



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Belfast Health and Social Care Trust

Royal Victoria Hospital

8 June 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the **Royal Victoria Hospital**, on the 8 June 2011. The hospital was assessed against the draft Regional Healthcare Hygiene and Cleanliness Standards and the following areas were inspected:

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

The Belfast Health and Social Care Trust (BHSCT) delivers integrated health and social care to 340,000 people in Belfast and part of the Borough of Castlereagh.

As part of the Belfast Health and Social Care Trust the Royal hospitals complex comprises of four linked hospitals; Royal Victoria Hospital, Royal Jubilee Maternity Services, Royal Belfast Hospital for Sick Children and Royal Dental Hospital.

The Royal Victoria Hospital treats over 80,000 people as inpatients and 350,000 people as outpatients every year, providing local services to the people of Belfast and a large number of regional specialist services to people from across Northern Ireland. These specialist services include Cardiac Surgery, Critical Care, and the Regional Trauma Centre. Other services provided include:

- Anaesthetic, Theatres and Sterile Services
- Cancer & Specialist Services
- Cardiology
- Dermatology
- Emergency Department
- Endocrine Surgery
- Gastroenterology
- General Surgery
- Genito-urinary Medicine (GUM) Clinic
- Hepatology
- Imaging Services
- Infectious Disease Service
- Regional Medical Physics Service
- Respiratory Medicine
- Rheumatology
- Social Work and Allied Health Professionals
- Thoracic Services
- Trauma & Orthopaedics
- Urology Services
- Vascular Services

Inspection Outcomes

In all four wards an overall partial compliance level was achieved. Inspectors observed that, the environment in general required attention to detail when cleaning and de-cluttering, with a significant number of issues identified for improvement. Overall, the observation of staff practice indicated, that some work is required to ensure compliance with hygiene and infection prevention and control practices. As a result of the findings of all four wards there was immediate escalation and feedback to the trust chief executive and a follow up inspection to be carried out within four weeks.

The inspection resulted in 24 recommendations for the BHSCT and the Royal Victoria Hospital, a full list of recommendations is listed in Section 13.

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

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

Notable Practice

The inspection identified the following areas of notable practice:

- **Implementation of the LEAN project and chairman's award; improving patients time to theatre**
- **Care pathways implemented for patients with an MRSA or Clostridium *difficile* infection**
- **Implementation of high impact intervention care bundles**

The RQIA inspection team would like to thank the BHSCT and in particular all 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:

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

Table 2

| General Environment | 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 |

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

Table 3

| Linen | 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 |

Table 4

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

Table 5

| Patient Equipment | 4E | 5F | 6D | 7C |
|--------------------------|-----------|-----------|-----------|-----------|
| Patient equipment | 64 | 65 | 65 | 72 |

Table 6

| Hygiene Factors | 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 |

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

Table 7

| Hygiene Practices | 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 |

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 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 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 | 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 |

6.1 Cleaning

At the time of the inspection there was evidence in some areas to indicate compliance with regional specifications for cleaning. However, the inspectors observed, that while cleaning mechanisms were in place to prevent the build up of dust, debris and bacteria and subsequently reduce the potential risk for the transmission of infection, they were not always implemented or adhered to.

In the main reception area and public toilets, dust and debris were observed in floor corners and edges, behind fixtures and fittings, at ceiling light fittings, and on work surfaces. Dust was also 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.

It was also noted at the time of inspection that there were no toilet rolls available for use.

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 and dust was observed on lower ledges on the corridor leading to Ward 7C. 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.

Wards 4E and 7C are commended for achieving compliance in some sections of this standard, with overall partially compliant scores.

In Ward 4E greater attention to detail is required, to ensure stained patient privacy curtains are replaced immediately, and that light pull cords and the sluice sink in the domestic store are clean. Staff in 7C should ensure computer screens, mattresses, bedframes and patient call bells are kept clean and dust free at all times.

Wards 5F and 6D were not compliant for the majority of criteria within this standard, and both wards received an overall minimally compliant score.

In Ward 5F and 6D a concentrated effort is required by all staff to improve cleaning practice. In Ward 5F, window blinds, patient entertainment systems, pull cords, inaccessible skirting, kitchen appliances, fixtures and fittings all required further cleaning. In Ward 6D cleaning issues related to dusty computer screens, a dirty washer disinfector, stained kitchen appliances, dusty leaflet rack, radiator grills and replacing disposable bedside screens.

Wards 4E, 5F and 6D require further work to ensure that the inside/ outside of the drugs fridges and door touch points throughout the wards are clean.

In all wards inspected greater attention to detail is required when cleaning, to ensure dust, debris and stains are removed from all high and low horizontal surfaces, the interior and exterior of all fixtures and fittings, including sanitary areas, windows, lights and vents. Inspectors observed that tape was used to attach labels or posters to walls or bedside lockers which in some instances had left a sticky residue, impeding the cleaning process. Limescale was observed on taps. Particular care 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.

The isolation rooms inspected were generally clean, however, more attention is required when cleaning ,especially in Ward 6D to ensure

that sanitary facilities; shower fittings, the hand washing sink and high and low level dusting is carried out more effectively.

6.2 Clutter

There was limited evidence, of an emphasis to provide clutter free environments, or effective utilisation of space and good stock management to assist with effective cleaning in all wards.

In Ward 4E and 6D communal toiletries were observed in the bathroom and patient equipment was stored in the treatment room/toilet while in Ward 5F mattresses were stored in the ward entrance hall.

In Ward 7C patient commodes, a wheelchair, walking aid, locker, and urinals were stored in bathroom and toilet facilities. This prevented appropriate use of the toilet and water flow through the sanitary ware to prevent the development of legionella. Inspectors also observed equipment stored in the ensuite of the isolation room spot checked.

In Wards 5F and 6D the patient bed bays were cluttered.

In all wards inspected, untidy overfilled shelving, insufficient storage facilities, equipment stored on the floor or on top of cupboards and patient equipment stored inappropriately was observed and contributed to clutter in the environment. This impedes cleaning processes.

6.3 Maintenance and Repair

Inspectors observed that in the main reception there was minor wall damage, the bottom of the board indicating ward levels and names was broken, the wooden panelling and reception desk was worn and some patient seating was ripped and not impervious to moisture.

In Ward 4E and 5F there was a stale odour in sanitary areas. The lock in the domestic stores required repair. In the domestic store of Ward 4E domestic store the skirting was damaged. The vinyl was broken and lifting in the dirty utility room around the washer disinfectant as a result of water leakage (Picture 1). In Ward 5F the skirting in one of the toilets was separating from the wall and was missing under the equipment sink in the dirty utility room. Exposed wooden surfaces were observed, bare wood is not impervious to moisture and impedes effective cleaning.



Picture 1 Damaged flooring

In Ward 5F and Ward 6D, some lights were not working and in 5F some light casings were cracked and damaged. In Ward 5F the domestic sluice sink was blocked, this was repaired during the inspection. The washer disinfector motors were not encased as required. One washer disinfector was broken, this was also repaired during the inspection however staff advised that this was an on-going issue. In Ward 4E the sluice hopper used by nursing staff was damaged.

The hand washing sink, in Ward 6D clean utility room had been out of order from the 4 June 2011, the leg was missing from the domestic sluice sink, windowsill and radiator paint was chipped in some areas, an issue also identified in Ward 7C. Chipped bedrails were also noted in Ward 5F and 7C.

In all wards inspected, work is required to ensure isolation areas are fit for purpose. In Ward 4E the walls of the ensuite were damaged. In Ward 5F the frame of a chair was exposed to the bare wood, the overhead light casing was broken, two ceiling tiles were displaced and the bedrails were chipped. In Ward 6D inspectors observed that there was damage to the wall, floor joints and windowsill. While in Ward 7C flaking wall paint, chipped bedrails and a hole in the mattress cover were observed. Damaged equipment impedes the cleaning process and has the potential to act as a reservoir for bacteria.

In all wards inspected, inspectors noted that there was wall, door and paintwork damage and ceiling tiles were missing or not secure. It was evident that staff practice in propping doors open with waste bins or storing equipment against walls has in some part attributed to the wall and door damage observed. Worn, stained flooring and exposed wooden framed seating were also observed in ward areas.

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 was missing, the pull cord in a toilet had been shortened, making it inaccessible to patients and the taps on the equipment sink in the dirty utility room were corroded (Picture 2). In Wards 5F and 7C the bedpan rack was old and worn and toilet roll holders were broken. In Ward 5F there was a tarnished mirror and an old and worn equipment sink in the dirty utility room. In Ward 6D, shower room taps were worn, no bedpan drip tray was provided and in one of the toilets, no toilet roll holder was available.



Picture 2 Corroded taps

6.5 Information

In Ward 7C there were no hand hygiene, MRSA or *Clostridium difficile* leaflets available and in Ward 5F there was no leaflet rack to display information leaflets for patients and visitors. However in Wards 4E, 5F and 6D information on common infections, and infection prevention and control, were available.

In all wards inspected there were no posters available on the segregation of linen and in Wards 4E and 6D there were no posters available on the segregation of waste. Wards 6D and 7C had no posters available on the management of inoculation injuries for staff to reference. With the exception of Ward 4E, not all ward posters were laminated to allow them to be easily cleaned. In Wards 6D and 7C tape was inappropriately used to attach posters to walls or doors.

Wards 4E and 6D had information displayed for staff on the National Patient Safety Agency (NPSA) colour coding system. However, Ward 5F had no information displayed for either nursing or domestic staff and Ward 7C had information only for domestic staff.

Inspectors noted that in all wards inspected, nursing cleaning schedules were not up to date, did not detail all equipment and staff responsibilities, and were not specific to the area. Detailed nursing cleaning schedules are required which outline all equipment to be cleaned.

It was also observed in Wards 5F and 7C, that while posters were available and used to identify infection prevention and control isolation precautions, they were not always adhered to. Inspectors observed open isolation room doors and signage placed in areas where there was no infection, potentially causing confusion for visitors or relatives. In Ward 6D infection prevention and control precaution posters were not used and risk assessments were not undertaken to identify if they were required.

In Wards 5F and 6D inspectors noted that the drugs fridge temperatures had not been consistently taken or recorded and that Ward 5F fridge was overstocked. In Ward 4E the drugs fridge recorded above the recommended temperature range, however, corrective action to address the issue had not been recorded on the record sheet. In Ward 7C staff were unable to locate the drugs fridge temperature records. In the 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 is stored at the correct temperature. Appropriate action should be taken in the event of a cold chain failure. Fridges should not be overstocked as this prevents air from circulating and the fridge from maintaining the correct temperature.

With the exception of Ward 4E staff were aware of how to contact the infection prevention and control team for advice.

6.6 Additional Issues

Ward 4E

- Ward 4E and Ward 4F have shared facilities such as the clean store, resuscitation trolley and beverage point. In all three areas ownership and constant review of these areas is required, to ensure they are maintained in a clean and tidy manner. The fridge at the beverage point was dirty.
- Doors throughout the ward were held open by furniture. The door of the prep room had a linen sheet draped over it to prevent it from closing. The use of soft door closures should be investigated.

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.
- The hostess trolley used for breakfast remained in the corridor at ward level for the duration of the inspection.

Ward 6D

- There was no user friendly information displayed or available on the ward or on the notice boards to advise patients or visitors on environmental cleanliness or care bundle scores.
- The staff locker room was cluttered with equipment and mattresses. The floor was dirty with dust, debris and a build up of dirt at the edges. The paper towel dispenser was missing. The staff's outdoor coats were hanging across the mattress.

Ward 7C

- The drugs fridge in the clean utility room was unlocked and the door of the room was propped open with a bin.

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.**
- 2. The trust should work to ensure all staff are aware of their roles and responsibilities in environmental cleaning.**
- 3. The trust should review its environmental cleaning schedules and the monitoring system in place to ensure effective implementation and cleaning.**
- 4. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 5. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 6. The trust should ensure all relevant information is available for patients, visitors and staff to reference.**
- 7. The trust should develop detailed nursing cleaning schedules.**
- 8. The trust should ensure that all staff are aware of the importance of monitoring fridge temperatures.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

| Linen | 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 |

7.1 Management of Linen

Ward 7C is commended for achieving an overall compliance score in this standard.

Inspectors observed that in general, clean linen was stored in a separate store from used linen, however, in Ward 7C clean linen was also stored out of packaging on a trolley in the shower room. Linen inspected was clean and free from rips and tears, however in Ward 4E a sheet remained stained after the wash process. In Wards 5F and 6D the linen was stored untidily on shelves (Picture 3). The linen stores were cluttered, especially in Ward 5F where three mattresses were stored on the floor, impeding the cleaning process. In all wards inspected some minor damage or dust and debris were noted in the clean linen store. However, in Ward 5F inspectors observed damaged wooden shelving, a broken light fitting, reusable linen bags spilling onto the floor and a door lock that had not been replaced.



Picture 3 Untidy linen store

The storage and segregation of used linen was generally good, however, in Ward 6D a linen bag containing used linen was stored on top of the clean linen trolley and linen bags were more than two thirds full. In Ward 7C some reusable linen bags were torn and in Ward 5F the linen trolley was chipped.

In Ward 5F 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. In Wards 4E and 7C staff were observed carrying used linen rather than bringing the used linen trolley to the bedside to dispose of it. In Wards 4E, 6D and 7C, staff handled linen without the correct personal protective equipment. In Ward 6D a nurse was also observed sitting on a bed when delivering care.

Recommendations

- 9. The trust should ensure the correct storage of clean linen in a designated area which is clean and fit for purpose.**
- 10. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date in respect of handling and storage of linen.**
- 11. 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.**

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

8.1 Waste

Ward 6D are commended for achieving compliance in this standard.

The inspection evidenced that in Ward 4E, 5F and 7C additional effort is required at ward level, to ensure that arrangements in place for the handling, segregation, storage and disposal of waste are adhered to.

In Wards 4E, 5F and 7C household waste bins were not available in all areas to dispose of paper waste. In Ward 5F and Ward 7C clinical waste bins were not available in some areas to dispose of clinical waste. In Ward 7C a member of staff was observed carrying clinical waste from a bed bay to the treatment room for disposal.

Inspectors observed that in all wards inspected waste was disposed of incorrectly. Pharmaceutical waste was not disposed of into a black lidded burn bin, and some pharmaceutical waste was disposed of into sharps boxes, a yellow lidded burn bin, used for 'free fluid' waste, or a magpie box, used to dispose of broken bottles, tin cans or crockery (Picture 4). In Ward 4E and 5F a black lidded burn bin was not available for use, while in Ward 7C a household waste bin was also in use in the isolation room rather than the recommended clinical waste bin.



Picture 4 Pharmaceutical waste in magpie box

In all wards inspected waste bins were dirty, damaged or rusted, and in Ward 5F and 6D frayed waste bin labels which cannot be effectively cleaned were observed.

In Ward 4E the wall mounted suction machine had no waste liner. In Ward 5F a clinical waste bag was tied to an observation monitor and access to the household waste bin in the clean utility was blocked by equipment. In Ward 6D the clinical waste bin in the treatment room was on top of a trolley.

8.2 Sharps

The inspection evidenced that in all wards inspected considerable effort is required by staff to ensure the safe handling, segregation, storage and disposal of sharps.

In Wards 5F and 7C integral sharps trays were not in use, while in Wards 4E and 6D the integral sharps trays required cleaning. Inspectors observed unsafe practice in Ward 7C where protruding sharps, with the potential to cause a sharps injury, were observed in a sharps box. This issue was highlighted by inspectors for immediate action. It was also noted in Ward 7C that the lids of some sharps boxes were dirty; some with blood, and that silver disposal trays were in use when carrying out aseptic non touch technique (ANTT), rather than the recommended cleanable trays.

Sharps boxes in use conformed to BS7320 (1990)/ UN9291 standards. With the exception of Ward 7C, sharps 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 in all wards 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 not secured or empty. The box was approximately half full.

Recommendations

- 12. 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.**
- 13. The trust should ensure that waste bins and equipment used in the management of waste are available, kept clean and replaced as appropriate.**
- 14. 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 is adhered to.**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

| Patient Equipment | 4E | 5F | 6D | 7C |
|-------------------|----|----|----|----|
| Patient equipment | 64 | 65 | 65 | 72 |

The cleaning of patient equipment in all wards inspected was of an unsatisfactory standard. A significant amount of patient equipment inspected in all wards required cleaning. A concentrated effort is required by all ward staff to improve and maintain the standard of equipment cleaning at ward level.

In Ward 4E inspectors observed damage to catheter stands. Oxygen saturation probes, stored bed bumpers and the inside of a suction canister required cleaning, and oxygen catheter tubing was exposed behind patients beds. Attention to detail is required when cleaning water dispensers, an issue also raised in Ward 6D.

In Ward 6D staff knowledge on the use of cleaning solutions should be reviewed as a member of nursing staff described using hibiscrub hand disinfectant inappropriately for cleaning equipment and another member of staff was unable to describe how to clean nebulisers. Portable suction equipment was also noted to be dusty.

Inspectors in Ward 5F observed blood splashes on an ANTT procedure tray, ground in stains on the portable cardiac monitor, a dusty hoist frame and grubby nebuliser equipment and oxygen masks. In Ward 7C dust was also observed on a hoist.

In Wards 5F, 6D and 7C inspectors observed that commodes were dirty and in Wards 5F and 7C some commodes were damaged. There were no trigger system or mechanisms in place to ensure commodes were cleaned between patient use. In Ward 5F a commode cleaning schedule had been in place however had not been completed since March 2011. Inspectors also noted in these wards that patient wash bowls were in some instances dirty and not stored inverted when not in use to assist with the drying process.

Inspectors observed in Wards 4E, 5F and 6D that the portable observation monitoring trolley required cleaning, and in Ward 6D the trolley was old, worn and the blood pressure cuff required cleaning. In Wards 4E, 5F and 7C inspectors also observed that the resuscitation trolley was dusty or had taped labels present impeding the cleaning process. Bedpans/ urinals were not always stored inverted when not in use. In Ward 4E some bedpans were old, worn and damaged.

The inspectors observed that in the Ward 4E laryngoscope blades on the resuscitation trolley were removed from their sterile packaging. 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. It was also noted in Ward 6D that sterile items such as a syringe and an IV infusion bag were removed from their original packaging.

In all wards inspected, inspectors observed that staff were unable to describe the symbol for single use and there were no mechanisms in place to ensure stored, shared or regularly used equipment was cleaned between use. Greater attention to detail is required when cleaning, storing and removing sticky labels from IV stands (Picture 5) and pumps, drugs, procedure and notes trolleys, the ECG machine, near patient testing equipment and blood glucose monitors.



Picture 5 Dirty IV stand base

Recommendations

15. The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.

16. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding equipment cleaning.

9.1 Additional Issues

Ward 7C

- A drug's trolley in this room was not secured to the wall.

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 | 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 |

Wards 4E and 7C are commended for achieving a compliant score in all sections of this standard and Ward 6D is commended for achieving full compliance in two sections of this standard; the availability of alcohol rub and personal protective equipment.

Hand washing sinks and fixtures and fittings in all wards were generally clean, working and in a good state of repair (Picture 6), however, greater attention to detail could further improve scoring. In Ward 6D on the day of inspection, three of the hand washing sinks available were out of order; two in the female bay and one in the clean utility room and inspectors noted limescale on three hand washing sinks. In Ward 7C two hand washing sinks spot checked, required cleaning and the enamel was worn in the hand washing sink in the clean utility room. In Ward 4E a cup of tea was observed at a hand washing sink throughout the inspection. In Ward 5F the hand washing sink in the clean utility was stained with hibiscrub and the ratio of sinks to patients was not in line with local/national guidelines as there was only one sink per six bedded bay.



Picture 6 Hand washing sink

Clinical hand wash sinks were sensor operated and overflow free. Overflows to sinks, basins, baths and bidets are not recommended, as they constitute a potential infection control risk more significant than the possible risk of damage due to water overflowing (WCs have an internal overflow).

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 to use.

There were no issues identified in Ward 6D in relation to availability or use of alcohol rub, however in the Ward 4E there was no alcohol dispenser available in the treatment room. In Ward 7C the alcohol dispenser at the ward entrance was empty and dirty. In Ward 5F alcohol dispensers were not available at all patient bedsides, rooms or communal areas. Two wall mounted dispensers at the ward entrance were empty and the dispenser in the dirty utility required cleaning.

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

Inspectors observed a range of personal protective equipment available in the wall mounted dispensers for staff to easily access. However, in Ward 7C, only XL gloves were provided in the dispenser outside the dirty utility room, and in Ward 4E there were no single use plastic aprons available in the treatment room. In Ward 5F there was no face protection available for general use and in Ward 7C there was no face protection available on the resuscitation trolley. Inspectors also noted in Ward 5F that personal protective equipment (PPE) was stored in the shower and toilet area; increasing the risk of aerosol contamination.

In Wards 4E and 5F cleaning products were not stored in line with Control of Substances Hazardous to Health (COSHH) regulations in a locked area.

Staff in Wards 4E and 7C were unaware of the dilution rates for actichlor plus disinfectant, while a registered nurse in Ward 6D was not aware of the product to use for general cleaning. In Ward 5F a domestic was using alcohol wipes for general cleaning. In Ward 4E tubs of cleaning wipes used by nursing staff were open, had dried out and were ineffective for cleaning.

In Wards 5F and 6D the cleaning, use and storage of equipment used for general cleaning requires attention. Inspectors observed dirty domestic equipment; buckets, electrical equipment, mop heads, rusted mop handles and non adherence to the NPSA colour coded system for cleaning. In Ward 5F clean mop heads were stored in the corridor on the floor. The domestic trolley and vacuum were in a poor state of repair; there was tape on the vacuum and no bag insitu. In Ward 6D a mop head was stored in dirty water and the flex of the burnisher was damaged with bare wires exposed. The inspector immediately stopped domestic staff from using this piece of equipment.

In Ward 7C the domestic trolley was untidy and a wooden brush and shaft which cannot be effectively cleaned was observed in the domestic store.

Recommendations

- 17. The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair.**
- 18. The trust should ensure that hand hygiene consumables are available for staff and visitors to use.**
- 19. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants.**
- 20. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 21. 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.**

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 | 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 |

Ward 4E is commended for achieving full compliance in two sections of this standard and an overall compliant score. Ward 5F are commended for achieving full compliance in the correct use of isolation. Inspectors note that significant improvement is required to improve scoring in a number of non compliant sections within the standard.

With the exception of Ward 4E the results indicate that effective hand hygiene practices were not always carried out and did not always comply with WHO (World Health Organisation) guidance on the correct technique to use for hand washing and appliance of hand rub. A domestic was unaware of the correct seven step hand washing technique and a registered nurse incorrectly quoted a 10 step technique. Observations indicated that staff did not always perform hand hygiene in accordance with WHO guidance at the appropriate moments of care; before and after removing gloves and aprons; after leaving a patient: before and after leaving an isolation room and after dealing with body fluids. In Wards 5F and 6D, inspectors did not observe immobile patients being offered hand hygiene facilities prior to and after meals. A concerted effort is required to ensure hand hygiene occurs at all times, using the correct seven step technique.

In Ward 4E there were no issues identified with the safe handling and disposal of sharps. Inspectors observed that in Wards 5F and 6D sharps were not disposed of at the point of care. In Ward 6D a large sharps box was carried to a room where a patient with a known blood borne virus was being cared for and the temporary closure mechanism

was not used to secure the sharps box when leaving the room. In Ward 7C re-sheathed needles were observed; re-sheathing needles is unsafe practice and has the potential to result in a sharps injury.

Inspectors observed in all wards inspected that single use aprons were not always worn appropriately. Staff were observed not wearing aprons when cleaning, when in contact or anticipated contact with blood and body fluids, or when handling used linen. In Ward 5F, with the exception of catering staff, all ward staff wore yellow aprons when serving meals and not the NPSA recommended green aprons. In Ward 6D and 7C some staff observed did not change their aprons on completion of an episode of patient care. In both wards staff require an update on the use of PPE when caring for a patient in isolation, as in Ward 6D a nurse entered an isolation room without wearing an apron, and in Ward 7C a nurse left an isolation room wearing an apron, donned gloves and returned to the isolation room. PPE should be worn on entering an isolation room and removed prior to leaving an isolation room.

In Ward 4E the correct use of isolation was not assessed as there were no patients in isolation at the time of inspection. In Ward 5F no issues were identified. On the day of the inspection patients in Wards 6D and 7C required isolation and practices observed in relation to the application of isolation precautions in Ward 7C were generally good and in line with current practice guidance. An improvement in performing hand hygiene prior to and after leaving an isolation room, and the correct use of a clinical waste bin rather than household waste bin, would further improve scoring. However, in Ward 6D nursing staff did not wear aprons on entering an isolation room or wash their hands prior to donning gloves and standard precautions were not adhered to.

With the exception of Ward 4E, who achieved compliance, additional effort is required in Wards 5F, 6D and 7C to improve practice in the effective cleaning at ward level. In all wards inspectors did not observe equipment being routinely cleaned between patient use, and in Wards 4E, 6D and 7C staff were not aware of the dilution rates for the disinfectant in use. In Ward 7C staff were unaware of the procedure to follow when removing blood spills, and in Wards 5F and 6D staff used haz tabs to clean rather than the recommended actichlor plus.

Inspectors observed that in Ward 5F and 7C, staff were unaware of the certificate of decontamination to be completed prior to sending equipment for service/ repair. Although the trust has introduced the NPSA colour coded system for cleaning, nursing staff in both wards and domestic staff in Ward 5F were not familiar with it. In Wards 6D and 7C an up to date COSHH folder containing data sheets on actichlor plus was not available. In Ward 5F manufacturers instructions for the decontamination of equipment were not available and staff were not aware of the formal need to consult with infection prevention and control prior to purchasing equipment.

In Ward 6D there was no indication in the care plan of a risk assessment or the infection prevention and control precautions required when delivering care to a patient with a blood borne virus.



Inspectors observed that the trust has in general implemented the concept of 'bare below the elbow' (Picture 7) for staff delivering care. However, in Ward 6D a member of medical staff was wearing a wrist watch and a domestic was wearing a gold chain, while in Ward 5F, a member of catering staff was wearing flip flops.

Picture 7 Bare below the elbow poster

Staff changing facilities are not available for nursing and domestic staff to change into and out of their uniform at work.

Recommendations

- 22. 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.**
- 23. 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.**
- 24. The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy.**

11.2 Additional Issues

Ward 4E

- A patient's notes were reviewed, two weeks previously the patient had been placed in precautionary isolation pending investigation into suspected *C-difficile*. There was poor record keeping in relation to managing a patient with suspected *C-difficile* infection. Care plans should include a detailed account of the problem, actions, implementation and evaluation of care.
- Staff when questioned were not familiar with the Root Cause Analysis (RCA) process and learning outcomes as a result of completed RCAs.

Ward 7C

- The inspectors found an Epanutin 100mg tablet lying on the floor of the clean utility room. A registered nurse was informed who appropriately disposed of the tablet immediately.

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

- Janice Clarke - Senior Manager, Patient Experience, SEHSCT
- Colin Clarke - Lead Nurse, Infection Prevention & Control, SHSCT
- 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

- Olive Mac Leod - Co Director, Nursing
- Lynda McBride - Co Director, PCSS
- A Dawson - Co Director, Acute Services
- Rosealeen Corvan - Co Director
- Mandy Armstrong - Senior Manager, Medical Directors Office
- Nicky Vincent - Governance Manager
- Jeff Thompson - Senior Manager, PCSS
- G Atkinson - Service Manager
- Jillian Martin - Assistant Services Manager, Ward 7C
- Mary Hanrahan - Senior Infection Prevention & Control Nurse
- Oonagh Boyd - Hospital WB&H
- Cecilia Kearns - WBH, Operational Manager
- Elaine McDonald - Fracture Services Manager, Ward 6D
- Vanessa Boyd - Ward Manager, Ward 4E
- Una McGivern - Sister, Ward 5F
- Rosemary McDonald - Sister, Ward 7C

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.**
- 2. The trust should work to ensure all staff are aware of their roles and responsibilities in environmental cleaning.**
- 3. The trust should review its environmental cleaning schedules and the monitoring system in place to ensure effective implementation and cleaning.**
- 4. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 5. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 6. The trust should ensure all relevant information is available for patients, visitors and staff to reference.**
- 7. The trust should develop detailed nursing cleaning schedules.**
- 8. The trust should ensure that all staff are aware of the importance of monitoring fridge temperatures.**
- 9. The trust should ensure the correct storage of clean linen in a designated area which is clean and fit for purpose.**
- 10. 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.**
- 11. 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.**
- 12. 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.**
- 13. The trust should ensure that waste bins and equipment used in the management of waste are available, kept clean and replaced as appropriate.**

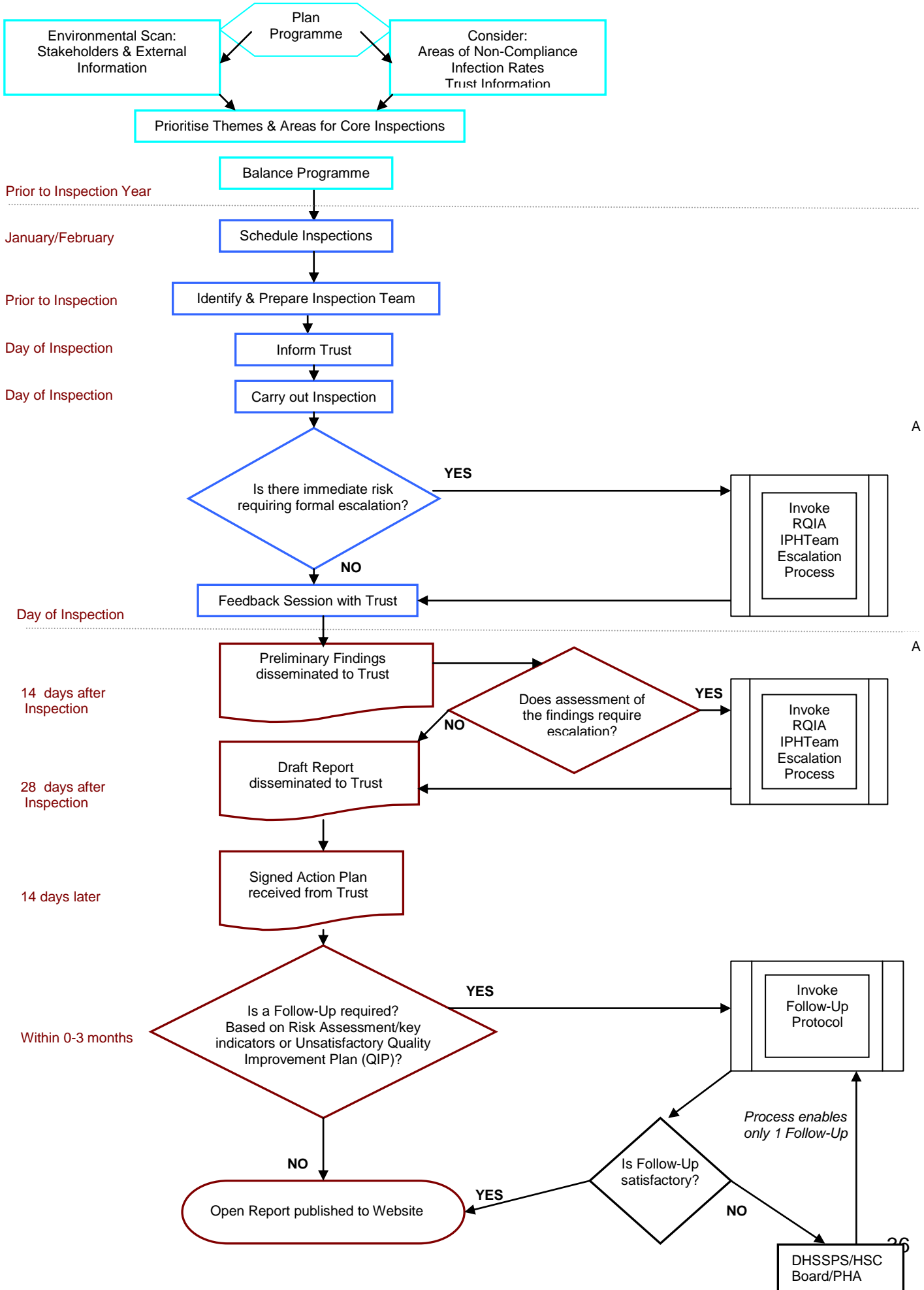
- 14. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the safe and correct handling and disposal of waste and sharps.**
- 15. The trust and individual staff have a collective responsibility to ensure that equipment is clean, stored correctly and in a good state of repair.**
- 16. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding equipment cleaning.**
- 17. The trust should ensure that hand washing sinks and consumables are clean, working and in a good state of repair.**
- 18. The trust should ensure that hand hygiene consumables are available for staff and visitors to use.**
- 19. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date regarding the use of disinfectants.**
- 20. The trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations.**
- 21. 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.**
- 22. 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.**
- 23. 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.**
- 24. The trust should ensure that all members of staff are familiar with and adhere to the regional dress code policy.**

14.0 Unannounced Inspection Flowchart

Plan Programme

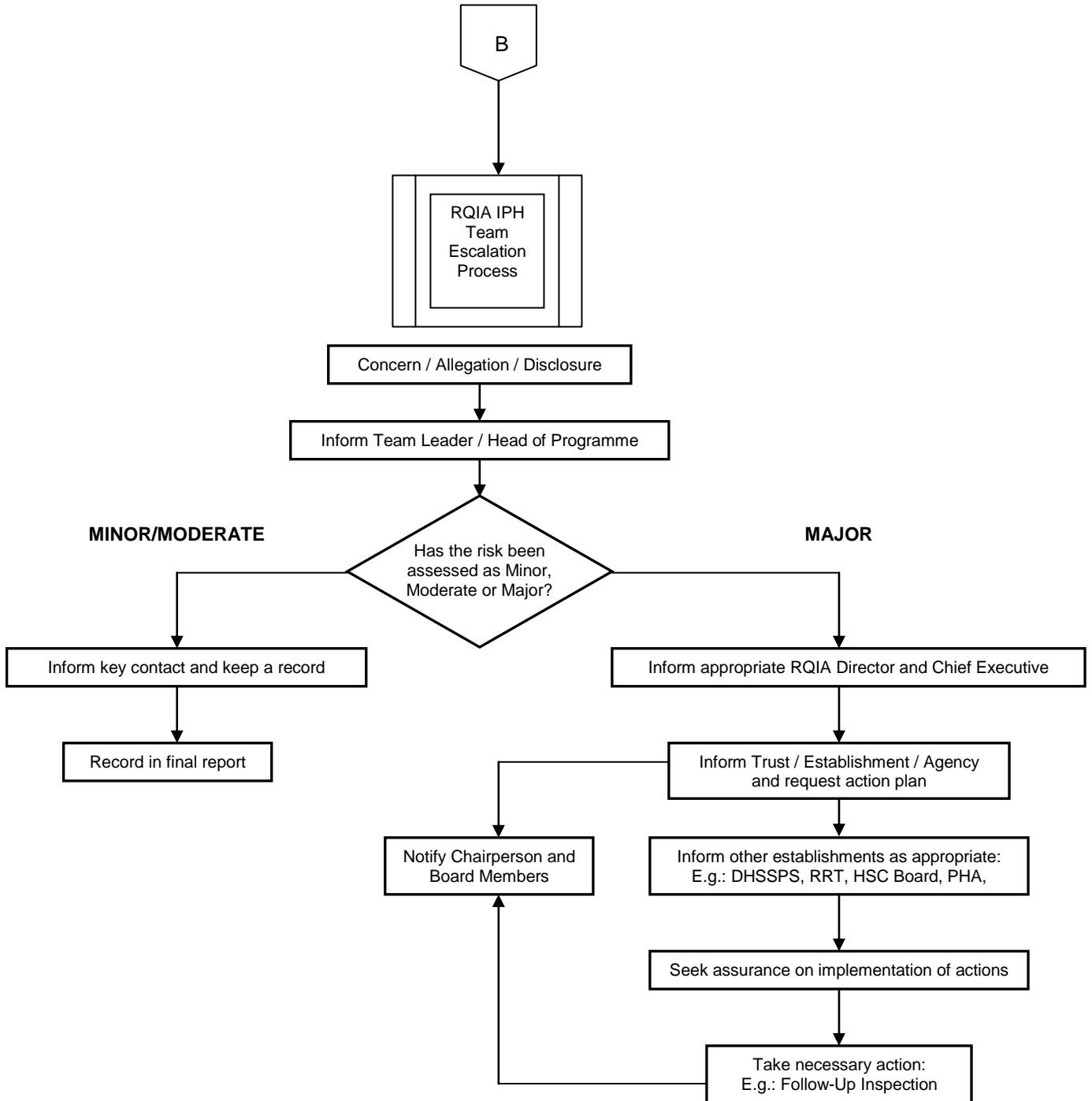
Episode of Inspection

Reporting & Re-Audit



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

| Ref No | Recommendations | Designated department | Action required | Date for completion/ timescale |
|--------|---|----------------------------|---|--|
| 1. | The Trust should 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 | All of these aspects will be monitored through the programme of Environmental Cleanliness Audits based on the Cleanliness Matters Strategy. | Ongoing |
| 2. | The Trust should work to ensure all staff are aware of their roles and responsibilities in environmental 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, and at Infection Prevention link meetings. | Sep 2011 |
| 3. | The Trust should review its environmental cleaning schedules and the monitoring system in place to ensure effective implementation and cleaning. | PCSS 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.</p> <p>Agree a standardised audit which will be used in all areas. This will include standardised responsibilities.</p> <p>Systematic roll out of the agreed standardised audit using the Maximiser system.</p> | <p>Sep 2011</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 |

| Ref No | Recommendations | Designated department | Action required | Date for completion/ timescale |
|--------|--|-----------------------|---|--|
| | | | | |
| 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 ensure all relevant information is available for patients, visitors and staff to reference. | All Directorates | Posters and leaflets are available on all wards. | Complete |
| 7. | 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.</p> <p>Agree a standardised audit which will be used in all areas. This will include standardised responsibilities.</p> <p>Systematic roll out of the agreed standardised audit using the Maximiser system.</p> | <p>Sep 2011</p> <p>Dec 2011</p> <p>Commencing Feb 2012</p> |
| 8. | 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 |
| 9. | 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. | Complete |

| Ref No | Recommendations | Designated department | Action required | Date for completion/ timescale |
|--------|---|-----------------------|--|---|
| | | | | |
| 10. | 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 | Infection Prevention and Control Team will produce and issue a general information leaflet, in respect of the handling and storage of linen, for all staff. | Sep 2011 |
| 11. | 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 | Following issue of the above, the practice will be monitored. | Dec 2011 |
| 12. | 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 to be completed by Sep 2011. Roll-out programme across Trust to be completed by Apr 2012 |
| 13. | 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 |
| 14. | 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. | Complete |
| 15. | 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 | Sep 2011 |

| Ref No | Recommendations | Designated department | Action required | Date for completion/ timescale |
|--------|--|-----------------------|--|--------------------------------|
| | | | consultation stage, and is due for a ward-by-ward launch at Infection Prevention link meetings. | |
| 16. | 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. | Sep 2011 |
| 17. | 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 |
| 18. | 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 |
| 19. | 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 |
| 20. | The Trust should ensure that all cleaning products are stored in a locked cupboard, in line with COSHH regulations. | PCSS | Locked cupboards are provided in each room. A business case is being drawn up, for the provision of keypad locks on all store rooms. | Sep 2011 |
| 21. | 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. Agree a standardised audit which will be used in all areas. This will include standardised | Sep 2011 |

| Ref No | Recommendations | Designated department | Action required | Date for completion/ timescale |
|--------|--|-----------------------|--|-------------------------------------|
| | | | responsibilities. Systematic roll out of the agreed standardised audit using the Maximiser system. | Dec 2011 Commencing Feb 2012 |
| 22. | 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 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). The IPCT is currently devising an educational tool to remind staff of the appropriate use of PPE. | Complete and Ongoing |
| 23. | 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 | Mandatory Infection Prevention & Control training is delivered by IPCN Team. Staff to be reminded of the link to the regional Infection Control Manual and the 'cleaning' poster that has previously been distributed. | Ongoing |
| 24. | The Trust should ensure that all members of staff are familiar with, and adhere to, the regional dress code policy. | All Directorates | All staff have been reminded of regional dress code policy. The Trust Dress Code Policy has recently been updated. | Ongoing |



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