



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Re-audit Inspection

Belfast Health and Social Care Trust

Royal Victoria Hospital

14 July 2011

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1.0 Inspection Summary

As a result of the unannounced inspection carried out on 8 June 2011 and in line with RQIA's follow up process, an unannounced follow up inspection was undertaken of the Royal Victoria Hospital on the 14 July 2011. The purpose of the inspection was to re-audit all four wards, as the initial inspection identified issues in relation to staff practice and non compliant sections within Standards 2 - 7 of the Regional Healthcare Hygiene and Cleanliness Standards. The following areas were inspected:

- Ward 4E – Neurology
- Ward 5F – Orthopaedics
- Ward 6D – Medicine
- Ward 7C – Medicine/ Stroke Rehabilitation

Inspection Outcomes

The inspection team reviewed the progress and found the following:

Ward 4E – 76 per cent of the 106 issues identified at the previous inspection have been addressed. 25 issues have been repeated and the follow up inspection identified 28 new issues.

Ward 5F – 23 per cent of the 210 issues identified at the previous inspection have been addressed. 162 issues have been repeated and the follow up inspection identified 26 new issues.

Ward 6D – 63 per cent of the 241 issues identified at the previous inspection have been addressed. 90 issues have been repeated and the follow up inspection identified 46 new issues.

Ward 7C – 59 per cent of the 143 issues identified at the previous inspection have been addressed. 58 issues have been repeated and the follow up inspection identified 22 new issues.

In all four wards inspected the majority of outstanding issues relate to refurbishment; maintenance and repair; environmental and patient equipment cleaning. In three of the wards there had been significant improvements made however in Ward 5F it was concerning to note that only 23 per cent of issues identified at the previous inspection have been addressed. A concentrated effort is required to ensure compliance with hygiene and infection prevention and control practices.

A summary of the recommendations following the re-audit is listed in Section 13. A detailed list of preliminary findings has been forwarded to the trust, which is available on request from RQIA.

The report and the quality improvement plan are available to view on the RQIA website. Reports and action plans will be subject to

performance management by the Health and Social Care Board and the Public Health Agency.

The RQIA inspection team would like to thank the staff at the Royal Victoria Hospital for their assistance during the inspection.

The following tables give an overview of compliance scores noted in areas inspected by RQIA on 8 June 2011 and 14 July 2011.

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 8 June 2011	4E	5F	6D	7C
Environment	84	75	66	84
Patient Linen	83	79	80	86
Waste	84	75	89	78
Sharps	74	82	72	52
Patient Equipment	64	65	65	72
Hygiene Factors	95	77	88	92
Hygiene Practices	92	83	73	77
Average Score	82	77	76	77

Ward 14 July 2011	4E	5F	6D	7C
Environment	94	76	83	90
Patient Linen	94	84	88	96
Waste	93	79	89	95
Sharps	79	95	94	100
Patient Equipment	84	72	78	84
Hygiene Factors	97	85	95	98
Hygiene Practices	99	87	85	95
Average Score	91	83	87	94

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

Table 2

Environment 8 June 2011	4E	5F	6D	7C
Reception	N/A	66	N/A	N/A
Corridors, stairs lift	96	95	N/A	86
Public toilets	N/A	76	N/A	95
Ward/ department - general(communal)	95	68	67	82
Patient bed area	89	85	78	90
Bathroom/washroom	73	87	63	94
Toilet	95	74	69	91
Clinical room/ treatment room	86	74	68	75
Clean utility room	70	68	64	88
Dirty utility room	78	68	60	92
Domestic store	63	64	56	88
Kitchen	N/A	73	70	89
Equipment store	90	76	54	70
Isolation	95	85	78	87
General information	72	69	67	52
Average Score	84	75	66	84

Environment 14 July 2011	4E	5F	6D	7C
Reception	N/A	66	N/A	N/A
Corridors, stairs lift	93	91	N/A	90
Public toilets	N/A	84	N/A	98
Ward/ department - general(communal)	95	73	80	93
Patient bed area	100	85	87	93
Bathroom/washroom	93	87	90	94
Toilet	90	71	86	95
Clinical room/ treatment room	93	83	85	93
Clean utility room	93	74	82	86
Dirty utility room	89	63	88	96
Domestic store	94	68	91	86
Kitchen	N/A	71	72	89
Equipment store	97	73	65	70
Isolation	99	85	95	95
General information	92	72	76	83
Average Score	94	76	83	90

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

Table 3

Linens 8 June 2011	4E	5F	6D	7C
Storage of clean linen	84	64	84	92
Storage of used linen	82	93	75	79
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	83	79	80	86

Linens 14 July 2011	4E	5F	6D	7C
Storage of clean linen	88	75	96	92
Storage of used linen	100	93	80	100
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	93	84	88	96

Table 4

Waste and sharps 8 June 2011	4E	5F	6D	7C
Handling, segregation, storage, waste	84	75	89	78
Availability, use, storage of sharps	74	82	72	52

Waste and sharps 14 July 2011	4E	5F	6D	7C
Handling, segregation, storage, waste	93	79	89	95
Availability, use, storage of sharps	78	95	94	100

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

Table 5

Patient Equipment 8 June 2011	4E	5F	6D	7C
Patient equipment	64	65	65	72

Patient Equipment 14 July 2011	4E	5F	6D	7C
Patient equipment	84	72	78	84

Table 6

Hygiene Factors 8 June 2011	4E	5F	6D	7C
Availability and cleanliness of wash hand basin and consumables	99	89	83	96
Availability of alcohol rub	92	80	100	93
Availability of PPE	92	80	100	86
Materials and equipment for cleaning	96	58	68	93
Average Score	95	77	88	92

Hygiene Factors 14 July 2011	4E	5F	6D	7C
Availability and cleanliness of wash hand basin and consumables	97	91	90	100
Availability of alcohol rub	100	90	100	100
Availability of PPE	92	80	100	100
Materials and equipment for cleaning	98	77	88	94
Average Score	97	85	95	98

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

Table 7

Hygiene Practices 8 June 2011	4E	5F	6D	7C
Effective hand hygiene procedures	100	81	71	78
Safe handling and disposal of sharps	100	92	92	85
Effective use of PPE	80	88	53	56
Correct use of isolation	N/A	100	64	90
Effective cleaning of ward	89	50	70	65
Staff uniform and work wear	93	85	86	90
Average Score	92	83	73	77

Hygiene Practices 14 July 2011	4E	5F	6D	7C
Effective hand hygiene procedures	100	81	86	100
Safe handling and disposal of sharps	100	92	92	100
Effective use of PPE	100	94	83	95
Correct use of isolation	N/A	100	N/A	100
Effective cleaning of ward	100	67	70	81
Staff uniform and work wear	93	89	93	93
Average Score	99	87	85	95

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 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 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 four inspectors from RQIA's infection prevention/hygiene team, along with 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.

Organisations are forwarded a detailed action plan of preliminary findings within 14 days of the inspection; this does not include the findings of the overall organisational systems and governance. The action plan is returned with the agreed draft report. The draft report contains the high level recommendations of the inspection and is forwarded to each organisation within 28 days of the inspection for agreement and factual accuracy checking and returned within two weeks. The detailed action plan is available on request from RQIA.

The findings of the inspection will be followed up in line with infection prevention/ hygiene inspection process (methodology, follow up and reporting).

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

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

5.0 Audit Tool

The audit tool used for the inspection is based on the 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:

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.

Environment 8 June 2011	4E	5F	6D	7C
Reception	N/A	66	N/A	N/A
Corridors/stairs/lift	96	95	N/A	86
Public toilets	N/A	76	N/A	95
Ward/ department - general(communal)	95	68	67	82
Patient bed area	89	85	78	90
Bathroom/washroom	73	87	63	94
Toilet	95	74	69	91
Clinical room/ treatment room	86	74	68	75
Clean utility room	70	68	64	88
Dirty utility room	78	68	60	92
Domestic store	63	64	56	88
Kitchen	N/A	73	70	89
Equipment store	90	76	54	70
Isolation	95	85	78	87
General information	72	69	67	52
Average Score	84	75	66	84

Environment 14 July 2011	4E	5F	6D	7C
Reception	N/A	66	N/A	N/A
Corridors, stairs lift	93	91	N/A	90
Public toilets	N/A	84	N/A	98
Ward/ department - general(communal)	95	73	80	93
Patient bed area	100	85	87	93
Bathroom/washroom	93	87	90	94
Toilet	90	71	86	95
Clinical room/ treatment room	93	83	85	93
Clean utility room	93	74	82	86
Dirty utility room	89	63	88	96
Domestic store	94	68	91	86
Kitchen	N/A	71	72	89
Equipment store	97	73	65	70
Isolation	99	85	95	95
General information	92	72	76	83
Average Score	94	76	83	90

6.1 Cleaning

The follow up inspection evidenced that there had been an improvement in some areas to indicate greater compliance with regional specifications for cleaning. However, the inspectors still observed that cleaning mechanisms had not always been implemented and in some instances compliance needed to be improved to prevent the build up of dust, debris and bacteria and subsequently reduce the potential risk for the transmission of infection.

Wards 4E and 7C are to be commended for achieving overall compliant scores, and the staff in Ward 6D have worked hard to improve the level of compliance in the majority of sections within this standard. The effort made by staff in wards 4E, 7C and 6D has not been reflected in Ward 5F and further work is required to improve compliance, as during the inspection there was little evidence to indicate improvement.

Recurring issues in the main reception area and public toilets related to, dust and debris in floor corners and edges; behind fixtures and fittings; at ceiling light fittings; and on work surfaces. Dust was again noted in the leaflet rack and on the plants at the main hospital door. The ceiling in the stairwell off the reception leading to the restaurant had brown stains and the ceiling and walls were stained in the female public toilet. In the main reception and corridors leading to the wards 4E, 5F and 7C, the external windows were extensively marked, some windows had green algae present (Picture 1). Torn posters were

observed on the walls at the main reception public telephones. Sticky tape residue was found on toilet roll holders in the main reception toilet and on the walls at the entrance to Ward 7C, where posters had been displayed and removed. The issues identified in the main hospital reception and public areas have the potential to contribute to an initial poor public perception of the environmental cleaning and hygiene standards displayed within the hospital.



Picture 1 Green algae on window

New issues identified in Ward 4E, was the storage of beds in the corridor leading to the ward, and in Ward 5F some of the wooden handrails in the corridor leading to the ward were worn to the bare wood and therefore pervious to moisture.

In Ward 4E, the stained patient privacy curtains and light pull cords have been replaced and the sluice sink in the domestic store was clean. New issues identified in the July inspection relate to the need to replace a green felt notice board at the ward entrance, which cannot be effectively cleaned and to ensure that toilet lids, equipment sink and sluice hopper in the dirty utility room and dusty high density storage in the clean utility room are kept clean.

In Ward 7C a noted improvement was observed in the overall cleaning of the ward for example; computer screens; mattresses; bedframes; and patient call bells are now clean and dust free. During the inspection new issues were identified such as dust on a table top fan and on wall trunking, ground in stains on the floor of the toilet and on the foot stool in the clean utility room.

In Ward 6D, recurring issues related to the cleaning of a washer disinfecter; equipment sink and sluice hopper; stained kitchen appliances; dusty leaflet rack; and shelving, stained radiators, and replacing disposable bedside screens. New issues identified were dusty apron holders, fire extinguishers and patient televisions; dirty sanitary fixtures and fittings.

In Ward 5F, initial observation would suggest a clutter free, clean and tidy environment however in-depth inspection identified that a concentrated effort is required by all staff to improve cleaning practice. Window blinds; patient entertainment systems; pull cords; inaccessible skirting and kitchen appliances; fixtures and fittings; all required further cleaning. Greater attention to detail is required when cleaning to ensure dust, debris and stains are removed from all high and low horizontal surfaces, and the interior and exterior of fixtures and fittings, including sanitary areas.

Further work is required in wards 4E and 5F to ensure that the inside/ outside of the drugs fridges are clean. In wards 4E, 5F and 7C greater attention to cleaning door touch points is required.

Recurring issues in all wards inspected were the use of adhesive tape to attach labels or posters to walls or bedside lockers and limescale on taps in either the dirty utility room or domestic store.

The isolation rooms inspected in wards 5F and 7C were generally clean, however, attention is again required to ensure shower fittings and bed frame dusting is carried out more effectively.

6.2 Clutter

The follow up inspection evidenced some improvement in providing clutter free environments, effective utilisation of space, and good stock management to assist with effective cleaning in all wards.

In Ward 4E patient equipment had been removed from the treatment room/ toilet. However further work is required to de-clutter ward areas and review storage. Recurring storage issues in Ward 4E and 7C relate to clutter in sanitary areas.

Inspectors observed in Ward 5F a bed, portable privacy screen and a trolley with boxes, stored inside the ward entrance doors, while patient bed bays remained cluttered.



In wards 5F(Picture 2), 6D and 7C insufficient storage facilities, equipment stored on the floor or on top of cupboards, and patient equipment stored inappropriately has again contributed to clutter in the environment which impedes the cleaning process.

Picture 2 Cluttered shelving in equipment store

6.3 Maintenance and Repair

In all wards inspected, recurring issues related to wall, door and paintwork damage and ceiling tiles missing or not secure. Worn, stained flooring and exposed wooden framed seating were also observed in some ward areas inspected.

In the main reception, the outstanding issues observed were minor wall damage; a broken notice board; worn wooden panelling and reception desk and some ripped patient seating.

In wards 4E, 5F and 7C the bathroom and toilet areas were generally in good repair however a stale odour was noted in these areas. In Ward 4E, the floor vinyl remained damaged in the dirty utility room and new issues related to damaged flooring in the domestic store and broken door privacy sliding screens in the treatment room and in a room used for isolation.

In Ward 5F, outstanding issues relate to damaged/missing skirting, exposed wooden surfaces, cracked/damaged light casings and washer disinfectant motors not encased. Inspectors were advised at the feedback session that the trust are presently reviewing dirty utility room facilities available at ward level, with the potential for future refurbishment.

The hand washing sinks in Ward 6D had been repaired since the June inspection, however radiator paintwork remains chipped. Chipped paintwork on bedrails was also noted in Ward 5F and 7C.

In wards 5F, 6D and 7C work is required to ensure isolation areas are fit for purpose as recurring issues were identified and related to damaged walls, furniture and fixtures and fittings. New issues identified in Ward 6D were a dusty light switch and rust on the shower chair, while in Ward 7C a new issue related to a missing light cover. Damaged equipment 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 all wards were generally fit for purpose.

Inspectors observed that in Ward 4E, a bathroom toilet seat had been replaced and the pull cord in a toilet, which had been shortened, was now of appropriate length for patients to reach. The taps on the equipment sink in the dirty utility room which were corroded, had been replaced, however the flush mechanism remained unchanged. A damaged toilet seat was identified as a new issue.

Recurring issues identified in Wards 5F, 6D and 7C related to damaged, old and worn equipment.

6.5 Information

Staff in Ward 4E are commended for achieving a compliance score in this section of the standard.

In Ward 7C, hand hygiene, MRSA or *Clostridium difficile* leaflets were now available; however, in Ward 5F there was no leaflet rack to display information leaflets for patients and visitors. In all wards information on common infections, and infection prevention and control, were available.



Picture 3 Linen poster

In all wards inspected there was a poster available on the segregation of linen (Picture 3). A recurring issue in all wards, was that posters were not laminated to allow them to be easily cleaned. In Ward 6D, there were no posters available on the segregation of waste and on the management of inoculation injuries.

Wards 4E and 6D continue to have information displayed for staff on the National Patient Safety Agency (NPSA) colour coding system. However, Ward 5F and 7C still did not have this information displayed for nursing staff to reference.

Inspectors noted that in wards 5F, 6D and 7C, nursing cleaning schedules had been developed, however, these were not fully completed and were not specific to the area, the schedules did not detail all equipment in use or staff responsibilities. Detailed nursing cleaning schedules are required which outline all equipment to be cleaned. In Ward 4E, although reviewed and updated nursing cleaning schedules were in place, they were not completed consistently and there was no evidence of validation checks on cleaning practice carried out.

It was again observed in Ward 5F that while posters were available and used to identify infection prevention and control isolation precautions, they were not always used appropriately. Inspectors observed signage placed in areas where there was no infection, potentially causing confusion for visitors or relatives.

In Wards 5F and 7C, inspectors again noted that the drugs fridge temperatures had not been consistently taken or recorded. In the Ward 7C drugs fridge, the fridge temperature record sheet should be reviewed as there was nowhere on the record sheet to inform staff of corrective action required to address variations outside the normal temperature range. In Ward 5F kitchen, there was no evidence on the record sheet that food fridge temperatures had been recorded. It is imperative that fridge temperature checks are taken and recorded on a daily basis to ensure medication and food are stored at the correct temperature. Appropriate action should be taken in the event of a cold chain failure.

All staff, spoken to by inspectors, were aware of how to contact the infection prevention and control team for advice.

6.6 Additional Issues

Ward 4E

- The laminate strip on the cupboard at the beverage point was missing

Ward 5F

- There was no user friendly information displayed on ward notice boards to advise patients or visitors on environmental cleanliness or care bundle scores. This was stated for the second time
- Signage was not present on the door of the clean utility room to indicate oxygen cylinders were present
- An immobile patient advised that his bedside nurse call bell was not working and he was unable to call for pain relief during the night
- An equipment plug and socket were taped over to prevent the plug from being removed from the wall; this should be reviewed by estate services

Recommendations

- 1. The trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively, that patient equipment is fit for purpose and that the environment is in a good state of repair. (Repeated)**
- 2. The trust should work to ensure all staff are aware of their roles and responsibilities in environmental cleaning. (Repeated)**

- 3. The trust should review its environmental cleaning schedules and the monitoring system in place to ensure effective implementation and cleaning. (Repeated)**
- 4. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings. (Repeated)**
- 5. The trust and staff should work to improve storage and maintain clutter free ward environments. (Repeated)**
- 6. The trust should develop detailed nursing cleaning schedules. (Repeated)**
- 7. The trust should ensure that all staff are aware of the importance of monitoring fridge temperatures. (Repeated)**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen 8 June 2011	4E	5F	6D	7C
Storage of clean linen	84	64	84	92
Storage of used linen	82	93	75	79
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	83	79	80	86

Linen 14 July 2011	4E	5F	6D	7C
Storage of clean linen	88	75	96	92
Storage of used linen	100	93	80	100
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	93	84	88	96

7.1 Management of Linen

Staff in all wards are commended for improving the overall scores achieved in this standard, however in Ward 5F further work is required in the storage of clean linen.

On both inspections clean linen was stored in a separate room from used linen. Linen inspected was clean and free from rips and tears. The issues identified in Ward 7C relating to the storage of linen out of packaging on a trolley has been addressed. However, in Ward 4E, a clean linen sheet remained stained after the wash process, an issue stated for the second time.

In Wards 5F and 6D the follow up inspection in July noted an improvement in the storage of linen which was now stored tidily on shelves, and in Ward 6D, the linen store had been de-cluttered. In Ward 5F, the linen store remained cluttered as a mattress and boxes were stored on the floor, impeding the cleaning process. In Ward 7C, a new issue identified related to the inappropriate storage of clean linen bags on the floor of the clean linen store.

Recurring issues in all wards inspected related to some minor wall damage or dust and debris on the floor or light switch in the clean linen

store and in Ward 5F damaged wooden shelving and a broken light fitting remain outstanding.

The storage and segregation of used linen was generally good. Issues identified in Ward 6D, with the storage of linen, and in Ward 7C, with torn reusable linen bags, have been addressed. In Ward 5F, the paintwork of the linen trolley remains chipped. In Ward 6D, a new issue observed was that the linen skips required more detailed cleaning.

In Wards 4E, 5F and 7C, good practice was observed in the handling of used linen, and staff were observed to wear the appropriate personal protective equipment (PPE) when handling soiled/ contaminated linen. On one occasion staff in Ward 6D were again observed, handling linen without the correct PPE, and on this inspection used linen was not disposed of at the point of care.

Recommendations

- 8. The trust should ensure the storage of clean linen in an area which is clean and fit for purpose. (Repeated)**
- 9. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in respect of the handling of linen. (Repeated)**
- 10. The trust should monitor the implementation of its policies and procedures in respect of the handling of linen to ensure that safe and appropriate practice is in place. (Repeated)**

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 8 June 2011	4E	5F	6D	7C
Handling, segregation, storage, waste	84	75	89	78
Availability, use, storage of sharps	74	82	72	52

Waste and sharps 14 July 2011	4E	5F	6D	7C
Handling, segregation, storage, waste	93	79	89	95
Availability, use, storage of sharps	78	95	94	100

8.1 Waste

Wards 4E, 6D and 7C, are commended for achieving compliance scores in this standard. Ward 5F has improved and achieved partial compliance, however, further effort is required at ward level to ensure that arrangements in place for the segregation, storage and disposal of waste are adhered to.

In all wards household and clinical waste was handled and transported correctly prior to disposal. In wards 4E and 7C, household and clinical waste bins were now available in all areas to dispose of waste. A recurring issue in Ward 5F, related to the lack of availability of household and clinical waste bins in some areas.

Inspectors observed that in wards 4E, 5F and 6D, waste was disposed of incorrectly. Pharmaceutical waste was disposed of into a sharps box or a magpie box, used to dispose of broken bottles, tin cans or crockery. In all wards, a black lidded burn bin was now available for the disposal of pharmaceutical waste. New issues identified were, in Ward 4E, the black lidded burn bin was overflowing with waste, and in Ward 7C a magpie box was unavailable for use.

Recurring issues, in all wards inspected, related to the effective cleaning and replacement of some damaged/ rusted waste bins. In

Ward 5F and 6D, frayed waste bin labels were observed which cannot be effectively cleaned and in Ward 6D treatment room the trolley housing the clinical waste bin was rusted and the castors were dirty.

In Ward 4E, the wall mounted suction machine waste liners were now in situ, and in Ward 5F, a clinical waste bag was no longer tied to an observation trolley and the household waste bin in the clean utility was now accessible.

8.2 Sharps

Ward 7C is commended for achieving full compliance. All issues identified in the June inspection have been addressed, with no new issues identified. The inspection evidenced that in all wards inspected, effort has been made to ensure safe handling; segregation; storage; and disposal of sharps. However, in Ward 4E further work is required to improve compliance.

In wards 5F and 7C, integral sharps trays are now available, in wards 4E and 5F the integral sharps trays required cleaning and in Ward 5F there were no 2.5 litre sharps boxes available for use in conjunction the integral sharps trays. In Ward 6D a sharps box was blood stained, a newly identified issue and unsafe practice was observed during this inspection as an unsheathed needle had been left on top of a sharps box on the drugs trolley.



Picture 4 Sharps boxes assembled correctly

Sharps boxes in use conformed to BS7320 (1990)/ UN9291 standards. All sharps boxes were assembled correctly; labelled with the date; locality and staff signature (Picture 4). A recurring issue observed during the inspection in Ward 4E was that the temporary closure mechanisms, to prevent spillage and impede access, were not always in place when the sharps boxes were not in use. Inspectors observed that in Ward 5F the sharps box on the resuscitation trolley was now secured and empty.

Recommendations

- 11. 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. (Repeated)**
- 12. The trust should ensure that waste bins and equipment used in the management of waste are available, kept clean and replaced as appropriate. (Repeated)**
- 13. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the safe and the correct handling and disposal of waste and sharps. (Repeated)**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient Equipment 8 June 2011	4E	5F	6D	7C
Patient equipment	64	65	65	72

Patient Equipment 14 July 2011	4E	5F	6D	7C
Patient equipment	84	72	78	84

9.1 Equipment

The cleaning of patient equipment in all wards inspected has improved. However, in Ward 5F, this remains of an unsatisfactory standard, as a significant amount of patient equipment inspected required cleaning. In all wards, especially Ward 5F, a concentrated effort is required by all ward staff to further improve and maintain the standard of equipment cleaning at ward level.

In Ward 4E and 7C, inspectors observed that a large number of cleaning issues had been addressed and in Ward 6D staff knowledge on the use of cleaning solutions had improved. In Ward 4E additional areas for improvement related to the inappropriate storage of clean bedpans and urinals on top of the sluice/equipment sink; tape residue on commode frames; a torn vinyl commode cushion; dusty standing aids; and damage to the hoist framework. In Ward 7C there were new issues observed which included the storing of re-usable and single use slings; out of their packaging. There should be a system in place to inform staff if reusable slings have been cleaned and are ready for use, such as the use of trigger tape.

Inspectors in Ward 5F again observed blood splashes on an aseptic non touch technique (ANTT) procedure tray; a dusty hoist frame; and worn bedpans and urinals. New issues identified were blood stains on an IV stand (Picture 5) and an old and worn portable observations monitor stand.



Picture 5 Blood stain on IV stand

Recurring issues in all wards inspected was the absence of a trigger system or mechanism to ensure commodes, or re-usable stored and shared equipment, was cleaned between patient use. In all wards greater attention to detail is required when cleaning, storing and removing sticky labels from equipment and in replacing old and worn equipment. In Ward 5F, a commode cleaning schedule, while in place was not completed. Inspectors in Ward 5F, 6D and 7C, noted that patient wash bowls were not stored inverted when not in use to assist with the drying process.

In all wards inspected, laryngoscope blades on the resuscitation trolley were stored in sterile packaging. However, a new issue identified in Ward 5F, was that a magill forcep on the resuscitation trolley, had been removed from its sterile packaging, and therefore could not be traced or identified in the case of a manufacturer's recall. Further new issues related to a damaged commode frame and IV pump.

In wards 5F and 6D, inspectors observed that some staff were again unable to describe the symbol for single use.

Recommendations

- 14. The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair. (Repeated)**
- 15. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding equipment cleaning. (Repeated)**

9.2 Additional Issues

Ward 4E

- A doctor was observed removing and using clinical equipment from the resuscitation trolley rather than using clinical equipment from the clinical room

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 8 June 2011	4E	5F	6D	7C
Availability and cleanliness of and consumables	99	89	83	96
Availability of alcohol rub	92	80	100	93
Availability of PPE	92	80	100	86
Materials and equipment for cleaning	96	58	68	93
Average Score	95	77	88	92

Hygiene Factors 14 July 2011	4E	5F	6D	7C
Availability and cleanliness of and consumables	97	91	90	100
Availability of alcohol rub	100	90	100	100
Availability of PPE	92	80	100	100
Materials and equipment for cleaning	98	77	88	94
Average Score	97	85	95	98

10.1 Hygiene Facilities

All wards are commended for improving and achieving a compliant score in all sections of this standard. Wards 4E, 6D and 7C, are commended for achieving full compliance in some sections of this standard.

Hand washing sinks and fixtures and fittings in all wards were generally clean, working and in a good state of repair, however, in Ward 6D greater attention to detail when cleaning could further improve scoring. In Ward 6D, on the day of inspection, all hand washing sinks were in working order. In Ward 7C no issues were identified for action in this section of the standard.

In Ward 5F, the ratio of sinks to patients still do not meet the requirements of local or national guidelines, an additional issue identified was that, access to the hand washing sink in the back corridor was blocked by stacked chairs.

In wards 5F and 6D, the underside of liquid soap and disposable hand towel dispensers required cleaning, whilst in Ward 5F, there was no

liquid soap or hand towel dispensers available in the domestic store for staff use. These issues are stated for the second time. In Ward 6D new issues were identified such as a paper towel dispenser was not adequately stocked, and in Ward 4E, the paper towel dispenser in the treatment room and dirty utility room required cleaning.

There were no issues identified in wards 4E, 6D and 7C, in relation to availability or use of alcohol rub. In Ward 5F, recurring issues were that alcohol dispensers were not available at all patient bedsides, the underside of the dispenser in the dirty utility room required cleaning, and there was no alcohol gel dispenser in the clean utility room.

It is imperative that in order to promote effective hand hygiene for staff and visitors, hand hygiene consumables are available for use.

In wards 6D and 7C, inspectors observed that a range of personal protective equipment (PPE) was available in the wall mounted dispensers. However, in Ward 4E, a new issue observed in the dirty utility room was the lack of single use plastic aprons. In Ward 5F recurring issues identified was that face protection was not available and that PPE was stored in the shower and toilet area; increasing the risk of aerosol contamination.

In Wards 4E, 5F and 6D, an outstanding issue from the previous inspection relates to cleaning products not stored in a locked area in line with Control of Substances Hazardous to Health (COSHH) regulations.

Staff knowledge of dilution rates for actichlor plus disinfectant was generally good, however, in Ward 6D, a student nurse was not aware of the product to use for general cleaning. In Ward 5F, a domestic, although aware of the correct procedure and equipment used for general cleaning, was again using alcohol wipes to clean the environment.

In Ward 6D, inspectors noted an improvement in the cleaning, and in the use and storage of equipment used for general cleaning, however a new issue identified was the efficient processing of bedpans as the bedpan washer disinfectant was not effectively cleaning used bedpans, the trust are to investigate this issue.

In Ward 5F improvements are still required in the cleaning of domestic equipment and the continued non-adherence to the NPSA colour coded system. A new domestic trolley has been purchased (Picture 6), however, other domestic trolleys and a vacuum were in a poor state of repair.



Picture 6 New domestic trolley

In Ward 7C, a wooden brush and shaft had not been replaced. Additional areas identified during inspection relate to chipped paint work on the floor burnisher, and the inappropriate storage of electrical cleaning equipment in the nursing equipment store.

Recommendations

- 16. The trust should ensure that hand washing sinks and consumables are clean and accessible. (Repeated)**
- 17. The trust should ensure that hand hygiene consumables are available for staff and visitors to use. (Repeated)**
- 18. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants and that cleaning guidelines are adhered to. (Repeated)**
- 19. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations. (Repeated)**
- 20. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, used and stored appropriately and are fit for purpose. (Repeated)**

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 8 June 2011	4E	5F	6D	7C
Effective hand hygiene procedures	100	81	71	78
Safe handling and disposal of sharps	100	92	92	85
Effective use of PPE	80	88	53	56
Correct use of isolation	N/A	100	64	90
Effective cleaning of ward	89	50	70	65
Staff uniform and work wear	93	85	86	90
Average Score	92	83	73	77

Hygiene Practices 14 July 2011	4E	5F	6D	7C
Effective hand hygiene procedures	100	81	86	100
Safe handling and disposal of sharps	100	92	92	100
Effective use of PPE	100	94	83	95
Correct use of isolation	N/A	100	N/A	100
Effective cleaning of ward	100	67	70	81
Staff uniform and work wear	93	89	93	93
Average Score	99	87	85	95

11.1 Hygiene Practices

All wards are commended for improving and achieving an overall compliant score in this standard. Wards 4E, 5F and 7C, are commended for achieving full compliance in some sections of this standard. However, in wards 5F and 6D, greater effort is required to improve practice, as effective cleaning at ward level remains minimally compliant.

It is of note that in effective hand hygiene practices, the staff in Ward 4E have maintained full compliance and staff in Ward 7C have achieved full compliance, all issues identified in Ward 7C, in the June inspection, have been addressed.

Observations indicated that in Ward 5F and 6D, staff still do not always perform hand hygiene in accordance with WHO guidance at the appropriate moments of care including; after removing gloves; before food service; and after dealing with body fluid and inspectors did not observe immobile patients being offered hand hygiene facilities prior to and after meals. In Ward 5F, two additional issues were identified for improvement, a registered nurse used a surgical scrub technique for social hand washing and was not aware that alcohol gel is not advised for use when caring for a patient with *Clostridium difficile* infection. Further effort is required to ensure correct hand hygiene practice occurs at all times.

In Ward 4E and 7C, there were no issues identified with the safe handling and disposal of sharps. Ward 7C are commended for improving practice and Ward 4E for maintaining practice.

Inspectors observed that in Ward 5F, sharps were again not disposed of at the point of care, a registered nurse was observed carrying a used sharp to the treatment room for disposal and a new issue identified in Ward 6D was a used needle and syringe were not disposed of as a single unit. This is unsafe practice and has the potential to result in a sharps injury.

Ward 4E achieved full compliance in the effective use of PPE and inspectors observed improvement in all wards. However, in Wards 5F and 6D, it was again observed that single use protective equipment was not always worn appropriately or removed immediately after contact with blood/ bodily fluids. In Ward 7C, a new issue identified was that a nurse did not perform hand hygiene immediately after removal of PPE.

In Ward 4E and 6D, the correct use of isolation was not assessed as there were no patients in isolation at the time of inspection. In Wards 5F and 7C no issues were identified on this occasion and Ward 5F are to be commended for achieving full compliance in this section on both inspections.

To improve practice in the effective cleaning at ward level a concerted effort is still required in Wards 5F and 6D.

In Ward 6D, inspectors again did not observe equipment being routinely cleaned between patient use and staff were not aware of the dilution rates for the disinfectant in use. In Ward 5F, a registered nurse was not aware that alcohol should not be used for routine cleaning of the environment when caring for patients with *Clostridium difficile* infection, and inspectors observed that nursing auxiliary staff were either using the incorrect dilution rates or the incorrect temperature of water when using actichlor plus disinfectant.

In Ward 7C, a detailed cleaning schedule remains outstanding and inspectors observed that the certificate of decontamination to be completed prior to sending equipment for service/ repair was still unavailable. In wards 5F and 7C, nursing staff continue to be unfamiliar with the NPSA colour coded system for cleaning. In Ward 5F, the domestic COSHH folder containing data sheets on actichlor plus disinfectant was not updated, and in Ward 6D, updating of the COSHH folder has not been completed.

Inspectors observed that all staff, in all wards inspected, were adhering to the trust policy of 'bare below the elbow'.

The lack of staff changing facilities, for nursing and domestic staff to change into and out of their uniform at work, remains an issue.

Recommendations

21. The trust and individual staff have a collective responsibility to ensure that hand hygiene is carried out in line with WHO guidance and that all PPE is used appropriately. (Repeated)

22. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date with regard to cleaning and decontamination of equipment. (Repeated)

11.2 Additional Issues

Ward 4E

- The inspectors noted that the nursing notes of patients being nursed with an infection, did not contain clear instructions or a care plan/pathway to provide guidance to staff on the specific isolation precautions and care required

Ward 6D

- On entering the clean utility room during the inspection the inspector observed that IV medication had been drawn up and left sitting in trays. This is unsafe practice and was addressed immediately by the ward manager

Ward 7C

- A patient asked the inspectors to throw out her two tablets which were lying on the floor of her room. The patient stated they had been there from the night before. The inspectors gave the tablets to a nurse for appropriate disposal. The ward sister was immediately informed.

12.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs E Colgan	- Senior Officer Infection Prevention/ Hygiene 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

Ann Hamilton	- Manager, Domestic Services, NHSCT
Lyn Buckley	- Inspector, Nursing Homes, RQIA
Melanie Johnston	- Domestic Services Manager, SHSCT
Noelle Donnelly	- Assistant Support Services Manager, WHSCT

Trust representatives attending the feedback session

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

Colm Donaghy	- Chief Executive
Brenda Creaney	- Director of Nursing
Aidan Dawson	- Co Director, Acute Services
Linda Linford	- Senior Manager, Associate Director of Nursing
Jeff Thompson	- Senior Manager, PCSS
Nancy Scott	- Senior Manager, PCSS, RVH
Caroline Lecky	- Assistant Services Manager, Medicine
Jillian Martin	- Assistant Services Manager, Ward 7C
Irene Thompson	- Lead Nurse, Infection Prevention and Control
Mary Hanrahan	- Senior Infection Prevention & Control Nurse
Cecilia Kearns	- WBH, Operational Manager, RVH
Una McGivern	- Sister, Ward 5F
Rosemary McDonald	- Sister, Ward 7C
Sharon Moffett	- Ward Sister, Ward 6D
Kitty Thompson	- Infection Prevention and Control Nurse
Sharon McConkey	- Deputy Ward Sister, 4E

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 improve, monitor and ensure that environmental cleaning is carried out effectively, that patient equipment is fit for purpose, and that the environment is in a good state of repair. (Repeated)**
- 2. The trust should work to ensure all staff are aware of their roles and responsibilities in environmental cleaning. (Repeated)**
- 3. The trust should review its environmental cleaning schedules and the monitoring system in place to ensure effective implementation and cleaning. (Repeated)**
- 4. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings. (Repeated)**
- 5. The trust and staff should work to improve storage and maintain clutter free ward environments. (Repeated)**
- 6. The trust should develop detailed nursing cleaning schedules. (Repeated)**
- 7. The trust should ensure that all staff are aware of the importance of monitoring fridge temperatures. (Repeated)**
- 8. The trust should ensure the correct storage of clean linen in a designated area which is clean and fit for purpose. (Repeated)**
- 9. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in respect of the handling and storage of linen. (Repeated)**
- 10. The trust should monitor the implementation of its policies and procedures in respect of the handling and storage of linen to ensure that safe and appropriate practice is in place. (Repeated)**
- 11. 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. (Repeated)**
- 12. The trust should ensure that waste bins and equipment used in the management of waste are available, kept clean and replaced as appropriate. (Repeated)**

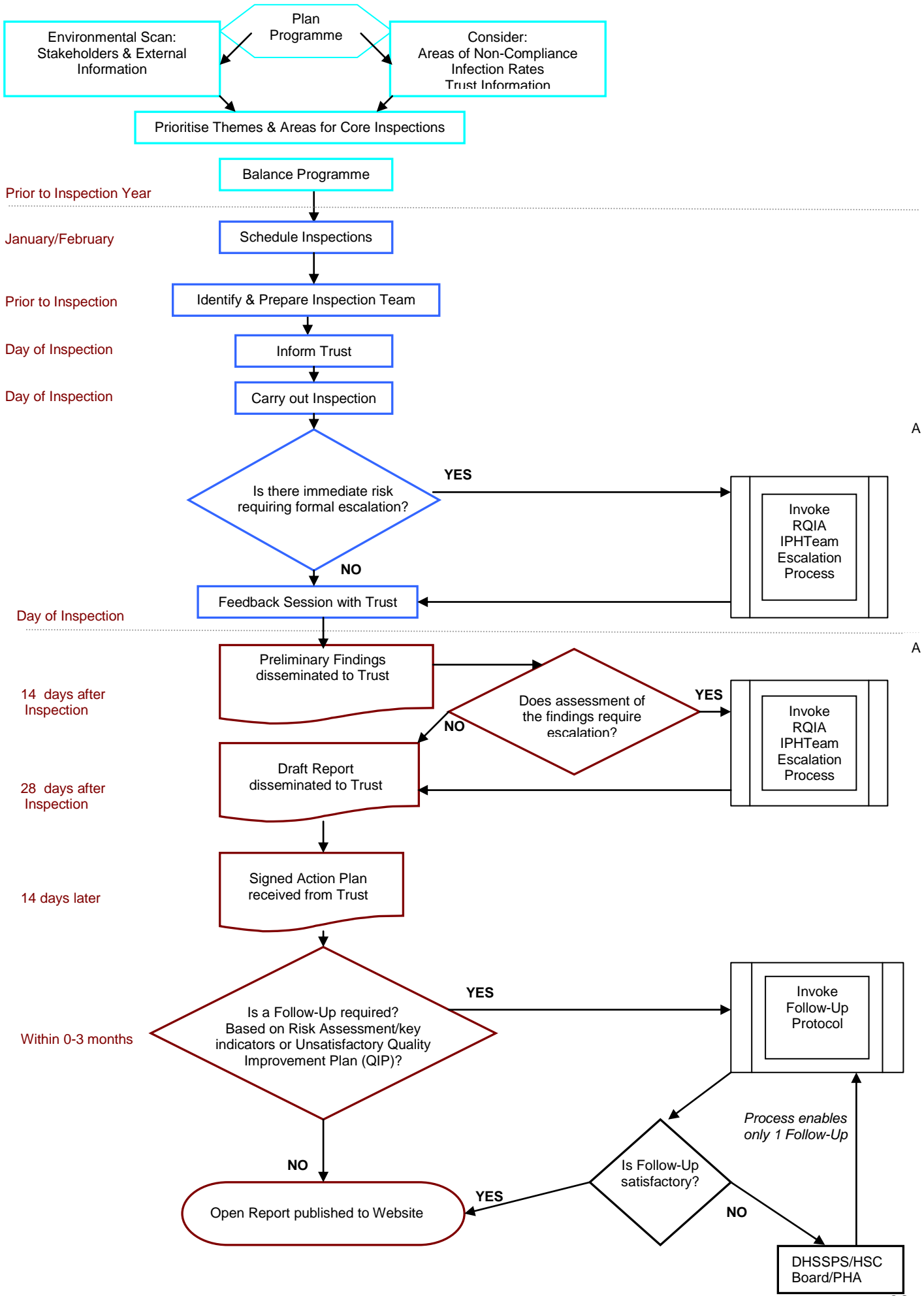
- 13. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the safe and correct handling and disposal of waste and sharps. (Repeated)**
- 14. The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair. (Repeated)**
- 15. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding equipment cleaning. (Repeated)**
- 16. The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair. (Repeated)**
- 17. The trust should ensure that hand hygiene consumables are available for staff and visitors to use. (Repeated)**
- 18. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants. (Repeated)**
- 19. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations. (Repeated)**
- 20. Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, used and stored appropriately and fit for purpose. (Repeated)**
- 21. The trust and individual staff have a collective responsibility to ensure that hand hygiene is carried out in line with WHO guidance and that all PPE is used appropriately. (Repeated)**
- 22. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date with regard to cleaning and decontamination of equipment. (Repeated)**

14.0 Unannounced Inspection Flowchart

Plan Programme

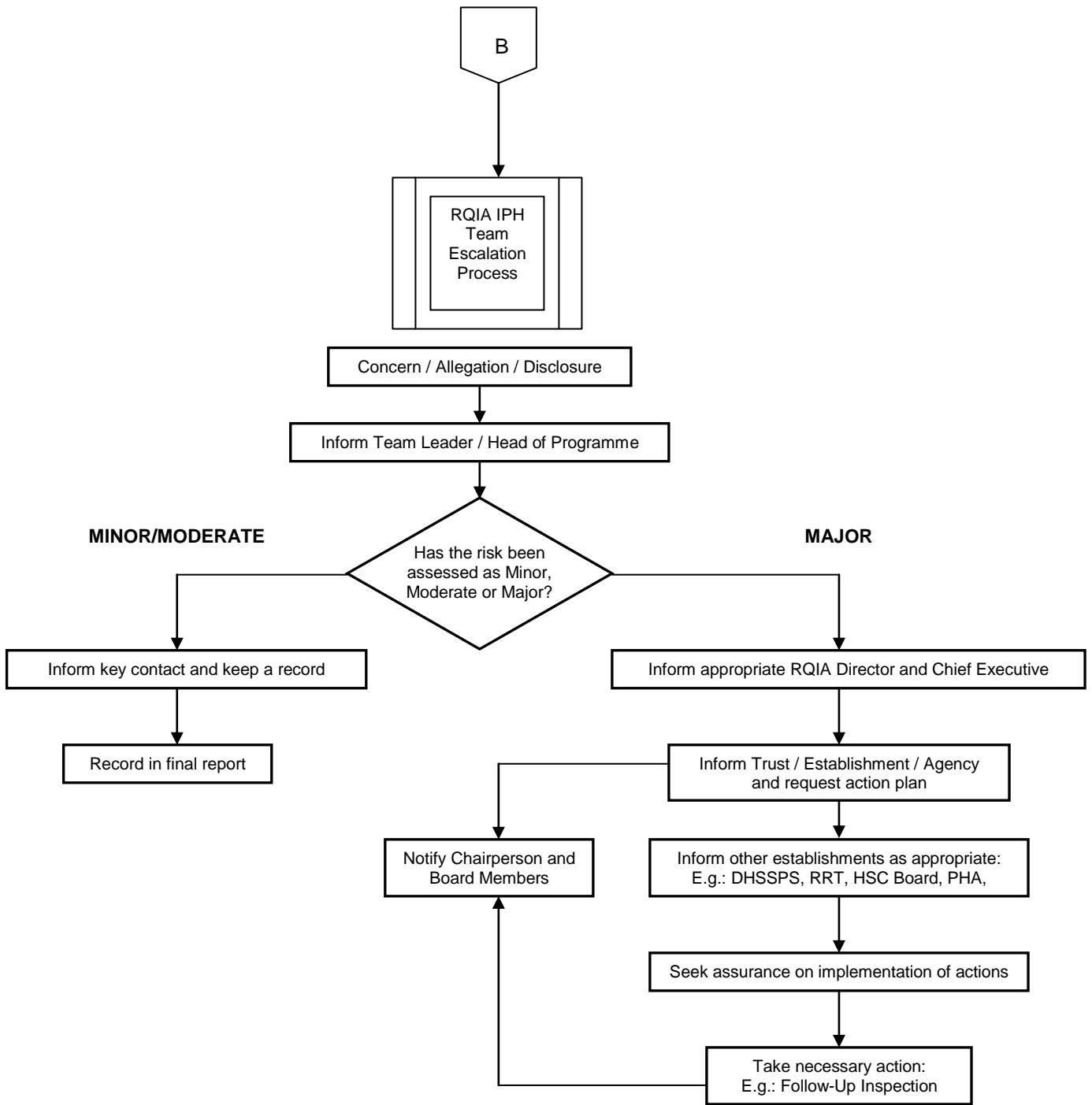
Episode of Inspection

Reporting & Re-Audit



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Recommendations

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	The Trust should work to improve, monitor and ensure that environmental cleaning is carried out effectively, that patient equipment is fit for purpose and that the environment is in a good state of repair.	Nursing Estates PCSS IPC	All of these aspects will be monitored through the programme of Environmental Cleanliness Audits based on the Cleanliness Matters Strategy and results fed back through Balanced Scorecards.	Ongoing
2.	The Trust should work to ensure all staff are aware of their roles and responsibilities in environmental cleaning.	Nursing PCSS IPC	<p>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, and at Infection Prevention link meetings.</p> <p>'Roles and responsibilities of Staff in relation to Environmental Cleanliness and Cleanliness of Equipment' policy under review.</p> <p>The consultation process has resulted in requests for significant changes to the content and format. Work is ongoing to have a revised final consultation document by February 2012.</p>	<p>Mar 2012</p> <p>Feb 2012</p>
3.	The Trust should review its environmental cleaning schedules and the monitoring system in place to ensure effective implementation and cleaning.	PCSS IPECC	A sub-group of IPECC (Infection Prevention & Environment and Cleanliness Committee) will be set up to review and standardise cleaning schedules and will establish any outstanding issues of audit standardisation process.	Feb 2012

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>The Group revising the Cleaning Manual (see ref 2 above) is addressing core standardised cleaning schedules.</p> <p>The sub-group of IPECC will address the audit issues.</p> <p>Agree a standardised audit which will be used in all areas. This will include standardised responsibilities. This date will be kept under review.</p> <p>Systematic roll out of the agreed standardised audit using the Maximiser system.</p>	<p>Dec 2011</p> <p>Commencing Feb 2012</p>
4.	The Trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.	Estates	This is ongoing as part of Estate daily maintenance and refurbishment programmes.	Ongoing
5.	The Trust and staff should work to improve storage and maintain clutter-free ward environments.	All Directorates	Planned programme of de-clutter and deep cleaning in place. Ongoing space utilisation and de-cluttering is being driven by Service Managers.	Ongoing
6.	The Trust should develop detailed nursing cleaning schedules.	Nursing IPECC	<p>A sub-group of IPECC (Infection Prevention & Environment and Cleanliness Committee) will be set up to review and standardise cleaning schedules, and will establish any outstanding issues of audit standardisation process (see refs 2 and 3 for update).</p> <p>Agree a standardised audit which will be used in all areas. This will include standardised responsibilities. To be kept under review.</p>	<p>Feb 2012</p> <p>Dec 2011</p>

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
			Systematic roll out of the agreed standardised audit using the Maximiser system.	Commencing Feb 2012
7.	The Trust should ensure that all staff are aware of the importance of monitoring fridge temperatures.	PCSS Nursing	A kitchen check, which includes monitoring of fridge temperatures and contents, is in place.	Complete
8.	The Trust should ensure the correct storage of clean linen in a designated area, which is clean and fit for purpose.	Nursing	Guidance regarding storage of linen in Regional Infection Prevention Manual. Linen storage and segregation guidance has been circulated to all Directorates.	Complete
9.	The Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in respect of the handling and storage of linen.	Nursing	Guidance regarding storage of linen in Regional Infection Prevention Manual. Linen storage and segregation guidance has been circulated to all Directorates.	Complete
10.	The Trust should monitor the implementation of its policies and procedures in respect of the handling and storage of linen to ensure that safe and appropriate practice is in place.	Nursing	Practice will be monitored against these guidelines.	Mar 2012
11.	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' audit completed Oct 2011.	Complete
12.	The Trust should ensure that waste bins and equipment used in the management of waste are available, kept clean and replaced as appropriate.	PCSS Nursing	This is monitored as part of the Environmental Cleanliness Audit Programme.	Ongoing
13.	The Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the safe and correct handling and disposal of waste and sharps.	PCSS	There is a training programme available to all staff. Update and refresher training will continue to be provided.	Complete
14.	The Trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.	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 (see ref 2).	Feb 2012
15.	The Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding equipment cleaning.	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 (see ref 2). 'Medical and Nursing Equipment Cleaning Guide' has been re-circulated to all Directorates.	Feb 2012
16.	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

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
17.	The Trust should ensure that hand-hygiene consumables are available for staff and visitors to use.	Nursing PCSS	All staff reminded of responsibility and this will be monitored.	Ongoing
18.	The Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants.	Nursing	All staff have been reminded and made aware of poster advice.	Completed and ongoing
19.	The Trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.	PCSS	Locked cupboards are provided.	<i>Complete</i>
20.	Further attention to detail is required to ensure that equipment used for the general cleaning purposes of a ward are clean, used and stored appropriately, and fit for purpose.	PCSS IPECC	A sub-group of IPEC (Infection Prevention & Environment and Cleanliness Committee) will be set up to review and standardise cleaning schedules, and will establish any outstanding issues of audit standardisation process (see refs 2 and 3). Agree a standardised audit which will be used in all areas. This will include standardised responsibilities. <i>To be kept under review.</i> Systematic roll out of the agreed standardised audit using the Maximiser system.	<i>Feb 2012</i> Dec 2011 Commencing Feb 2012
21.	The Trust and individual staff have a collective responsibility to ensure that hand hygiene is carried out in line with WHO guidance and that all PPE is used appropriately.	IPCT	Balance scorecards, which include WHO Hand Hygiene audits. All of these aspects will be monitored through the programme of Environmental Cleanliness Audits based on the Cleanliness Matters Strategy. The IPCT carried out an independent audit	Complete and Ongoing

Ref No	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>and results have been fed back. Independent audits will be carried out 4 times a year (2 of which will be carried out by Infection Prevention and Control).</p> <p>The IPCT is currently devising an educational tool to remind staff of the appropriate use of PPE.</p>	
22.	The Trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date with regard to isolation, cleaning and decontamination of equipment.	IPCT	<p>Mandatory Infection Prevention & Control training is delivered by IPCN Team.</p> <p>Staff to be reminded of the link to the regional Infection Control Manual and the 'Medical and Nursing Equipment Cleaning Guide' has been re-circulated.</p>	Ongoing



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