



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced inspection

Northern Health and Social Care Trust

Robinson Memorial Hospital

9 August 2011

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1.0 Inspection Summary

An unannounced inspection was undertaken to the **Robinson Memorial Hospital**, on the 9 August 2011. The hospital was assessed against the Regional Healthcare Hygiene and Cleanliness standards using the Regional audit tool. The following area was inspected:

- Intermediate Care Unit

The Robinson Memorial Hospital in Ballymoney is an Intermediate Care Unit with 25 inpatient beds, five of which are for the Home from Hospital Rehabilitation Team, to be used following surgery or soft tissue injury. The remaining 20 beds are used for GP admissions, either step up from their own home or step down from an acute hospital. Five of these beds can be used for palliative respite or symptom control.

The hospital also has a Child Development Centre, Community Physiotherapy Department, Community Dietician and Parkinsons Specialist Nurse.

Inspection Outcomes

The ward achieved an overall compliant level. Inspectors noted that the environment was clean and tidy, and observation of staff indicated that effective hygiene and infection prevention and control practices were in place.

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

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

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

Notable Practice

The inspection identified the following areas of notable practice

- An information package for relatives, which includes guidance on infection prevention and control when patients are admitted to the hospital, is very informative
- The wipe board at the entrance to the ward advises patients and visitors of hand hygiene audit scores, environmental cleanliness audits and identifies the infection prevention and control link nurse
- Hand hygiene, mattress and commode audits are being completed
- Staff are participating in high impact intervention bundles for urinary catheters, peripheral vascular lines and *C. difficile*

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

The following tables give an overview of compliance scores noted in areas inspected by RQIA:

Table 1 summarises the overall compliance levels achieved.

Tables 2-7 summarise the individual tables for sections two to seven of the audit tool as this assists organisation to target areas that require more specific attention.

Table 1

Ward	
General Environment	86
Patient Linen	94
Waste	95
Sharps	89
Equipment	91
Hygiene Factors	93
Hygiene Practices	98
Average Score	92

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

Table 2

General Environment	
Reception	87
Corridors, stairs lift	N/A
Public toilets	76
Ward/ department - general(communal)	86
Patient bed area	88
Bathroom/washroom	86
Toilet	83
Clinical room/ treatment room	87
Clean utility room	N/A
Dirty utility room	71
Domestic store	76
Kitchen	92
Equipment store	96
Isolation	94
General information	93
Average Score	86

Table 3

Patient linen	
Storage of clean linen	88
Storage of used linen	100
Laundry facilities	N/A
Average Score	94

Table 4

Waste and sharps	
Handling, segregation, storage, waste	95
Availability, use, storage of sharps	89

Table 5

Patient equipment	
Patient equipment	91

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

Table 6

Hygiene factors	
Availability and cleanliness of Wash hand basin and consumables	90
Availability of alcohol rub	97
Availability of PPE	93
Materials and equipment for cleaning	91
Average Score	93

Table 7

Hygiene practices	
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	92
Effective use of PPE	100
Correct use of isolation	95
Effective cleaning of ward	100
Staff uniform and work wear	100
Average Score	98

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

2.0 Background Information to the Inspection Process

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

The aims of the inspection process are:

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

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

3.0 Inspections

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

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

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

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

4.0 Unannounced Inspection Process

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

4.1 Onsite Inspection

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

The inspection of ward environments is carried out using the 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).

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.

General environment	
Reception	87
Corridors, stairs lift	N/A
Public toilets	76
Ward/department - general (communal)	86
Patient bed area	88
Bathroom/washroom	86
Toilet	83
Clinical room/treatment room	87
Clean utility room	N/A
Dirty utility room	71
Domestic store	76
Kitchen	92
Equipment store	96
Isolation	94
General information	93
Average Score	86

6.1 Cleaning

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

There were some issues identified that need addressed. The ward whilst generally very clean required minor improvements in the cleaning of windows and window sills, dust on horizontal surfaces, floor edges and the corners of the interior of radiators. The toilet roll holder in the female toilet was grubby, the toilet roll holder in the public toilet

had a small area of faecal staining. This was cleaned immediately by domestic services at the request of the deputy ward sister.

Sanitary and utility areas were generally clean and well presented with only a few issues noted for improvement; the crevices of the liner of the shower trolley, overflows, plug holes, the sluice, the interior of the toilet bowl and the underneath of the raised toilet seat all required more detailed cleaning.

Particular attention is required to ensure that limescale is removed from taps and fittings throughout the ward as recent evidence has shown that limescale may harbour biofilms and the build up of limescale can interfere with good cleaning and disinfection by masking and protecting pathogens.

6.2 Clutter

There was evidence of a continued emphasis in providing a clutter free environment, with effective utilisation of space and good stock management, which assists cleaning processes. However an improvement is required in the male side dirty utility room. The room was cluttered with commodes, buckets, equipment waiting repair and patient property bags (Picture 1).



Picture 1 Clutter in dirty utility room blocking access to hand washing sink

6.3 Maintenance and Repair

The inspectors observed areas for improvement associated with age and maintenance of the fabric of the building and a number of action points were identified.

Minor areas of rust or damage were observed on some radiators; laminate was damaged and missing in cupboards (Picture 2) and shelving resulting in surfaces that were not impermeable to moisture. The deputy ward manager and estates representative at the feedback confirmed laminate had been ordered to repair shelving and cupboards.



Picture 2 Damaged cupboard

Minor wall damage was observed in the dirty utility room and domestic store and around the sink in the public toilet. Skirting was damaged and chipped in places, flooring was damaged and gaffer tape had been used for temporary repairs. In the domestic store the flooring was split at the join and in the public toilet the join behind the toilet overflow pipe was split and raised allowing possible penetration of moisture to the floor underneath.

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

The deputy ward sister and estates representative at the feedback confirmed a minor works order for door protectors had been requisitioned and repair work to doors and frames was on hold pending delivery of perspex door protectors.

6.4 Fixtures and fittings

The inspectors noted felt notice boards fixed to the wall above the beds and a large cork notice board in the treatment room. It is advised that as felt and cork cannot be effectively cleaned, an alternative method of displaying patient details is investigated.

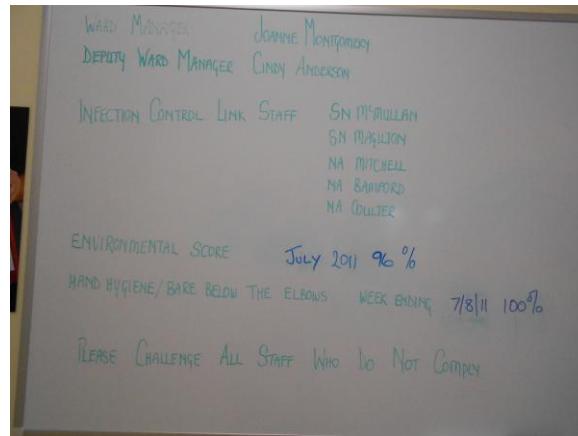
Some vertical blinds were stained, some slats were missing and the cord was missing or loose in places. The metal frame of some bed tables and bedrails was chipped, the covers were missing from the hinges of the toilet seat lid in the public toilet and the toilet seat and lid were worn in the female toilet.

There is no sluice bowl or hand washing facilities in the domestic store; domestic staff use the nursing sluice in the dirty utility room for

emptying buckets. At the feedback, the estates representative advised that money for capital development had been confirmed for refurbishment of the domestic store. The decommissioned washing machine in the small dirty utility room is to be removed which will give more space to this room and a new washer and dryer are to be installed in the domestic store. The trust is to review the installation of a sluice and hand washing facilities in this room.

6.5 Information

In this section of the standard, compliance was achieved. Information leaflets on hand hygiene, common infections and infection prevention and control were available and clear instructions were in place to advise staff and visitors of isolation precautions. A larger whiteboard at the entrance to the ward advised visitors of hand hygiene, environmental cleanliness and infection prevention and control link staff with an invitation to challenge staff members who do not comply with “Bare below the elbows” (Picture 3)



Picture 3 Whiteboard at the entrance to the ward

There were some issues identified which need to be addressed. Posters on the segregation of linen for nursing staff to reference were not available and while most posters and notices were laminated, they were attached to surfaces with adhesive tape rather than ‘blu tac’.

Additional Issues

Due to the lack of storage facilities in the ward, the female shower room was not used for patients but was used to store hoists. The inspectors noted a stagnant water odour in this room which would indicate water is not being run regularly to prevent legionella. The deputy sister confirmed that a schedule would be put in place and the regular running and flushing of water would commence immediately.

Recommendations

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that equipment is fit for purpose.**
- 2. The trust should work on the repair and maintenance of ward and public environments and replace damaged fixtures and fittings.**
- 3. The trust should continue work on the refurbishment of the domestic store.**
- 4. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 5. The trust should ensure all posters are laminated and not attached to surfaces with adhesive tape.**
- 6. The trust should ensure that staff are aware of the necessity to run water in those areas not always in use to prevent the occurrence of legionella.**

7.0 Patient Linen

STANDARD 3.0 PATIENT LINEN

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

Linen	
Storage of clean linen	88
Storage of used linen	100
Laundry facilities	N/A
Average Score	94

7.1 Management of Linen

A high compliance score was achieved in this standard. Inspectors observed that used linen was stored and segregated correctly and that clean linen was stored in a separate store and was clean, tidy and free from rips and tears. Minor damage was noted in the clean linen store to the door and frame, and laminate was missing from the ends of the shelving effecting its impermeability.

Good practice was observed in the handling of used linen, used linen was placed immediately into the appropriate colour coded bags at the point of use and staff were observed to wear the appropriate personal protective equipment (PPE) when handling soiled/ contaminated linen.

Recommendations

- 7. The trust should work on the repair and maintenance of the linen store and replace damaged fixtures and fittings.**

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	
Handling, segregation, storage, waste	95
Availability, use, storage of sharps	89

8.1 Waste

The inspection evidenced that there are arrangements in place for the handling, segregation, storage and disposal of waste which largely comply with local and regional guidance. Generally waste bins were visibly clean and in good repair however the lid of the household waste bin in the dirty utility room was stained and there was a small amount of exposed metal at the foot pedal of the clinical waste bin in Room 2. The inspectors observed the inappropriate disposal of used IV antibiotic vials into the magpie box.

8.2 Sharps

Sharps boxes in use conformed to BS7320 (1990)/UN9291 standards. All 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.

Staff should ensure equipment for use is decontaminated correctly after use as a sharps tray prepared for a procedure was grubby. It was observed during the inspection that the sharps box on the drugs trolley was not secure and the temporary closure mechanism was not in place when the trolley was not attended by staff.

Recommendations

- 8. The trust should ensure that waste bins and equipment used in the management of waste and sharps are kept clean and replaced as appropriate.**
- 9. 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.**

9.0 Patient Equipment

STANDARD 5.0 PATIENT EQUIPMENT

Cleanliness and state of repair of general patient equipment.

Patient equipment	
Patient equipment	91



Picture 4 Tidy equipment store

Inspectors observed that the cleaning of patient equipment was of a very good standard as the majority of equipment was visibly clean and in a good state or repair. Stored equipment ready for use was labelled with trigger tape to indicate it had been cleaned. The equipment store was neat and tidy (Picture 4). It was noted that the surfaces of the hoist frames and IV pumps were chipped, adhesive tape was used to fix notices to trolleys and the tap nozzles of the water cooler were dirty. These were cleaned immediately by catering staff.

In the resuscitation trolley one reusable laryngoscope blade was stored uncovered, and other reusable laryngoscope blades were still in the original non sterile manufacturer's packaging. This which would indicate the blades had not been decontaminated in CSSD, in preparation for use at ward level. At the feedback, trust representatives confirmed that this had recently been identified and single use blades were to be provided for use in the ward.

A new cleaning disinfectant has been introduced within the trust and discussions with staff indicated that they were aware of the disinfectant in use and the appropriate dilution strength.

Recommendations

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

10.0 Hygiene Factors

STANDARD 6.0 HYGIENE FACTORS

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

Hygiene factors	
Availability and cleanliness of wash hand basin and consumables	90
Availability of alcohol rub	97
Availability of PPE	93
Materials and equipment for cleaning	91
Average Score	93

The clinical hand washing sink in the treatment room had an overflow and plug present and only small twist operated taps (Picture 5) rather than elbow or sensor operated taps. Overflows to sinks, basins, baths and bidets are not recommended, as they constitute a constant infection control risk.



Picture 5 Clinical sink in treatment room

Other issues identified relate to staff practice. Staff were observed using the equipment sink in the dirty utility room for hand washing as access to the sensor operated sink was blocked by equipment. Greater attention to detail is needed in the cleaning the plughole and overflow of the hand washing sink in the treatment room, the underneath of liquid soap, alcohol gel dispensers and mop buckets. Wooden brushes and shafts cannot be effectively cleaned and should be removed. There should also be a supply of face protection to protect staff from potential bodily fluid splashing on to the face and eyes.

Additional Issues

In Room 11 the water flow at the sensor operated taps was poor and the water temperature was cold and water flow in room 5 was also poor. Estates representatives confirmed that the sensor taps in room 5 and 11 had been identified for replacement.

Recommendations

- 11. The trust should review the condition and appropriateness of the hand washing sinks in the treatment room and a risk based approach taken to its' replacement.**
- 12. The trust should ensure that hand washing sinks and consumables are clean, in a good state of repair and working order.**
- 13. The trust should ensure that appropriate face protection is available to ensure staff are protected from risks associated with bodily fluid splashing on to the face and eyes.**

11.0 Hygiene Practices

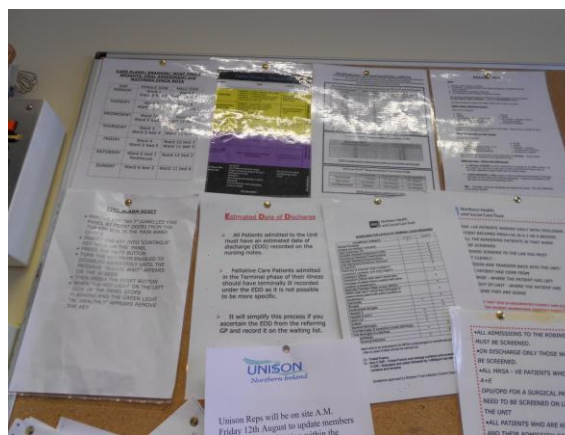
STANDARD 7.0 HYGIENE PRACTICES

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	
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	92
Effective use of PPE	100
Correct use of isolation	95
Effective cleaning of ward	100
Staff uniform and work wear	100
Average Score	98

Staff achieved full compliance in four sections of this standard and the results of the audit indicate that effective hygiene practices are generally in place in the ward. Hand hygiene practices observed complied with WHO (World Health Organisation) guidance on the correct technique to use for hand washing and appliance of hand rub.

On the day of the inspection patients required isolation and practices observed in relation to the application of isolation precautions in both wards were good and in line with current practice guidance(Picture 6).



Picture 6 Information and guidelines for staff on MRSA, terminal cleaning and waste disposal

In relation to staff practice inspectors observed the risk related activity of re sheathed needles in a sharps bin in the treatment room. In a care plan for a patient with a known infection, staff were not signing each section of the care pathway.

Recommendations

- 14. The trust and individual staff have a collective responsibility to ensure the safe handling and disposal of sharps.**
- 15. The trust should ensure that all care plan documentation is fully completed.**

12.0 Key Personnel and Information

Members of the RQIA inspection team

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

Trust representatives attending the feedback session

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

Ms Pamela Craig, Deputy Director Intermediate and Palliative Care
Ms Colleen Morrison, Head of Intermediate and Palliative Care
Ms Amanda Williamson, Area Manager Intermediate and Palliative Care
Ms Ann Hamilton, General Manager Domestic Services Trustwide
Mr Bamber Mc Kay, Senior Building Officer Estates Services
Mrs Brighdin Mc Falone, Senior Community Infection Prevention and Control Nurse
Ms Cindy Anderson, Deputy Ward Sister
Ms Clare Medland, Community Domestic and Portering Manager
Ms Catrina Craig, Student Nurse

Apologies from:

Mr Sean Donaghy - Chief Executive Officer
Ms Jackie Elliott - Head of Intermediate Care

Supporting documentation

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

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

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

13.0 Summary of Recommendations

- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that equipment is fit for purpose.**
- 2. The trust should work on the repair and maintenance of ward and public environments and replace damaged fixtures and fittings.**
- 3. The trust should continue work on the refurbishment of the domestic store.**
- 4. The trust and staff should work to improve storage and maintain clutter free ward environments.**
- 5. The trust should ensure all posters are laminated and not attached to surfaces with adhesive tape.**
- 6. The trust should ensure that staff are aware of the necessity to run water in those areas not always in use to prevent the occurrence of legionella.**
- 7. The trust should work on the repair and maintenance of the linen store and replace damaged fixtures and fittings.**
- 8. The trust should ensure that waste bins and equipment used in the management of waste and sharps are kept clean and replaced as appropriate.**
- 9. 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.**
- 10. The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair**
- 11. The trust should review the condition and appropriateness of the hand washing sinks in the treatment room and a risk based approach taken to its' replacement.**
- 12. The trust should ensure that hand washing sinks and consumables are clean, in a good state of repair and working order.**

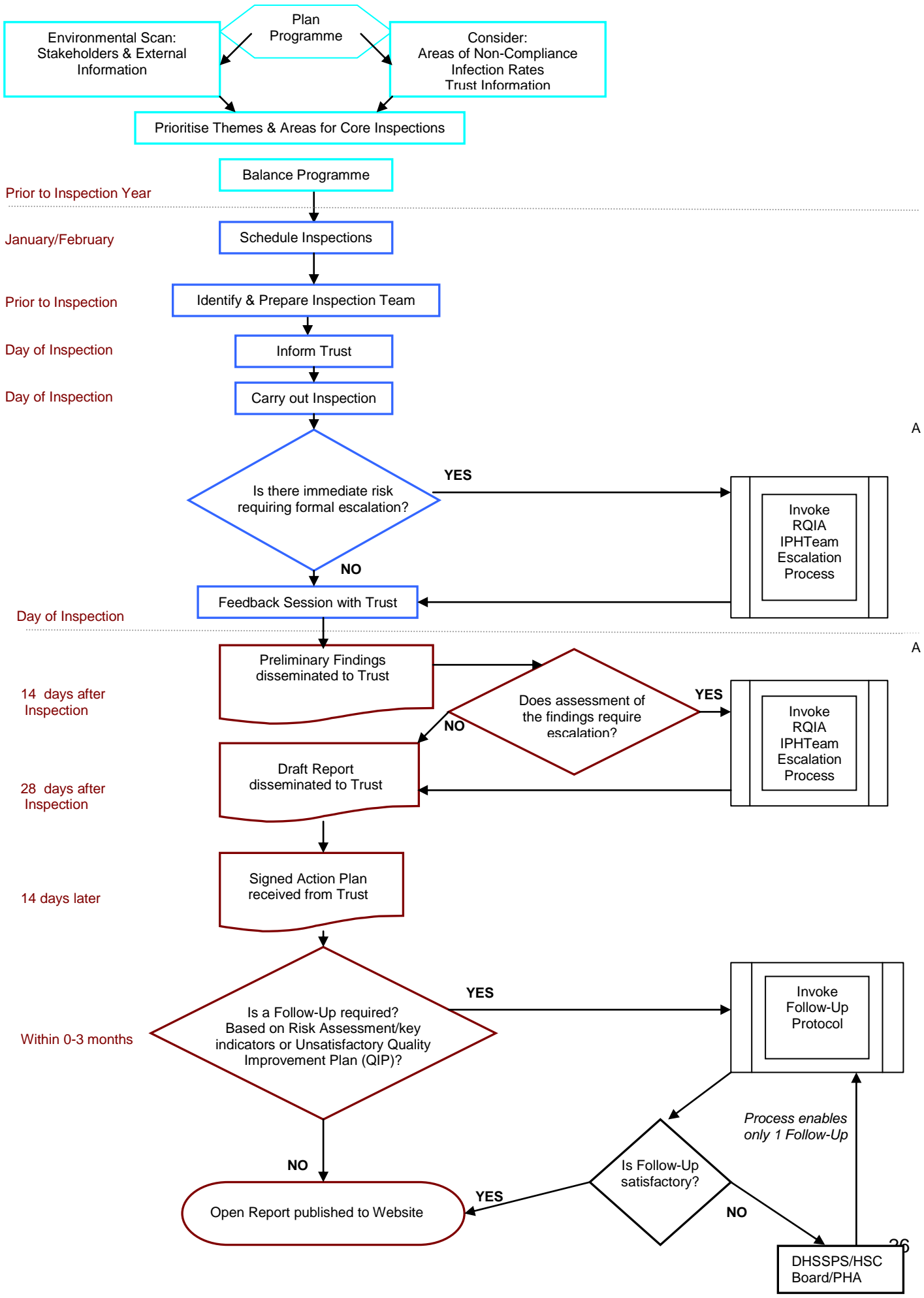
- 13. The trust should ensure that appropriate face protection is available to ensure staff are protected from risks associated with bodily fluid splashing on to the face and eyes.**
- 14. The trust and individual staff have a collective responsibility to ensure the safe handling and disposal of sharps.**
- 15. The trust should ensure that all care plan documentation is fully completed.**

14.0 Unannounced Inspection Flowchart

Plan Programme

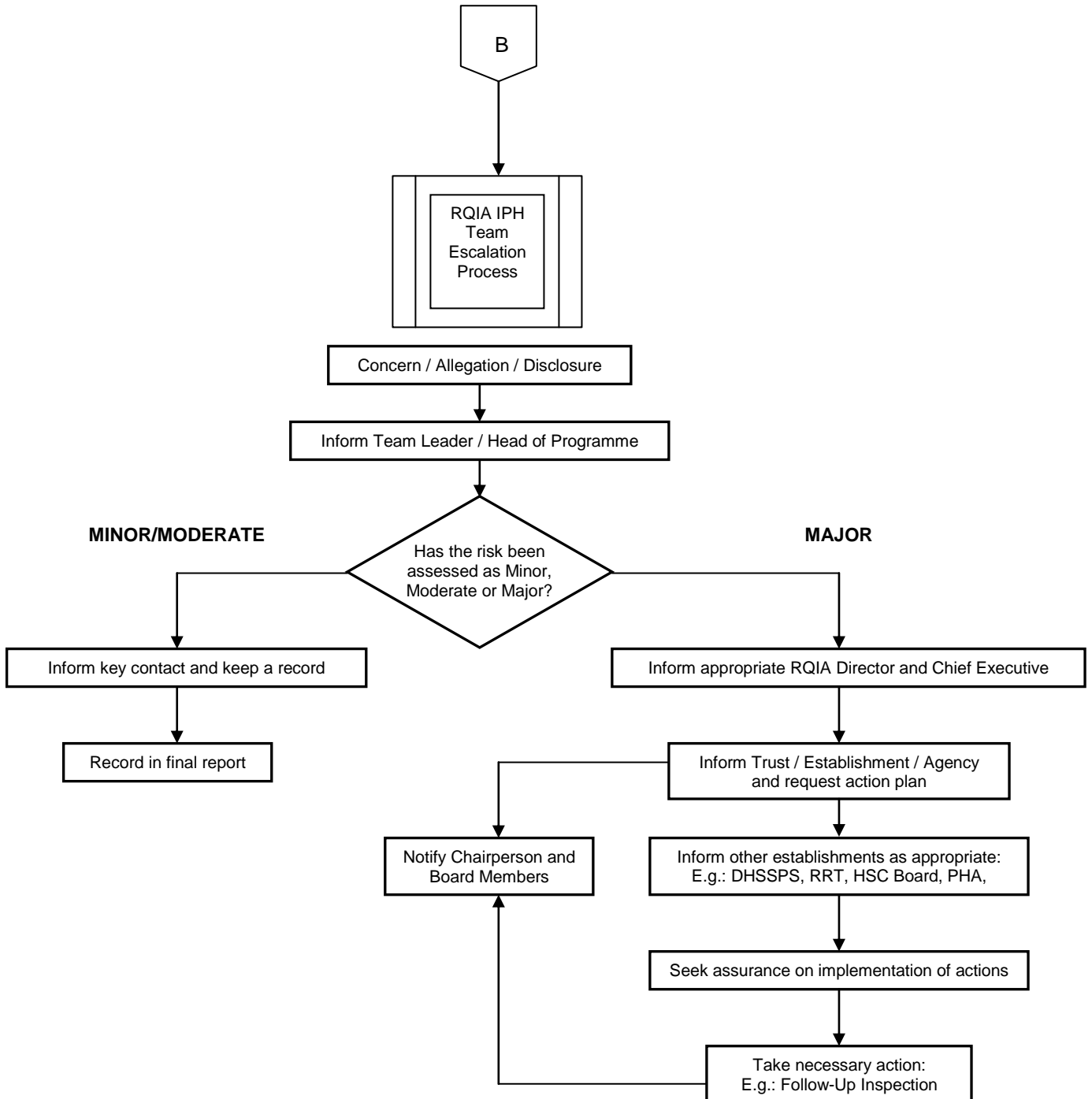
Episode of Inspection

Reporting & Re-Audit



15.0 Escalation Process

RQIA Hygiene Team: Escalation Process



16.0 Action Plan

Recommendations

Reference Number	Recommendations	Designated Department	Action required	Date for Completion Timescale
1.	The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that equipment is fit for purpose.	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose	September 2011
2.	The trust should work on the repair and maintenance of ward and public environments and replace damaged fixtures and fittings.	Nursing / Support Services / Estates Services	All staff to be advised of need for early identification and onward reporting of damaged fixtures and fittings, ensuring that maintenance is undertaken within agreed scheduled times	September 2011 Practice ongoing Necessary work to be reviewed when costing available
3.	The trust should continue work on the refurbishment of the domestic store.	Support Services / Estates Services	Minor capital works in progress, making best use of space available	Building work 50% complete. Completion of building element mid October
4.	The trust and staff should work to improve storage and maintain clutter free ward environments.	Nursing / Support Services	All staff to be advised of need to maintain a clutter free ward environment. Leaflet given to patients on admission. Storage facilities to be reviewed in order to make the best use of space available	September 2011 Practice ongoing
5.	The trust should ensure all posters are laminated and not attached to surfaces with adhesive tape.	Nursing	All posters are laminated. 2 posters found with adhesive tape which has been removed	August 2011
6.	The trust should ensure that staff are aware	Nursing / Support	All staff to be advised of need to run	September 2011

	of the necessity to run water in those areas not always in use to prevent the occurrence of legionella.	Services	water in those areas not always in use to prevent the occurrence of legionella. Recording sheet within shower room to monitor that water is run. Recording sheet already in place in bathroom.	Practice ongoing
7.	The trust should work on the repair and maintenance of the linen store and replace damaged fixtures and fittings	Nursing / Estates Services	Work in progress	September 2011
8.	The trust should ensure that waste bins and equipment used in the management of waste and sharps are kept clean and replaced as appropriate	Nursing / Support Services	Infection prevention control audits are carried out a minimum of once a year Environmental cleanliness audits carried out monthly Daily observational visits Mon- Fri carried out by nursing and support services	Practice to continue
9.	The trust should monitor the implementation of its policies and procedures in respect of the management of waste and sharps to ensure that safe and appropriate practice is in place	Nursing / Support Services	Infection prevention control audits are carried out annually Spot checks carried out by Ward Manager Monitor incidents and take any necessary action to prevent reoccurrence	Practice to continue
10.	The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair	Nursing / Support Services	All staff to be advised by their line managers of their roles and responsibilities Cleaning schedules to be maintained and any pieces of equipment that require repair should be reported to relevant line manager for action	September 2011

11.	The trust should review the condition and appropriateness of the hand washing sinks in the treatment room and a risk based approach taken to its" replacement	Estates Services	Minor capital works to be submitted to ascertain cost of repair	Necessary work to be reviewed when costing available. A risk based approach will be taken to replacement of sink
12.	The trust should ensure that hand washing sinks and consumables are clean, in a good state of repair and working order	Nursing / Support Services / Estates Services	All staff to be advised by their line managers of their roles and responsibilities Daily observational visits Mon- Fri carried out by nursing and support services Cleaning schedules to be maintained and any pieces of equipment that require repair should be reported to relevant line manager for action	September 2011 Practice ongoing Necessary work to be reviewed when costing available
13.	The trust should ensure that appropriate face protection is available to ensure staff are protected from risks associated with bodily fluid splashing on to the face and eyes	Nursing	Facial protection is available for use when staff are undertaking a task that may have a risk of body fluids splashing into the face	Practice ongoing
14.	The trust and individual staff have a collective responsibility to ensure the safe handling and disposal of sharps	Nursing / Support Services	All staff receive infection control training on a yearly basis. Monitor any incidents and take any necessary action to prevent reoccurrence	Practice to continue
15.	The trust should ensure that all care plan documentation is fully completed	Nursing	All staff advised of need to use the term non applicable as opposed to leaving a section blank	August 2011



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