The Regulation and Quality Improvement Authority

RQIA Infection Prevention/Hygiene Unannounced Inspection

Ward 27, Downshire Hospital

South Eastern Health and Social Care Trust

31 March 2011

informing and improving health and social care
www.rqia.org.uk

Contents

1.0	**Inspection Summary**	**1**
2.0	**Background Information to the Inspection Process**	**5**
3.0	**Inspections**	**6**
4.0	**Unannounced Inspection Process**	**7**
4.1	Onsite Inspection	7
4.2	Feedback and Report of the findings	7
5.0	**Audit Tool**	**8**
6.0	**Environment**	**10**
6.1	Cleaning	10
6.2	Clutter	11
6.3	Maintenance and Repair	11
6.4	Fixture and Fittings	12
6.5	Information	13
7.0	**Patient Linen**	**14**
7.1	Management of Linen	14
8.0	**Waste and Sharps**	**15**
8.1	Waste	15
8.2	Sharps	15
9.0	**Patient Equipment**	**17**
10.0	**Hygiene Factors**	**18**
11.0	**Hygiene Practice**	**19**
12.0	**Key Personnel and Information**	**21**
13.0	**Summary of Recommendations**	**22**
14.0	**Unannounced Inspection Flowchart**	**24**
15.0	**RQIA Hygiene Team Escalation Policy Flowchart**	**25**
16.0	**Action Plan**	**26**

1.0 Inspection Summary

An unannounced inspection was undertaken to **Downshire Hospital**, on the 31 March 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness standards and the following area was inspected:

- Ward 27

Ward 27 is a mixed gender ward on the ground floor of the Dixon Block, Downshire Hospital. The ward is one of the three remaining inpatient facilities on this site and provides four Psychiatric Intensive Care Unit (PICU) beds and 12 continuing care beds for adult mental health patients.

The acting Ward Manager advised inspectors that the South Eastern Health and Social Care Trust (SEHSCT) aims to close this ward as part of plans to update mental health services. It is planned that the PICU will move to the acute admission ward in Lagan Valley Hospital and the remaining beds to the Downe Hospital. This is proposed to happen over the next 18 - 24 months.

There is a wide entrance to the ward with a seating area for the patients along the corridor. There is also a communal dining area and day room which includes a conservatory looking onto an enclosed garden, which requires supervised access and can only be accessed at the discretion of nursing staff. The ward has a visitor's room, a seclusion room and an isolation room. Other facilities on the ward include: a laundry room and a range of toilet and bathroom facilities and store rooms.

Patients are mainly accommodated in four bedded bays; these are segregated into male and female areas. There are four single rooms, one of which is for admission purposes and a night duty nursing area to facilitate patient observation. The Occupational Therapy (OT) activity room is situated on this part of the ward.

The ward currently has an Acting Manager and at the time of inspection there was a total of 15 patients.

The inspection resulted in 14 recommendations for the SEHSCT and Downshire Hospital, a full list of recommendations is listed in Section 13.

A detailed list of preliminary findings is forwarded to SEHSCT 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:

- **Hand hygiene audits are carried out**
- **Environmental cleanliness audits are carried out**
- **The acting ward manager has devised a well defined colour coded training matrix**
- **Weekly maintenance checks of the ward are in place**
- **The ward has a link nurse who staff refer to for all IPC concerns**

The RQIA inspection team would like to thank the staff at the Downshire 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	Ward 27
General Environment	76
Patient Linen	85
Waste	87
Sharps	86
Equipment	88
Hygiene Factors	99
Hygiene Practices	96
Average Score	**88**

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

Table 2

General Environment	Ward 27
Reception	53
Corridors, stairs lift	N/A
Public toilets	70
Ward/department – general (communal)	79
Patient bed area	70
Bathroom/washroom	76
Toilet	68
Clinical room/treatment room	88
Clean utility room	N/A
Dirty utility room	64
Domestic store	84
Kitchen	77
Equipment store	N/A
Isolation	87
General information	96
Average Score	**76**

Table 3

Patient Linen	Ward 27
Storage of clean linen	83
Storage of used linen	100
Laundry facilities	71
Average Score	**85**

Table 4

Waste and Sharps	Ward 27
Handling, segregation, storage, **waste**	**87**
Availability, use, storage of **sharps**	**86**

Table 5

Patient Equipment	Ward 27
Patient equipment	**88**

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

Table 6

Hygiene Factors	**Ward 27**
Availability and cleanliness of wash hand basin and consumables	94
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	100
Average Score	**99**

Table 7

Hygiene Practices	**Ward 27**
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	80
Staff uniform and work wear	93
Average Score	**96**

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 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.

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:

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 27
Reception	53
Corridors, stairs lift	N/A
Public toilets	70
Ward/department – general (communal)	79
Patient bed area	70
Bathroom/washroom	76
Toilet	68
Clinical room/treatment room	88
Clean utility room	N/A
Dirty utility room	64
Domestic store	84
Kitchen	77
Equipment store	N/A
Isolation	87
General information	96
Average Score	**76**

6.1 Cleaning

On inspection of the ward the inspectors evidenced good compliance with regional specifications for cleaning standards. The inspectors observed that regular cleaning mechanisms were in place to prevent the build up of dust and soil which in turn prevents the build up of bacteria and subsequently reduces the potential risk for the transmission of bacteria.

The ward whilst generally clean required minor improvements particularly in the dirty utility room, kitchen, main reception, toilets and the crevices of the portable public telephone. More attention is also required in cleaning touch points around door handles. This was evidenced on the touch points of the doors throughout the ward. Door touch points if not frequently cleaned can act as a vehicle for cross contamination as a result of direct contact from staff or patient hands.

Throughout the ward the inspectors noted excessive dust at high level, in many air vents and skirting areas. External windows were grubby and in the toilet areas, some toilet bowls and a sink required attention to detail in the cleaning process. In the kitchen, the lid covering the sugar container was dirty and the hand washing sink was grubby.

6.2 Clutter

Staff are to be commended for maintaining a clutter free environment. This was evidenced by effective utilisation of space and good stock management which assists with effective cleaning. Patient areas such as the day room, dining room and bed areas were tidy and the inspectors did not observe any indication of overstocking in the clinical room, the only room where patient equipment and nursing supplies are stored.

On the day of inspection the low stimulation room was inaccessible to patients. Staff confirmed it had been inaccessible for approximately six months as maintenance work was being carried out in the ward and equipment was being stored in this room.

6.3 Maintenance and Repair

Ward 27, located to the back of the hospital, has environmental factors associated with age and maintenance of the fabric of the building. The vast majority of the action points identified in this section related to the fabric and condition of the building which did not always reach an acceptable standard. Staff in the ward and trust representatives confirmed that following the RQIA mental health and learning disability inspection December 2010, an action plan is currently in place and it is anticipated agreed funding will address many issues raised.

Picture 1: Patient toilet, damaged walls, skirting and floor

There was paint work damage to walls and exposed wood was noted on skirting, doors and door frames, this also included the single rooms. Throughout the ward defective flooring and skirting, damaged and water stained ceiling tiles and holes in the walls were observed (Picture 1).

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 are fitted and sealed correctly to prevent the possible build up and subsequent transmission of bacteria.

The trust has recently identified increased legionella counts within trust buildings. It is noted that many ceiling tiles were missing due to ongoing trust maintenance work to control the risk of legionella in the pipework. The inspectors noted a stale water odour in many of the sanitary areas, this has been reported by staff. In the main bathroom, staff routinely run the shower which is not in use by the patients, this practice is recorded.

6.4 Fixtures and Fittings

Picture 2: Refurbished day room

The chairs and settees in the day room have recently been upholstered in washable fabric which has improved the cosmetic appearance of the room (Picture 2). However remaining fixtures and fittings were old and worn or damaged. The sluice bowl of the dirty utility room and the domestic store was old and worn and in the domestic store the wooden bar on the sluice was missing and a residue of glue was observed.

There were two wooden benches in the bathroom which were worn to the bare wood. Wooden furniture should not be fitted in areas prone to moisture as they cannot be effectively cleaned.

In the bed bays, wooden tables were worn down to the bare wood, bed frames were chipped, door handles of drawers were missing, some cupboard drawers were missing or broken and settees and chairs were old, worn and required upholstering. Non-easily cleaned fabric compromises the cleaning process due to the inability to remove all bacteria by normal damp dusting and cleaning processes. Staff confirmed that a request for replacement and repair of the furniture had been submitted.

6.5 Information

Picture 3: Poster for visitors at entrance to ward

Hand hygiene posters were displayed at hand washing sinks and alcohol gel dispensers. Information leaflets on hand hygiene, common infections and infection prevention and control were available on request (Picture 3).

There was a range of posters in place for staff to reference such as waste, sharps management and colour coding however a poster on the segregation of linen was not available.

At the time of inspection there were no patients with a Healthcare Associated Infection (HCAI), however staff and visitors have relevant literature, instructions and posters to reference should a patient require isolation.

Detailed cleaning schedules which outline staff responsibility for both domestic and nursing staff are up to date.

Recommendations

1. **The trust should work with staff to ensure adherence to environmental cleaning schedules in all ward areas.**

2. **The trust should ensure clutter free environments are maintained.**

3. **Planned redecorating, floor repairs and repair/replacement of damaged fixtures and fittings should be completed.**

4. **The trust should ensure the low stimulation room is accessible to patients and seek alternative storage for the equipment.**

5. **The trust should investigate the stale water odour and where necessary take appropriate action to address this.**

7.0 Patient Linen

STANDARD 3.0
PATIENT LINEN

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

Patient Linen	Ward 27
Storage of clean linen	83
Storage of used linen	100
Laundry facilities	71
Average Score	**85**

7.1 Management of Linen

Picture 4: Poorly fitted tumble dryer vent, dust and balls of lint

The dirty utility room is also used as a patient laundry. The room was dusty, in poor repair, a deep sink was not available for cleaning patient equipment or hand washing garments and the vent in the tumble dryer was not fixed to the wall contributing to excessive dust in the room and balls of lint on the vent and door edge (Picture 4).

Linen was stored tidily in a separate store which also has a segregated area for the storage of patient belongings such as razors and shaving foam. The walls had chipped and flaky paint, the floor was stained and grubby, wood was exposed on the door and the cubby holes storing patient belongings need sealed.

Recommendations

6. **The trust should ensure the dirty utility room, which encompasses the laundry facilities, is fit for purpose.**

7. **Planned redecorating and repair/replacement of damaged fixtures and fittings, including shelving in the linen store, should be completed.**

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 27
Handling, segregation, storage, **waste**	**87**
Availability, use, storage of **sharps**	**86**

8.1 Waste

Picture 5: Inappropriate waste disposal in yellow lidded burn bin

The inspection evidenced that there are arrangements in place for the handling, segregation, storage and disposal of waste in the ward, however in some instances these did not comply with local and regional guidance. Some waste bins were damaged, a black lidded waste bin for the disposal of pharmaceutical waste was not available and plastic cups were disposed into the yellow lidded burn bin (Picture 5).

The portable suction machine was clean but it is an old machine with a glass canister. While staff clean the canister weekly, this type of canister requires water in the container to assist the suction process. At the feedback, trust representatives agreed that Infection Prevention and Control would assess the machine with a view to replacement.

8.2 Sharps

The sharps bin is located and stored in the clinical room. It was observed during the inspection that the temporary closure mechanism, to prevent spillage and impede access, was not in place when the sharp box was not in use. The integrated sharps trays stored in the cupboard were grubby which would suggest staff are either not using the trays or not cleaning them effectively between use.

Recommendations

8. **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.**

9. **The trust should implement advice given by Infection Prevention and Control following assessment on the use of the suction machine.**

9.0 Patient Equipment

STANDARD 5.0
PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient Equipment	Ward 27
Patient equipment	88

As the patients in this ward are generally self caring, mobile and physically well, there is no requirement for a large supply of patient equipment. A well defined cleaning schedule was in place and equipment was visibly clean with trigger tape attached to indicate it was clean and ready to use.

Staff however were unaware of the symbol for single use equipment, disposable tourniquets were not available and the re-usable ambu bag was dusty. At the feedback, trust representatives agreed that Infection Prevention and Control would assess the ambu bag with a view to replacing it with a single use bag.

Recommendations

10. **The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; equipment is clean and in good repair.**

11. **The trust should implement advice given by Infection Prevention and Control following assessment on the use of the re-usable ambu bag.**

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 27
Availability and cleanliness of wash hand basin and consumables	94
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	100
Average Score	**99**

Picture 6: Hand washing facilities in clinical room

The taps in the clinical room are not elbow operated or automated (Picture 6). When elbow operated taps are not available there should be guidance for staff on the safe use of these taps. It is recommended in Infection Control in the Built Environment (2001) to provide sensor, knee or elbow operated taps at clinical sinks.

The inspectors noted the temperature of the hot water in the kitchen and clinical room was very hot and did not cool down sufficiently when run. It is difficult for staff to wash hands effectively when the water is too hot to rinse hands under.

Recommendations

12. **The trust should review the availability, condition and appropriateness of hand hygiene facilities for staff in relation to infection prevention and control practices and include the infection prevention and control team in any future planning and upgrading of facilities.**

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 27
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	80
Staff uniform and work wear	93
Average Score	**96**

Due to the nature of the ward, the inspectors observed minimal hygiene practices however, when questioned, staff were knowledgeable on appropriate use of PPE and hand decontamination. There are four single rooms which can be allocated for isolation purposes. Two of the rooms have hand washing facilities; these rooms are near a toilet which would be dedicated for isolation use only.

In relation to effective cleaning of the ward, two members of staff were unsure of dilution rates for the recommended disinfectants to be used routinely and for blood spillages.

On the day of inspection there were no patients in the ward with a HCAI or requiring isolation. Staff confirmed that should a patient requiring isolation be admitted to the ward, they would feel confident in receiving immediate advice and guidance from the ward infection control link nurse and the Infection Prevention and Control team to ensure correct measures are in place.

Staff changing facilities are inspected in this section of the audit tool. At present facilities are not available for staff to change into and out of their uniform at work.

Recommendations

13. **The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; blood spillages are managed correctly.**

14. The trust should ensure that the requirement for staff changing facilities as set out by the Department of Health building standard are incorporated into future new build plans

12.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs L Gawley - 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

Mr Damien Brannigan	-	Acute Hospital Services Manager
Mr Bryan Rhodes	-	Operational Support Manager
Mr Andrew Mc Keever	-	Acting Ward Manager
Ms Jeanette Rodgers	-	Assistant Manager Patient Experience
Ms Noeleen Magee	-	Infection Protection and Control Nurse

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 with staff to ensure adherence to environmental cleaning schedules in all ward areas.

2. The trust should ensure clutter free environments are maintained.

3. Planned redecorating, floor repairs and repair/replacement of damaged fixtures and fittings should be completed.

4. The trust should ensure the low stimulation room is accessible to patients and seek alternative storage for the equipment.

5. The trust should investigate the stale water odour and where necessary take appropriate action to address this.

6. The trust should ensure the dirty utility room, which encompasses the laundry facilities, is fit for purpose.

7. Planned redecorating and repair/replacement of damaged fixtures and fittings, including shelving in the linen store, should be completed.

8. 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.

9. The trust should implement advice given by Infection Prevention and Control following assessment on the use of the suction machine.

10. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; equipment is clean and in good repair.

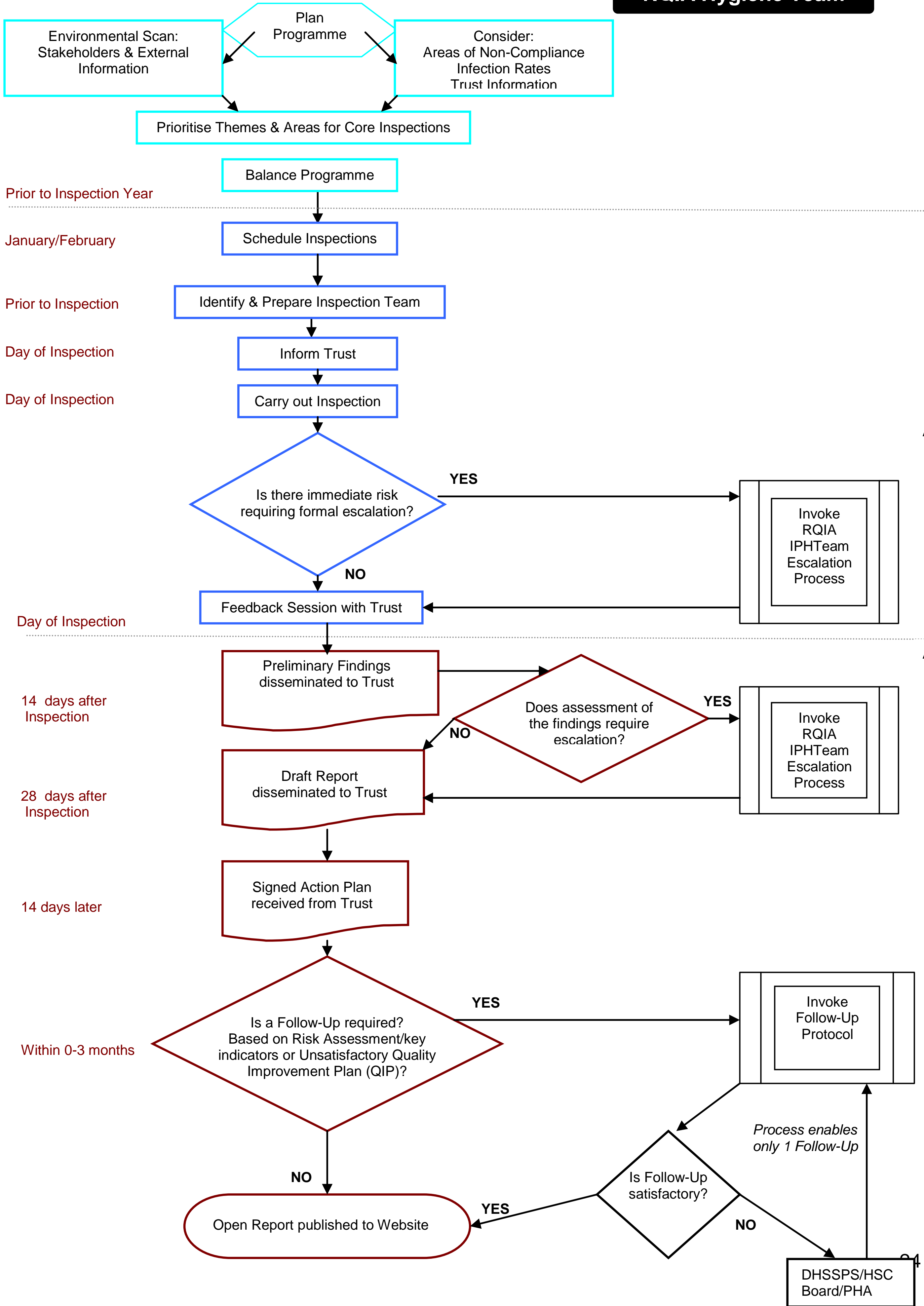
11. The trust should implement advice given by Infection Prevention and Control following assessment on the use of the re-usable ambu bag.

12. The trust should review the availability, condition and appropriateness of hand hygiene facilities for staff in relation to infection prevention and control practices and include the infection, prevention and control team in any future planning and upgrading of facilities.

13. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; blood spillages are managed correctly.

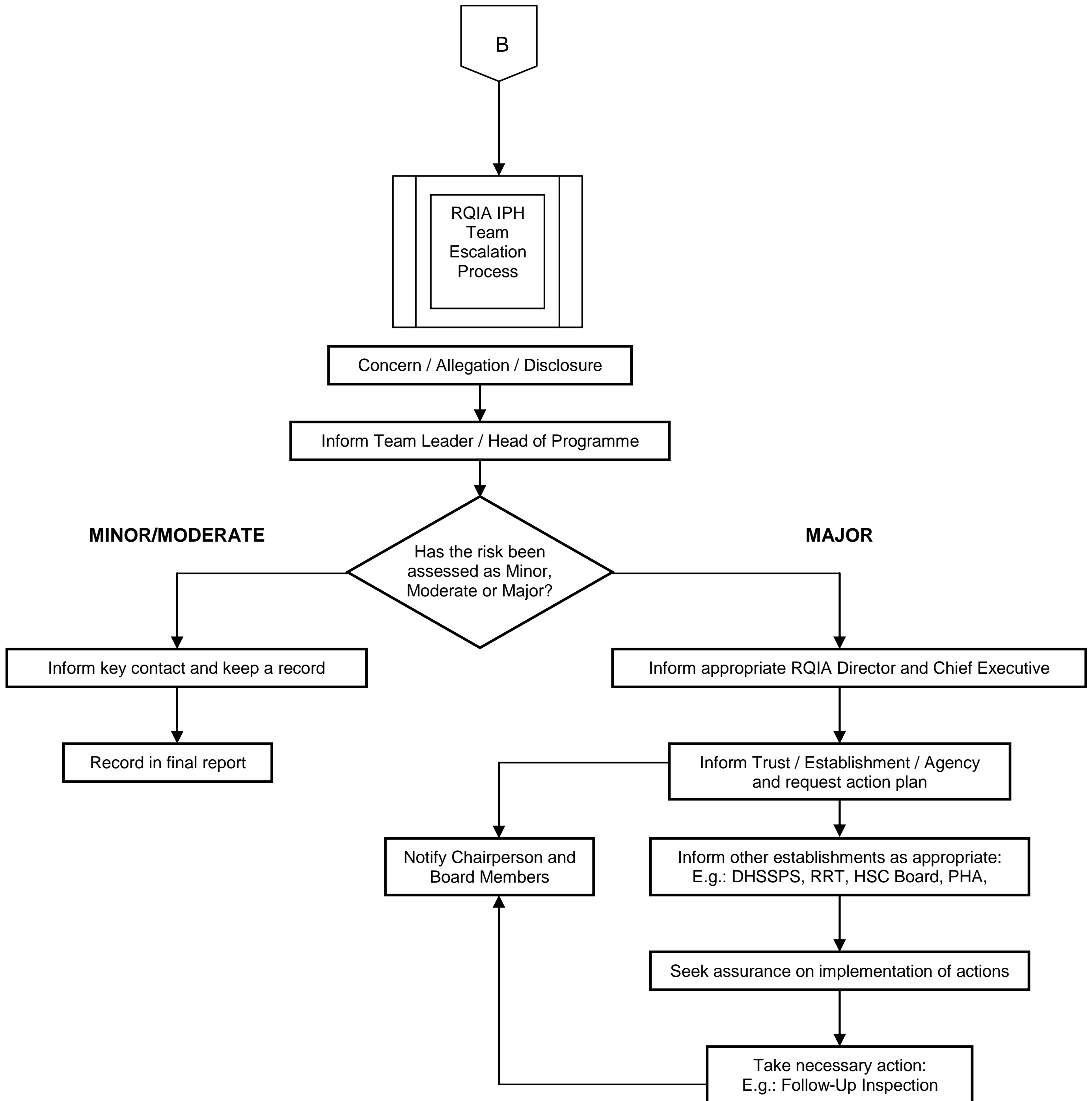
14. **The trust should ensure that the requirement for staff changing facilities as set out by the Department of Health building standard are incorporated into future new build plans.**

14.0 Unannounced Inspection Flowchart



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Recommendations

Ref Number	Recommendations	Designated Department	Action Required	Date for Completion / Timescale
1.	The trust should work with staff to ensure adherence to environmental cleaning schedules in all ward areas.	Patient Experience	Cleaning schedules are in place in all ward areas. Adherence to schedules is monitored internally by co-ordinators weekly and externally by Quality, Performance and Training staff on a monthly basis	February 2011
2.	The trust should ensure clutter free environments are maintained.	Ward Sister/charge Nurse	This recommendation has been shared with relevant staff and monitoring of compliance will be carried out by Ward Sisters	De-clutter day each Saturday. Extra Storage allocated to Ward27 Kilclief. Beginning immediately.
3.	Planned redecorating, floor repairs and repair/replacement of damaged fixtures and fittings should be completed.	Estates	The Estates Department is carrying out an ongoing maintenance plan.	Sept 2011
4.	The trust should ensure the low stimulation room is accessible to patients and seek alternative storage for the equipment.	Ward Sister/charge Nurse	Plans are currently underway to address this situation	July 2011
5.	The trust should investigate the stale water odour and where necessary take appropriate action to address this.	Estates	Addressed Repaired flooring to shower which I now in frequent use.	Estates work carried out on shower and stale odour resolved.
6.	The trust should ensure the dirty utility room, which encompasses the laundry facilities, is fit for purpose.	Estate	This will be addressed in an upgrading scheme which is currently being designed	Sept 2011
7.	Planned redecorating and repair/replacement of damaged fixtures and fittings, including shelving in the linen store, should be completed.	Estates	This will be addressed in an upgrading scheme which is currently being designed	Sept 2011

Ref Number	Recommendations	Designated Department	Action Required	Date for Completion / Timescale
8.	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 Prevention Contol/Environmental Waste Officer	The IPC have a Sharps audit undertaken annually and IPC nurse also undertake randomly or in response to a aspect of non-compliance noted on routine ward visits. This is the corporate response – it is ongoing process	Infection control link nurse appointed and this will be increased to two IPC link nurses and two HCA's – September 2011
9.	The Trust should implement advice given by Infection Prevention and Control following assessment on the use of the suction machine.	Ward Sister	Addressed Suction machine has been replaced by new equipment.	Immediate
10.	The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; equipment is clean and in good repair.	Estates	The Estates Department is carrying out an ongoing maintenance plan. Which will be shared with all staff. Nursing staff have implemented maintenance checks	Sept 2011. Monthly
11.	The trust should implement advice given by Infection Prevention and Control following assessment on the use of the re-usable ambu bag.	Infection Prevention & Control	Ambu-bags should all be single use as per Resuscitation officer guidance.	Advice given to staff by IPC Link nurse all staff made aware via Team meeting
12.	The trust should review the availability, condition and appropriateness of hand hygiene facilities for staff in relation to infection prevention and control practices and include the infection, prevention and control team in any future planning and upgrading of facilities.	Infection Prevention & Control	The IPCN undertakes with the IPC link nurse a Hand Hygiene facilities audit on an annual basis. Independent hand Hygiene audits are in place in acute wards and will roll out to include non –acute areas. IPC are involved capital planning and refurbishment projects.	Not sure how a timescale can be added as this in relating to all future planning and upgrading of facilities – timescales for the individual ward were included in the other action plan

Ref Number	Recommendations	Designated Department	Action Required	Date for Completion / Timescale
13.	The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date; blood spillages are managed correctly.	Infection Prevention & Control	There is an ongoing programme of IPC training for staff and the trust have a clear policy for the management of blood spills which is included in training.	
14.	The trust should ensure that the requirement for staff changing facilities as set out by the Department of Health building standard are incorporated into future new build plans.		Addressed Staff changing facilities will incorporated into new PICU and Low Secure Services.	This has been requested from Estates and price assessment underway as part of an overall plan to address estates issues in Ward 27. Meeting arranged on forward plan for 10/06/11. 2013

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