



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

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

**Belfast Health and Social Care Trust**

**Mater Hospital**

**25 August 2011**

## Contents

<b>1.0</b>	<b>Inspection Summary</b>	<b>1</b>
<b>2.0</b>	<b>Background Information to the Inspection Process</b>	<b>5</b>
<b>3.0</b>	<b>Inspections</b>	<b>6</b>
<b>4.0</b>	<b>Unannounced Inspection Process</b>	<b>7</b>
4.1	Onsite Inspection	7
4.2	Feedback and Report of the findings	7
<b>5.0</b>	<b>Audit Tool</b>	<b>9</b>
<b>6.0</b>	<b>Environment</b>	<b>10</b>
6.1	Cleaning	10
6.2	Clutter	11
6.3	Maintenance and Repair	12
6.4	Fixture and Fittings	12
6.5	Information	13
<b>7.0</b>	<b>Patient Linen</b>	<b>15</b>
<b>8.0</b>	<b>Waste and Sharps</b>	<b>15</b>
7.1	Management of Linen	16
8.1	Waste	16
8.2	Sharps	16
<b>9.0</b>	<b>Patient Equipment</b>	<b>18</b>
<b>10.0</b>	<b>Hygiene Factors</b>	<b>19</b>
<b>11.0</b>	<b>Hygiene Practice</b>	<b>21</b>
<b>12.0</b>	<b>Key Personnel and Information</b>	<b>23</b>
<b>13.0</b>	<b>Summary of Recommendations</b>	<b>25</b>
<b>14.0</b>	<b>Unannounced Inspection Flowchart</b>	<b>27</b>
<b>15.0</b>	<b>RQIA Hygiene Team Escalation Policy Flowchart</b>	<b>28</b>
<b>16.0</b>	<b>Action Plan</b>	<b>29</b>

## 1.0 Inspection Summary

An unannounced inspection was undertaken to the **Mater Hospital**, on the 25 August 2011. The hospital was assessed against the Regional Healthcare Hygiene and Cleanliness standards and the following areas were inspected:

- Ward B (Medical)
- Ward C (Stroke)
- Ward D (Medical)

The Mater is an acute hospital providing services to North Belfast and the surrounding areas.

A wide range of services are provided in the hospital including acute In-patient, A&E, Day Procedures, Mental Illness and Maternity services.

### Inspection Outcomes

The results of the inspection showed compliance in all but two of the standards, for which staff are to be commended. The wards inspected had been refurbished and were in good decorative order. Cleaning was of a good standard in Ward B and D but more attention to detail is required in Ward C. The inspectors were impressed with staff commitment to providing a safe and clean environment for patients, this was evidenced by the number of compliant scores, particularly the Patient Equipment and Hygiene Factors standards.

The inspection resulted in 15 recommendations for the Mater Hospital, a full list of recommendations is listed in Section 13.

A detailed list of preliminary findings is forwarded to Belfast 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

- **Visitor information notice boards outlining ward environmental and Infection Prevention and Control audit scores/practices and information on care bundles.**
- **Good use of high density storage and stores, staff saw a clutter free environment as an essential element of good hygiene practices.**
- **There was a minimal use of paper labels and adhesive tape.**

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

<b>Ward</b>	<b>B</b>	<b>C</b>	<b>D</b>
Environment	88	82	91
Patient Linen	97	92	98
Waste	91	95	98
Sharps	81	92	92
Equipment	85	85	93
Hygiene Factors	96	94	97
Hygiene Practices	96	94	96
<b>Average score</b>	<b>91</b>	<b>91</b>	<b>95</b>

**Compliant:** 85% or above

**Partial Compliance:** 76% to 84%

**Minimal Compliance:** 75% or below

**Table 2**

<b>Environment</b>	<b>B</b>	<b>C</b>	<b>D</b>
Reception	95	N/A	N/A
Corridors, stairs lift	93	82	84
Public toilets	N/A	N/A	88
Ward/ department - general(communal)	87	88	92
Patient bed area	83	85	98
Bathroom/washroom	83	84	88
Toilet	N/A	N/A	N/A
Clinical room/ treatment room	86	83	93
Clean utility room	86	N/A	89
Dirty utility room	86	78	94
Domestic store	82	78	85
Kitchen	97	86	88
Equipment store	97	69	97
Isolation	86	87	88
General information	91	78	96
<b>Average score</b>	<b>88</b>	<b>82</b>	<b>91</b>

**Table 3**

<b>Linen</b>	<b>B</b>	<b>C</b>	<b>D</b>
Storage of clean linen	94	83	96
Storage of used linen	100	100	100
Laundry facilities	N/A	N/A	N/A
<b>Average score</b>	<b>97</b>	<b>92</b>	<b>98</b>

**Table 4**

<b>Waste and sharps</b>	<b>B</b>	<b>C</b>	<b>D</b>
Handling, segregation, storage, <b>waste</b>	91	95	98
Availability, use, storage of <b>sharps</b>	81	92	92

**Table 5**

<b>Patient Equipment</b>	<b>B</b>	<b>C</b>	<b>D</b>
Patient Equipment	85	85	93

**Compliant:** 85% or above

**Partial Compliance:** 76% to 84%

**Minimal Compliance:** 75% or below

**Table 6**

<b>Hygiene Factors</b>	<b>B</b>	<b>C</b>	<b>D</b>
Availability and cleanliness of wash hand basin and consumables	97	96	97
Availability of alcohol rub	97	100	100
Availability of PPE	93	85	93
Materials and equipment for cleaning	96	95	96
<b>Average score</b>	<b>96</b>	<b>94</b>	<b>97</b>

**Table 7**

<b>Hygiene Practices</b>	<b>B</b>	<b>C</b>	<b>D</b>
Effective hand hygiene procedures	100	100	100
Safe handling and disposal of sharps	100	100	85
Effective use of PPE	100	100	100
Correct use of isolation	N/A	95	100
Effective cleaning of ward	89	80	100
Staff uniform and work wear	93	90	93
<b>Average score</b>	<b>96</b>	<b>94</b>	<b>96</b>

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

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

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

The aims of the inspection process are:

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

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

### 3.0 Inspections

The DHSSPS have devised Regional Healthcare Hygiene and Cleanliness standards. 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 has planned a three year programme of announced and unannounced inspections in acute and non acute hospitals in Northern Ireland to assess compliance with the DHSSPS Regional Healthcare Hygiene and Cleanliness standards.

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

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

## **4.0 Unannounced Inspection Process**

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

### **4.1 Onsite Inspection**

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

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

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

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

## **Level of Compliance**

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

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

Each section within the audit tool will receive an individual and an overall score, to identify areas of partial or minimal compliance to ensure that the appropriate action is taken.

## 6.0 Environment

### STANDARD 2.0 GENERAL ENVIRONMENT

*Cleanliness and state of repair of public areas; cleanliness and state of repair of ward/department infrastructure; cleanliness and state of repair of patient bed area; cleanliness and state of repair of toilets, bathrooms and washrooms; cleanliness and state of repair of ward/department facilities; availability and cleanliness of isolation facilities; provision of information for staff, patients and visitors.*

Environment	B	C	D
Reception	95	N/A	N/A
Corridors, stairs lift	93	82	84
Public toilets	N/A	N/A	88
Ward/ department – general (communal)	87	88	92
Patient bed area	83	85	98
Bathroom/ washroom	83	84	88
Toilet	N/A	N/A	N/A
Clinical room/ treatment room	86	83	93
Clean utility room	86	N/A	89
Dirty utility room	86	78	94
Domestic store	82	78	85
Kitchen	97	86	88
Equipment store	97	69	97
Isolation	86	87	88
General information	91	78	96
<b>Average score</b>	<b>88</b>	<b>82</b>	<b>91</b>

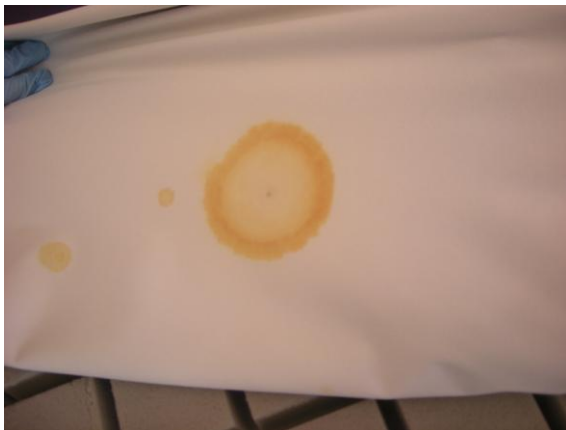
### 6.1 Cleaning

The inspection observed good compliance in the majority of areas in line with the regional specification for cleaning standards. In most instances regular and effective cleaning mechanisms were in place to prevent the build up of dust and debris, which, in turn, prevents the build up of bacteria and helps in the reduction of the potential risk for the transmission of infection.

Wards B and Ward D scored well, attaining compliance in all but two sections, the domestic store of Ward B and the corridor leading to the ward D. Ward C was partially compliant in six sections, the equipment store section was non compliant. This resulted in an overall partially compliant score. The findings would indicate that more attention to detail is required to improve the cleaning process in Ward C.

Ward D had very few cleaning issues. In Ward B the cleaning issues identified mainly related to splashes on walls or glass, and sticky marks on patient over the bed tables and lockers. Also in Ward B the high density storage units in both the treatment room and clean utility room were dusty. In the dirty utility room the inside door of the bed pan washer and sluice hopper were stained.

In Ward C similar issues with stains on walls and dusty high density storage units were identified. Additional areas for improvement related to dust on high surfaces and air vents. There were stains on the floors, in some of the patients' bed areas, the domestic store and kitchen. The equipment sink in the treatment room and dirty utility room, the sluice sink and the hand wash sink in the domestic store were dirty and required cleaning. All these issues contributed to the overall partially compliant score.



In Ward B the inspectors examined two mattresses, the vinyl cover on one bed was found to have a blood stain, both mattresses were damaged and the interior stained (Picture 1). The nurse in charge was not aware of any audit process to check the integrity of mattress.

Picture 1 Stained interior of mattress

In all three wards the inspectors noted that there is a problem with limescale build up on taps.

## 6.2 Clutter



Picture 2 Good storage systems

There was evidence throughout all areas, of a continued emphasis in providing clutter free environments, with good use of high density storage units and stores (Picture 2). This provides effective utilisation of space and good stock management, staff saw a clutter free environment as an essential element effective cleaning and of good hygiene practices.

### 6.3 Maintenance and Repair

In general the areas inspected were in good decorative order. However signs of wear, such as small patches of damage to the plaster, paint finish to walls and the worn wood finish on doors, stairs and wood surfaces were noted. This was most evident in the public toilets at the main entrance where there was a large patch of damp and mould on the wall beside the sink unit causing paint to blister and peel of the wall (Picture 3). Graffiti had been carved on the back of the door and there was a black stain around the tiles at the ceiling air vent.



Picture 3 Damage to wall in public toilet

In Ward B clinical room, and in Ward C dirty utility room there was damage to vinyl flooring under the wash hand sink, which appeared to be as a result of a water leak. In Ward C there was an issue regarding a stale odour in both shower rooms and the en-suite of an isolation room. These should all be investigated to prevent further damage and eliminate the stale odour.

In Ward C there was also an issue with skirting separating from the wall in several rooms and in Ward D black stains were noted on the ceiling around air vents.

### 6.4 Fixtures and fittings

In both Ward B and Ward C the vinyl covering on some chairs was split and the caps of some taps were missing, this means that neither chairs or taps can be cleaned effectively. In Ward B the white toilet seats were old and stained, the ward sister stated replacements were already on order. In Ward C the paint finish on some bed rails were chipped, a toilet hand rail was rusted and the door of the drugs fridge was damaged. The casing of a high density storage trolley on Ward D was broken, in the isolation room inspected the rails of the bed were chipped and the toilet roll casing was broken.

## 6.5 Information

At the entrance to each ward there was a well presented noticeboard displaying information on environmental cleaning, including cleaning schedules and recent audit scores (Picture 4).



Picture 4 Visitors information notice board

There were additional notice boards through out the wards displaying audit information on hand hygiene, peripheral IV canulla insertion and on going care, urinary catheter care, central venous catheters and Clostridium difficile. The information was displayed in an easy to read format. However behind the sink in the clinical room of Ward B there were posters which were old and stained, and in Ward C worn and stained posters were noted, and notices were attached to the main door with adhesive tape.

In Ward D, staff were piloting a new nursing cleaning schedule. The schedule is based on the Trust's cleaning and decontamination policy. In Ward B and Ward C there were no up to date nurse cleaning schedules available or on display.

A similar issue identified in all three wards was the lack of an up to date poster on the segregation of used linen.

### Recommendations

- 1. The trust should ensure all staff are aware of their roles and responsibilities in relation to environmental cleaning, and the standard required.**
- 2. The trust should continue to work on the repair and maintenance of the wards and the replacement of damaged fixtures and fittings.**
- 3. The trust should continue to roll out the new nursing schedules across all areas when the pilot study has been completed.**

- 4. The Trust should update staff information posters on used linen segregation.**
- 5. The trust should ensure Mattress audit are carried at regular intervals, to check the integrity of mattress.**

## 7.0 Patient Linen

### STANDARD 3.0 PATIENT LINEN

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

Linen	B	C	D
Storage of clean linen	94	83	96
Storage of used linen	100	100	100
Laundry facilities	N/A	N/A	N/A
<b>Average score I</b>	<b>97</b>	<b>92</b>	<b>98</b>

### 7.1 Management of Linen

All three wards are commended for achieving full compliance in the storage of used linen section.

Wards B and D achieved a compliant score for the storage of clean linen. Inspectors observed effective arrangements in place for the storage of clean linen. Linen was stored in separate stores. In both wards good practice was observed in the handling of used linen, used linen was placed immediately into the appropriate colour coded bags at the point of use and staff were observed to wear the appropriate personal protective equipment (PPE) when handling soiled/contaminated linen.

Areas identified for improvement in Ward B related to the cleaning of hand touch points on the cupboard door and in Ward D paint was flaking from the wall.

In ward C there was dust and debris in the floor corners, both the walls and door were damaged and the wooden shelves required sealing. It is important that clean linen is stored in an environment free from possible contamination.

#### Recommendations

- 6. The trust should ensure that clean linen is stored in an area which is clean and fit for purpose.**

## 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	B	C	D
Handling, segregation, storage, <b>waste</b>	91	95	98
Availability, use, storage of <b>sharps</b>	81	92	92

### 8.1 Waste

All wards inspected achieved a compliance score in the management of waste. The inspection evidenced that there are arrangements in place for the handling, segregation, storage and disposal of waste in line with local and regional guidance.

Clinical waste bins were not available in the clinical rooms of Ward B and Ward C, in Ward B this resulted in clinical waste being disposed off in to the sharps bins and the pharmaceutical waste container. The trust has agreed to review the placement of clinical waste bins with the Infection Prevention and Control Team.

The household waste bin in Ward B clinical room, required cleaning, in Ward D both the household and clinical waste bin in the first sluice room were rusty and required replacement. The waste collection truck in Ward C should be replaced as it was old and worn.

### 8.2 Sharps

Ward C and Ward D achieved a compliant score, Ward B was partially compliant.

In all three wards sharps boxes in use conformed to BS7320 (1990)/UN9291 standards. In general boxes were assembled correctly; labelled with the date, locality and staff signature. The exception was in Ward D where the inspectors observed that two sharps bins in use by the phlebotomists were not dated and signed.

The correct labelling ensures that if there is a spillage of sharps waste from the sharps box, or an injury to a staff member as a result of incorrect assembly/disposal, the area the sharps box originated from

can be immediately identified. Identifying the origin of the sharps box and its contents is imperative to assist in the immediate risk assessment process carried out following a sharps injury, and also to ensure that staff who incorrectly assembled/disposed of the sharps box can receive education on the correct procedures to follow.

It was observed during the inspection that the temporary closure mechanisms, to prevent spillage and impede access, were not always in place when the sharps boxes were not in use. In Ward B clinical room, items were protruding from the sharps bins and a blood stained sharps bin and tray had been left on the work surface (Picture 5). This was drawn to the attention of staff and the equipment was cleaned immediately.



Picture 5 Blood stained sharps bin and tray

### **Recommendations**

- 7. 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.**
- 8. The trust should ensure that waste bins are available, kept clean and replaced as appropriate.**

## 9.0 Patient Equipment

### STANDARD 5.0 PATIENT EQUIPMENT

*Cleanliness and state of repair of general patient equipment.*

Patient Equipment	B	C	D
Patient Equipment	85	85	93

A compliant score was achieved by all three wards. However there were areas identified which were common to all three wards that require action, for example, adhesive tape and residue was found on IV stands, bedpans and drugs trolleys. Some bedpans, wash bowls were old, worn or damaged, a hoist frame in Ward D was badly chipped and in Ward C the framework of two commodes was rusty.

There were also cleaning issues identified in relation to patient equipment. In Ward B, the underside of a commode, and the peg feed stands were stained; the ECG machine, the resuscitation trolley and suction machine were dusty. In Ward C, blood stains were noted on a stored IV pump, an IV tray and the side of the notes trolley had splash marks. In Ward D, the castors of the procedure trolley and a wheelchair stored in the treatment room were dirty.

#### Recommendations

- 9. The trust and individual staff have a collective responsibility to ensure that equipment is clean.**

## 10.0 Hygiene Factors

### STANDARD 6.0 HYGIENE FACTORS

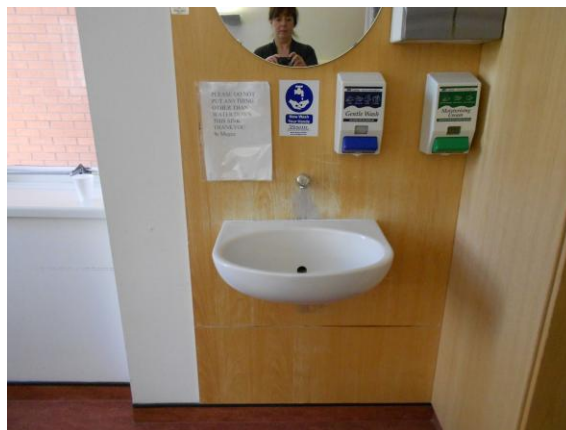
*Hand wash facilities; alcohol hand rub; availability of PPE;  
availability of cleaning equipment and materials*

Hygiene Factors	B	C	D
Availability and cleanliness of wash hand basin and consumables	97	96	97
Availability of alcohol rub	97	100	100
Availability of PPE	93	85	93
Materials and equipment for cleaning	96	95	96
<b>Average score I</b>	<b>96</b>	<b>94</b>	<b>97</b>

The scores in this standard were all compliant and staff are to be commended. In each ward some improvement was required in the following areas.

In Ward B the underside of a hand moisturiser pump was dirty, an alcohol dispenser empty. Single use aprons were not available in the clinical room in Ward B and Ward C for use as part of the ANTT (Aseptic Non Touch Technique) process.

In Ward C the cold water tap at the nurses station between Bay 1 and 2 was faulty and the wooden surround behind the hand wash sink in a side room was worn and not impervious to moisture (Picture 6).



Picture 6 Worn wood behind hand wash sink

Stocks of PPE (Personal Protective Equipment) should not be held where there is a likelihood of exposure to airborne contamination. In Ward C wall mounted PPE dispensers were noted in the dirty utility

room and shower room. Although aprons had been removed from the dispenser in the shower room they were still present in the dirty utility room. The dispensers should be removed to avoid confusion.

In ward D the hand wash sink in the first bay was worn, single use jugs were being re-used and there was no face protection available on the resuscitation trolley.

In the domestic store of Ward B, the cleaning chemicals were not held under locked conditions in line with COSHH regulations. In Ward C the floor burnisher and vacuum required more detailed cleaning and in Ward D the green dust pans were dusty.

### **Recommendations**

- 10. The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair.**
- 11. The trust should ensure that appropriate PPE is available to ensure staff are protected from risks associated with bodily fluid contamination and that PPE stations are located in areas away from possible 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	B	C	D
Effective hand hygiene procedures	100	100	100
Safe handling and disposal of sharps	100	100	85
Effective use of PPE	100	100	100
Correct use of isolation	N/A	95	100
Effective cleaning of ward	89	80	100
Staff uniform and work wear	93	90	93
<b>Average score I</b>	<b>96</b>	<b>94</b>	<b>96</b>

In this standard all three wards were compliant and the wards should be commended for achieving full compliance in some sections. In Ward C, Effective Cleaning of the Ward was the only section to receive a partially compliant score.

A spot check of patient's notes in Ward C evidenced that in the nursing assessment the red alert section for the identification of infection had not completed.

In the section Effective Cleaning of the ward, Ward D was fully compliant, Ward B compliant and Ward C was partially compliant. Staff in Wards B and C staff were not aware of the need for decontamination and certification before equipment is serviced, cleaned or before leaving the ward. A COSHH data file was not available for nursing staff in Ward B.

Ward C did not have a COSHH data sheet for the disinfectant currently used by staff and a member of staff was not aware of the dilution rate for disinfectant used to clean blood spillages. Staff stated changing facilities are not available on site.

### Recommendations

- 12. The trust should ensure that all care plan documentation is fully completed and regularly reviewed.**

- 13. The trust and individual staff have a collective responsibility to ensure that staff knowledge regarding documentation on cleaning and decontamination of equipment is kept up to date.**
- 14. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.**
- 15. The trust should ensure that COSHH data sheets are available for staff.**

## 12.0 Key Personnel and Information

### Members of the RQIA inspection team

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

### Peer Reviewers

- Mrs C Goan - Senior Quality Reviewer, RQIA
- Mrs A Thompson - Infection Prevention and Control Nurse, WHSCT
- Mrs N Donnelly - Support Services Manager, WHSCT
- Mr R Sawers - Estates Inspector, RQIA (Observer)

### Trust representatives attending the feedback session

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

- Ms B Creaney - Executive Director of Nursing, Belfast Health and Social Care Trust
- Ms E M Bannon - Co-Director Maternity & Women
- Ms L McBride - Co-Director PCSS
- Mr R Sowney - Co-Director A/Services
- Ms N Vincent - Governance Manager
- Ms T McGonagle - Governance & Quality Manager S&PC
- Ms R Byrne - Service Manager, Cardiology
- Ms E McAlea - Assistant Service Manager, Critical Care
- Ms K Hughes - Assistant Service Manager
- Ms S Donald - Assistant Service Manager Medicine
- Ms I Thompson - Lead Infection Control Nurse, IP & C
- Mr R Davey - PCSS Manager
- Ms M Rush - Assistant Manager PCSS
- Ms A Marley - Response Nurse Consultant
- Ms G Byers - Nurse Consultant
- Ms K Tosh - Sister Ward F
- Ms L Mills - Ward Sister D
- Ms P Carey - Sister Level 5 Maternity
- Ms T Magee - Ward Sister E
- Ms W Dee - Sister
- Mr A Trimble - Senior Estates Officer
- Ms M C Bennett - Belfast Health and Social Care Trust
- Ms J McKeown - IPCN Belfast Health and Social Care Trust
- Mr T Hughes - IPCN Belfast Health and Social Care Trust
- Ms D Graffin - A&E Mater
- Ms A Birt - A & E Mater
- Ms C Robinson - Radiology Department
- Mr R Hannan - Ward E
- Ms W Dobbin - Ward E

## **Apologies**

Mr C Donaghy - Chief Executive, Belfast Health and Social Care Trust

## **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 ensure all staff are aware of their roles and responsibilities in relation to environmental cleaning, and the standard required.**
- 2. The trust should continue to work on the repair and maintenance of the wards and the replacement of damaged fixtures and fittings.**
- 3. The trust should continue to roll out the new nursing schedules across all areas when the pilot study has been completed.**
- 4. The Trust should update staff information posters on used linen segregation.**
- 5. The trust should ensure Mattress audit are carried at regular intervals, to check the integrity of mattress.**
- 6. The trust should ensure that clean linen is stored in an area which is clean and fit for purpose.**
- 7. 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.**
- 8. The trust should ensure that waste bins are available, kept clean and replaced as appropriate.**
- 9. The trust and individual staff have a collective responsibility to ensure that equipment is clean.**
- 10. The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair.**
- 11. The trust should ensure that appropriate PPE is available to ensure staff are protected from risks associated with bodily fluid contamination and that PPE stations are located in areas away from possible contamination.**
- 12. The trust should ensure that all care plan documentation is fully completed and regularly reviewed.**
- 13. The trust and individual staff have a collective responsibility to ensure that staff knowledge regarding documentation on cleaning and decontamination of equipment is kept up to date.**

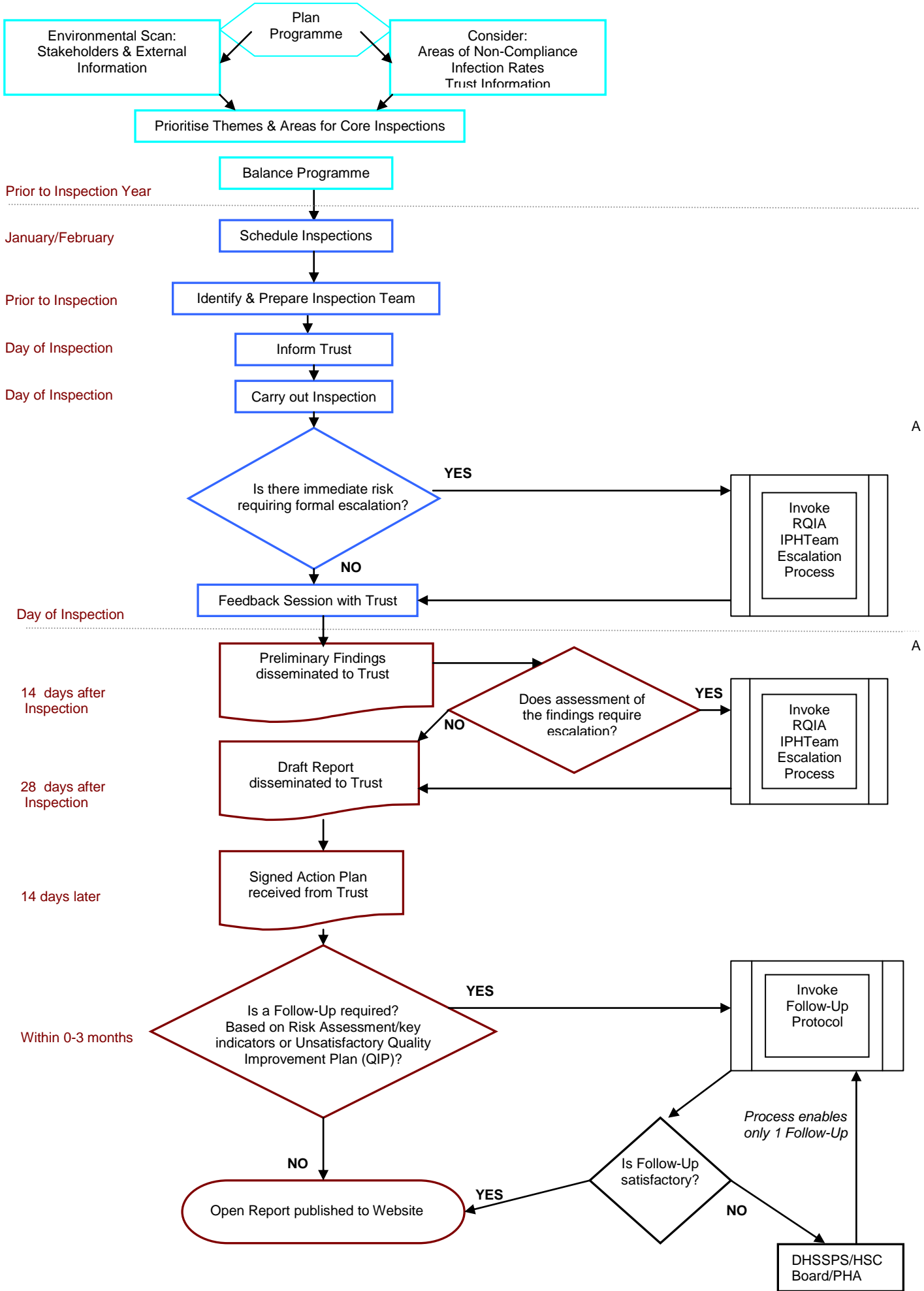
- 14. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.**
- 15. The trust should ensure that COSHH data sheets are available for staff.**

# 14.0 Unannounced Inspection Flowchart

Plan Programme

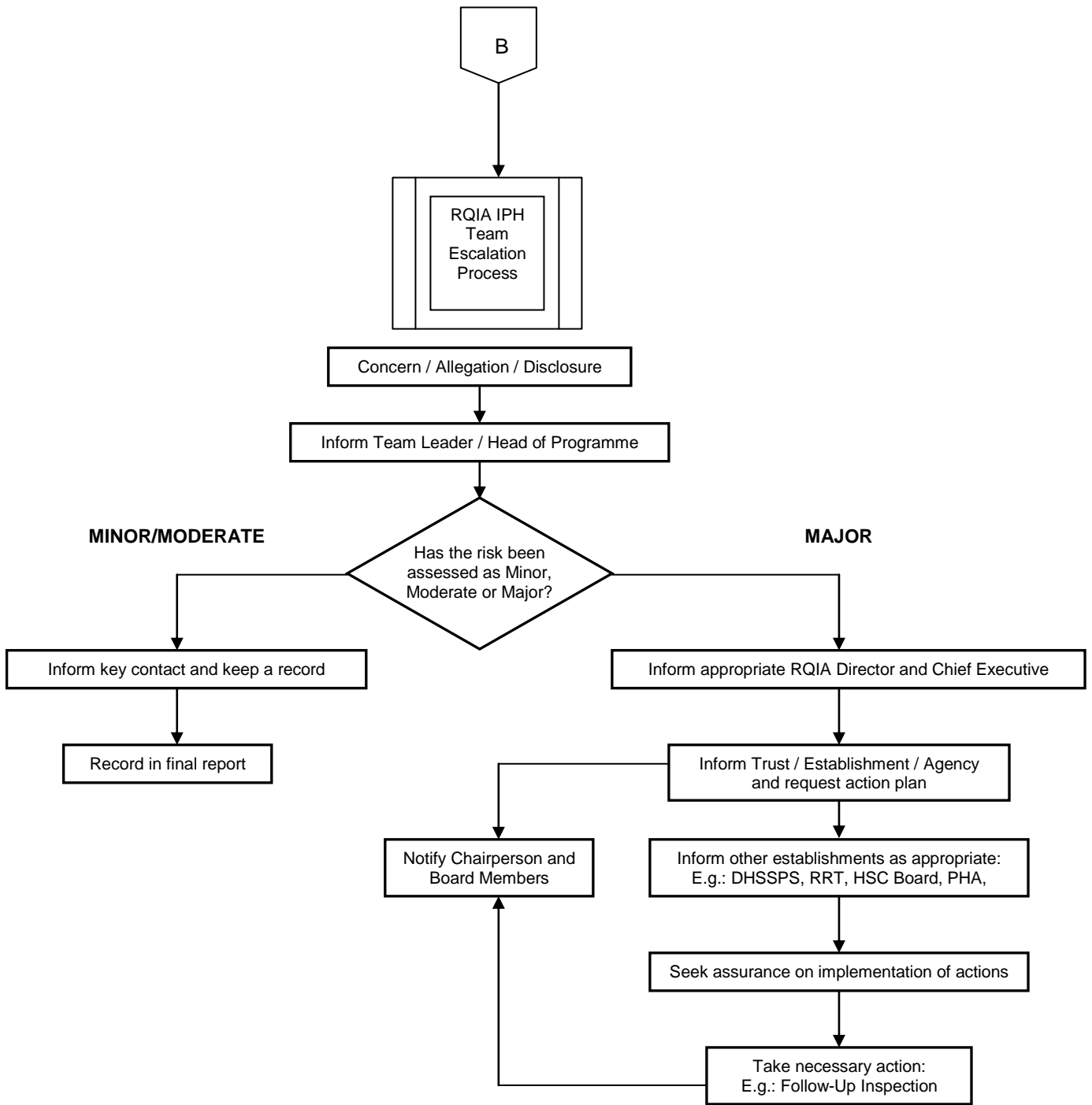
Episode of Inspection

Reporting & Re-Audit



# 15.0 Escalation Process

## RQIA Hygiene Team: Escalation Process



## 16.0 Action Plan

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	The trust should ensure all staff are aware of their roles and responsibilities in relation to environmental cleaning, and the standard required.	Nursing PCSS	The final review of the cleaning manual is in progress, as per previous statement (RVH 8 Jun/14 Jul 2011), and on target.	Jan 2012
2.	The trust should continue to work on the repair and maintenance of the wards and the replacement of damaged fixtures and fittings.	Estates	This is ongoing as part of Estate daily maintenance and refurbishment programmes.	Ongoing
3.	The trust should continue to roll out the new nursing schedules across all areas when the pilot study has been completed	Nursing IPC	The 'pilot' in Ward D was internal.  Following a pilot sample of wards across the Trust, this tool, or an amended version, will be rolled out to other areas.	Jan 2012
4.	The Trust should update staff information posters on used linen segregation	Nursing	This forms part of the laundry policy, which is in the final stages of consultation.	Jan 2012
5.	The trust should ensure Mattress audit are carried at regular intervals, to check the integrity of mattress.	IPC & Nursing	The Trust has a procedure for carrying out mattress audits. The audit tool will be re-circulated to relevant staff.	Nov 2011
6.	The trust should ensure that clean linen is stored in an area which is clean and fit for purpose.	Nursing	Guidance regarding storage of linen in Regional Infection Prevention Manual. (The wall and door damage to the Linen Store in Ward C, which will be repaired by 30 Nov 2011).	Complete
7.	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.	PCSS Nursing	The Trust will pilot and roll out across all facilities the use of an electronic tool to audit waste management compliance against policy, procedure and RQIA requirements. This process will supplement the existing audit tools used by PCSS, IPC and also existing external audits conducted by Daniels (sharps box suppliers).	Pilot completed  Roll-out programme across Trust to be completed by Apr 2012

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
			'Daniels' is currently conducting an audit on sharps across the Trust. Awaiting report.	
8.	The trust should ensure that waste bins are available, kept clean and replaced as appropriate.	PCSS Nursing	This is monitored as part of the Environmental Cleanliness Audit Programme.  Regional contract for bins at adjudication stage.	Ongoing
9.	The trust and individual staff have a collective responsibility to ensure that equipment is clean.	Nursing PCSS	A cleaning manual that combines roles and responsibilities and method statement for Nursing and PCSS staff is at final consultation stage, and is due for a ward-by-ward launch at Infection Prevention link meetings.	Jan 2012
10.	The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair	Estates PCSS	This is monitored as part of the Environmental Cleanliness Audit Programme and is ongoing as part of Estates daily maintenance and refurbishment programmes.	Ongoing
11.	The trust should ensure that appropriate PPE is available to ensure staff are protected from risks associated with bodily fluid contamination and that PPE stations are located in areas away from possible contamination.	Nursing PCSS	The Trust has a process for the provision of appropriate PPE.  All staff must follow information, instruction and training with regards to disposal of PPE in compliance with Trust Policy and Procedure.  Information on correct disposal of PPE is discussed at ward staff meetings and displayed in posters. Compliance will be checked through electronic audit.	Complete  Complete  Apr 2012 (Electronic Audit of Waste stream).

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
12.	The trust should ensure that all care plan documentation is fully completed and regularly reviewed.	Nursing	New Nursing documentation has been rolled out across Acute Adult areas.	Complete
13.	The trust and individual staff have a collective responsibility to ensure that staff knowledge regarding documentation on cleaning and decontamination of equipment is kept up to date.	Nursing	Role and responsibilities policy in place. Cleaning statements document for all wards and departments to be finalised and disseminated.	Complete Jan 2012
14.	The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.	Nursing	All staff have been reminded and made aware of poster advice.	Completed and ongoing
15.	The trust should ensure that COSHH data sheets are available for staff.	Nursing	This will be addressed with the roll out of the BRAAT Risk Assessment Tool.	Ongoing



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