



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced inspection

Southern Health and Social Care Trust

Sperrin Ward, Longstone Hospital

6 April 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the **Longstone Hospital**, on the 6 April 2011. 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.

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

The inspection resulted in 25 recommendations for the Southern Health Social Care Trust (SHSCT) and Longstone Hospital, a full list of detailed actions is listed in Section 13.

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

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

Notable Practice

The inspection identified the following areas of notable practice

- The trust have approved an individual ward manager's post for each ward. The newly appointed ward manager for Sperrin Ward took up the post on the 4 April 2011.

The RQIA inspection team would like to thank the SHSCT and in particular all staff at the 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 organisation to target areas that require more specific attention.

Table 1

Areas inspected	Sperrin Ward
General environment	68
Patient linen	83
Waste	77
Sharps	86
Equipment	54
Hygiene factors	66
Hygiene practices	74
Average score	73

Level of Compliance

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

Table 2

General environment	Sperrin Ward
Reception	90
Corridors, stairs lift	92
Public toilets	73
Ward/department - general (communal)	48
Patient bed area	76
Bathroom/washroom	49
Toilet	62
Clinical room/treatment room	65
Clean utility room	N/A
Dirty utility room	N/A
Domestic store	50
Kitchen	77
Equipment store	75
Isolation	N/A
General information	60
Average score	68

Table 3

Patient linen	Sperrin Ward
Storage of clean linen	96
Storage of used linen	70
Laundry facilities	N/A
Average score	83

Table 4

Waste and sharps	Sperrin Ward
Handling, segregation, storage, waste	77
Availability, use, storage of sharps	86

Table 5

Patient equipment	Sperrin Ward
Patient equipment	54

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

Table 6

Hygiene factors	Sperrin Ward
Availability and cleanliness of wash hand basin and consumables	57
Availability of alcohol rub	100
Availability of PPE	20
Materials and equipment for cleaning	86
Average score	66

Table 7

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

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

2.0 Background Information to the Inspection Process

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

The aims of the inspection process are:

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

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

3.0 Inspections

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

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

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

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

4.0 Unannounced Inspection Process

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

4.1 Onsite Inspection

The inspection team was made up of 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 of the inspection will be followed up in line 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	Sperrin Ward
Reception	90
Corridors, stairs lift	92
Public toilets	73
Ward/department - general (communal)	48
Patient bed area	76
Bathroom/washroom	49
Toilet	62
Clinical room/treatment room	65
Clean utility room	N/A
Dirty utility room	N/A
Domestic store	50
Kitchen	77
Equipment store	75
Isolation	N/A
General information	60
Average score	68

This section was minimally compliant in eight of the twelve general environment sections, and scored and a minimal compliance score of 68 per cent.

6.1 Cleaning

The reception/visitors areas and corridor leading to the ward which were the only two sections to achieve a compliant score were generally clean and tidy (Picture 1).



Picture 1: Clean and tidy reception

Some minor cleaning issues were noted in relation to the public phone and a radiator. Throughout the ward the inspectors noted excessive dust on many of the air vents and extraction units and debris in the light fittings. Dust and cobwebs were also noted on both high and low surfaces and around windows. Flooring was grubby in appearance with a build up of debris noted in corners. Stains were noted on the walls, ceiling heat panels and curtains/blinds in both the day room and kitchen. The chairs in both day rooms had a build up of debris in the crevices; there was an old worn chair which was covered in a fabric which cannot be easily cleaned. The external and internal glass were dirty and dusty throughout.

In the public toilet of the reception area, the jumbo toilet roll dispenser was empty, and spare toilet roll was noted both on top of the dispenser and the cistern of the toilet. There were hairs and stains on the toilet seat, a toilet brush holder was present but the brush was missing. The hand wash sink is old and worn, it was dusty and the seal behind needs to be replaced. The taps had a build up of limescale and debris was present in the plug hole.

The inspectors carried out a spot check of a patient's bed, this involves stripping the bed of linen and examining the mattress both externally and internally. The mattress was stained externally, the protective cover was damaged and the internal cover and foam mattress were stained (Picture 2).

Ward staff stated that currently mattress audits are not carried out. The top of the bed frame was dirty and had a sticky residue from removed labels.



Picture 2: Stained interior of mattress

In the sanitary areas more attention is required when cleaning the taps of the hand washing sinks and the outside of the toilet bowl which were stained. In shower room 1 the underside of the shower chair was stained and the framework was rusty in places. There was also a wooden framed chair; this type of chair is not suitable for wet areas and should be replaced with an appropriate chair made of impervious to moisture materials. The wall mounted cupboard required cleaning particularly around the inside of the metal door handle. Patients' wash bags are stored in this cupboard, the bags have paper name labels attached by adhesive tape. These labels and tape should be removed as they are a barrier to effective cleaning, the inside of the bags should be cleaned regularly.

The treatment room is shared between the three wards, and the cleaning and maintaining of equipment is shared on a rotational basis. Each ward has their own drugs trolley and cupboards. Inspectors noted the fridge temperature for the drugs' fridge was not recorded consistently and the interior of the fridge was stained. The vinyl cover on the examination couch was badly damaged with a large patch of foam exposed at one corner and the wooden finish on a chair was worn. The room does not have a dedicated work surface and 20" paper rolls were stored on top of the resuscitation trolley as there was no wall mounted dispenser. The sharing of the responsibility of this room does not appear to be working and should be reviewed.

The kitchen is small and open to the dining room, the rooms are divided by a server consisting of cupboards and work surface. The toaster, which required cleaning, is positioned on this work top and the heat from the toaster has discoloured and stained the walls. Also stained were the arch way above this area, the hand washing sink and wall behind and around the wall mounted soap dispensers. The inside of the dishwasher around the door had a build up of debris and food trays were sticky and stained. There was no dispenser for 20" paper rolls which were being stored on the window sill.

6.2 Clutter

The patient areas of the ward were spartan in appearance; this had already been highlighted during an inspection carried out by RQIA Mental Health and Learning Disability Team in December 2010. The day rooms had pictures and some new chairs were noted. However the bedrooms had basic furnishing consisting of a bed and wardrobe, one bed bay had a chair. Privacy stud walls have been constructed between patients' beds, but have yet to be painted. (Picture 3)



Picture 3: Bed area under construction

There was a large well laid out, neat and tidy, individualised patients' clothes store off the shower room. However some wardrobes were empty of clothing as 'good clothes' were being stored in a store room in the main corridor. The inspectors were told this is a temporary arrangement but the store was cluttered and untidy. Inspectors noted an old suction machine, dirty patient fan, food and paper products stored in this room and a number of large boxes of stock were sitting on the floor.

In the communal service corridor there were three rooms, two of which were being used to store hoists, Christmas decorations, mattresses, chairs and musical equipment. The ward manger stated the third room was currently being upgraded to a sensory room and that the boxes observed in the room contained new equipment awaiting installation. However this room was also being used to store old mattresses.

There was a large disposal room which can be used to hold equipment prior to disposal. Staff should ensure old equipment is disposed of promptly and in the correct manner. In the corridor there was a double recessed cupboard, this also did not appear to have a specified purpose as it contained record books, box files, large sharps boxes and cleaning pads for floor polishing machines. The inspectors have recommended that the ward managers of this shared area review each room with a view of removing the clutter and defining the use.

6.3 Maintenance and repair

The building has a modern look but it is in need of urgent maintenance and repair, in particular the domestic store which is not fit for purpose. The locality support services manager stated that this issue had already been highlighted but had not been progressed. The plaster work on the walls was blistering and flaking, the vinyl flooring was damaged and a repair under the sluice sink was ineffectual as the patch of vinyl does not cover the area in full. (Picture 4)



Picture 4: Damaged flooring and wall

The metal straps which hold the wall mounted shelves were rusted and the laminate finish for the most part was missing, thereby exposing the wood surface. Exposed or worn wood surfaces are not impermeable and therefore can not be cleaned effectively. The equipment sink and cupboards were old and worn and again have exposed wood. An effective cleaning service can not be delivered when equipment and cleaning materials are stored under these conditions.

Damage was noted throughout the ward to doors and frames, a hole was noted in the ceiling of both the public and the patients' toilets where air extraction units had been removed. The finish to the walls in the treatment room was damaged and a light fitting had been changed but the holes had not been repaired or the exposed area painted. In the day rooms the walls were damaged and had holes, the vinyl flooring in one room was badly scored and in the other the flooring was torn and lifting.

One of the store rooms in the service corridor had a sink unit. Staff when questioned stated they were not aware of the need to run the water twice weekly as part of the legionella prevention policy as they thought estates carry out this task. Clarification should be sought to ensure the correct procedure is being followed and by whom.

6.4 Fixtures and fittings



Picture 5: Damaged cupboard in shower room

Some of the fixtures in the ward were old and worn, some were damaged. The storage cabinets in both shower rooms had a door missing and the laminate finish was damaged. (Picture 5)

A toilet seat was missing from one of the toilets. There was damage to some of the patients' wardrobes, wood was worn, handles were missing and the vinyl fabric on some chairs was badly damaged. Inspectors did note there were some new chairs in the day room, but these also had a small amount of damage.

6.5 Information

There was a general lack of information or posters throughout the ward on hand hygiene practices. No information leaflets for visitors on hand hygiene or on infection prevention were available. Staff in the ward were not aware of available posters on the segregation of household waste or linen segregation which could be displayed for staff to reference.

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. Cleaning schedules for domestic staff were noted in the domestic store.

The inspectors were informed that the complex does not have a dirty utility room. The ward does not have an isolation room which could be used in the event of a patient requiring isolation. It is felt that this matter should be discussed with the Infection Prevention and Control team and contingency arrangements made to be put in place in the event of an outbreak.

Recommendations

- 1. The trust need to put in place an effective maintenance programme to ensure air vents and light fittings are cleaned regularly.**

- 2. The trust need to ensure an effective window cleaning programme is in place for both the external and internal windows.**
- 3. Nursing staff need introduce mattress audit checks in line with Infection Prevention and Control's guidance.**
- 4. Greater attention is required to detailed cleaning tasks.**
- 5. The ward manger in consultation with the other two ward managers needs to review and define communal room use to ensure a clutter free environment.**
- 6. The trust need to consider an urgent refurbishment of the domestic store.**
- 7. The trust need to ensure a programme of repair is in place to ensure the fabric of the ward is maintained.**
- 8. The trust need to ensure staff follow the policy and run water in relation to the prevention of Legionella.**
- 9. The ward manager needs to ensure that damaged fixture and fittings are replaced.**
- 10. The ward manager needs to ensure that information on hand hygiene and infection prevention and control is displayed for staff visitor and patients.**
- 11. The ward manager needs to develop a cleaning schedule for patient equipment, and an audit process to ensure compliance.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen	Sperrin Ward
Storage of clean linen	96
Storage of used linen	70
Laundry facilities	N/A
Average score	83

7.1 Management of Linen

Clean linen was stored in a room off the bathroom, unopened packets of linen were observed on the shelves, but a new packet had been opened and placed on top of existing stock on the linen trolley. New packets should not be opened until existing stock has been used to avoid unnecessary exposure. The used linen skip in the shower room, and the linen trolley were dusty and had signs of rust.

Staff were in the process of changing and making beds when the inspectors arrived, it was noted that they were not wearing the appropriate personal protective equipment (PPE).

Recommendations

- 12. Staff need to ensure that equipment used for clean and used linen is clean and maintained.**
- 13. Staff should follow trust policy on the handling of soiled linen, this includes correct use of PPE.**

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
Handling, segregation, storage, waste	77
Availability, use, storage of sharps	86

8.1 Waste

Household waste bins were not available in either of the shower rooms or patient toilet, the household waste bin in the domestic store had a yellow lid and was dirty and rusty. In the treatment room the base of the clinical waste bin was dirty and cardboard waste was disposed of incorrectly into a yellow lidded burn box. The canister of the suction waste machine was cracked and did not have a liner; the liners which were available were not appropriate to this machine.

8.2 Sharps

The ward only had one sharps box which was kept in the treatment room, the temporary closure was in place but the lid of the box was blood stained.

Recommendations

14. The ward manager needs to ensure that waste bins are provided where hand washing practices are carried out.
15. Waste bins should be clean and free from damage.
16. The ward manager should ensure the canister of the suction machine is repaired or replaced and that the correct disposable liners are available.
17. Staff should ensure blood spills are cleaned immediately.

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient equipment	Sperrin Ward
Patient equipment	54

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

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 IV stand was stained and rusty, the stethoscope was dirty and sticky and an exposed oxygen mask was attached to an oxygen cylinder. The framework of the resuscitation trolley was rusty and the surface was sticky. Laryngoscope blades and forceps had been removed from their sterile packaging and were being stored in a stained plastic bag. (Picture 6) The framework of the drug trolley designated to Sperrin ward was dirty.



Picture 6: Incorrect storage of Sterile equipment

Recommendations

- 18. The ward manager in conjunction with the other two ward managers should review and agree responsibilities with regard to the shared treatment room.**
- 19. Staff should ensure that sterile and single use equipment remains in its original packaging.**

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
Availability and cleanliness of wash hand basin and consumables	57
Availability of alcohol rub	100
Availability of PPE	20
Materials and equipment for cleaning	86
Average score	66

Two of the sections for hygiene factors were minimally compliant and in conjunction with the minimally compliant scores of the following section on Hygiene practices, would be reflective of the poor standard observed in the ward.

The inspectors have serious concerns regarding the access to hand washing sinks and the availability of soap and hand towels. All sanitary areas were locked, the toilets did not have toilet rolls, soap, or hand towels. Neither shower room had soap or hand towels, although shower room 2 did have a broken soap dispenser on the wall by the wash hand sink.

While toilet tissue, soap and hand towels are basic necessities in the performance of hygiene practices, the lack of their availability also raises serious issues around patient dignity and respect.

The lack of hand washing facilities also impacts on staff's hand hygiene practices, and makes them reliant on using alcohol rub to clean their hands while on the ward. Alcohol rub dispensers were available at the ward entrance and in the shower room.

These issues had been raised during an inspection of the ward by the Mental Health and Learning Disability team in December 2010 but there did not appear to have been any subsequent action to improve practices. The trust need to review this matter urgently.

The hand wash sink in the public toilet was old and worn but also required cleaning, the hand wash sink in the clinical room had a plug and the silicone seal behind needs repaired or replaced.

The very low score in the PPE section of the audit tool highlighted poor staff practice of not wearing gloves and aprons to protect their uniforms from possible contamination when changing used bed linen. A supply of aprons was put out in the bathroom during the inspection, the ward manager advised that they have received a supply of dispensers and have requested they be fitted. Boxes of disposable gloves were noted in both shower rooms but they are stored on open shelving. PPE should be stored away from the risk of contamination.

Recommendations

- 20. The trust need to ensure that hygiene facilities and their components are in place and accessible to both patients and staff.**
- 21. The ward manager needs to ensure the correct PPE is available, and free from the risk of contamination.**

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
Effective hand hygiene procedures	63
Safe handling and disposal of sharps	100
Effective use of PPE	67
Correct use of isolation	N/A
Effective cleaning of ward	54
Staff uniform and work wear	84
Average score	74

Three of the sections in the hygiene practices scored minimal compliance with the overall score also being minimally compliant.

Due to the nature of the ward and the lack of hygiene facilities, the inspectors observed minimal hygiene practices and staff were unable to perform hand hygiene as directed by the World Health Organisation (WHO) five moments of patient care.

The inspectors noted vinyl gloves were being used, however the Infection Control Nurses Association advise that these are used during low risk procedures. It is advised that there is a review of the types of gloves in use within the unit to ensure staff are using the correct gloves with the correct protection for all care activities.

A minimally compliant score was recorded for the effective cleaning section. When questioned nursing staff were not able to describe the correct solutions for cleaning or correct dilution rates for disinfectants, nor was there information available. Control of Substances Hazardous to Health (COSHH) data sheets were not available.

Both domestic and nursing staff stated they did not change into their uniform on arrival or prior to leaving work. The inspectors noted that wellingtons which were used by staff when working in the shower room were communal. If protective boots are required each member of staff should have their own.

Inspectors noted wooden brushes in use and that the brush in the kitchen was dirty and made up of a green shaft and yellow head. Cleaning equipment should be clean, impervious to moisture and in line with the trust colour coding policy.

Recommendations

- 22. The ward manager needs to ensure that nursing staff are up to date with cleaning and decontamination practices including dilution rates.**
- 23. Information for staff should be displayed on the correct dilution rates.**
- 24. Staff should be issued with personal protective footwear.**
- 25. The support services manager should ensure that cleaning equipment is clean, fit for purpose and in line with trust colour coding guidelines.**

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.**
- 2. The trust need to ensure an effective window cleaning programme is in place for both the external and internal windows.**
- 3. Nursing staff need introduce mattress audit checks in line with Infection Prevention and Control's guidance.**
- 4. Greater attention is required to detailed cleaning tasks.**
- 5. The ward manger in consultation with the other two ward managers needs to review and define communal room use to ensure a clutter free environment.**
- 6. The trust need to consider an urgent refurbishment of the domestic store.**
- 7. The trust need to ensure a programme of repair is in place to ensure the fabric of the ward is maintained.**
- 8. The trust need to ensure staff follow the policy and run water in relation to the prevention of Legionella.**
- 9. The ward manager needs to ensure that damaged fixture and fittings are replaced.**
- 10. The ward manager needs to ensure that information on hand hygiene and infection prevention and control is displayed for staff visitor and patients.**
- 11. The ward manager needs to develop a cleaning schedule for patient equipment, and an audit process to ensure compliance.**
- 12. Staff need to ensure that equipment used for clean and used linen is clean and maintained.**
- 13. Staff should follow trust policy on the handling of soiled linen, this includes correct use of PPE.**
- 14. The ward manager needs to ensure that waste bins are provided where hand washing practices are carried out.**
- 15. Waste bins should be clean and free from damage.**

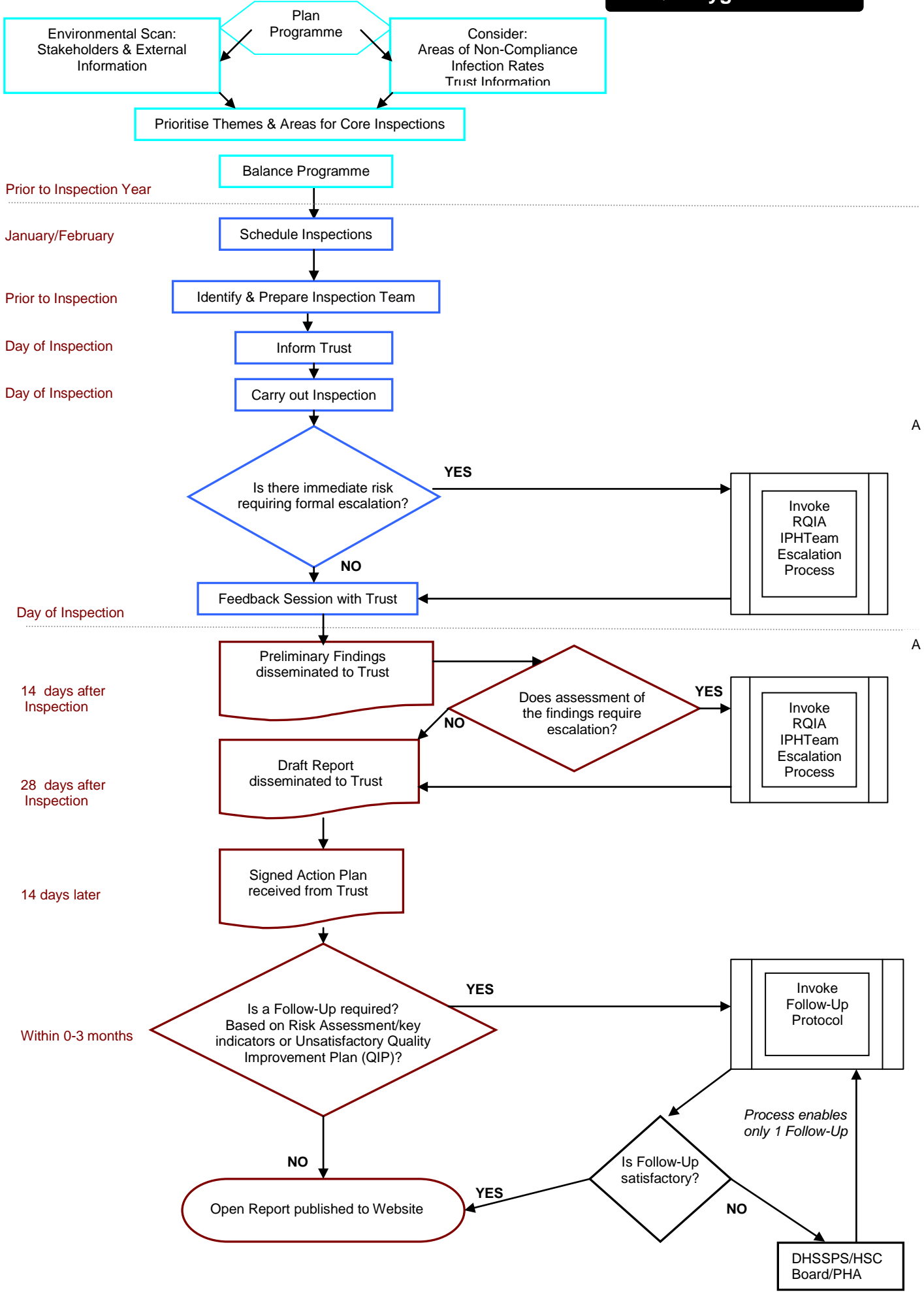
- 16. The ward manager should ensure the canister of the suction machine is repaired or replaced and that the correct disposable liners are available.**
- 17. Staff should ensure blood spills are cleaned immediately.**
- 18. The ward manager in conjunction with the other two ward manager should review and agree responsibilities with regard to the shared treatment room.**
- 19. The trust need to ensure that hygiene facilities and their components are in place and accessible to both patients and staff.**
- 20. The ward manager needs to ensure the correct PPE is available, and free from the risk of contamination.**
- 21. The ward manager needs to ensure that nursing staff are up to date with cleaning and decontamination practices including dilution rates.**
- 22. Information for staff should be displayed on the correct dilution rates.**
- 23. Staff should be issued with personal protective footwear.**
- 24. The support services manager should ensure that cleaning equipment is clean, fit for purpose and in line with trust colour coding guidelines.**

14.0 Unannounced Inspection Flowchart

Plan Programme

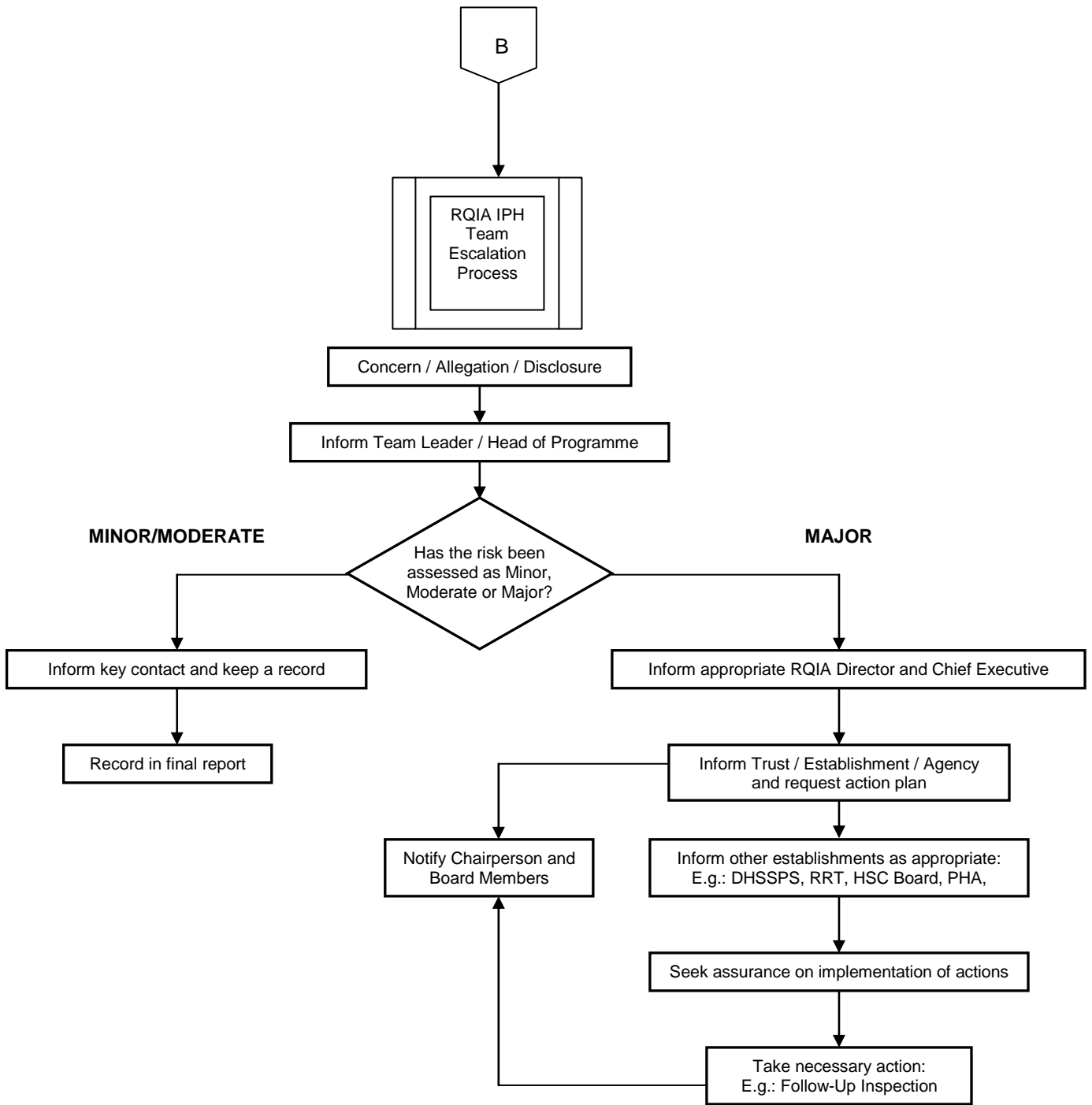
Episode of Inspection

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.	Estates	High level cleaning contract in place.	Ongoing
2.	The trust need to ensure an effective window cleaning programme is in place for both the external and internal windows.	Estates	Cleaning contract in place with outside contractors.	Ongoing
3.	Nursing staff need introduce mattress audit checks in line with Infection Prevention and Control's guidance.	Nursing	Mattress audit now in place. Will be completed on a monthly basis.	Ongoing from 01/05/11
4.	Greater attention is required to detailed cleaning tasks.	Domestic & Nursing	Weekly cleaning schedule in place for nurses & domestics. Environmental audit undertaken monthly by nurse in charge & domestic supervisor.	Ongoing
5.	The ward manger in consultation with the other two ward managers needs to review and define communal room use to ensure a clutter free environment.	Nursing	A protocol is now in place to monitor the communal area & a weekly audit is undertaken to ensure a clutter free environment.	Ongoing from 01/05/11
6.	The trust need to consider an urgent refurbishment of the domestic store.	Estates & Maintenance	A works programme has been agreed to refurbish the domestic store & a minor works request for funding has been completed on 16/05/11.	31/08/11
7.	The trust need to ensure a programme of repair is in place to ensure the fabric of the ward is maintained.	Estates & Maintenance	A programme has been agreed to address painting, floors & outstanding maintenance issues. Minor works request for capital completed 16/05/11.	31/08/11
8.	The trust need to ensure staff follow the policy and run water in relation to the prevention of Legionella.	Nursing	The Trust policy on Legionella will be adhered to in consultation with maintenance. Twice weekly checks now in place.	Ongoing from 16/05/11

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
9.	The ward manager needs to ensure that damaged fixture and fittings are replaced.	Nursing & Maintenance	A programme of works has been agreed to address current issues & identify & address any new issues as they arise.	Ongoing
10.	The ward manager needs to ensure that information on hand hygiene and infection prevention and control is displayed for staff visitor and patients.	Nursing	Posters are now in place.	Completed
11.	The ward manager needs to develop a cleaning schedule for patient equipment, and an audit process to ensure compliance.	Nursing	A cleaning schedule has now been implemented & will be audited weekly.	Ongoing
12.	Staff need to ensure that equipment used for clean and dirty linen is clean and maintained.	Nursing	Linen skips & linen trolley have been replaced & will be kept clean & well maintained.	Ongoing
13.	Staff should follow trust policy on the handling of soiled linen, this includes correct use of PPE.	Nursing	PPE available in accordance with Trust policy & communicated to staff via ward meeting.	Ongoing
14.	The ward manager needs to ensure that waste bins are provided where hand washing practices are carried out.	Nursing	New bins in place from 09/05/11	Completed
15.	Waste bins should be clean and free from damage.	Nursing	New bins in place from 09/05/11	Completed
16.	The ward manager should ensure the canister of the suction machine is repaired or replaced and that the correct disposable liners are available.	Nursing	This machine has been replaced. Appropriate disposable liners & new canister for the new machine were requisitioned on 09/05/11.	30/06/11
17.	Staff should ensure blood spills are cleaned immediately.	Nursing	This is carried out in accordance with policy. Posters have been displayed in relation to this from 09/05/11.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
18.	The ward manager in conjunction with the other two ward manager should review and agree responsibilities with regard to the shared treatment room.	Nursing	A rotating monthly cleaning schedule has been agreed, with each ward being responsible alternately for a different section of the communal areas, including the treatment room.	Ongoing from 09/05/11
19.	The trust need to ensure that hygiene facilities and their components are in place and accessible to both patients and staff.	Maintenance & Domestic	Soap dispensers, papers towels & bins are in place in toilet areas. Appropriate toilet roll holders ordered on 10/05/11. Wash hand basin replaced in visitors' bathroom on 13/05/11.	Ongoing
20.	The ward manager needs to ensure the correct PPE is available, and free from the risk of contamination.	Nursing	PPE are readily available, & a new cupboard was ordered on 09/05/11.	Ongoing
21.	The ward manager needs to ensure that nursing staff are up to date with cleaning and decontamination practices including dilution rates.	Nursing	All nursing staff will be reminded of the decontamination policy. Dilution rates displayed from 09/05/11	Ongoing
22.	Information for staff should be displayed on the correct dilution rates.	Nursing & Domestic	Dilution rates displayed from 09/05/11	Completed
23.	Staff should be issued with personal protective footwear.	Nursing	Gloves, aprons, & disposable overshoes made available from 09/05/11	Completed
24.	The support services manager should ensure that cleaning equipment is clean, fit for purpose and in line with trust colour coding guidelines.	Domestic	Posters are in place and staff have been advised on colour coding and appropriate materials are available	Complete



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