



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Follow up Inspection

South Eastern Health and
Social Care Trust

Downe Hospital

27 May 2011

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1.0 Inspection Summary

As a result of the announced inspection carried out in 15 and 16 February 2011, a detailed action plan was submitted to RQIA. As part of the follow up process an unannounced follow up inspection was undertaken to Downe Hospital, on the 27 May 2011. The purpose of the inspection was to re-audit Ward 1 which in the initial inspection identified issues in relation to the delivery of staff practices in Standard 5 Patient Equipment and Standard 7 Hygiene Practices; Effective Hand Hygiene Procedures, Effective use of PPE, and Correct Use of Isolation.

The inspection team reviewed the progress and found the trust had completed 75 per cent of the recommendations identified from the February inspection. The Estates department is in the process of repairing damage to walls, and points highlighted have been scheduled for inclusion in a work programme. The review of cleaning schedules for patient equipment by nursing staff still has to be completed and the damaged or rusted equipment has been replaced or is on order.

At the February 2011 inspection, 15 recommendations were made in relation to Standards 2 - 7. Ten have been addressed, five have been repeated and there are 11 new recommendations. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness standards and the following area was inspected:

- Ward 1 Medical

The Downe Hospital is situated on the outskirts of Downpatrick, it is a new hospital opened in 2009 and is part of the South Eastern Health and Social Care Trust. The hospital provides inpatient services, including mental health and dementia services, a consultant-led emergency department, day procedure unit, outpatients, rehabilitation and maternity services.

A summary of recommendations following the re-audit is listed in Section 13. A detailed list of preliminary findings has been forwarded to the trust, which is available on request.

Issues stated for the second time are highlighted with an asterisk in the attached action plan in Section 16.

The report and the quality improvement plan are available to view 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.

The RQIA inspection team would like to thank the staff in Ward 1 of the Downe Hospital and trust representatives 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.

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

Table 1

Areas inspected	Ward 1 16 Feb 2011	Ward 1 27 May 2011
General environment	95	95
Patient linen	94	94
Waste	87	94
Sharps	93	91
Patient equipment	84	89
Hygiene factors	99	99
Hygiene practices	84	91
Average score	91	93

Table 2

General environment	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Reception	97	98
Corridors, stairs lift	100	93
Public toilets	N/A	100
Ward/department - general (communal)	97	98
Patient bed area	98	98
Bathroom/washroom	98	89
Toilet	93	95
Clinical room/treatment room	100	96
Clean utility room	88	96
Dirty utility room	90	98
Domestic store	100	100
Kitchen	97	96
Equipment store	100	100
Isolation	95	93
General information	83	81
Average score	95	95

Table 3

Patient linen	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Storage of clean linen	88	100
Storage of dirty linen	100	88
Laundry facilities	N/A	N/A
Average score	94	94

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

Table 4

Waste and sharps	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Handling, segregation, storage, waste	87	94
Availability, use, storage of sharps	93	91
Average score		

Table 5

Patient equipment	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Patient equipment	84	89

Table 6

Hygiene factors	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Availability and cleanliness of wash hand basin and consumables	98	100
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	95	96
Staff changing facilities	100	N/A
Average score	99	99

Table 7

Hygiene practices	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Effective hand hygiene procedures	57	94
Safe handling and disposal of sharps	100	92
Effective use of PPE	78	93
Correct use of isolation	82	93
Effective cleaning of ward	94	79
Staff uniform and work wear	96	97
Average score	84	91

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 have devised Regional Healthcare Hygiene and Cleanliness standards which are currently in draft format. RQIA has revised their inspection processes to support the publication of the standards which were compiled by a regional steering group in consultation with service providers. One of the standards relates to organisational systems and governance, to ensure compliance with this, a new inspection process and methodology process has been developed in consultation with the regional steering group.

RQIA's infection prevention/hygiene team have planned a three year programme of 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 two inspectors, from RQIA's infection prevention/hygiene team. One inspector led the team and was responsible for guiding the team and ensuring they were in agreement about the findings reached. Membership of the inspection team is outlined in Section 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.

Organisations are forwarded a detailed action plan of preliminary findings within 14 days of the inspection; this does not include the findings of the overall organisational systems and governance. The action plan is returned with the agreed draft report. The draft report contains the high level recommendations of the inspection and is forwarded to each organisation within 28 days of the inspection for agreement and factual accuracy checking and returned within two weeks. The detailed action plan is available on request from RQIA.

The findings of the inspection will be followed up in line with 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 Facilities:** hand wash facilities; alcohol hand rub; availability of personal protective equipment (PPE); availability of cleaning equipment and materials; staff changing facilities
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	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Reception	97	98
Corridors, stairs lift	100	93
Public toilets	N/A	100
Ward/department - general (communal)	97	98
Patient bed area	98	98
Bathroom/washroom	98	89
Toilet	93	95
Clinical room/treatment room	100	96
Clean utility room	88	96
Dirty utility room	90	98
Domestic store	100	100
Kitchen	97	96
Equipment store	100	100
Isolation	95	93
General information	83	81
Average score	95	95

6.1 Cleaning

The re-audit of the ward evidenced good compliance in the majority of areas within the ward, with the regional specifications for cleaning standards.

It was again observed that in most instances regular and effective cleaning mechanisms were in place to prevent the build up of dust and debris which in turn prevents the build up of bacteria and helps in the reduction of the potential risk for the transmission of infection. The build up of dust and debris in the air vents and light fitting identified in the February 2011 inspection has been removed. During the follow up inspection the inspectors noted that ensuring the large amount of glass in stairwells and corridors are clean and free from finger marks would be a challenge. The vinyl flooring in the clean utility room and the

kitchen has a dirty appearance and requires more in-depth cleaning. These were two new issues.

The inspectors noted that specialised patient equipment such as a raised toilet seat was still stained on the underside, and the frame work of a shower chair was rusty. Staff should clean and dry equipment immediately after patient use in a systematic way to avoid the possible transition of any infection and prevent damage by rust.

It was noted that excess toilet rolls were stored on top of a raised toilet seat and were also in the bathroom on the toilet bowl. A case of large paper rolls was also stored on the floor in the bathroom. Excess paper products should not be stored where there is a risk of possible airborne contamination. This was a new issue identified.

6.2 Clutter

The ward continues to make good use of the excellent storage facilities. Equipment stores, clean and dirty utility rooms, a disposal room and domestic store were clean neat and tidy. Patient bed areas are well spaced and bedside lockers were not overfilled.

6.3 Maintenance and Repair

This is a new building and the finish to the walls and floors is of good standard; the walls in the sanitary areas have been finished in an easy clean cladding. The damage to walls at the entrance to the ward and in the linen store, noted during the February inspection has been repaired, protective strips have been fitted to corners of walls with good effect. Damage to walls and paintwork in patient bed areas has been included in a work programme which is still to be completed.

6.4 Fixtures and Fittings

The fixtures and fittings were in good repair, however a cupboard door in the clinical room was damaged and could not be closed. As medications and disinfectant chemicals are kept in this cupboard it should be locked at all times and the cupboard should be repaired immediately.

6.5 Information

Information notice boards were available for visitors at the entrance to the ward and also opposite the seating area in the middle of the ward. The boards display results of a hand hygiene audit, however the audit period was from April 2009 to February 2011. Trust news sheets were dated April 2010 and leaflets overlapped in places. Dashboard audit graphs were displayed, however abbreviations were used and the information was technical, more suited to staff briefings. No information was displayed on High Impact Intervention IV cannula care

bundles or environmental cleanliness audits (Picture 1). This issue was raised in the February inspection and has still to be addressed.



Picture 1 Information notice boards

There was a range of posters in place for staff to reference such as waste and sharps management. Hand hygiene posters were widely displayed throughout the hospital and the areas inspected.

The inspectors noted that posters on the segregation of linen were still not available for nursing staff. Some work had been completed on revising the cleaning schedules for nursing staff however more detail was required. The schedule should outline all equipment that requires cleaning and specify roles and responsibilities. Staff still do not refer to the trust's published policy on cleaning and decontamination of the care environment and equipment for guidance.

Recommendations

- 1. Regular reviews should be carried out to ensure the work programme for maintenance and repair is on schedule.**
- 2. The trust should consider publishing audit information for the public on the environmental cleanliness and IV cannula audit scores. (Repeated)**
- 3. The review of nursing work schedule in line with its 'Cleaning and Decontamination of the Care Environment and Equipment; - Guidance and Principles' should be completed. (Repeated)**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Storage of clean linen	88	100
Storage of used linen	100	88
Laundry facilities	N/A	N/A
Average score	94	94

7.1 Management of Linen

The previous recommendations regarding the storage of clean linen have been resolved, linen was delivered in covered cages and new stainless steel cages were in place in the linen store. The section is now fully compliant. In relation to storage of used linen, during the follow up inspection it was noted that a member of staff did not wear aprons while handling used linen and used linen bags were more than 2/3 full.

Recommendations

- 4. The correct Personal Protective Equipment (PPE) should be worn when there is a risk of uniforms being contaminated when handling used linen.**
- 5. Used linen bags should not be more than 2/3 filled, in line with manual handling guidelines.**

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	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Handling, segregation, storage, waste	87	94
Availability, use, storage of sharps	93	91

8.1 Waste

There was good evidence that arrangements were in place for the segregation, storage and disposal of waste. However the inspectors noted that the base of two clinical waste bins had evidence of rust. A new issue regarding the disposal of pharmaceutical waste was observed, there was no black lidded burn box available, pharmaceutical waste was being stored in an open box with no lid.

8.2 Sharps

During the inspection in February 2011, the temporary closure mechanism on sharps boxes were not in place throughout the ward. While it was noted that there had been some improvement in practice, the temporary closure mechanism on the sharps boxes on the drugs trolley and resuscitation trolley was not in place during the follow up inspection.

A sharps tray which was left ready for use in the treatment room had a blood splatter.

Sharps bins in use conformed to BS7320 (1990)/UN9291 standards. Bins were assembled correctly; labelled with the date, locality and staff signature and appropriately tagged on disposal. 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.

Recommendations

- 6. All waste bins should be cleaned and dried to prevent damage, and rusted bins should be identified and replaced. (Repeated)**
- 7. The trust should ensure the correct waste bin is available and in place in line with trust policy.**
- 8. Staff should ensure that temporary closure mechanisms are in place on all sharps boxes.**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient equipment	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Patient equipment	84	89

This section is now compliant; improvement in staff practice was noted, bedpans and urinals were stored inverted, manufacturers' paper labels had been removed and blood pressure cuffs were clean. The ANTT mats were clean, however the corners and edges were now damaged and the mats should be replaced. There were still some cleaning issues identified from the inspection in February which have not been addressed. Whilst there has been an introduction of trigger tape to indicate cleaning has been carried out (Picture 2), the underside of



Picture2 Cleaned covered chairs with trigger tape

two commodes, one in the bathroom and one in the dirty utility room both of which had trigger tape in place, were stained (Picture 3).



Picture3 Stained underside of commode

The inspectors were informed that staff had received training on the correct procedure for cleaning commodes following the last inspection.

The blood gas machine in the clean utility was dirty and stained and the work surface in front of the machine was smeared with blood. The casing of the blood glucose was blood stained. A process of verification audits should be carried out to ensure the implementation of its policies and procedures in line with the trusts 'Cleaning and Decontamination of the Care Environment and Equipment; - Guidance and Principles' to ensure that patient equipment is clean and ready for use.

New issues were identified on this inspection. The corner of the drugs trolley at the nurses' station was damaged and had been repaired with adhesive tape. Notices were taped to the patients' notes trolley and the outer plastic notes file of a patient in isolation was dirty and had a residue of sticky tape. Adhesive tape and residue is a barrier to effective cleaning, the drugs trolley should be repaired, and adhesive tape removed. Patient files should be inspected regularly to ensure they are clean and replaced when necessary.

Recommendations

- 9. The trust should by a process of verification audits monitor the implementation of its policies and procedures in line with 'Cleaning and Decontamination of the Care Environment and Equipment; - Guidance and Principles', to ensure that patient equipment is clean and ready for use.**
- 10. Staff should inspect patient files regularly to ensure they are clean, free from adhesive tape and replaced when necessary.**

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	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Availability and cleanliness of wash hand basin and consumables	98	100
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	95	96
Staff changing facilities	100	N/A
Average score	99	99

Staff are to be commended for maintaining compliance in this standard. The ward scored well in both inspections in February and May achieving three fully compliant sections.



Picture 4 Unlocked cupboard
in clinical room

During the inspection in February an issue regarding a lack of keys to lock doors was identified. This continues to be an on-going problem. In both the clinical room and the domestic store cleaning and disinfectant products were stored in open cupboards (Picture 4). Chemicals should be stored in line with COSHH regulations and cupboard doors should be fitted with locks to ensure safe storage.

Recommendations

11. The trust should ensure the safe storage of chemicals.

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	Ward 1 16 Feb 2011	Ward 1 27 May 2011
Effective hand hygiene procedures	57	94
Safe handling and disposal of sharps	100	92
Effective use of PPE	78	93
Correct use of isolation	82	93
Effective cleaning of ward	94	79
Staff uniform and work wear	96	97
Average score	84	91

This standard is now compliant in all six sections which is to be commended. On this inspection the inspectors observed that doctors, nurses, domestic and allied health professionals staff all carried out good hand hygiene practices in line with the World Health Organisation (WHO) five moments of care and using the seven step hand washing technique. However it was observed and confirmed by staff that immobile patients were not offered the opportunity to carry out hand hygiene facilities before meals.

With regard to the safe handling and disposal of sharps, the inspectors observed that a member of staff taking a blood glucose level did not have a sharps box for the safe immediate disposal of sharps at the point of use.

Staff practice in relation to effective use of PPE has improved and has now achieved a compliant score. However a member of staff did not wear the appropriate PPE when taking blood glucose levels.

Staff compliance with isolation precautions has improved, however notices advising of precautionary measures in place for patients in isolation were only put up during the inspection.

The compliance level for the section on effective cleaning of the ward has not been maintained and is now partially compliant. When nursing staff were questioned on the dilution rate of disinfectants which are used daily in the cleaning process, they were unable to give dilution

rates. The COSHH data folder for nursing staff was not available, this was also the case during the last inspection. The inspectors were advised it was being updated.

Two doctors were observed with long sleeved shirts, one also had a watch. Inspectors noted that while they were not directly carrying out clinical practice they were within a clinical area and should comply with the trust policy of bare below the elbows.

Recommendations

- 12. Staff should be updated on the correct use of PPE. (Repeated)**
- 13. Isolation notices should be in place at all time when patients are in isolation.**
- 14. Nursing staff need to update their knowledge on the correct dilution rates of disinfectants.**
- 15. The COSHH data sheets for nursing staff should be available and updated to reflect the chemical products used in the ward.**
- 16. The trust should ensure that all staff comply with the regional dress code guidelines. (Repeated)**

12.0 Key Personnel and Information

Members of the RQIA inspection team

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

Trust representatives attending the feedback session

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

Ms C Carwell - Site Co-ordinator SEHSCT
Ms L Kelly - Assistant Director Safe and Effective Care
Ms M Dryden - Senior Manager Patient Experience
Ms M Beardmore - Patient Flow Manager
Ms J Rodgers - Assistant Patient Experience Manager
Ms M Young - Senior Staff Nurse Ward 1

Apologies

Mr J Livingstone - Assistant Director Patient Experience
Ms R Milliken - Senior Manager Patient Experience
Ms B Arthurs - Clinical Manager, SEHSCT
Ms CK McIlveen - Assistant Director, DEHSCT

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. Regular reviews should be carried out to ensure the work programme for maintenance and repair is on schedule.**
- 2. The trust should consider publishing audit information for the public on the environmental cleanliness and IV cannula audit scores. (Repeated)**
- 3. The review of nursing work schedule in line with its 'Cleaning and Decontamination of the Care Environment and Equipment; - Guidance and Principles' should be completed. (Repeated)**
- 4. The correct Personal Protective Equipment (PPE) should be worn when there is a risk of uniforms being contaminated when handling used linen.**
- 5. Used linen bags should not be more than 2/3 filled, in line with manual handling guidelines.**
- 6. All waste bins should be cleaned and dried to prevent damage, and rusted bins should be identified and replaced. (Repeated)**
- 7. The trust should ensure the correct waste bin is available and in place in line with trust policy.**
- 8. Staff should ensure that temporary closure mechanisms are in place on all sharps boxes.**
- 9. The trust should by a process of verification audits monitor the implementation of its policies and procedures in line with 'Cleaning and Decontamination of the Care Environment and Equipment; - Guidance and Principles', to ensure that patient equipment is clean and ready for use.**
- 10. Staff should inspect patient files regularly to ensure they are clean, free from adhesive tape and replaced when necessary.**
- 11. The trust should ensure the safe storage of chemicals.**
- 12. Staff should be updated on the correct use of PPE. (Repeated)**
- 13. Isolation notices should be in place at all time when patients are in isolation.**
- 14. Nursing staff need to update their knowledge on the correct dilution rates of disinfectants.**

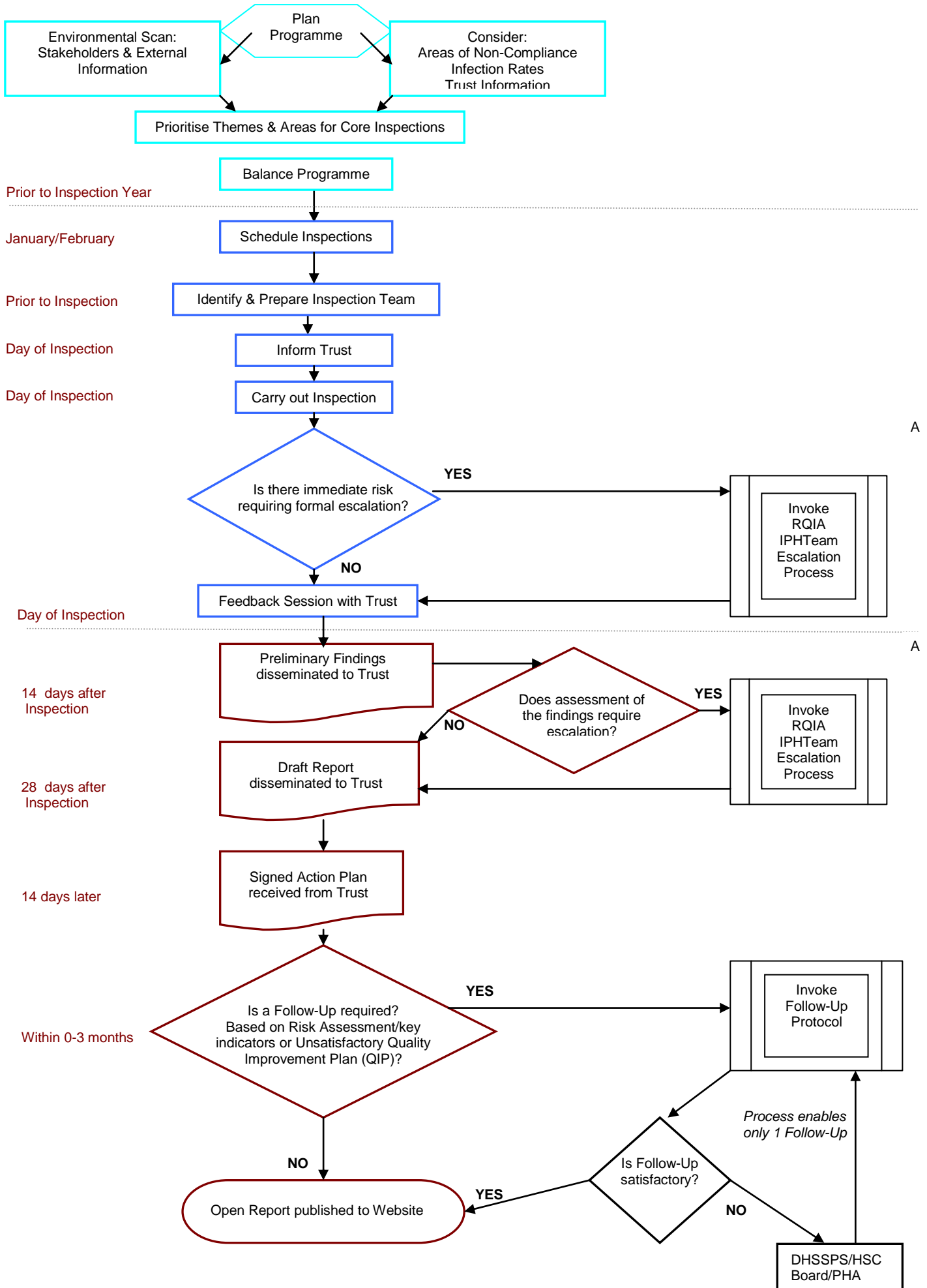
- 15. The COSHH data sheets for nursing staff should be available and updated to reflect the chemical products used in the ward.**
- 16. The trust should ensure that all staff comply with the regional dress code guidelines. (Repeated)**

14.0 Unannounced Inspection Flowchart

Plan Programme

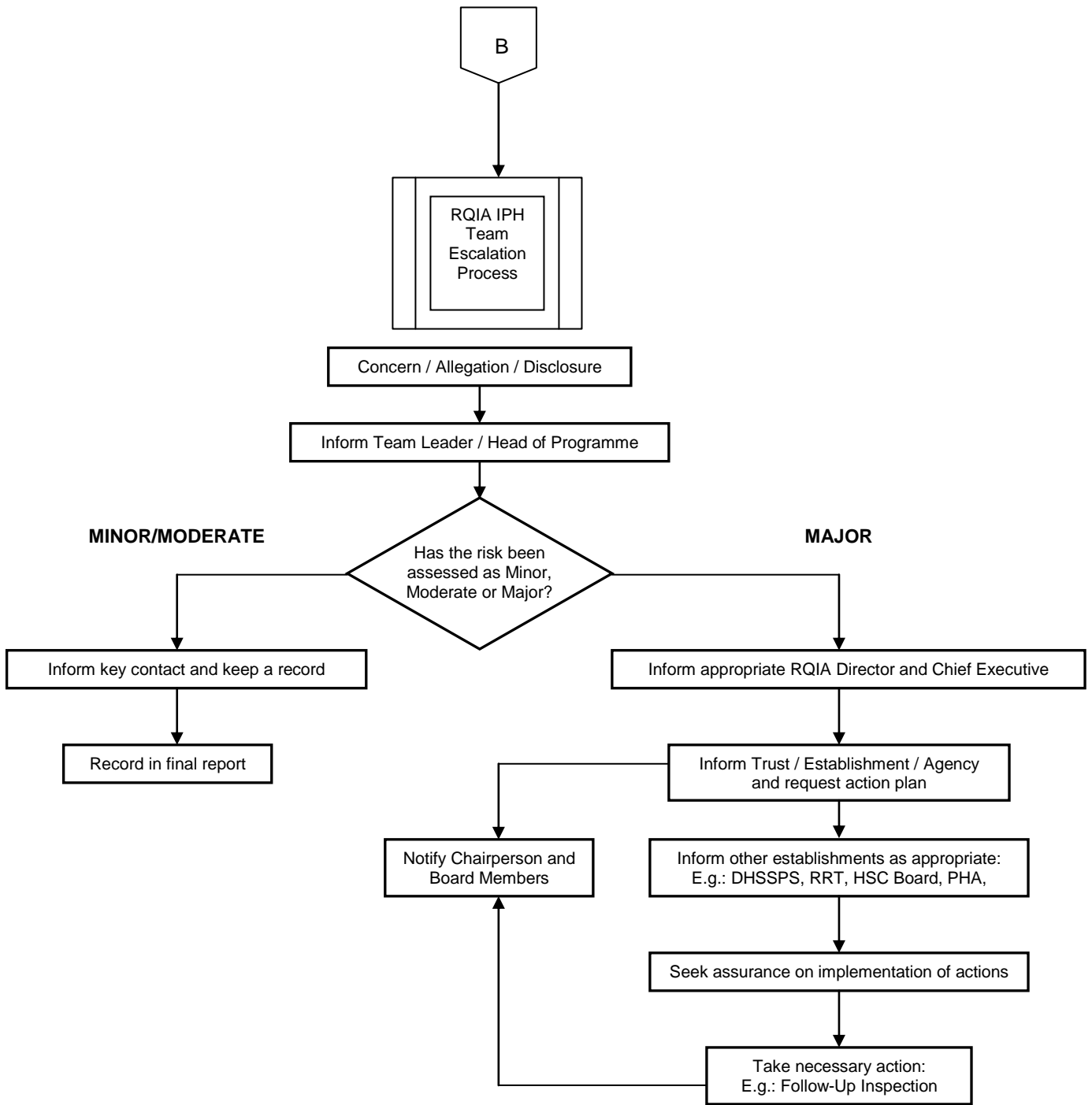
Episode of Inspection

Reporting & Re-Audit



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Downe Hospital Ward 1

Number	Recommendation	Trust Position	Further Action required	Lead Person	Timescales
1.	Regular reviews should be carried out to ensure the work programme for maintenance and repair is on schedule	A programme of audits is currently carried out to identify priority areas for action – in addition a programme for environmental repair work is in place and progress against schedule monitored		Estates/Nursing Sister	Addressed
2.*	The Trust should consider publishing audit information for the public on the environmental cleanliness and IV cannula audit scores. (Repeated)	The Trust is currently considering how best to display this information for the public in a user friendly format		IPC	Jan 2012 and ongoing
3.*	The review of nursing work schedule in line with its 'Cleaning and Decontamination of the Care Environment and Equipment; - Guidance and Principles' should be completed. (Repeated)	The Trust are currently progressing a standardised approach to nursing work schedule for cleaning and decontamination of care environment and equipment as per Trust Policy – this will be audited over the next 6 months		Cleanliness and Hygiene Working Group	Jan 2012 –
4.	The correct Personal Protective Equipment (PPE) should be worn when there is a risk of uniforms being contaminated when handling used linen.	This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Cleanliness and Hygiene Working Group	ongoing
5.	Used linen bags should not be ore than 2/3 filled, in line with manual handling guidelines	This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Cleanliness and Hygiene Working Group	ongoing

* indicates stated for a second time

Number	Recommendation	Trust Position	Further Action required	Lead Person	Timescales
6.*	All waste bins should be cleaned and dried to prevent damage and rusted bins should be identified and replaced. (Repeated)	Waste bins are spot cleaned on a daily basis, and full cleaned once a week . Patient Experience staff will advise the ward manager of any damaged bins that need replaced when noted		Patient Experience	Complete and require ongoing monitoring
7.	The Trust should ensure the correct waste bins are available and in place in line with trust policy	This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Cleanliness and Hygiene Working Group	ongoing
8.	Staff should ensure that temporary closure mechanisms are in place on all sharps boxes	This area has been repeatedly highlighted to staff through newsletters and staff meetings. This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Cleanliness and Hygiene Working Group	ongoing
9.	The Trusts should by a process of verification audits monitor the implementation of its policies and procedures in line with 'Cleaning and Decontamination of the Care Environment and Equipment; - Guidance and Principles' to ensure that patient equipment is clean and ready for use.	This area has been repeatedly highlighted to staff through newsletters and staff meetings. This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Cleanliness and Hygiene Working Group	ongoing
10.	Staff should inspect patient files regularly to ensure they are clean, free from adhesive tapes and replaced when necessary.	This will be highlighted through the Medical records Group with a view to implementing required action		Nursing/records management	November 2011 ongoing

* indicates stated for a second time

Number	Recommendation	Trust Position	Further Action required	Lead Person	Timescales
11.	The Trust should ensure the safe storage of chemicals	This area has been repeatedly highlighted to staff through newsletters and staff meetings. This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Cleanliness and Hygiene Working Group	ongoing
12.*	Staff should be updated on the correct use of PPE. (Repeated).	This area has been repeatedly highlighted to staff through newsletters and staff meetings. This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Cleanliness and Hygiene Working Group	ongoing
13.	Isolation notices should be in place at all times when patients are in isolation.	This area has been repeatedly highlighted to staff through governance meetings and training. Compliance level will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Nursing	Commenced and ongoing
14.	Nursing staff need to update their knowledge on the correct dilution rates of disinfectants.	This area has been repeatedly highlighted to staff through governance meetings and training. Compliance level will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		Nursing/IPC	Commenced and ongoing

* indicates stated for a second time

Number	Recommendation	Trust Position	Further Action required	Lead Person	Timescales
15.	The COSHH data sheets for nursing staff should be available and updated to reflect the chemical products used in the ward.	COSHH data sheets are available for nursing staff – this will be included in the next newsletter to remind staff of their responsibility and will be audited as part of internal programme of audit		Waste Management/Nursing	Commenced and ongoing
16.*	The Trust should ensure that all staff comply with the regional dress code guidelines. (Repeated).	This area has been repeatedly highlighted to staff through governance meetings and training. Compliance level will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews over next 6 months		IPC/Nursing	Commenced and ongoing

* indicates stated for a second time



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk