



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced inspection

Northern Health and Social Care Trust

Inver Ward 1, Moyle Hospital

14 April 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the **Moyle Hospital**, on the 14 April 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness Standards and the following area was inspected:

- Inver 1

Moyle Hospital in Larne was opened in 1972 and offers a range of community hospital services including Inver House, an 18 bed rehabilitation and palliative care unit. The recent extension to the artwork in the garden outside the Intermediate Care Unit at Moyle Hospital provides a calming and soothing environment where patients and relatives can relax and enjoy the peace and tranquility.

In Inver 1 compliance levels achieved are to be commended, inspectors observed that the environment was clean, tidy and in good repair. A number of issues were identified for improvement but overall the observation of staff indicated that they were compliant with hygiene and infection prevention and control practices.

The inspection resulted in 11 recommendations for the NHSCT and the Moyle Hospital, a full list of recommendations is listed in Appendix 2.

A detailed list of preliminary findings is forwarded to Northern 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

- **One hundred per cent of staff trained in infection prevention and control.**
- **Good infection prevention and control link system; nurses and nursing auxiliary staff participation.**
- **Implementation of High Impact Intervention care bundles; good knowledge displayed by staff.**

The RQIA inspection team would like to thank the NHSCT and in particular all staff at the Moyle 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

Ward	Inver 1
General Environment	90
Patient Linen	96
Waste	83
Sharps	92
Equipment	96
Hygiene Factors	97
Hygiene Practices	100
Average score	93

Table 2

General Environment	Inver 1
Reception	93
Corridors, stairs lift	N/A
Public toilets	83
Ward/ department - general (communal)	88
Patient bed area	90
Bathroom/washroom	95
Toilet	95
Clinical room/ treatment room	91
Clean utility room	87
Dirty utility room	81
Domestic store	94
Kitchen	95
Equipment store	94
Isolation	83
General information	92
Average score	90

Table 3

Linen	Inver 1
Storage of clean linen	92
Storage of used linen	10
Laundry facilities	N/A
Average score	96

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

Table 4

Waste and Sharps	Inver 1
Handling, segregation, storage, waste	83
Availability, use, storage of sharps	92

Table 5

Patient Equipment	Inver 1
Patient equipment	96

Table 6

Hygiene Factors	Inver 1
Availability and cleanliness of wash hand basin and consumables	99
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	88
Average score	97

Table 7

Hygiene Practices	Inver 1
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
Average score	100

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

2.0 Background Information to the Inspection Process

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

The aims of the inspection process are:

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

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

3.0 Inspections

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

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

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

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

4.0 Unannounced Inspection Process

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

4.1 Onsite Inspection

The inspection team was made up of two inspectors, from RQIA's infection prevention/ hygiene team. One inspector led the team and was responsible for guiding the team and ensuring they were in agreement about the findings reached. Membership of the inspection team is outlined in Section 12.

The inspection of ward environments is carried out using the draft Regional Healthcare Hygiene and Cleanliness audit tool. The inspection process involves observation, discussion with staff, and review of some ward documentation.

4.2 Feedback and Report of the Findings

The process concludes with a feedback of key findings to trust representatives including examples of notable practice identified during the inspection. The details of trust representatives attending the feedback session is outlined in Section 12.

The findings, report and follow up action will be in accordance with the Infection Prevention/ Hygiene Inspection Process (methodology, follow up and reporting).

The infection prevention/hygiene team escalation process will be followed if inspectors/reviewers identify any serious concerns during the inspection (Section 15).

A number of documents have been developed to support and explain the inspection process. This information is currently available on request and will be available in due course on the RQIA website.

5.0 Audit Tool

The audit tool used for the inspection is based on the draft Regional Healthcare Hygiene and Cleanliness standards. The standards incorporate the critical areas which were identified through a review of existing standards, guidance and audit tools (Appendix 2 of Regional Healthcare Hygiene and Cleanliness standards). The audit tool follows the format of the draft Regional Healthcare Hygiene and Cleanliness Standards and comprises of the following sections.

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

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

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

Level of Compliance

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

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

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

6.0 Environment

STANDARD 2.0 GENERAL ENVIRONMENT

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

General Environment	Inver 1
Reception	93
Corridors, stairs lift	N/A
Public toilets	83
Ward/ department - general (communal)	88
Patient bed area	90
Bathroom/washroom	95
Toilet	95
Clinical room/ treatment room	91
Clean utility room	87
Dirty utility room	81
Domestic store	94
Kitchen	95
Equipment store	94
Isolation	83
General information	92
Average score	90

6.1 Cleaning

At the time of the inspection there was good evidence to indicate compliance with regional specifications for cleaning. The inspectors observed that regular cleaning mechanisms were in place to prevent the build up of dust and debris which in turn prevents the build up of bacteria and subsequently reduces the potential risk for the transmission of infection.

The ward whilst generally very clean required minor improvements in the cleaning of windows and window frames, and high surfaces.

In the reception area there was dust behind the radiator panels, the female toilet seat had ground in stains and stains were observed on vinyl chair seat covers.

Throughout the ward the inspectors noted that external windows and window frames were dirty; cobwebs were present in some areas. Several mirrors and a shower screen had splash marks present, there was sticky tape on the mailbox shelving, impeding the cleaning process, there were dead flies in the light fixture in the equipment room and limescale was observed on the sink taps in the dirty utility room. Particular attention is required to ensure that limescale is removed from taps and fittings as recent evidence has shown that limescale may harbour biofilms and the build up of limescale can interfere with good cleaning and disinfection by masking and protecting pathogens.

6.2 Clutter



Picture 1: Clean Utility - uncluttered environment

In Inver 1 there was evidence of a continued emphasis in providing clutter free environments, this provides effective utilisation of space and good stock management which assists with effective cleaning (Picture 1).

A review of the domestic store is required as it was small and cluttered on the day of inspection.

6.3 Maintenance and Repair

As the ward was opened in 1972 the inspectors observed environmental factors associated with age and maintenance of the fabric of the building, with a number of action points identified.

Exposed wood was observed on the main ward doors, minor wall damage was noted in the female public toilet and dirty utility room, unpainted plaster work was present in the female bay 2 and paint on the tiles in the kitchen was beginning to peel. The inspectors also observed floor vinyl that did not fit correctly around the toilet base in the female public toilet and several window frames that were damaged at the latches.

Unsealed flooring, walls and wood can act as a reservoir for bacteria and also compromise the cleaning process due to the inability to remove all bacteria by normal damp dusting and cleaning processes. It is imperative that all floors and doors are fitted and sealed correctly to ensure they are impervious to moisture and prevent the possible build up and subsequent transmission of bacteria.

In the isolation room inspected it was noted that the floor vinyl was starting to wear along the weld, there was a chip in the wall plaster, exposed wood on the door frames and chair legs and formica on the patient locker was split and missing in places. Damage especially in an isolation area, impedes the cleaning process and has the potential to act as a reservoir for bacteria.

6.4 Fixtures and Fittings

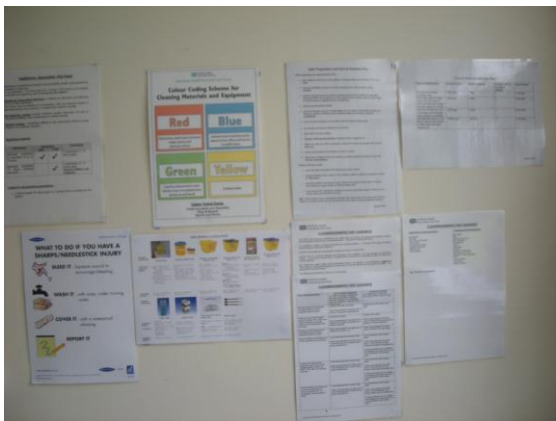
The fixtures, fittings and equipment in some areas, especially the kitchen and small treatment room were old and worn.

A large number of wooden chair legs were worn, with exposed wood, some chair seats were torn and metal storage shelves were beginning to rust.

It is imperative that hand washing sinks are available to allow staff to carry out hand washing as necessary.

6.5 Information

Hand hygiene posters were displayed at hand washing sinks and alcohol gel dispensers. Information leaflets on hand hygiene, common infections and infection prevention and control were available. Clear instructions are in place to advise staff and visitors of isolation precautions.



There is a range of posters in place for staff to reference such as waste, sharps management and colour coding however a poster on the segregation of linen was not available (Picture 2).

Cleaning schedules which outline staff responsibility for domestic and nursing staff are up to date.

Picture 2: A range of reference posters

6.6 Additional Issues

The inspectors noted that the drugs fridge was unlocked and throughout the ward all areas were unlocked and easily accessible to the public; treatment room, clean utility room, domestic store and storage areas. It is advised that all staff are reminded of the importance of keeping the drugs fridge locked. The accessibility to ward areas should also be reviewed by the trust health and safety

officer and ward manager and where necessary additional keys or keypads purchased or installed.

The inspectors observed that the notice board behind the patient bed in the isolation room was made of cork. It is advised that as cork cannot be effectively cleaned, especially in an isolation room, that an alternative method of displaying patient details is investigated.

Recommendations

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose.**
- 2. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 3. The trust should review the hand washing facilities available at ward level.**
- 4. The trust should ensure that all staff are reminded of the importance of keeping drugs fridges locked. The accessibility to ward areas should be reviewed by the trust health and safety officer and ward manager.**
- 5. A review of the domestic store is required as it was small and cluttered on the day of inspection.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen	Inver 1
Storage of clean linen	92
Storage of used linen	100
Laundry facilities	N/A
Average score	96

7.1 Management of Linen

The ward is to be commended in achieving a high compliance score in the storage of clean linen and full compliance in the storage of used linen.

Inspectors observed that used linen was stored and segregated correctly and that clean linen was stored in a separate store and was clean, tidy and free from rips and tears. Minor damage was noted to the door frame of the clean linen store and full clean linen bags were stored on the floor; the ward manager advised during the feedback session that a linen supply had arrived at the ward on the morning of the inspection and had yet to be stored on shelving.

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.

Recommendations

6. The trust should ensure the correct storage of clean linen.

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	Inver 1
Handling, segregation, storage, waste	83
Availability, use, storage of sharps	92

8.1 Waste

The inspection evidenced that there are arrangements in place for the handling, segregation, storage and disposal of waste which generally comply with local and regional guidance.



Picture 3: Household waste disposed of inappropriately into black lidded burn bin

Due to the lack of household waste bins in the patient toilet and clinical room, household waste was disposed of incorrectly into clinical waste bins. Household waste was also disposed of incorrectly into a sharps box and paper waste, nebuliser tubing and hand cream were disposed of incorrectly into the black lidded pharmaceutical waste bin (Picture 3).

The clinical waste bins in the bathroom and female patient toilet were rusty, the underside of the clinical waste bin in the dirty utility room was dirty and the large external clinical waste bin was unlocked and easily accessible.

8.2 Sharps

Inspectors observed that a sharps box stored in the small open treatment room was easily accessible to the public, and that sharps trays, while available, required cleaning.

Sharps boxes in use conformed to BS7320 (1990)/UN9291 standards. Boxes were assembled correctly; labelled with the date, locality and staff signature. This is good practice as correct labelling ensures that if there is a spillage of sharps waste from the sharps box or an injury to a staff member as a result of incorrect assembly/ disposal, the area the sharps box originated from can be immediately identified. 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 in place when the sharps boxes were not in use.

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 and equipment used in the management of waste and sharps are 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	Inver 1
Patient equipment	96

Equipment

The ward is to be commended in achieving a high compliance score in this section of the audit tool.

Inspectors observed that the cleaning of patient equipment was of a very good standard as the majority of equipment was visibly clean and in a good state or repair.

Discussion with staff indicated that they were aware of the disinfectants in use, the appropriate dilution strengths to use for cleaning and for blood and body fluid spillage and that the majority of equipment in use was disposable.

The inspectors observed that laryngoscope blades on the resuscitation trolley were removed from their sterile packaging (Picture 4). The Association of Anaesthetists of Great Britain and Ireland guidelines 'Infection Control in Anaesthesia' states that single use resuscitation equipment should be kept in a sealed package or should be decontaminated between patients according to manufacturer's instructions. It also states that packaging should not be removed until the point of use for infection control, identification and traceability in the case of a manufacturer's recall and safety.



Picture 4: Exposed laryngoscope blades

Greater attention to detail is required to remove sticky labels from inside the drawers of the resuscitation trolley and to replace commodes that are rusty.

Recommendations

- 9. The trust and individual staff have a collective responsibility to ensure that equipment is stored correctly, easily cleaned and in a good state of repair.**

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	Inver 1
Availability and cleanliness of wash hand basin and consumables	99
Availability of alcohol rub	100
Availability of PPE	100
Materials and equipment for cleaning	88
Average score	97

The ward is to be commended in achieving a high compliance score in the availability and cleanliness of hand washing facilities (Picture 5) and full compliance in the availability of alcohol rub and personal protective equipment.



Picture 5: Good hand washing facilities

Inspectors observed that in the small treatment room the elbow operated tap apertures were both right facing rather than left and right making them difficult to use, especially for hand washing. It was also noted there were no designated hand washing sinks in the large clean utility room, dirty utility room or domestic store. Cleaning products were not stored in line with COSHH regulations in a locked area; both the dirty utility cupboard and domestic store were unlocked and easily accessible.

Attention to detail is required when drying equipment as in the domestic store an inverted cleaning bucket, stored on open wooden shelving, was damp and water was dripping onto the contents of a box

stored on the shelf below; this was actioned by the domestic supervisor during the inspection. Equipment used for cleaning should be fit for purpose and easily cleanable; it was observed that a green dustpan brush shaft and the top of a floor hazard cone were broken.

Recommendations

- 10. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 11. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, dry and in a good state of repair.**

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, staff changing facilities

Hygiene Practices	Inver 1
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	100
Effective cleaning of ward	100
Staff uniform and work wear	100
Average score	100

The ward is commended for achieving full compliance in all sections within hygiene practices.

The results of the audit indicate that effective hygiene practices were in place. Hand hygiene practices observed complied with WHO (World Health Organisation) guidance on the correct technique to use for hand washing and appliance of hand rub. Observations indicated that staff performed hand hygiene at the appropriate moments for hand hygiene.

The inspectors observed that single use aprons and gloves were worn when in contact or anticipated contact with blood, body fluids or in potential contact with contaminated items and aprons and gloves were changed between patients and between different episodes of care.

On the day of the inspection patients required isolation and practices observed in relation to the application of isolation precautions were good and in line with current practice guidance.

A review of documentation evidenced that a patient centred care plan for the identified alert organism was in place and completed by staff.

Staff changing facilities are available for all groups of staff to change into and out of their uniform at work.

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 Ann Hamilton – General Manager, Domestic Services
Ms Jackie Elliott – Head of Intermediate Care and Rehab Services
Ms Carol Ferguson – Ward Manager
Ms Karen Jenkins – Governance Manager
Mr Donald McWhirter – Support Services Manager
Ms Lorraine Crymble – Infection Prevention and Control Nurse
Mr Joe Cafolla – Estates Services
Mr Jill Hay – Staff Nurse
Ms Esther McAllister – Support Services Supervisor

Apologies

Mr Sean Donaghy – Chief Executive

Supporting documentation

A number of documents have been developed to support the inspection process, these are:

- Infection Prevention/ Hygiene Inspection Process (methodology, follow up and reporting)
- Infection Prevention/ Hygiene Team Inspection Protocol (this document contains details on how inspections are carried out and the composition of the teams)
- Infection Prevention/ Hygiene Team Escalation Policy
- RQIA policy and procedure for Use and Storage of Digital Images

This information is currently available on request and will be available in due course on the RQIA website.

13.0 Summary of Recommendations

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose.**
- 2. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 3. The trust should review the hand washing facilities available at ward level.**
- 4. The trust should ensure that all staff are reminded of the importance of keeping drugs fridges locked. The accessibility to ward areas should be reviewed by the trust health and safety officer and ward manager.**
- 5. A review of the domestic store is required as it was small and cluttered on the day of inspection.**
- 6. The trust should ensure the correct storage of clean linen.**
- 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 and equipment used in the management of waste and sharps is kept clean and replaced as appropriate.**
- 9. The trust and individual staff have a collective responsibility to ensure that equipment is stored correctly, easily cleaned and in a good state of repair.**
- 10. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 11. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, dry and in a good state of repair.**

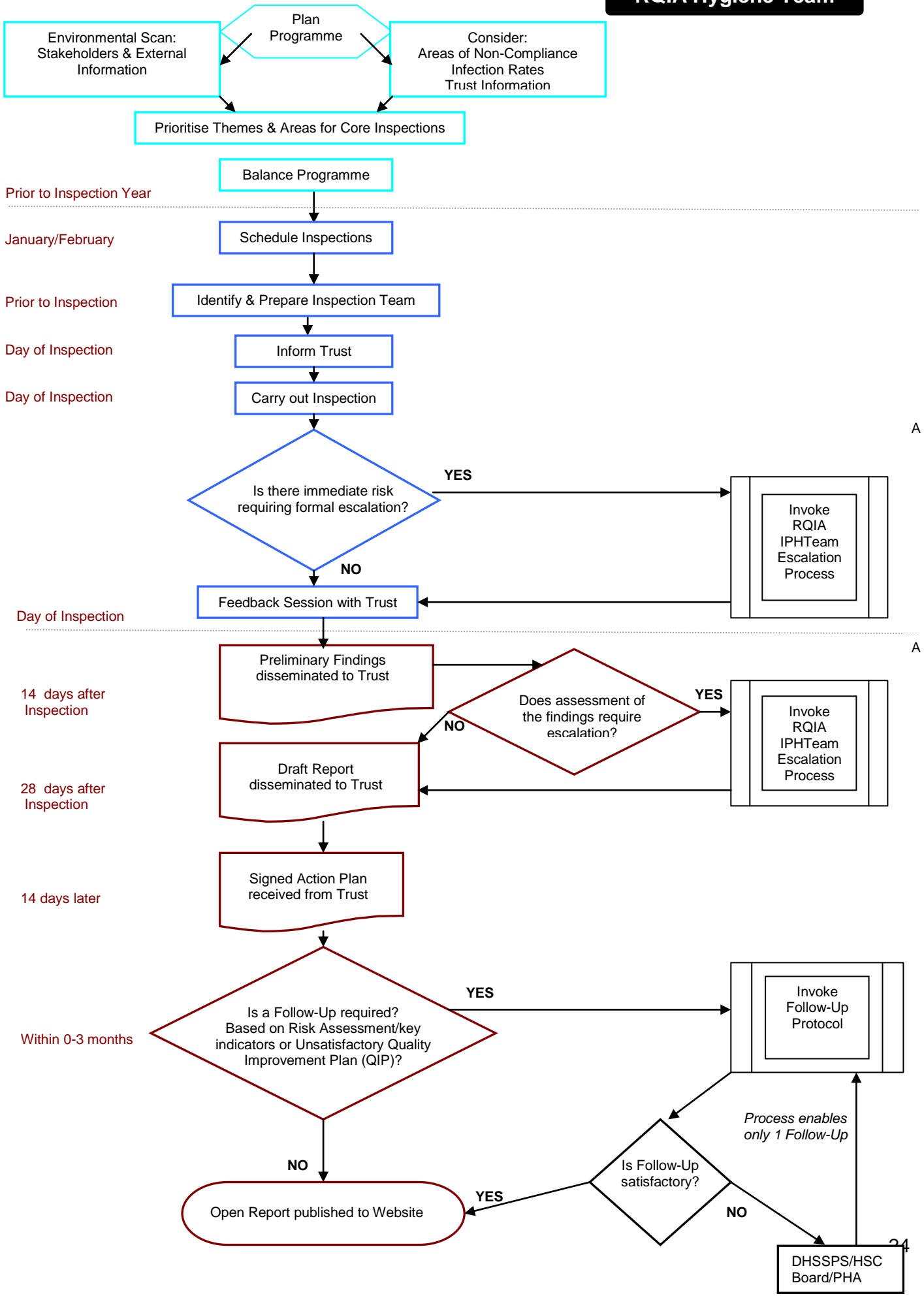
14.0 Unannounced Inspection Flowchart

RQIA Hygiene Team

Plan Programme

Episode of Inspection

Reporting & Re-Audit



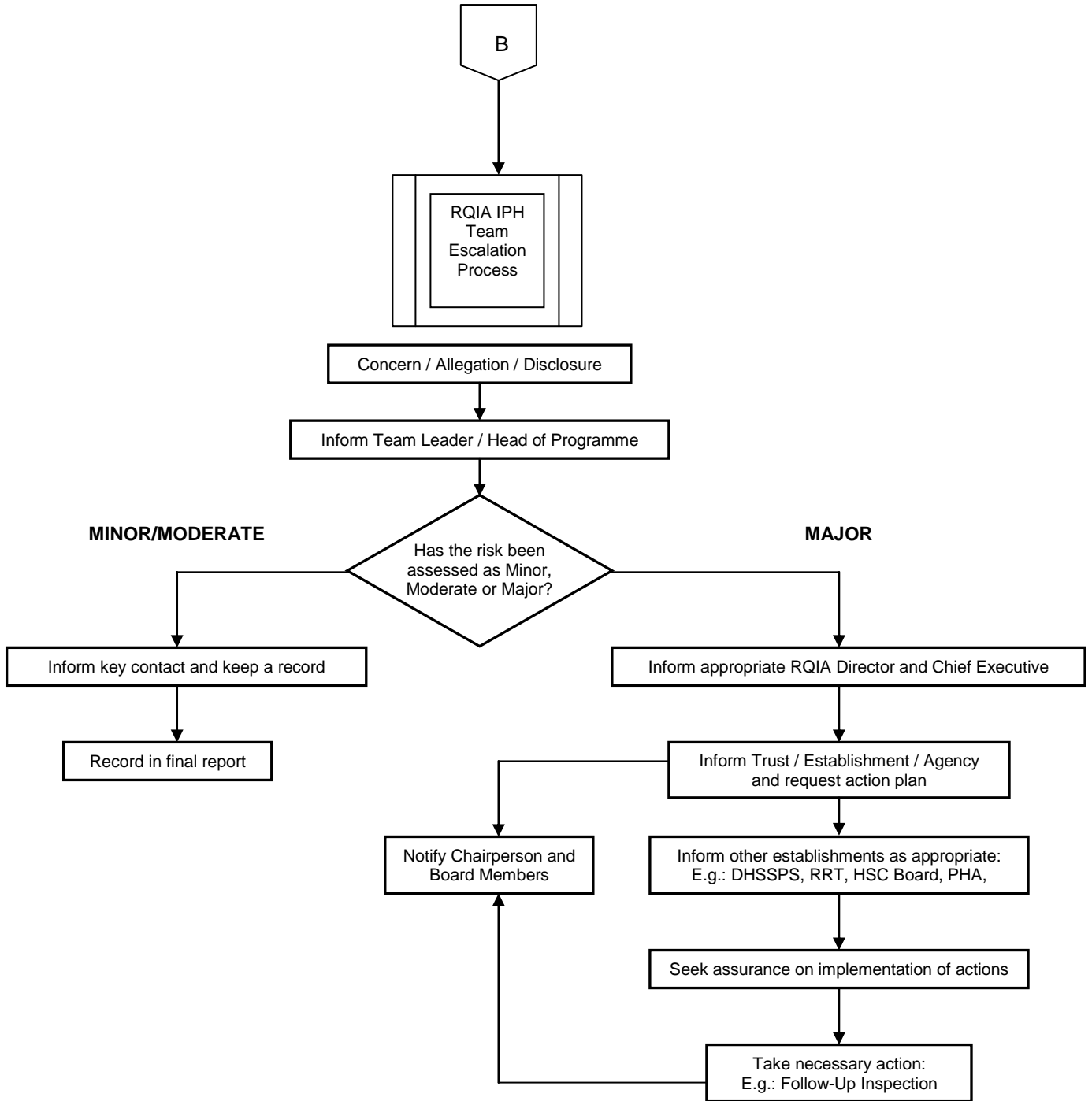
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15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose.	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose	June 2011
2.	The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.	Nursing / Support Services / Estates Services	All staff to be advised of need for early identification and onward reporting of damaged fixtures and fittings, ensuring that maintenance is undertaken within agreed scheduled times	June 2011
3.	The trust should review the hand washing facilities available at ward level.	Nursing / Support Services / Estates Services	Capital works BID submitted Meeting with Trust Health and Safety Officer to be arranged	To be progressed when costing available Scheduled 30.06.11
4.	The trust should ensure that all staff are reminded of the importance of keeping drugs fridges locked. The accessibility to ward areas should be reviewed by the trust health and safety officer and ward manager.	Nursing	Meeting with Trust Health and Safety Officer to be arranged Require lock to fridge and cupboard doors. Reported to Estates 15.04.11	Scheduled 30.06.11 Work scheduled 17.06.11
5.	A review of the domestic store is required as it was small and cluttered on the day of inspection.	Support Services	Meeting with Trust Health and Safety Officer to be arranged	Scheduled 30.06.11

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
6.	The trust should ensure the correct storage of clean linen.	Nursing	When linen is delivered the outer bagging is removed and linen is placed appropriately on shelves as soon as practicably possible	Continue Practice
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.	Nursing / Support Services	Infection prevention control audits are carried out annually Daily observational visits carried out by nursing and support services Monitor incidents	Continue practice
8.	The trust should ensure that waste bins and equipment used in the management of waste and sharps is kept clean and replaced as appropriate.	Nursing / Support Services	Environmental cleanliness audits carried out monthly Daily observational visits carried out by nursing and support services All staff to be advised by their line managers of their roles and responsibilities	Continue Practice June 2011
9.	The trust and individual staff have a collective responsibility to ensure that equipment is stored correctly, easily cleaned and in a good state of repair.	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities Cleaning schedules to be maintained and any pieces of equipment that require repair should be reported to relevant line manager for action	June 2011 Practice ongoing
10.	The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities, ensuring that cleaning products are kept in a locked cupboard when not in use	June 2011

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
11.	Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, dry and in a good state of repair	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities Daily observational visits carried out by nursing and support services Cleaning schedules to be maintained and any pieces of equipment that require repair should be reported to relevant line manager for action	June 2011 Practice ongoing



The **Regulation** and
Quality Improvement
Authority

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