



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/ Hygiene
Unannounced Follow-up Inspection

Southern Health and Social Care Trust

Sperrin ward, Longstone Hospital

7 June 2011

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1.0 Inspection Summary

As a result of the announced inspection carried out on 6 April 2011 a detailed action plan was submitted to RQIA. As part of the follow up process an unannounced follow up inspection was undertaken to Longstone Hospital, on the 7 June 2011. The purpose of the inspection was to re-audit Sperrin Ward which in the initial inspection identified four non compliant sections within standards 2- 7 of the draft Regional Healthcare Hygiene and Cleanliness Standards.

Inspection Outcomes

The inspection team reviewed the progress and found 70 per cent of the actions had been addressed. The outstanding issues were in relation to detailed nursing cleaning schedules which still need to be developed, the replacement of a canister on a suction machine and the cleaning of waste bins.

At the April inspection, 24 recommendations were made in relation to Standards 2-7. Seventeen have been addressed, seven have been repeated and there are five new recommendations. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness standards and the following area was inspected:

- Sperrin Ward

Longstone Hospital is located within a large health service site on the outskirts of Armagh. Sperrin Ward is one of three wards which make up the Cedarwood complex. The ward comprises of living space, bedrooms, sanitary areas, day rooms, kitchen, dining room, office and stores. Areas such as the visitors' seating area, public toilet, treatment room, interview room and domestic store are communal areas shared between the three wards. The ward provides inpatient care and treatment to adult males with learning disability and challenging behaviour.

A summary of the 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 at Longstone 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 the organisation to target areas that require more specific attention.

Table 1

Areas inspected	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
General environment	68	79
Patient linen	83	97
Waste	77	83
Sharps	86	100
Patient Equipment	54	92
Hygiene factors	66	98
Hygiene practices	74	98
Average score	73	92

Table 2

General Environment	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Reception	90	91
Corridors, stairs lift	92	93
Public toilets	73	72
Ward/department - general (communal)	48	87
Patient bed area	76	86
Bathroom/washroom	49	74
Toilet	62	82
Clinical room/treatment room	65	77
Clean utility room	N/A	N/A
Dirty utility room	N/A	N/A
Domestic store	50	Under Refurbishment
Kitchen	77	95
Equipment store	75	84
Isolation	N/A	N/A
General information	60	96
Average score	68	79

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

Table 3

Patient linen	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Storage of clean linen	96	100
Storage of used linen	70	93
Laundry facilities	N/A	N/A
Average score	83	97

Table 4

Waste and sharps	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Handling, segregation, storage, waste	77	83
Availability, use, storage of sharps	86	100

Table 5

Patient equipment	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Patient equipment	54	92

Table 6

Hygiene factors	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Availability and cleanliness of wash hand basin and consumables	57	92
Availability of alcohol rub	100	100
Availability of PPE	20	100
Materials and equipment for cleaning	86	100
Average score	66	98

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

Table 7

Hygiene practices	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Effective hand hygiene procedures	63	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	67	89
Correct use of isolation	N/A	N/A
Effective cleaning of ward	54	100
Staff uniform and work wear	84	100
Average score	74	98

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	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Reception	90	91
Corridors, stairs lift	92	93
Public toilets	73	72
Ward/department - general (communal)	48	87
Patient bed area	76	86
Bathroom/washroom	49	74
Toilet	62	82
Clinical room/treatment room	65	77
Clean utility room	N/A	N/A
Dirty utility room	N/A	N/A
Domestic store	50	Under Refurbishment
Kitchen	77	95
Equipment store	75	84
Isolation	N/A	N/A
General information	60	96
Average score	68	79

There has been significant improvement in this standard, with just two sections remaining minimally complaint and the overall score moving to a partial compliance score.

6.1 Cleaning

The reception/ visitors areas and corridor leading to the ward continued to maintain a good standard of cleanliness. The inspectors were informed a programme of refurbishment had been identified which will include re-flooring of sanitary areas and the repainting of walls and doors following minor repairs to holes and damage. In the interim, walls and ceiling heat panels had been cleaned, although the service area around the servery in the kitchen required further attention. The

curtains had been laundered and floors had been deep cleaned. The floor in the kitchen remained grubby in appearance and if possible should be included in the flooring replacement plan. The light fittings had been cleaned and in general the high and low surfaces were clean. The old and worn chairs in the day room had been replaced and the new chairs were clean on the day of the inspection. The dust on the air vents and windows was still evident and required action.

The public toilet off the reception area required greater attention to detail when cleaning, this section remained minimally compliant. The skirting, top of the mirror, cistern and back of the door were all dusty. The jumbo toilet roll dispenser was empty with excess toilet rolls on top of it. These issues were all highlighted during the inspection in April. Inspectors were informed that the toilet roll dispenser could not be opened and a replacement had been ordered. The old hand washing sink and fittings had been replaced, however further repair is required to the resulting holes in the wall and the surrounding area which need painted.

In the sanitary areas the cleaning issues around wash hand sinks and taps had been addressed. However, the underside of the shower chair was stained and the framework rusty, this issue had still to be the addressed from the April inspection; the ward manager stated a new chair was on order. Although the patients' wash bags in the shower room had been replaced with individual small plastic baskets, the wash bags had been removed to the store but were still in use for weekend home visits (Picture1). They still required cleaning and labels to be removed.



Picture 1 Patients wash bags in a store

6.2 Clutter

The patient areas still had basic furnishings but the ward manager informed the inspectors that pictures and other items which will provide a more home like environment had been requisitioned, and patients families had been asked for memorabilia to personalise the patients'

bed space. The privacy stud walls had been painted and patient clothing had been returned to bedside wardrobes.



Picture 2 De-cluttered store room

Since the inspection in April a review of the stores and their usage had been carried out. The double recessed cupboard in the service corridor is now used solely for food products and the stores were neat, tidy and clutter free (Picture 2). The exception was the sensory room which has remained cluttered.

6.3 Maintenance and repair

There is now a programme in place for the refurbishment and repair of damaged floors, walls and doors. The trust are to be commended for their prompt action in addressing the issue of the domestic store which was not fit for purpose. On the day of the follow up inspection, inspectors noted the room had been stripped out, a new floor had been laid and a new sink and cupboard units had been installed. A new sluice, hand wash sink and shelving units will be fitted after the room is painted.

6.4 Fixtures and fittings

The old damaged wall cupboards in the shower room had been replaced and repairs had been carried out to patients' wardrobes. The missing toilet seat had been replaced.

6.5 Information



Picture 3 Poster on hand hygiene

Information leaflets on hand hygiene practices and infection prevention were now available for staff, patients and visitors (Picture 3).

A book detailing all equipment and staff cleaning responsibilities was available in the treatment room, but had not been formulated into a cleaning schedule for nursing staff. Nursing audits were not carried out to ensure compliance with cleaning schedules. This was still outstanding from the inspection in April.

Recommendations

- 1. The trust need to put in place an effective maintenance programme to ensure air vents and light fittings are cleaned regularly. (Repeated)**
- 2. The Estates Department should ensure maintenance work is completed in full and to a satisfactory standard.**
- 3. The trust need to ensure an effective window cleaning programme is in place for both the external and internal windows. (Repeated)**
- 4. The ward manager needs to develop a cleaning schedule for patient equipment, and an audit process to ensure compliance. (Repeated)**

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	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Storage of clean linen	96	100
Storage of used linen	70	93
Laundry facilities	N/A	N/A
Average score	83	97

7.1 Management of Linen

This standard has shown significant improvement, the section on the storage of clean linen was fully compliant and the section on used linen has moved from minimal compliance to compliant, which is to be commended. Staff were observed making beds wearing the appropriate personal protective equipment. The only issue to be actioned is the used linen skip in the shower room which was dusty.

Recommendations

5. Staff need to ensure that equipment used for clean and dirty linen is clean.

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	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Handling, segregation, storage, waste	77	83
Availability, use, storage of sharps	86	100

8.1 Waste

The section on handling and segregation of waste is now compliant. Household waste bins were available at all hand wash sinks although the cleanliness of the bins and the correct segregation of household and clinical waste continued to be an issue. The content of the black and yellow lidded burn bin was incorrect, cardboard and paper were noted in the black lidded bin and pharmaceutical waste was in the yellow lidded bin. On discussion with staff there appeared to be some confusion on the advice received as it contradicted the trust's waste policy. Staff should clarify the trust policy with the Infection prevention and control team.

The cracked canister of the suction waste machine had been replaced however the liner fittings were not appropriate to this machine (Picture 4). This had been identified during the first visit.



Picture 4 Incorrect fitting for suction machine

8.2 Sharps

No issues identified. The sharps box was clean and the temporary closure was in place.

Recommendations

- 6. Waste bins should be clean and free from damage. (Repeated)**
- 7. Staff should ensure they use the correct waste stream when disposing of waste.**
- 8. The ward manager should ensure the canister of the suction machine is repaired or replaced and that the correct disposable liners are available. (Repeated)**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient equipment	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Patient equipment	54	92

As the patients in this ward are generally mobile and physically well there was no requirement for a large supply of patient equipment.

This standard is now compliant; staff removed some of the equipment which was stained or rusty, such as the IV stand, stethoscope and resuscitation trolley. Although oxygen masks were now covered, laryngoscope blades had been removed from their original packaging and were lying exposed in the drawer of the resuscitation trolley. This issue was raised at the inspection in April.



Picture 5 Dirty Frame of Drugs Trolley

In the shared treatment room there was a monthly responsibility rota available but there was no indication that shared equipment was cleaned or decontaminated between use. The framework of the drug trolley designated to Sperrin ward and the other two drugs trolleys belonging to the other wards who share this room was dirty (Picture 5). This issue were raised at the inspection in April.

Recommendations

9. Staff should ensure that sterile and single use equipment remains in its original packaging. (Repeated)
10. The ward manger should further develop the monthly responsibility rota to include a system to indicate equipment has been cleaned or decontaminated between use. (Repeated)
11. The drugs trolleys should be included in nursing staff cleaning schedules.

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	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Availability and cleanliness of wash hand basin and consumables	57	92
Availability of alcohol rub	100	100
Availability of PPE	20	100
Materials and equipment for cleaning	86	100
Average score	66	98



Picture 6 New hand wash sink with soap and hand towels available

It is evident from the inspection that staff have worked hard to achieve four compliant sections in this standard. Toilet facilities were now unlocked and accessible to patients, a new wash hand sink had been installed with sensor activated taps and filled soap and hand towel dispensers were available at all hand wash sinks. Toilet tissue was available and was currently being stored on the window sill of each cubicle pending the delivery of new dispensers which the ward manager had ordered. The old worn hand wash sink in the public toilet had also been replaced (Picture6).

The plug had been removed from the hand wash sink in the clinical room but the replacement of the silicone seal has still to be completed.

Supplies of PPE were now available and the inspectors were able to observe correct staff practice in relation to wearing PPE when changing used bed linen.

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	Sperrin Ward 6 April 2011	Sperrin Ward 7 June 2011
Effective hand hygiene procedures	63	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	67	89
Correct use of isolation	N/A	N/A
Effective cleaning of ward	54	100
Staff uniform and work wear	84	100
Average score	74	98

All of the sections in the hygiene practices were compliant. The only issue observed in the follow up inspection, which was still outstanding from the April inspection, was in relation to vinyl gloves. The vinyl gloves had been removed from shower rooms, although two boxes were noted in the clothes' store. The ward manger stated these would be removed immediately.

Staff were now able to perform hand hygiene as directed by the World Health organisation (WHO) five moments of patient care as a result of unrestricted access to the hand washing facilities.

Following the inspection in April when the Effective Cleaning Section of this standard was minimally compliant, staff updated their knowledge on correct dilution rates for disinfectants. This was evidenced when staff were questioned during the June inspection. Information posters and COSHH data sheets were also now available

All staff stated they now change into their uniform on arrival or prior to leaving work. The communal wellington boots the inspectors noted on the previous inspection have been removed and replaced with disposable shoe protectors.

Recommendations

- 12. The ward manager should ensure all stocks of vinyl gloves are removed.**

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 S McLoughlin - Head of Decontamination Services on behalf of
Ms A Carroll Assistant Director of Acute
Services
Mr M McAree - Clinical Services Manager
Ms B Cullen - Locality Support Services Manager Armagh and
Dungannon
Ms E McKeown - Sperrin Ward 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

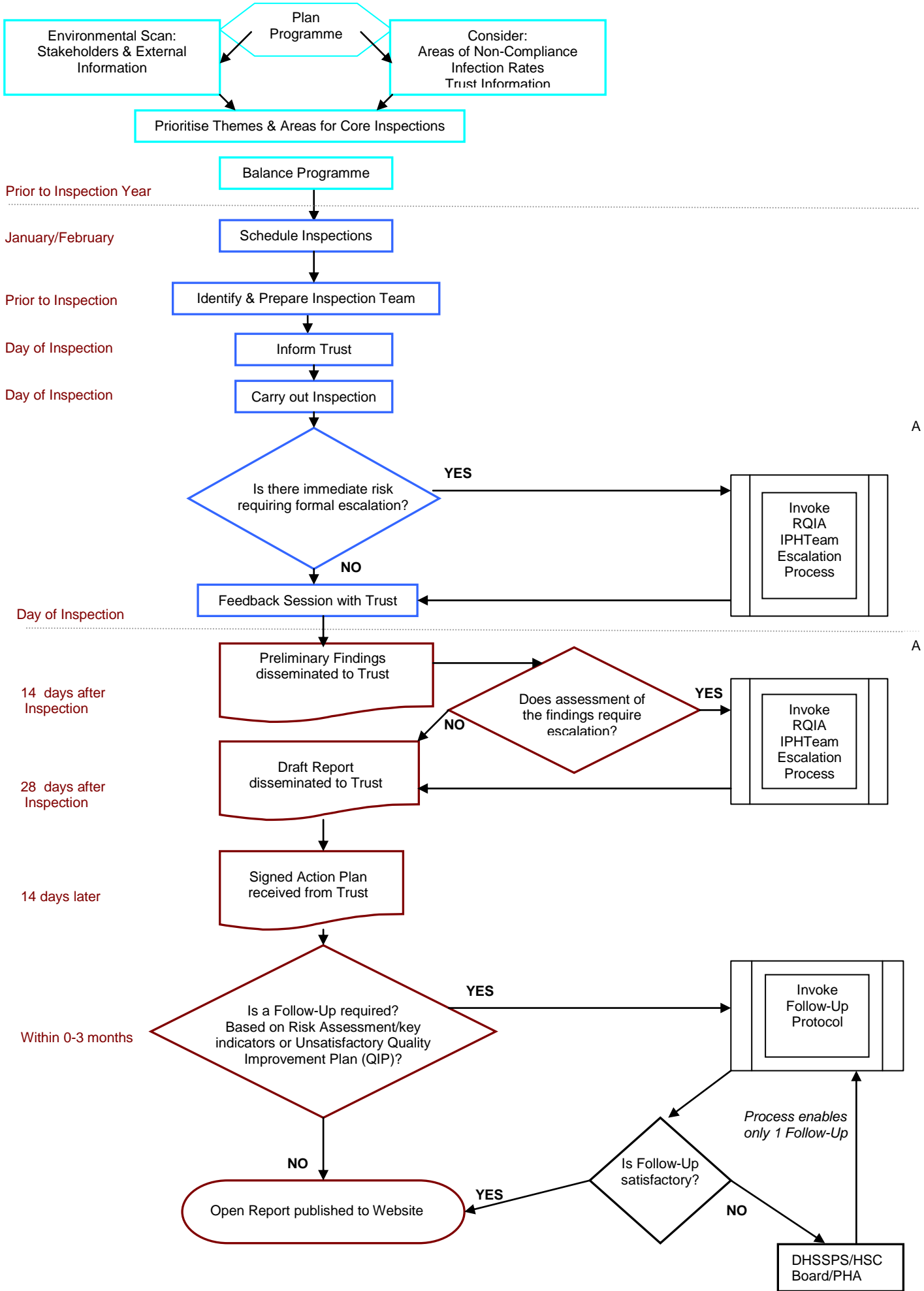
- 1. The trust need to put in place an effective maintenance programme to ensure air vents and light fittings are cleaned regularly. (Repeated)**
- 2. The Estates Department should ensure maintenance work is completed in full and to a satisfactory standard.**
- 3. The trust need to ensure an effective window cleaning programme is in place for both the external and internal windows. (Repeated)**
- 4. The ward manager needs to develop a cleaning schedule for patient equipment, and an audit process to ensure compliance. (Repeated)**
- 5. Staff need to ensure that equipment used for clean and dirty linen is clean and maintained.**
- 6. Waste bins should be clean and free from damage. (Repeated)**
- 7. Staff should ensure they use the correct waste stream when disposing of waste.**
- 8. The ward manager should ensure the canister of the suction machine is repaired or replaced and that the correct disposable liners are available. (Repeated)**
- 9. Staff should ensure that sterile and single use equipment remains in its original packaging. (Repeated)**
- 10. The ward manger should further develop the monthly responsibility rota to include a system to indicate equipment has been cleaned or decontaminated between use. (Repeated)**
- 11. The drugs trolleys should be included in nursing staff cleaning schedules.**
- 12. The ward manager should ensure all stocks of vinyl gloves are removed.**

14.0 Unannounced Inspection Flowchart

Plan Programme

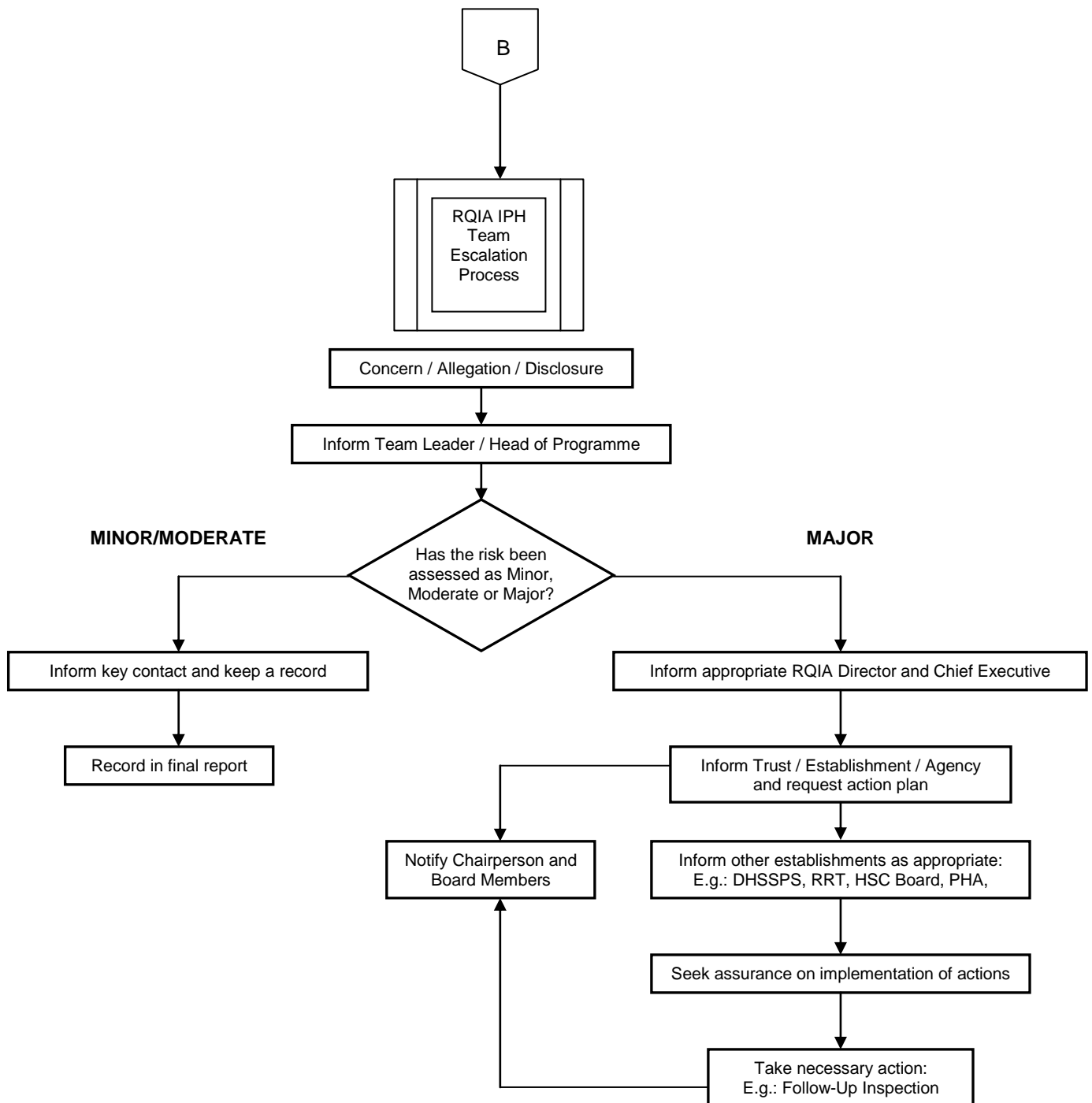
Episode of Inspection

Reporting & Re-Audit



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1. *	The trust need to put in place an effective maintenance programme to ensure air vents and light fittings are cleaned regularly. (Repeated)	Estates	Estates Dept to arrange this.	31.08.2011
2.	The Estates Department should ensure maintenance work is completed in full and to a satisfactory standard.	Estates	All outstanding maintenance & capital works requests to be completed	31.08.2011
3. *	The trust need to ensure an effective window cleaning programme is in place for both the external and internal windows. (Repeated)	Domestic	The Trust has requested a quotation from an external contractor for the cost of cleaning the interior/exterior windows on a monthly basis. An agreement should be reached very shortly.	31.07.2011
4. *	The ward manager needs to develop a cleaning schedule for patient equipment, and an audit process to ensure compliance. (Repeated)	Nursing	A new cleaning schedule is in place together with instructions for staff. The new cleaning schedule is audited weekly.	Ongoing
5.	Staff need to ensure that equipment used for clean and dirty linen is clean and maintained.	Domestic	A new cleaning schedule is in place together with instructions for staff. The new cleaning schedule is audited weekly.	Ongoing
6. *	Waste bins should be clean and free from damage. (Repeated)	Domestic & Nursing	The bins supplied by the Trust get damaged very easily & need replaced regularly. This has been raised with Supplies. Staff will continue to keep bins clean & as well maintained as possible & replace as needed.	Ongoing
7.	Staff should ensure they use the correct waste stream when disposing of waste.	Nursing	New guidelines re correct disposal of waste have been issued for staff use.	Completed
8. *	The ward manager should ensure the canister of the suction machine is repaired or replaced and that the correct disposable liners are available. (Repeated)	Nursing	New liners & canisters have been received, fitted & are in full working order.	Completed
9. *	Staff should ensure that sterile and single use equipment remains in its original packaging. (Repeated)	Nursing	A new cleaning schedule is in place to note when these have been used & cleaned or need replaced. The new cleaning schedule is audited weekly.	Ongoing

* indicates stated for a second time

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
10. *	The ward manger should further develop the monthly responsibility rota to include a system to indicate equipment has been cleaned or decontaminated between use. (Repeated)	Nursing	A new cleaning schedule is in place together with instructions for staff. The new cleaning schedule is audited weekly.	Ongoing
11.	The drugs trolleys should be included in nursing staff cleaning schedules.	Nursing	A new cleaning schedule, inclusive of the drugs trolleys, is in place together with instructions for staff. The new cleaning schedule is audited weekly.	Ongoing
12.	The ward manager should ensure all stocks of vinyl gloves are removed.	Nursing	These have been removed	Completed

* indicates stated for a second time



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