevention and control needs of the patient.	Addressed with Ward Sisters at monthly meeting. Ward Sisters to address with Nursing staff in each of their areas. Ward Sisters to complete ad hoc checks of care plans. Formal audit to be completed in November.	Dec-11

Reference number	Recommendations	Designated department	Action required	Comments/Update	Date for completion/ timescale
20	The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy	Domestic Services & Ward Managers	Conduct audits to ensure compliance with Dress Code policy.	Dress Code audits are conducted within Domestic Services. Within Nursing any contraventions of the Dress Code Policy are raised immediately with staff at ward level. Audits are conducted for BBE and NE on all staff on a regular basis by the Infection Control team.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	The trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively.			
2.	The trust should ensure that all staff are aware of their roles and responsibilities in environmental cleaning.			
3.	The trust and staff should work to improve storage and maintain clutter free ward environments.			
4.	The trust should work on the repairs and maintenance of ward and public environments and to replace damaged fixtures and fittings.			
5.	The trust should develop detailed nursing cleaning schedules.			
6.	The trust should ensure posters and notices are of a cleanable finish and not secured with adhesive tape.			
7.	The trust should ensure clean linen is packaged to minimise the risk of contamination during transport .			
8.	The trust should ensure clean linen is stored in an appropriate environment.			
9.	The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place.			
10.	The trust should ensure that household waste bins are located at hand wash sinks.			
11.	The trust should ensure that waste bins are kept clean and replaced as appropriate.			

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
12.	The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.			
13.	The trust should ensure that all hygiene consumables are clean and in a good state of repair.			
14.	The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.			
15.	Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants.			
16.	The trust should ensure that staff are aware of and comply with the trust policy on Colour coding of cleaning equipment.			
17.	The trust should ensure that cleaning equipment is clean and in a good state of repair.			
18.	The trust and individual staff have the collective responsibility to ensure that hand hygiene is carried out in line with WHO guidance and that PPE is used appropriately.			
19.	The trust should ensure the continued development and implementation of the care plans that reflect the infection prevention and control need of the patient.			
20.	The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy.			

Area: Ward 1 South

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
Environment 2. General Environment 2.1.2 Reception		N/A			
2.1.3 Corridors, stairs and lifts	1	The walls were damaged with areas of chipped plaster and paint			
	2	The skirting was dirty and damaged in places			
	3	There were flies/insects in the light diffusers			
	4	The touch points of the light switches were dirty			
	5	The flooring was grubby and stained with splashes, glue and chewing gum			
	6	Tiles were missing on the flooring			
	7	The doors and frames were damaged and worn to the bare wood in places			
	8	Horizontal surfaces were dusty			
	9	The seating was dusty and the fabric was torn			
2.1.4 Public Toilets		N/A			
2.2.1 Ward/Department/Facility	10	The walls were damaged with areas of chipped plaster and paint			
	11	There were splash stains on the wall and skirting under the alcohol gel dispenser			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	12	There were areas of damaged plaster on the skirting			
	13	A light diffuser was missing from the ward corridor and a cable was hanging from the exposed light fitting			
	14	The flooring was torn and ripped in places therefore not impermeable to moisture			
	15	The doors and frames were damaged and worn to the bare wood in places			
	16	The vertical blinds were in poor repair with missing slats and links			
2.3 Patient Bed Area	17	The walls were damaged with areas of chipped plaster and paint			
	18	The skirting was dirty			
	19	There were flies/insects in the light diffusers			
	20	There was a build up of dust and debris in the corners and edges of the flooring			
	21	The vertical blinds were in poor repair with missing slats and links			
	22	The undercarriage of the beds were dusty			
2.4.1 Shower room, washrooms	23	The doors and frames were damaged and worn to the bare wood in places			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	24	The air vent was dirty			
	25	The shower head was broken and taped together with micropore tape			
	26	In the shower room of the female side, the wall at the shower was damaged and there were patches of mould			
	27	The skirting was damaged and there were patches of mould			
2.4.2 Toilets	28	There was an odour in the male toilet of the male side			
	29	In the toilets on both sides of the ward, the walls were damaged and in the male toilet there were splashes on the wall behind the toilet bowl and cistern			
	30	The skirting was dirty			
	31	The mirror in the male toilet was tarnished at the base			
	32	The corners and edges of the floors were dirty			
	33	The doors and frames were damaged and worn to the bare wood in places			
	34	Toilet brushes were dirty			
	35	Excess toilet rolls were noted			
	36	The taps in the male toilet were worn and tarnished			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
2.5.1 Preparation room/Clinical room or Work area	37	The walls were damaged with areas of chipped plaster and paint and there were splashes on the wall behind the drug fridge			
	38	The skirting was dirty and damaged in places			
	39	There were flies/insects in the light diffusers			
	40	There was build up of grime in the join of the flooring			
	41	The cupboards were dusty and the storage containers had a large build up of grime in the crevices. These were reported to staff who immediately cleaned the containers however the poor state of the containers would suggest they were not fit for purpose			
	42	The wooden supports under the work bench were not sealed and therefore not impervious to moisture			
	43	The air vent was dusty			
	44	Boxes of IV fluids were stored on the floor			
	45	The drug's fridge was chipped and dirty and there were paper notices sellotaped to the door. Temperature recordings were not maintained at weekends			
2.5.2 Clean Utility Room	46	The walls were stained and damaged with areas of chipped plaster and paint and there were holes in the wall above the sink			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	47	There were splashes on the skirting			
	48	There were flies/insects in the light diffusers and a light diffuser was missing			
	49	The doors and frames were damaged and worn to the bare wood in places			
	50	The air vent was dusty			
	51	Boxes of supplies were stored on the floor			
	52	The taps at the hand washing sink were dirty and had lime scale			
	53	The dressing trolleys were old and worn , had areas of tarnish and tape was attached to the frames			
2.5.3 Dirty Utility/Sluice Room	54	Catheter stands were stored on the floor			
	55	There was adhesive/tape residue on the door of the bedpan washer disinfectant			
	56	There was a loose tile in the ceiling			
2.5.4 Domestic Store/Sluice Room	57	A hand bag with personal items was hanging from a hook			
	58	The taps of the hand washing sink were dirty			
	59	There were 4 missing ceiling tiles			
	60	The burnisher pad was drying in the hand washing sink			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
2.5.5 Kitchen	61	There were flies/insects in the light diffuser			
	62	The soap dispenser at the hand washing sink was dirty			
	63	Temperature checks for the dishwasher were not being recorded			
2.5.6 Equipment Stores	64	The store was cluttered with equipment and supplies			
	65	The walls were stained and damaged with areas of chipped plaster and paint			
	66	A light diffuser was missing			
	67	The doors and frames were damaged and worn to the bare wood in places			
	68	The vertical blinds were in poor repair with missing slats and links			
	69	Boxes of gloves and Tena products were stored on the floor			
2.6 Isolation	70	Room 2 female side ward was spot checked as a room which can be used for isolation purposes. The walls were stained and damaged with areas of chipped plaster			
	71	The skirting was dusty and damaged			
	72	The ceiling light diffuser was cracked , there was no cover on the vanity light and the strip			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		behind the bulb in the vanity light was dirty			
	73	The doors and frames were damaged and worn to the bare wood in places			
	74	The air vent was dusty			
	75	The room has a tiled floor. There were gaps between the floor tiles which had a build up of grime. Some tiles were damaged and not all tiles met the skirting at the wall. This has resulted in a build up of dust and dirt in the crevices			
	76	The window pane on the door had an opaque covering which was peeling off and leaving a sticky residue on the pane			
	77	The vertical blinds were in poor repair with missing slats and links			
	78	The armchair was worn to the bare wood in places and the upholstery was starting to tear			
	79	The TV set was propped up on the wall stand with folded up newspaper			
	80	The hand washing sink supports were rusted and there were holes in the wall below the sink near the pipes			
	81	The taps were old and worn and the metal plating was wearing off			
2.7 Information	82	Nursing cleaning schedules were not up to date and did not detail all equipment in the			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		ward			
	83	A NPSA colour coding poster was not displayed for nursing staff			
	84	A linen segregation poster was not displayed for staff to reference			
	85	Many posters were not laminated, some were taped to walls, cupboards and doors			
3. Patient Linen	86	The linen store in the female side was cluttered with dressing trolleys, bags of patient clothing on the floor, boxes of supplies and a hoist			
3.1 Storage of clean linen					
	87	There were 11 missing ceiling tiles			
	88	Clean linen is transported to the ward in open cages. The pillow cases and towels are not protected from contamination by a plastic covering			
3.2 Storage of used linen	89	Some linen skip frames were chipped			
3.3 Laundry Facilities on Ward (If available)		N/A			
4. Waste and Sharps	90	Paper waste was noted in the clinical waste bin in a bed area			
4.1 Effectiveness of arrangements for storage and					

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
disposal of waste on ward/dept.					
4.2 Availability of sharps containers	91	The sharps bins in the preparation room all had open temporary closures when not in use			
	92	The integral sharps trays in the preparation room were grubby and had tape residue			
5. Patient Equipment 5.1 Cleanliness and state of repair of general patient equipment on ward/dept	93	One laryngoscope blade was exposed in the emergency trolley			
	94	The base of some IV stands were dusty			
	95	Some IV pumps were dusty			
	96	The frame of the drugs trolleys was chipped			
	97	Patient wash bowls, although clean and dry were not stored inverted			
	98	Two members of staff did not know the symbol for single use			
	99	Some linen trolleys were chipped at the base, one was rusted			
	100	Dressing trolleys were old and worn, some had tape on the frames			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	101	The paint work of the emergency trolley was chipped and the handle of the bottom drawer was broken			
	102	A blood pressure monitoring equipment stand was dusty			
	103	A single use BP cuff was attached to the BP monitoring equipment in a patient bay			
	104	The base of the O2 cylinder stands was rusted			
6. Hygiene Factors 6.1 Availability and cleanliness of hand wash sinks and consumables on ward/dept	105	The hand washing sink in the clean store was difficult to access due to the boxes of supplies on the floor			
	106	There was limescale on the taps in the male toilet			
	107	The taps in the clean utility were dirty and had limescale			
	108	The sink in the preparation room had an overflow			
	109	The liquid soap dispensers in the clean utility, male toilet and dirty utility were dirty			
6.2 Availability, visibility and cleanliness of		No Issues			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
alcohol hand rub containers on ward/dept					
6.3 Availability of PPE on ward/dept	110	There was no face protection on the emergency trolley			
6.4 Availability, storage and use of materials and equipment for general cleaning of ward	111	The Actichlor container was on the sink in the domestic store and the door was unlocked			
	112	Spillage kits were not available for staff use			
	113	A yellow bucket was not stored inverted			
	114	The floor burnisher was dirty and the casing was cracked			
	115	Disposable yellow and blue cloths were soaking in a red bucket in one domestic trolley and blue and red cloths were soaking in a red bucket in another domestic trolley			
7. Hygiene Practices (Observed) 7.1 Effective hand hygiene procedures undertaken by staff.	116	Two members of staff were observed using Hydrex for social hand washing			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
7.2 Safe handling and disposal of sharps by staff.	117	A registered nurse was observed carrying in her hand a used butterfly from the patient's bedside to the sharps bin in the preparation room			
7.3 Effective use of PPE by staff.	118	Two members of staff were observed changing linen and not wearing an apron			
7.4 Correct use of isolation using single room facilities/implementation of infection control procedures by staff	119	In the care plan of a patient with a known infection, clear instructions on isolation precautions were not recorded in detail			
7.5 Effective cleaning of ward/dept	120	Nursing staff use Milton solution to clean an area following blood spillage rather than the recommended Actichlor Plus solution			
	121	Some staff questioned were unsure of dilution rates for the disinfectants in use			
	122	Hard copies of COSHH data sheets for nursing staff are not held at ward level. They can be accessed on the intranet			
	123	NPSA colour coding was not known by nursing staff and a NPSA colour coding poster was not displayed for nursing staff			
7.6 Staff uniform and work wear.	124	A doctor was observed wearing long hair not tied back and off the collar			
	125	Changing facilities are not available for medical staff			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
Additional Issues	126	The inspectors observed the phlebotomist was using a single use foil tray to carry sharps and not a sharps tray. When questioned, they confirmed that they did not use sharps trays, used a foil tray which was cleaned at times (the underneath of the tray not the interior aspect where sharps and equipment would be stored) by green "Clinell" wipes. On further questioning it was confirmed that the foil tray was not disposed of between patients or cleaned between each patient. The phlebotomist said they would not have time to clean the tray between each patient but confirmed that the trolley was cleaned with alcohol wipes at the end of a session. Staff in the ward confirmed that the phlebotomists are not ward based but work in different wards throughout the hospital			
	127	The resuscitation trolley was unlocked and easily accessible			
	128	Hand washing posters on display were 6 step technique rather than the recognised WHO 7 step technique although staff performed the 7 step technique			
Areas of good practice		The ward is participating in the Releasing Time to Care which staff report has benefited the patients and the ward			
		The ward maintains a Communications book which staff can document concerns, queries etc			
		Audit scores are promoted on the white board			

Location	Ref Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		The inspectors observed good use of alcohol gel by visitors and other hospital staff entering and leaving the ward			
		The ward manager and sisters carry out additional spot checks of commodes aswell as regular audits. Any resulting cleaning issues are discussed with staff and highlighted on laminated posters in the dirty utility			

Area: Ward 3 South

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
<u>Environment</u> 2. General Environment 2.1.1/2.1.2 Reception		No issues			
2.1.3 Corridors, stairs and lifts	1.	On the ground floor the area around the lifts is old and worn, tiles were grubby with sticky patches. On the third floor the walls in the corridor from the lift to the ward entrance were old and worn, the plaster was damaged behind the seating area			
	2.	A strip light was not working and the light tube was missing from the area above the seats			
	3.	The vinyl flooring in the lift was old and worn, with a build up of dirt around the edges and			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		patch's of gum and black sticky marks. The flooring in the corridor leading to the ward was grubby in appearance, tiles were damaged and therefore not impervious to moisture			
	4.	The door leading to the ward was covered in large posters, small posters had been placed on top but had been removed leaving sticky patches, the doors were also damaged			
	5.	The chairs located opposite the lift were old and worn			
<p>2.1.4 Public Toilets Two public toilets were inspected; the single toilet in the corridor leading to the lift area, and the double toilet, in the corridor beside the reception desk</p> <p>Disabled toilet</p>	6.	The paintwork on the pipes below the sink was damaged and flaking			
	7.	Flakes of paint were observed on the black floor coving			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	8.	The light pull cord was dirty and the orange emergency pull cord had cobweb present The light pull cords was tied up and the emergency pull cord was shortened			
	9.	Cobwebs were observed on the external window frames			
	10.	Cobwebs were observed on the high surfaces			
	11.	The air vent was dusty			
	12.	Dead flies were observed in the base of the toilet brush holder			
	13.	Excess toilet rolls were stored on the window sill			
Single Toilet	14.	A urine catheter bag stand had been left in the single toilet			
2.2.1 Ward/ Department/ Facility	15.	Splashes, stains and some damage was noted to the walls			
	16.	The vinyl flooring was damaged in places and therefore not impervious to moisture. Dust was noted on the corners and edges of the floor			
	17.	Damage was noted to doors and frames			
2.3 Patient Bed Area	18.	Skirting was dusty and stained			
	19.	Doors and frames were damaged and worn to the bare wood in places			
	20.	Some bedside lockers were worn and damaged			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	21.	Pillow protectors/covers were ripped			
2.4.1 Bathroom, washrooms	22.	The light switch pull cords were dirty			
	23.	Doors and frames were damaged and worn to the bare wood in places			
2.4.2 Toilets	24.	The plaster and paint work was damaged			
	25.	Part of the floor coving was missing			
	26.	The laminate finish on the cubicle door was damaged, the door handle was missing and hand hygiene notices, while they were available on the inside of the door they were also not available at the sinks			
	27.	The vinyl flooring around the base of a toilet was missing, the floor is therefore not impervious to moisture			
	28.	There were cobwebs around the frame of the window			
	29.	The inside of the toilet bowl was discoloured			
	30.	The chrome plug hole on the hand wash sink were worn			
	31.	The chrome on the taps were worn and limescale was noted			
2.5.1 Treatment room/Clinical room or Work	32.	The walls behind the sink were splashed and stained			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
area					
	33.	There was debris in the light fittings			
	34.	The touch points on the door were dirty and doors and frames were damaged and worn to the bare wood in places			
	35.	The mail box storage units were dusty			
	36.	A wet floor sign was inappropriately stored in this room			
	37.	The window sill and top of the drugs fridge were cluttered with supplies			
	38.	The inside of the drug fridge was stained and the outside door was grubby with hand marks. The temperature of fridge was last taken on the 21 June 2011			
	39.	The work surface was cluttered with boxes of supplies			
2.5.2 Clean Utility Room	40.	The room was cluttered and untidy			
	41.	There was dust in the corners of the floor			
	42.	The light switch was dirty			
	43.	Doors and frames were damaged and worn to the bare wood in places			
	44.	The shelves were dusty			
	45.	There was no signage on the door to indicate oxygen cylinders were being stored in this			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		room. The cylinders were dusty, dirty and the oxygen trolleys were rusted			
	46.	Boxes of supplies were stored on both the window sill and floor			
2.5.3 Dirty Utility/Sluice Room Day Surgery Ward (DSW)	47.	There were blood splatters on the wall around the bin			
	48.	There were blood splatters and stains on the door			
	49.	The window frames were dusty			
	50.	The window sill was being used to store packets of cloths, two integral sharps tray with sharps boxes insitu, a clean mop and bed pans			
	51.	A green mop bucket, used for catering, was noted in this room			
	52.	The inside door of the bedpan washer was dirty and had rust water marks			
2.5.4 Domestic Store/ Sluice Room	53.	The domestic store was cluttered, boxes of catering supplies were stored on the floor			
	54.	The skirting and corners of the floor were dirty			
	55.	The light switch was dirty			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	56.	The inside of the door was dirty and had finger marks			
	57.	The cap of one of the taps was missing and there was limescale present			
	58.	Tiles had been removed from the ceiling and were placed on the floor			
	59.	The sluice sink was dirty			
2.5.5 Kitchen	60.	The plaster and paint work on the wall behind the dishwasher was damaged			
	61.	The floor coving was not secured to the wall			
	62.	Doors and frames were damaged and worn to the bare wood in places			
	63.	There was brown staining around the plug hole of the hand wash sink			
	64.	There was lime scale on the taps			
	65.	The door seal and the inside of the fridge were dirty and splashed			
2.5.6 Equipment Stores		N/A			
2.6 Isolation (Side room on DWS marked as isolation room)	66.	There was a small amount of wall damage around the bin area			
	67.	The skirting was dusty			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	68.	The light switch was dirty			
	69.	There was a residue of sticky tape on the mirror			
	70.	Doors and frames were damaged and worn to the bare wood in places			
	71.	There was a residue of tape on the patients locker			
	72.	The protective cover on the pillow was ripped, this was replaced immediately when highlighted			
	73.	The toilet brush in the shared toilet was stained			
	74.	Excess toilet rolls were noted in the toilet			
	75.	The chrome on the fittings of the hand wash sink were worn			
2.7 Information	76.	Hand hygiene poster were not displayed at hand wash			
	77.	Cleaning schedules are available for nursing staff but require more detail on the equipment present at ward level and the roles and responsibilities of staff			
	78.	Information leaflets on <i>C-difficile</i> were not available in leaflet racks			
	79.	NPSA posters on the cleaning colour coding			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		system was not available for nursing staff to reference			
	80.	Throughout the ward posters and notices were not laminated and had been attached to surfaces with adhesive tape			
3. Patient Linen 3.1 Storage of clean linen	81.	The linen in the smaller DWS side of the ward was untidy and linen was not held in a clearly defined area			
	82.	Clean linen is transported to the ward in open cages. The pillow cases and towels were not protected from contamination by a plastic cover			
	83.	In the large linen store there was a residue of tape on the walls			
	84.	A large section of vinyl flooring was missing in the larger linen store and therefore the floor was not impervious to moisture			
	85.	Doors and frames were damaged and worn to the bare wood in places			
3.2 Storage of used linen	86.	The framework of the used linen skips were chipped			
	87.	A member of staff when questioned was not aware of the correct PPE to use when changing used linen. Staff were unsure of the level of PPE required when changing used bed linen			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
3.3 Laundry Facilities on Ward (If available)		N/A			
4. Waste and Sharps 4.1 Effectiveness of arrangements for storage and disposal of waste on ward/dept.	88.	The clinical waste bin in the sluice(DSW) contained inappropriate waste such as cardboard, paper cups plastic bags			
	89.	Household waste bins were not positioned at hand wash sinks for the disposal of household waste in the bed bays			
	90.	The black lidded burn box in (DSW) contained inappropriate waste such as empty blister packs			
	91.	The base of the household waste bin in the sluice (DSW) was dirty			
	92.	The small household waste bin in the treatment room was over flowing and contained a bottle of Lidocaine spray with applicator attached			
	93.	The base of the clinical waste bin in the sluice (DSW) was dirty			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	94.	In the disposal room the inspectors observed a split and open clinical waste bag the contents of which has spilt out into the clinical euro bin			
	95.	A used suction canister was placed directly into the euro clinical waste bin, the ward manager confirmed that this practice was incorrect as it should have been placed in a clinical waste bag with a traceable tag			
4.2 Availability of sharps containers	96.	There were protruding sharps from the sharps box on the drugs trolley at the reception			
	97.	The temporary closures on all the sharps boxes in the ward were open			
	98.	A sharps tray in the clinical room had a residue of tape			
	99.	Disposable gloves and a plastic wrapper were inappropriately disposed of into the sharps box on the resuscitation trolley			
5. Patient Equipment 5.1 Cleanliness and state of repair of general patient equipment on ward/dept	100.	One laryngoscope blade was exposed in the emergency trolley			
	101.	Some staff when questioned were not aware			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		of the symbol for single use			
	102.	Bedpans were store on the window sill of the sluice room and on the top of a cupboard in the linen store, the bedpans were dusty			
	103.	Urinals were stored on top of the bed pan washer and were not inverted			
	104.	The underside of a commode was blood stained, the framework on a second was rusted in places			
	105.	The framework of both drugs trolleys was dirty stained and has notices taped to the surfaces. There was a residue of tape where notices had been removed			
	106.	Dressing trolleys had a residue of tape, a dressing trolley in the sluice (SSW) had been lined with an incontinence pad and had an exposed toilet roll on the lower shelf			
	107.	The resuscitation trolley was dusty, the bottom drawer was open and the locking mechanism was damaged			
	108.	The casing of the blood glucose machine was stained			
	109.	IV stands in the "equipment store" were stained			
6. Hygiene Factors	110.	The underside of the soap dispensers were dirty			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
6.1 Availability and cleanliness of hand wash sinks and consumables on ward/dept					
	111.	The underside of the towel dispensers were dirty			
6.2 Availability, visibility and cleanliness of alcohol hand rub containers on ward/dept		No issues			
6.3 Availability of PPE on ward/dept		No issues			
6.4 Availability, storage and use of materials and equipment for general cleaning of ward	112.	In both sluice areas boxes of Actichlor Plus and bottles of Milton disinfectant, were stored on open shelves			
	113.	The inspectors noted throughout the ward the lids on containers of disinfectant and detergent wipes were open. There were no cleaning or disinfectant products available on the near patient equipment trolleys			
	114.	A bottle of clear liquid was stored in the domestic cupboard, the bottle did not have an			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		identification label			
	115.	The long handled dust pan had a yellow clinical waste bag attached, staff stated they were awaiting a new supply of small black bags			
	116.	The lower shelves of the domestic trolley were dusty			
	117.	Old redundant mops shafts and fitting were observed in the domestic store			
7. Hygiene Practices (Observed)	118.	A member of nursing staff and a doctor did not adhere to the 7 step hand washing technique when washing their hands. A member of staff was observed using Hydrex for social hand washing			
7.1 Effective hand hygiene procedures undertaken by staff					
7.2 Safe handling and disposal of sharps by staff.		No issues			
7.3 Effective use of PPE by staff.		No issues			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
7.4 Correct use of isolation using single room facilities/implementation of infection control procedures by staff		No issues			
7.5 Effective cleaning of ward/dept	119.	Nursing staff use Milton solution to clean blood spillages rather than the trust's recommended Actichlor Plus solution			
	120.	COSHH data sheets were not available for the domestic staff			
	121.	Not all nursing staff were familiar with the NPSA colour coded systems for cleaning and a colour coded system advice poster was not displayed for nursing staff to reference			
7.6 Staff uniform and work wear.	122.	No changing facilities were available for medical staff			
Additional issues	123.	The resuscitation trolley was unlocked and easily accessible			
	124.	There was no defined equipment store, at present the room used to store IV stands and other smaller pieces of patient equipment is also used as a staff rest room			
	125.	The store used as the main linen storage area was once a bathroom, the bath has been removed and the ward manager hopes to have the room converted into a shower facility.			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		There is a hand wash sink in the room and there does not seem to be a schedule for running the water in line with the trust's legionella policy. The sink over flow was very dirty			
	126.	In the treatment room at the entrance to the ward the inspectors noted that the instrument table had blood stains and that suction tubing on the wall mounted canister was touching the household waste bin. Two tablets were noted in the bottom of a sharps box			
Areas of good practice		The ward is due to commence the releasing time to care scheme which the ward manager hopes with help to redefine store and improve the cluttered appearance of some areas.			
		Audit score are displayed in an easy to read format on a white board, which is good practice. However abbreviations such MEWS and MUST may require explanation so that the public will understand the information provided.			
		Staff use of alcohol hand rub was frequent and appropriate			

Area: Ward 4 South

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
Environment 2. General Environment 2.1.2 Reception		N/A			
	1	There were stains on the wall opposite the lift			
	2	Damage to the walls from hand wash pumps and beds was noted			
	3	The skirting was stained and marked			
	4	The fittings of 2 lights were not in place			
	5	There was dust in the corners of the flooring and tears in the flooring were observed			
	6	The touch points of the doors were dirty			
	7	The external windows were dirty			
	8	A chair was dusty and stained and the left arm was damaged			
	9	Tiles at the entrance to Ward 4 South were loose			
2.1.4 Public Toilets		N/A			
2.2.1 Ward/Department/Facility	10	The walls at the entrance to the ward were damaged and badly stained at the hand rub dispensers			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	11	Skirting was stained and the corners and edges were damaged			
	12	The wooden surround of the notice board was damaged around the edges(chipped) at the main entrance to the ward			
	13	Flooring was badly damaged and there were missing tiles			
	14	Doors and frames were damaged			
	15	The wooden edge of the desk tops was damaged and the desk tops were cluttered with boxes of pens, stethoscopes and tourniquets			
	16	A stool in Bay 3 had torn upholstery			
	17	The ceiling was damaged in places			
2.3 Patient Bed Area	18	The bed area in the double side ward in the male side was cluttered			
	19	The walls were stained and damaged with areas of chipped paint and adhesive tape			
	20	Skirting was stained			
	21	Debris and dust were in the light fittings			
	22	Finger marks and scum were noted at touch points on the light switches			
	23	Splashes of paint were noted on the mirror			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	24	The corners of the floor were dusty			
	25	Doors and frames were dirty at the touch points and the doors had areas of exposed wood			
	26	The internal window frames were dirty			
	27	Tables were stained			
	28	In the 4 bedded bay on the male side chairs were damaged			
	29	Dust was observed on horizontal surfaces			
	30	The undercarriage of the beds was dusty			
	31	On a bed nearest the window a pillow cover was stained. This would suggest that pillow covers are not changed according to policy			
	32	Finger marks were noted on patient call bells			
	33	The tops of some bedside lockers were very cluttered			
2.4.1 Bathroom, washrooms	34	Mould was noted at the skirting in the female shower room of the female side			
	35	The mirror was damaged			
	36	There was a build up of residue and dirt in the edges of the flooring			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	37	Horizontal surfaces were dusty and toilet rolls and wipes were stored on the radiator and shelf			
	38	Mould was noted on the corner wall of the shower			
	39	The underneath of the toilet seat was stained			
	40	There was rust around the single roll toilet roll holder			
	41	The hand rails were stained			
	42	The underside and wheels of the shower chair were stained			
	43	The hand wash sink was stained			
	44	The taps were stained			
2.4.2 Toilets	45	In the female toilet on the right side of the ward, the walls were dusty and had blood stains			
	46	The light cover was missing			
	47	The inside of the radiator cover was full of dust			
	48	There was a build up of residue and dirt in the edges of the flooring			
	49	The internal window frames were dusty			
	50	Horizontal surfaces were dusty			
	51	Inspectors noted that as the toilet roll holder are designed for single rolls, there			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		were 4 packets of excess toilet rolls present. Inspectors are aware that the trust has planned to change the present toilet roll holders to jumbo roll holders			
2.5.1 Treatment room/ Clinical room or Work area	52	The treatment room was cluttered			
	53	The walls were stained and damaged			
	54	Skirting was stained			
	55	The flooring was marked in places and debris was present			
	56	The touch points of the light switches were dirty			
	57	Doors and frames were damaged and the wood was exposed			
	58	The window sill had blood splatters and was cluttered with equipment			
	59	The cupboard doors were cluttered with numerous posters and the open shelving was dusty			
	60	The work surface was dusty and cluttered			
	61	Equipment, supplies and stores were stored untidily, some were on the floor. This would suggest there was insufficient storage facilities or overstocking of supplies			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	62	The hand wash sink was dirty and there was lime scale on the taps			
	63	The door of the drug's fridge was unlocked, damaged and cluttered with notices			
2.5.2 Clean Utility Room/ Preparation area beside nurses' station	64	The wall around the sink was very stained and damaged			
	65	Skirting was stained			
	66	Debris was noted on the floor			
	67	Horizontal surfaces were stained and damaged around the sink			
	68	The castors of the procedure trolleys were dirty and damaged			
	69	The chairs were not impervious to moisture			
2.5.3 Dirty Utility/Sluice Room	70	The edges and corners of the skirting were dirty			
	71	The flooring was dirty at the bedpan washer and waste bin			
	72	The door was damaged with wood exposed			
	73	The deep equipment sink was stained			
	74	The sluice hopper was stained and rusted			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
2.5.4 Domestic Store/Sluice Room	75	The store was cluttered with mops and boxes on the floor			
	76	There were stains and splashes on the walls			
	77	The skirting was stained and dusty			
	78	Finger marks were noted on the light switch touch points			
	79	The corners and edges of the floor were dirty			
	80	There were finger marks on the door touch points and wood was exposed around the lock			
	81	The window sill ledge was dusty			
	82	Horizontal surfaces were dusty			
	83	The interior of the cupboards was stained and cluttered			
	84	Equipment was stored untidily, on the floor and on the window sill			
	85	The hand washing sink was stained			
	86	Actichlor plus tablets were decanted from the original box into a plastic cup and stored in an unlocked cupboard			
2.5.5 Kitchen	87	The walls had areas of chipped paintwork			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	88	The skirting was stained, had splashes and was dusty			
	89	Dust was noted in the light diffuser			
	90	The light switch was damaged and there were finger marks on the touch points			
	91	Horizontal surfaces were dusty, had ring marks and the window sill was used for storing items			
	92	The external windows were dirty and there were cobwebs on the inside			
	93	There were cobwebs on the internal window			
	94	The flooring was stained around the fridge			
	95	There stains and fingermarks at the door lock			
	96	Some food products were not stored appropriately. Porridge and cereals were not stored in sealed containers and the use by date was March 2011			
	97	The hand wash sink was stained			
	98	The taps were stained and had lime scale			
	99	The equipment sink was dirty and damaged			
	100	The kitchen fittings were old, worn, stained			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		and splashes were noted			
	101	Kitchen appliances were stained and grubby			
	102	There were finger marks and smudges on the fridge and food was labeled but not dated			
	103	The dishwasher was stained at the front aspect and there was no process to check temperature recordings			
	104	The microwave was stained and there was debris in the interior			
2.5.6 Equipment Stores	105	The storage areas were very cluttered			
	106	Minor damage was noted to the walls			
	107	The skirting was dusty and debris was present			
	108	Minor damage was noted to the door			
	109	The window sill was dusty			
	110	The shelves had evidence of sticky tape and the surface with the computer was cluttered			
	111	There was dust in the high density storage			
	112	There was insufficient storage in the shared store/work area for equipment and stock. Some products were stored on the floor			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
2.6 Isolation	113	A side room was spot checked as an isolation room. A designated bathroom/washroom facility is not available for the isolation rooms			
	114	In the room spot checked which had just been terminally cleaned, there were splashes on the wall and paint work was chipped and scored			
	115	Skirting was stained			
	116	There were stains and stickers on the light switch			
	117	There were finger marks on the door and the door was damaged			
	118	The external window was dirty			
	119	The blind was broken			
	120	There were crumbs and debris in the patient bedside locker			
	121	The bed rails were marked and chipped			
	122	The hand wash sink was old and worn			
	123	There was residue on the top of the soap dispenser			
	124	The taps were old and worn			
2.7 Information	125	Cleaning schedules while available for nursing staff did not detail all equipment at			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		ward level or staff responsibility for cleaning equipment			
	126	Not all posters were easily cleanable/ laminated, some posters were secured with tape to walls			
	127	A registered nurse did not know who the name of the ward designated IPC nurse			
3. Patient Linen	128	Some items of clean linen were stored on the floor			
3.1 Storage of clean linen					
	129	The door and frames were damaged			
	130	Some linen was not stored in sealed bags			
3.2 Storage of used linen	131	A linen trolley stored in a store room was damaged and cluttered with stock			
3.3 Laundry Facilities on Ward (If available)					
4. Waste and Sharps	132	Household waste bins were not positioned at hand washing sinks for the disposal of household waste			
4.1 Effectiveness of arrangements for storage and disposal of waste on ward/dept.					

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	133	There was inappropriate disposal of waste into 2 of the 3 black lidded burn bins			
	134	A yellow lidded burn bin was not available for the disposal of fluids			
	135	The household waste bin in the dirty utility and male shower was dirty and had evidence of rust			
	136	The clinical waste bin in the dirty utility, treatment room and female shower was stained and had evidence of rust			
	137	A clinical waste bag was tied to the phlebotomist trolley			
4.2 Availability of sharps containers	138	Sharps container lids were open when not in use			
	139	The large sharps containers on both trolleys were not secure			
	140	All integral sharps trays checked were grubby and required cleaning			
5. Patient Equipment 5.1 Cleanliness and state of repair of general patient equipment on	141	Forceps and laryngoscopes were stored out of their packaging in the emergency trolley			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
ward/dept					
	142	A commode was not decontaminated between patients			
	143	Bedpans were not stored inverted in the rack			
	144	Trigger tape was not in use to identify cleaned equipment			
	145	The castors of the IV stands were dusty			
	146	The ECG machine was dusty			
	147	One O2 saturation probe spot checked was dirty in the inside			
	148	The drugs trolleys were dusty and adhesive tape was evident			
	149	The notes trolleys were stained and adhesive tape was present			
	150	The castors of the procedure trolleys had a build up of grime and were rusted			
	151	The emergency trolley was cluttered, dusty and had tape present			
	152	Items on the emergency trolley were dusty and cluttered			
	153	Cardiac monitoring equipment was dusty			
	154	There were no disposable BP cuffs and BP			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		cuffs were grubby			
	155	The base of the blood glucose monitoring machine was dusty			
	156	Paintwork on the hoists was chipped			
	157	Wheelchairs were soiled and the paint work was chipped			
	158	Catheter stands were stored on the floor			
6. Hygiene Factors	159	Liquid soap dispensers were dirty			
6.1 Availability and cleanliness of hand wash sinks and consumables on ward/dept					
	160	Paper towel dispensers were dirty			
	161	Hand moisturizer was not available			
6.2 Availability, visibility and cleanliness of alcohol hand rub containers on ward/dept	162	Alcohol hand rub dispensers were dirty			
	163	Some dispensers were broken			
6.3 Availability of	164	There was no face protection on the			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
PPE on ward/dept		emergency trolley			
6.4 Availability, storage and use of materials and equipment for general cleaning of ward	165	Cleaning disinfectant products were not stored in accordance with COSHH			
	166	A registered nurse did not know the correct dilution for Actichlor plus			
	167	2 tubs of Actichlor plus in use were dated 15/06/11 and 20/06/11			
	168	Milton was used for blood spillages			
	169	Mop handles were grubby			
	170	In the dirty utility room the mop was not stored upright			
	171	A green mop bucket in the dirty utility room was not stored upright and was dirty			
	172	A dust pan was dirty and had a black bag attached			
7. Hygiene Practices (Observed) 7.1 Effective hand hygiene procedures undertaken by staff.	173	Some staff were using antibacterial solutions for social hand washing			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
7.2 Safe handling and disposal of sharps by staff.		No issues			
7.3 Effective use of PPE by staff.	174	A registered nurse and auxiliary did not wear aprons when cleaning bedpans and commodes			
7.4 Correct use of isolation using single room facilities/implementation of infection control procedures by staff	175	A careplan was not maintained for patients with alert conditions			
	176	An assessment of ongoing needs was not made daily and decisions were not documented			
	177	No yellow mops or buckets were observed			
7.5 Effective cleaning of ward/dept	178	A nurse used alcohol wipes for cleaning commodes			
	179	A registered nurse was unable to describe which solution to use for routine cleaning			
	180	A registered nurse was unable to describe which solution to use for blood and body spillages			
	181	COSHH data sheets were unavailable in hard copy for domestic staff and nursing staff did not have COSHH data on			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		Actichlor plus. Inspectors were advised that COSHH data is available to all staff on the trust intranet			
7.6 Staff uniform and work wear.	182	There are no changing facilities available for medical staff			

Area: Medical Assessment Unit

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
Environment 2. General Environment		N/A			
2.1.1/2.1.2 Reception					
2.1.3 Corridors, stairs and lifts (outside MAU)	1	There were chips and holes in the walls			
	2	The shirting had ground in stains			
	3	The casing of two of the ceiling lights was missing			
	4	The floor had ground in stains and the hand hygiene floor poster was worn and dirty			
	5	There were splits noted in the floor vinyl, making it impervious to moisture			
	6	The lift doors were dusty			
	7	The ceiling tiles were stained in appearance			
2.1.4 Public Toilets		N/A			
2.2.1 Ward/ Department/ Facility	8	There was a stale odour in some ward areas			
	9	There were splash marks on the wall below sink in the main nursing station and the walls			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		were damaged throughout the ward			
	10	There was dust/debris noted in floor corners and edges			
	11	The desktops at the main nurses station was cluttered and untidy			
	12	There was paper labels and adhesive tape observed at the computer screens and telephones in the main nurses station			
	13	Ceiling damage was noted			
	14	The frame of the leaflet rack was rusty			
2.3 Patient Bed Area	15	The wall paint was chipped			
	16	The formica on the table in Bay G was damaged, making it impervious to moisture			
	17	There were worn paper hand hygiene labels on the lockers, impeding the cleaning process			
	18	The wooden frames of some chairs were exposed and the seating on some stools was worn/torn; therefore impervious to moisture			
	19	High surfaces were dusty			
	20	In Bay G one of the pillows spot checked was stained			
	21	The television was dusty			
2.4.1 Shower,	22	The shower room was cluttered in			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
washroom (front ward)		appearance, hoists and a linen skip were stored in this area			
	23	The floor edges and corners were dusty			
	24	The door, at the vent, was dusty and there was damaged noted			
	25	The external windows were dusty/stained			
	26	High surfaces were dusty and the panel under the windows was chipped			
	27	The air vent was dusty			
	28	The shower grill was dirty with hairs present			
	29	The shower curtain was not secured to the rail at one side			
	30	Inspectors noted that as the toilet roll holder are designed for single rolls, there were excess toilet rolls present. Inspectors are aware that the trust has planned to change the present toilet roll holders to jumbo roll holders			
	31	The disabled toilet hand rails had faecal stains present			
	32	The underside of the shower chair was stained and rusted. The wheels were dirty and stained			
	33	The sink taps were dirty and there was limescale present			
	34	Grooved handrails required cleaning			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
2.4.2 Toilets (back ward)	35	Minor wall damaged was noted around hand rails			
	36	The floor corners and edges were dusty			
	37	The bottom of the mirror was tarnished			
	38	External windows were dirty			
	39	High surfaces were dusty			
	40	The air vent was dusty			
	41	Attention to detail is required to clean the chrome toilet fittings			
	42	Excess toilet roll was observed			
	43	There was limescale on the taps			
	44	Attention to detail is required when cleaning the grooves in the backsplash panel as debris was observed			
2.5.1 Treatment room/ Clinical room (Prep Room)	45	The wall paint was chipped			
	46	The floor corners and edges were dusty			
	47	The door was damaged and the wood exposed			
	48	The inside and outside of the cupboards and			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		high density storage was dusty, there were label marks present and cellotape was used to attached some poster to cupboard doors			
	49	There was a fabric chair present; this cannot be effectively cleaned			
	50	High surfaces were dusty			
	51	Boxes of equipment were stored on the floor			
	52	There was no dedicated hand washing sink within this area			
	53	Dust was observed behind storage units on the clinical work surfaces			
	54	The bottom shelf of the drugs fridge was dusty			
	55	Temperature checks were not consistently recorded			
	56	The record sheet used to record temperature ranges does not allow for the recording of action taken in the event of a variation outside the recommended temperature ranges			
	57	Holes were observed in one of the ceiling tiles			
2.5.2 Clean Utility Room		N/A			
2.5.3 Dirty Utility/Sluice Room	58	The room was cluttered in appearance. It is used to store dry goods and patient washing trolleys containing pads, gloves and cleansing products			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	59	The floor edges and corners were dusty, some areas were inaccessible due to stores on the floor. Inspectors observed a build up of residue around the base of the washer disinfecter			
	60	The door paint was chipped			
	61	There were stains on the external window			
	62	High surfaces were dusty			
	63	The inside of the cupboards was dusty			
	64	Storage is at present insufficient within this areas as products were stored on the floor. Inspectors were advised by ward staff the all dry stores were to be removed from this area and the storage facilities reviewed			
	65	The taps had limescale present			
	66	The bedpan drip tray required cleaning			
	67	There were stains and build up of dirt observed on the internal/external surfaces of the washer disinfecter			
	68	A ceiling tile was missing			
2.5.4 Domestic Store/ Sluice Room	69	The wall had chipped paint			
	70	The floor edges and corners were dusty			
	71	There was paint chips on the door			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	72	Inspectors observed ground in stains on the cupboard shelving and the shelving formica was split making it impervious to moisture			
	73	Personal clothing and a bag was hung on the back of the door			
	74	The hand washing sink was dirty and the taps had limescale present			
	75	The domestic sluice was dirty, debris was noted at the plughole			
2.5.5 Kitchen	76	There was chipped paint on the walls			
	77	The floor corners and edges were dusty			
	78	The work surface behind the microwave was dusty			
	79	Inspectors noted chipped paint on the door			
	80	The overflow on the hand washing sink was dirty and the taps were stained and had limescale present			
	81	Inspectors noted that the outside of some of the cupboards had drip marks present and internal cupboard shelves and drawers required cleaning			
	82	The internal and external surfaces of the dishwasher door required cleaning and temperature checks were not carried out			
	83	Inspectors noted that an old cardboard box			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		was used to store jugs and that the box of temperature probe wipes had dried out and were therefore ineffective			
2.5.6 Equipment Stores	84	The equipment store was cluttered and used to store patient equipment, paper products and a photocopier.			
	85	The walls had chipped paint			
	86	The floor edges and corners were dusty			
	87	High surfaces were dusty and shelves were cluttered			
	88	Personal clothing and bags were hung on the wall			
	89	Boxes were stored on the floor			
	90	A ceiling tile was loose			
2.6 Isolation (Side room 1)	91	The walls and doors were chipped			
	92	The edges and corners of the floor were dusty			
	93	The external windows were dirty and a cobweb was observed			
	94	The television stand was dusty			
	95	Inspectors observed dust on the bedframe and a crack on the base of the bed at the rear right wheel			
	96	The inside base of the toilet brush holder was stained			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	97	The ensuite sink taps were stained and limescale was present			
2.7 Information	98	Cleaning schedules while available for nursing staff did not detail all equipment at ward level or staff responsibility for cleaning equipment. Cleaning schedules for domestic staff were not available for cleaning carried out after 3pm			
	99	Colour posters on NPSA guidelines were not clearly displayed for nursing staff			
	100	Not all posters were easily cleanable, some posters were secured with tape to walls. Inspectors observed that in some areas there were no notice boards and notices were pinned to walls			
	101	Hand washing posters on display were 6 step technique rather than the recognised WHO 7 step technique			
3. Patient Linen 3.1 Storage of clean linen	102	At present there is no designated clean linen store within the ward. Clean linen is stored on two trolleys at either end of the ward. Inspectors were advised that a linen store is to be built at ward level which will negate any issues raised with the storage of linen			
	103	Clean linen is stored uncovered on open trolleys			
	104	The metal frames of the clean linen trolleys were old, worn and chipped			
	105	Of the bed sheets spot checked, one bottom bed sheet had a hole present and a top sheet			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		had ground in stains			
3.2 Storage of used linen	106	The frame of the used linen skips were dirty in appearance			
3.3 Laundry Facilities on Ward (If available)		N/A			
4. Waste and Sharps 4.1 Effectiveness of arrangements for storage and disposal of waste on ward/dept.	107	Pharmaceutical waste was disposed of incorrectly into a sharps box rather than into a black lidded burn bin			
	108	The household waste bin the domestic store had a worn label on the lid and there was rust observed at the base. The household waste bins in Bay G and the dirty utility required cleaning			
	109	The clinical waste bin in the dirty utility required cleaning, there was rust present on the clinical waste bin in the toilet and the lids of the clinical waste bin in the toilet and Bay G did not close properly			
4.2 Availability of sharps containers	110	All four integral sharps trays checked were grubby and required cleaning			
5. Patient	111	Some of the bedpans were worn and one was			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
Equipment 5.1 Cleanliness and state of repair of general patient equipment on ward/dept		cracked. The inspectors were advised that replacement bedpans have been ordered			
	112	The underside of commodes inspected were stained and rust was observed.			
	113	Patient wash bowls, after being washed and dried by staff were store stacked and when inspected were wet inside			
	114	IV stands stored in the equipment store were dusty, IV pumps had smear marks and there was no mechanism in place to identify if equipment had been cleaned and was ready for use			
	115	The frame and shelf of the drugs trolley was dirty/dusty and notices were attached with tape			
	116	Notices were attached with tape to the notes trolley and the formica edge was missing			
	117	The shelves on the dressing trolleys were worn and had ground in stains present			
	118	The top handle on the resuscitation trolley was cracked and the cardiac monitor was dusty in the corners/edges			
	119	Reusable tourniquets were in use			
	120	On the ice machine the dispensing unit and			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		drip tray were dirty			
	121	The hoists, stored in the bathroom, were dusty			
	122	The wheelchair inspected was dirty around the frame and wheels			
6. Hygiene Factors 6.1 Availability and cleanliness of hand wash sinks and consumables on ward/dept	123	The plug hole of the hand washing sink in the dirty utility and Bay G was dirty			
	124	The underside of the liquid soap dispenser in the domestic store, dirty utility and Bay G required cleaning			
	125	The underside of the paper towel dispenser in the domestic store, dirty utility and Bay G required cleaning			
6.2 Availability, visibility and cleanliness of alcohol hand rub containers on ward/dept		No issues identified			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
6.3 Availability of PPE on ward/dept		No issues identified.			
6.4 Availability, storage and use of materials and equipment for general cleaning of ward	126	A spray bottle of white fluid stored in the domestic cupboard has no label to identify its contents			
	127	Milton was stored on a shelf in the shower room and not locked away when not in use			
	128	Inspectors were advised that due to the lack of mop heads, they were not always changed as required for entering a different room			
	129	Dust pans were not clean and yellow dust pans were not available for cleaning in a isolation area. A green mop and bucket were stored in the dirty utility for nursing staff to use. Inspectors were advised that the colour of this equipment was to change to yellow			
	130	Brushes and shafts were not colour coded as per NPSA guidelines			
	131	The domestic trolley was old and worn			
7. Hygiene Practices (Observed) 7.1 Effective hand hygiene procedures undertaken by staff.	132	A nurse was observed decontaminating her hands with alcohol gel after leaving an isolation room where a patient was being nursed for suspected <i>Clostridium difficile</i> infection			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
	133	Immobile patients were not offered hand hygiene prior to and after meal service			
	134	Not all staff were observed performing hand hygiene before meal service			
7.2 Safe handling and disposal of sharps by staff.		No issues identified.			
7.3 Effective use of PPE by staff	135	Nursing staff were wearing aprons when assisting the patient with eating and drinking			
	136	A member of catering staff was observed entering and exiting an isolation room to collect a meal tray and continuing to work without changing the apron and gloves			
	137	A doctor was observed donning gloves to carry out a procedure then entering the preparation room to retrieve further equipment without removing or changing her gloves			
7.4 Correct use of isolation using single room facilities/implementation of infection control procedures by staff	138	Inspectors noted that of the three sets of notes inspected for patients in isolation none had a careplan to outline the care planned for the patient			
7.5 Effective cleaning of ward/dept	139	Nursing staff use Milton solution to clean blood spillages rather than the trust recommended Actichlor Plus solution			

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	140	Nursing staff were unsure of the dilution rates for Actichlor Plus solution			
	141	COSHH data sheets were unavailable in hard copy for domestic staff to access. Inspectors were advised that COSHH data available to all staff on the trust intranet			
	142	Not all nursing staff are familiar with the NPSA colour coded system for cleaning			
7.6 Staff uniform and work wear	143	A doctor was observed with long sleeves			
	144	A doctor was observed wearing a wrist watch			
	145	There are no changing facilities available for medical staff			
Additional Issues	146	Inspectors observed that the handrails in sanitary areas throughout the ward were grooved and therefore difficult to clean			
	147	The resuscitation trolley was unlocked and easily accessible			
Good Practice		Notice board with information on hand hygiene, environmental cleanliness and commode audits			
		Patient information on protected meal times, which was being implemented by staff on the day of inspection			

Location	Reference Number	Preliminary Findings	Designated Department	Action required	Date for Completion Timescale
		Refurbishment plans; improve storage for linen and ensuite facilities in isolation rooms			



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