



The **Regulation** and  
**Quality Improvement**  
Authority

**RQIA**  
**Infection Prevention/Hygiene**  
**Unannounced inspection**

**Northern Health and Social Care Trust**

**Dalriada Hospital**

**7 July 2011**

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## 1.0 Inspection Summary

An unannounced inspection was undertaken to the **Dalriada Hospital**, on the 7 July 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness standards and the following areas were inspected:

- Multiple Sclerosis Unit (MSU)
- General Ward

Dalriada Hospital in Ballycastle offers a range of non acute, community hospital services. The hospital has 32 inpatient beds. The Regional Multiple Sclerosis (MS) Respite Centre has 12 beds where patients can get two weeks respite. Eight beds are for post operative orthopaedic patients and twelve are for general medicine including palliative care and two assessment beds.

Both wards were compliant in each standard which has contributed to the overall compliance achieved. It was noted in the standard on the general environment that the age of the building has impacted negatively resulting in partially compliant sections. Overall, the observation of staff indicated that effective hygiene and infection prevention and control practices were in place.

The inspection resulted in 12 recommendations for the Dalriada Hospital, a full list of recommendations is listed in Section 13.

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

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

### **Notable Practice**

The inspection identified the following areas of notable practice:

- The trust initiated an environmental cleanliness focus group 18 months ago which is multi disciplinary and meets regularly to discuss relevant issues. Members of the group include, IPC team, domestic services, nursing and governance

- Implementation of High Impact Intervention Care bundles
- Regular audits; hand hygiene, commode, mattresses and environmental cleanliness
- A Root Cause Analysis and risk assessment carried out on a patient with *Clostridium difficile*

The RQIA inspection team would like to thank the staff at the Dalriada 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**

Areas inspected	Multiple Sclerosis Unit	General Ward
Environment	82	93
Patient Linen	94	93
Waste	89	95
Sharps	95	97
Equipment	91	96
Hygiene Factors	95	98
Hygiene Practices	96	96
<b>Average score</b>	<b>92</b>	<b>95</b>

**Level of Compliance**

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

**Table 2**

<b>General Environment</b>	<b>MSU</b>	<b>General Ward</b>
Reception	N/A	91
Corridors, stairs lift	90	94
Public toilets	91	N/A
Ward/ department - general(communal)	77	98
Patient bed area	80	85
Bathroom/washroom	76	95
Toilet	76	96
Clinical room/ treatment room	85	92
Clean utility room	N/A	81
Dirty utility room	87	98
Domestic store	N/A	98
Kitchen	N/A	96
Equipment store	77	N/A
Isolation	84	95
General information	77	89
<b>Average score</b>	<b>88</b>	<b>93</b>

**Table 3**

<b>Linen</b>	<b>MSU</b>	<b>General Ward</b>
Storage of clean linen	N/A	88
Storage of used linen	94	100
Laundry facilities	N/A	90
<b>Average score</b>	<b>94</b>	<b>93</b>

**Table 4**

<b>Waste and sharps</b>	<b>MSU</b>	<b>General Ward</b>
Handling, segregation, storage, <b>waste</b>	89	95
Availability, use, storage of <b>sharps</b>	95	97
<b>Average score</b>		

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

**Table 5**

<b>Patient Equipment</b>	<b>MSU</b>	<b>General Ward</b>
Patient equipment	91	96

**Table 6**

<b>Hygiene Factors</b>	<b>MSU</b>	<b>General Ward</b>
Availability and cleanliness of wash hand basin and consumables	86	100
Availability of alcohol rub	100	100
Availability of PPE	93	93
Materials and equipment for cleaning	100	98
Staff changing facilities		
<b>Average score</b>	<b>95</b>	<b>98</b>

**Table 7**

<b>Hygiene practices</b>	<b>MSU</b>	<b>General Ward</b>
Effective hand hygiene procedures	94	90
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	94
Correct use of isolation	100	100
Effective cleaning of ward	79	90
Staff uniform and work wear	100	100
<b>Average score</b>	<b>96</b>	<b>96</b>

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

## **2.0 Background Information to the Inspection Process**

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

The aims of the inspection process are:

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

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

### 3.0 Inspections

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

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

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

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

## **4.0 Unannounced Inspection Process**

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

### **4.1 Onsite Inspection**

The inspection team was made up of three inspectors, from RQIA's infection prevention/hygiene team and one peer reviewer. 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 draft Regional Healthcare Hygiene and Cleanliness Standards and comprises of the following sections.

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

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

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

## **Level of Compliance**

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

<b>Compliant</b>	<b>85% or above</b>
<b>Partial compliance</b>	<b>76 to 84%</b>
<b>Minimal compliance</b>	<b>75% or below</b>

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	MSU	General Ward
Reception	N/A	91
Corridors, stairs lift	90	94
Public toilets	91	N/A
Ward/ department - general(communal)	77	98
Patient bed area	80	85
Bathroom/washroom	76	95
Toilet	76	96
Clinical room/ treatment room	85	92
Clean utility room	N/A	81
Dirty utility room	87	98
Domestic store	N/A	98
Kitchen	N/A	96
Equipment store	77	N/A
Isolation	84	95
General information	77	89
<b>Average score</b>	<b>82</b>	<b>93</b>

### 6.1 Cleaning

The General Ward achieved overall compliance for this standard, the Multiple Sclerosis Unit (MSU) achieved partial compliance and at the time of the inspection there was good evidence to indicate compliance with regional specifications for cleaning. The inspectors observed that regular cleaning mechanisms were in place to prevent the build up of dust and debris which in turn prevents the build up of bacteria and subsequently reduces the potential risk for the transmission of infection.

There were some issues identified that need addressed. In the reception area there were splashes of alcohol gel staining the wall beneath the dispenser and a small amount of dust was noted on the skirting and perspex leaflet rack. Dust was noted on some corridor

radiators, the skirting of the public toilet and the toilet roll holder in the female toilet was dirty.

The wards whilst generally very clean required minor improvements in the cleaning of windows and window frames, including skylights and fly grills and dust on shelving and skirting.

In the General Ward sanitary areas were generally clean and well presented with a few issues needing to be addressed. Rust was noted on the castors of the shower chair and the toilet cistern had the label still attached. In contrast in the MSU more detail was required when cleaning light pull cords, shelving, the bath, overflows and around the rubber stoppers on the raised toilet seat as ground in stains were noted.

Particular attention is required to ensure that limescale is removed from taps and fittings in both wards 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.

## 6.2 Clutter



Picture 1 Corridor to wards, well presented, neat, tidy and no clutter

In both wards there was evidence of a continued emphasis in providing clutter free environments, this provides effective utilisation of space and good stock management which assists with effective cleaning (Picture1). Minor areas for improvement are needed in MSU where the shelving in the equipment store was cluttered, the bathroom was used to store equipment and in the clean store which is shared by both wards where boxes of supplies were stored on the floor.

## 6.3 Maintenance and Repair

The inspectors observed environmental factors associated with age and maintenance of the fabric of the building, with a number of action points identified. This had a more negative impact on the scoring for MSU which had a tired and worn appearance.

The wooden décor and paneling throughout both ward areas was showing signs of age, in places the surface had deteriorated exposing bare wood. Some windows had been replaced with PVC frames, however sky light windows were in poor repair, the frames were dirty and many window panes were cracked. The laminate finish on shelving throughout both wards was incomplete, exposing bare wood and in the public toilet, wall tiles were damaged.

In both wards flooring was damaged and therefore impervious to moisture; tape had been used to temporarily repair the flooring in places. In the dirty utility room of MSU, the floor behind the macerator and under the equipment sink had rust and cement stains present and in the main laundry there were broken floor tiles on the raised base where a washing machine had been installed and removed.

Doors were damaged and exposed wood was observed. This was more apparent in MSU where doors are continually damaged by electric wheelchairs. The ward manager advised at the feedback session that a minor works order for door protectors had been ordered.

In both wards, the single rooms spot checked as isolation rooms had wall, skirting, door and door frame damage and in the MSU bedside furniture and fixtures were damaged and dust was noted on the trunking behind the bed. Unsealed flooring, walls and wood can act as a reservoir for bacteria and also compromise the cleaning process due to the inability to remove all bacteria by normal damp dusting and cleaning processes. It is imperative that all floors and doors are fitted and sealed correctly to ensure they are impervious to moisture and prevent the possible build up and subsequent transmission of bacteria.

#### **6.4 Fixtures and fittings**

Some bedside furniture, storage cupboards and chairs were old and worn or damaged and the paintwork of the metal framed bedside tables and bed rails was chipped in both wards. In MSU, toilet fixtures and fittings were old and worn and in the General Ward the base of the mirrors in the toilets was tarnished. The inspectors noted cork notice boards were fixed to the wall above the beds in the bays (Picture 2). It is advised that as cork cannot be effectively cleaned, an alternative method of displaying patient details is investigated.

In the treatment room the wooden medicine cupboards were old and worn with the wood exposed (Picture 3). The ward manager confirmed that a bid for high density shelving had been submitted and if successful the wooden cupboards would then be removed and replaced.



Picture 2 Laminated poster attached to cork notice board



Picture 3 Tidy treatment room, worn wooden cupboards

## 6.5 Information

In this section of the standard, the General Ward achieved compliance and MSU partial compliance. In both wards information leaflets on hand hygiene, common infections and infection prevention and control were available and clear instructions are in place to advise staff and visitors of isolation precautions.

There were some issues identified which need to be addressed. Nursing cleaning schedules while available, did not detail all equipment used at ward level and did not outline all staff roles and responsibilities. Posters on the segregation of linen and National Patient Safety Agency (NPSA) colour coding for nursing staff to reference were not available.

Additional issues identified which affected compliance in MSU were in relation to not displaying hand washing and waste segregation posters for staff to reference. It was also noted that some posters were attached to cupboards, walls and doors with adhesive tape.

### Recommendations

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose.**
- 2. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**

## 7.0 Patient Linen

### STANDARD 3.0 PATIENT LINEN

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

Linen	MSU	General Ward
Storage of clean linen	N/A	88
Storage of used linen	94	100
Laundry facilities	N/A	90
<b>Average score</b>	<b>94</b>	<b>93</b>

### 7.1 Management of Linen

Both wards are to be commended in achieving a high compliance score in this standard and the General Ward for full compliance in the storage of dirty linen.

Inspectors observed that used linen was stored and segregated correctly and that clean linen was stored in a separate store and was clean, tidy and free from rips and tears. Minor damage was noted in the clean linen store. Laminate was missing from the ends of the shelving effecting its impermeability, plaster was damaged on the wall beside the door frame, there were holes in the wall and a pane of glass in the skylight window was broken.

Good practice was observed in the handling of used linen, used linen was placed immediately into the appropriate colour coded bags at the point of use and staff were observed to wear the appropriate personal protective equipment (PPE) when handling soiled/ contaminated linen. In MSU the metal frame of the single bag linen skip was chipped.

Laundry facilities are available for washing patients' clothing, hospital linen laundry is transported to Ballymoney. Minor damage to fixtures and fittings were noted in the laundry room. Laminate was missing from the ends of the shelving effecting its impermeability, the exterior window and frames were dirty and some floor tiles were broken.

#### Recommendations

- 3. The trust should work on the repair and maintenance of the linen store and hospital laundry facilities and replace damaged fixtures and fittings.**

## 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	MSU	General Ward
Handling, segregation, storage, <b>waste</b>	89	95
Availability, use, storage of <b>sharps</b>	95	97

### 8.1 Waste

The inspection evidenced that there were arrangements in place for the handling, segregation, storage and disposal of waste which generally comply with local and regional guidance. Some issues were identified that need addressed. In both wards the cardboard boxes which had contained pharmaceutical medication were disposed of into the black lidded burn bin (Picture 4) and in the treatment rooms there was no household waste bin available therefore household waste was disposed into the clinical waste bin.

Generally waste bins were visibly clean and in good repair however in MSU the household waste bin in the 4 bedded bay and in the toilet were slightly damaged and the clinical waste bin in the treatment room was chipped. There was no sanitary waste provision in the female public toilets.



Picture 4 Cardboard waste in black lidded burn bin

## 8.2 Sharps

Staff are to be commended for a high compliance in both wards, one issue was identified in each ward which if addressed would have resulted in full compliance.

Sharps boxes in use conformed to BS7320 (1990)/UN9291 standards. All boxes except one in the General Ward were assembled correctly; labelled with the date, locality and staff signature. This is good practice as correct labelling ensures that if there is a spillage of sharps waste from the sharps box or an injury to a staff member as a result of incorrect assembly/ disposal, the area the sharps box originated from can be immediately identified. Identifying the origin of the sharps box and its contents is imperative to assist in the immediate risk assessment process carried out following a sharps injury and also to ensure that staff who incorrectly assembled/ disposed of the sharps box can receive education on the correct procedures to follow.

Staff should ensure equipment for use is decontaminated correctly after use as two integral sharps trays in MSU required cleaning. It was observed during the inspection that the temporary closure mechanisms, to prevent spillage and impede access, were in place when all the sharps boxes were not in use.

### **Additional Issues**

At the onset of the audit the inspectors observed closed used sharps boxes stored in reception prior to disposal. As there was open access to this area by staff, patients and visitors, the issue regarding safe storage was raised with the ward manager. The ward manager advised that these boxes were left by district nursing staff and not hospital staff and senior staff advised that this issue would be addressed immediately for resolution.

### **Recommendations**

- 4. 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.**
- 5. The trust should ensure that waste bins and equipment used in the management of waste and sharps 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	MSU	General Ward
Patient equipment	91	96

Inspectors observed that the cleaning of patient equipment was of a very good standard as the majority of equipment was visibly clean and in a good state or repair. Stored equipment ready for use was covered in a plastic sheet and labelled with trigger tape to indicate it had been cleaned (Picture 5). It was noted in both wards that the hoist frames were chipped and adhesive residue was on trolleys.



Picture 5 Green trigger tape and plastic sheet covering clean stored equipment

Additional issues identified in MSU were in relation to a dusty wheel chair frame, worn specialised recliner chair frame and trolley shelf, posters attached to the drugs trolley with tape and the spanner used to open the oxygen cylinder was attached to the cylinder with an old, worn bandage.

Discussion with staff indicated that they were aware of the disinfectants in use and the appropriate dilution strengths to use for cleaning and for blood and body fluid spillage and that the majority of equipment in use was disposable.

### Recommendations

- 6. The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.**

## 10.0 Hygiene Factors

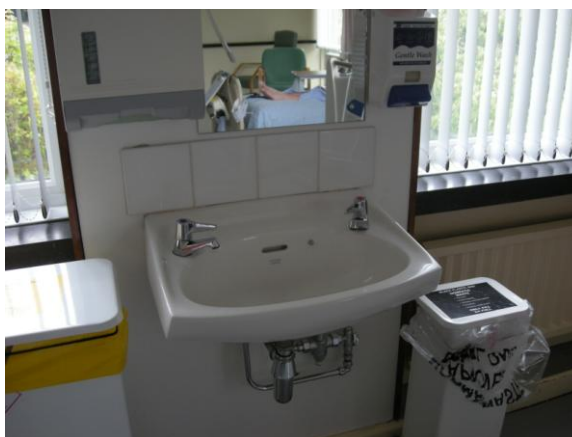
### STANDARD 6.0 HYGIENE FACTORS

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

Hygiene factors	MSU	General Ward
Availability and cleanliness of wash hand basin and consumables	86	100
Availability of alcohol rub	100	100
Availability of PPE	93	93
Materials and equipment for cleaning	100	98
<b>Average score</b>	<b>95</b>	<b>98</b>

It is encouraging to note that both wards achieved high overall compliance in this standard. In the availability of PPE section, the provision of facial protection for general use when there is a risk of body fluids splashing into the face would have contributed to a third fully compliant section for each ward. In the General Ward, had Actichlor plus been stored according to Control of Substances Hazardous to Health (COSHH) regulations, full compliance would also have been achieved for the section related to materials and equipment for cleaning.

Issues identified in MSU relate to staff practice and the hand washing sinks in the treatment room and dirty utility which had overflows present and only small twist operated taps rather than elbow or sensor operated taps (Picture 6). Overflows to sinks, basins, baths and bidets are not recommended, as they constitute a constant infection control risk, much more significant than the possible risk of damage due to water overflowing (WCs have an internal overflow). This recommendation does not apply to staff residential accommodation, but does apply to patient areas including en-suite and general public toilet areas (HTM 64). Greater attention to detail in the cleaning of the hand washing sink in the treatment room and dirty utility, the underneath of the liquid soap dispenser in the bathroom and underneath the paper towel dispensers in the toilet and treatment room was also required.



Picture 6 Hand washing facilities in ward bay with twist taps and overflow at the sink

### **Recommendations**

- 7. Appropriate face protection should be available to ensure staff are protected from risks associated with bodily fluid splashing on to the face and eyes.**
- 8. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 9. The trust should ensure that hand washing sinks and consumables are clean and in a good state of repair.**
- 10. The trust should review the condition and appropriateness of the hand washing sinks in MSU and a risk based approach taken to their replacement**

## 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	MSU	General Ward
Effective hand hygiene procedures	94	90
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	94
Correct use of isolation	100	100
Effective cleaning of ward	79	90
Staff uniform and work wear	100	100
<b>Average score</b>	<b>96</b>	<b>96</b>

MSU achieved full compliance in four sections of this standard and the General Ward achieved three. Both wards achieved a high overall compliance score and are to be commended. The results of the audit indicate that effective hygiene practices are generally in place in the wards. Hand hygiene practices observed complied with WHO (World Health Organisation) guidance on the correct technique to use for hand washing and appliance of hand rub.

A few issues were identified in the General Ward. The inspectors observed a member of domestic services enter an isolation room wearing PPE, leave the room, take the meal tray to the trolley and return to the room still wearing the same PPE. Changing the PPE and decontamination of hands had not been carried out. Also a nurse on both wards advised that they used Hydrex solution when carrying out social hand washing. The inspection team is aware that the trust has taken a collective decision in relation to the placement and availability of antibacterial solutions at hand washing sinks; however systems should be in place to ensure that staff are aware of the correct procedures.

On the day of the inspection patients required isolation and practices observed in relation to the application of isolation precautions in both wards were good and in line with current practice guidance.

MSU achieved partial compliance in the effective cleaning of the ward section. A nurse was unsure of the dilution rates for Actichlor plus disinfectant to be used when cleaning a blood spill and an information

poster on disinfectant dilution rates was not available for staff to reference. Similar issues identified in both wards were in regard to the lack of a COSHH data sheet for Actichlor plus and nursing staff were unsure of the NPSA colour coding cleaning system in place

### **Recommendations**

- 11. The trust and individual staff have a collective responsibility to ensure that all PPE is used appropriately.**
- 12. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date- with regard to cleaning and decontamination of equipment.**

## 12.0 Key Personnel and Information

### Members of the RQIA inspection team

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

### Peer reviewer

- Mrs H Hamilton - Project Manager RQIA

### Trust representatives attending the feedback session

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

- Ms J Elliott - Head of Intermediate Care and Rehab Services
- Ms A Hamilton - General Manager Domestic Services
- Ms B O'Neill - Ward Manager
- Ms B Mc Falone - Infection Prevention and Control nurse
- Mr R Hogg - Estates Officer
- Ms J Leighton - Deputy Ward Manager
- Ms M Mc Cormick - Team Leader Domestic Services

### Apologies:

- Mr S Donaghy - Chief Executive Officer
- Ms U Cunning - Assistant Director PCCOPS/ Executive Director of Nursing
- Ms P Craig - Deputy Director PCCOPS
- Ms M Bermingham - Assistant Director Corporate Services
- Ms C Medland - Domestic and Portering Manager
- Ms M Millar - Assistant Domestic Services Manager

### 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**

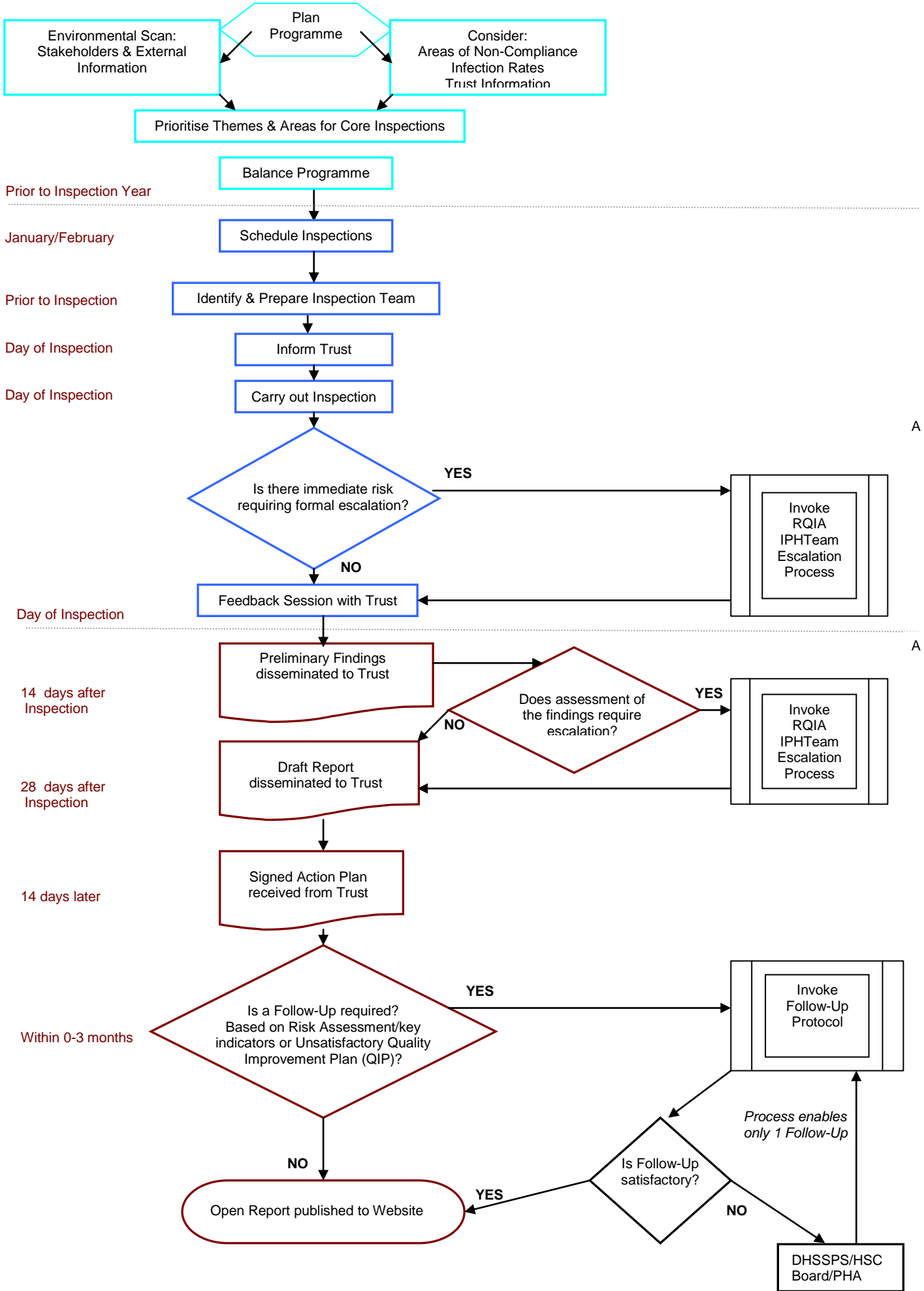
- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose.**
- 2. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 3. The trust should work on the repair and maintenance of the linen store and hospital laundry facilities and replace damaged fixtures and fittings.**
- 4. 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.**
- 5. The trust should ensure that waste bins and equipment used in the management of waste and sharps are kept clean and replaced as appropriate.**
- 6. The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.**
- 7. Appropriate face protection should be available to ensure staff are protected from risks associated with bodily fluid splashing on to the face and eyes.**
- 8. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 9. The trust should ensure that hand washing sinks and consumables are clean and in a good state of repair.**
- 10. The trust should review the condition and appropriateness of the hand washing sinks in MSU and a risk based approach taken to their replacement**
- 11. The trust and individual staff have a collective responsibility to ensure that all PPE is used appropriately.**
- 12. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date-with regard to cleaning and decontamination of equipment.**

# 14.0 Unannounced Inspection Flowchart

Plan Programme

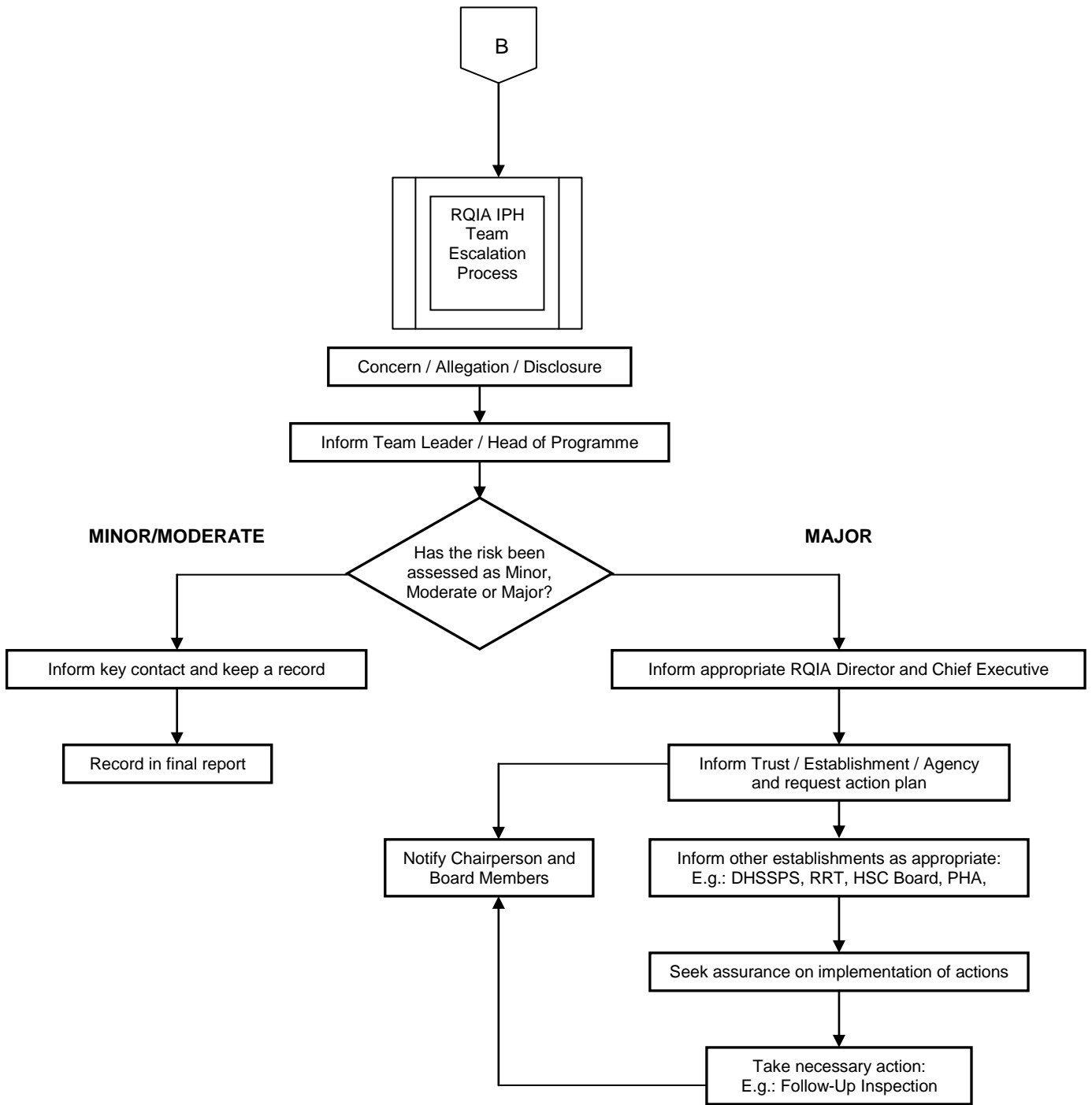
Episode of Inspection

Reporting & Re-Audit



# 15.0 Escalation Process

## RQIA Hygiene Team: Escalation Process



## 16.0 Action Plan

Recommendation reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
1.	The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose	August 2011
2.	The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.	Nursing / Support Services / Estates Services	All staff to be advised of need for early identification and onward reporting of damaged fixtures and fittings, ensuring that maintenance is undertaken within agreed scheduled times	August 2011 Necessary work to be reviewed when costing available
3.	The trust should work on the repair and maintenance of the linen store and hospital laundry facilities and replace damaged fixtures and fittings.	Nursing / Support Services / Estates Services	All staff to be advised of need for early identification and onward reporting of damaged fixtures and fittings, ensuring that maintenance is undertaken within agreed scheduled times	August 2011 Necessary work to be reviewed when costing available
4.	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.	Nursing / Support Services	Infection prevention control audits are carried out annually Daily observational visits carried out by nursing and support services Monitor incidents	Practice to continue
5.	The trust should ensure that waste bins and equipment used in the management of waste and sharps are kept clean and replaced as appropriate.	Nursing / Support Services	Infection prevention control audits are carried out a minimum of once a year Daily observational visits carried out by nursing and support services Monitor incidents	Practice to continue
6.	The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities Cleaning schedules to be maintained	August 2011

Recommendation reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
			and any pieces of equipment that require repair should be reported to relevant line manager for action	
7.	Appropriate face protection should be available to ensure staff are protected from risks associated with bodily fluid splashing on to the face and eyes.	Nursing	All staff to be reminded that face protection is available for use inline with regional infection control guidelines. Guideline are readily accessible to staff through Trust Intranet	August 2011
8.	The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities, ensuring that cleaning products are kept in a locked cupboard when not in use	August 2011
9.	The trust should ensure that hand washing sinks and consumables are clean and in a good state of repair.	Nursing / Support Services / Estates Services	All staff to be advised by their line managers of their roles and responsibilities Daily observational visits carried out by nursing and support services Cleaning schedules to be maintained and any pieces of equipment that require repair should be reported to relevant line manager for action	August 2011 Necessary work to be reviewed when costing available
10.	The trust should review the condition and appropriateness of the hand washing sinks in MSU and a risk based approach taken to their replacement	Nursing / Support Services / Estates Services	All staff to be advised by their line managers of their roles and responsibilities Daily observational visits carried out by nursing and support services any pieces of equipment that require repair should be reported to relevant line manager for action	August 2011 Necessary work to be reviewed when costing available
11.	The trust and individual staff have a collective responsibility to ensure that all PPE is used appropriately.	Nursing / Support Services	All staff to be reminded that PPE is available for use inline with regional infection control guidelines. Guideline readily accessible to staff. Staff receive yearly infection control training on a yearly basis	August 2011

Recommendation reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
12.	The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date- with regard to cleaning and decontamination of equipment.	Nursing / Support Services	All staff receive yearly infection control training on a yearly basis.	Practice to continue



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