



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

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

**South Eastern Health and**  
**Social Care Trust**

**Thompson House Hospital**

**19 July 2011**

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## **1.0 Inspection Summary**

An unannounced inspection was undertaken to the Thompson House Hospital, on the 19 July 2011. The hospital was assessed against the Regional Healthcare Hygiene and Cleanliness standards and the following areas were inspected:

- Ground Floor and First Floor Brain Injury Ward
- General Ward

Thompson House Hospital is part of the South Eastern Health and Social Care Trust and provides care for patients with severe brain injury and neuro-disability. These services include slow track rehabilitation for people with severe brain injury, therapeutic respite and continuing care and day support. The hospital is situated in a residential area of Lisburn, and is set in its' own large mature gardens with wheelchair walks and sitting areas. The hospital was renovated several years ago and presents as light, bright and spacious.

### **Inspection Outcomes**

Both wards were compliant in each standard which has contributed to the overall compliance achieved. It was noted in the general environment standard the maintenance and repair of the building and the lack of general information for patients, staff and visitors impacted negatively and resulted in some partially compliant sections. While it is noted some improvement in staff practice and knowledge is required in the effective cleaning of the ward section, overall, the observation of staff indicated that effective hygiene and infection prevention and control practices were in place.

The inspection resulted in 11 recommendations for the Thompson House Hospital, a full list of recommendations is listed in Section 13.

A detailed list of preliminary findings is forwarded to South Eastern 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

- Infection prevention and control and hand hygiene training was arranged for 20 July 2011
- A notice board was available for staff and visitors with information on audit scores

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

Areas inspected	GF AND BI Ward	General Ward
General Environment	89	89
Patient Linen	91	93
Waste	85	93
Sharps	100	93
Equipment	86	88
Hygiene Factors	96	98
Hygiene Practices	95	94
<b>Average Score</b>	<b>92</b>	<b>93</b>

**Compliant:** 85% or above

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

**Minimal Compliance:** 75% or below

**Table 2**

<b>General Environment</b>	<b>GF AND BI Ward</b>	<b>General Ward</b>
Reception	93	N/A
Corridors, stairs lift	N/A	86
Public toilets	97	98
Ward/ department - general (communal)	85	86
Patient bed area	86	89
Bathroom/washroom	85	89
Toilet	86	92
Clinical room/ treatment room	88	N/A
Clean utility room	94	85
Dirty utility room	91	95
Domestic store	100	89
Kitchen	N/A	93
Equipment store	N/A	N/A
Isolation	80	89
General information	78	78
<b>Average Score</b>	<b>89</b>	<b>89</b>

**Table 3**

<b>Linen</b>	<b>GF AND BI Ward</b>	<b>General Ward</b>
Storage of clean linen	92	88
Storage of used linen	89	94
Laundry facilities	N/A	97
<b>Average Score</b>	<b>91</b>	<b>93</b>

**Table 4**

<b>Waste and sharps</b>	<b>GF AND BI Ward</b>	<b>General Ward</b>
Handling, segregation, storage, <b>waste</b>	85	93
Availability, use, storage of <b>sharps</b>	100	93

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

**Table 5**

<b>Patient Equipment</b>	<b>GF AND BI Ward</b>	<b>General Ward</b>
Patient equipment	86	88

**Table 6**

<b>Hygiene Factors</b>	<b>GF AND BI Ward</b>	<b>General Ward</b>
Availability and cleanliness of wash hand basin and consumables	97	99
Availability of alcohol rub	93	100
Availability of PPE	93	93
Materials and equipment for cleaning	100	100
<b>Average Score</b>	<b>96</b>	<b>98</b>

**Table 7**

<b>Hygiene practices</b>	<b>GF AND BI Ward</b>	<b>General Ward</b>
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	88	88
Effective cleaning of ward	79	76
Staff uniform and work wear	100	97
<b>Average Score</b>	<b>95</b>	<b>94</b>

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

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

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

The aims of the inspection process are:

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

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

### 3.0 Inspections

The DHSSPS 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 three inspectors, from RQIA's infection prevention/hygiene team and one peer reviewer. 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:

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

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

## 6.0 Environment

### STANDARD 2.0 GENERAL ENVIRONMENT

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

General Environment	GF AND BI Ward	General Ward
Reception	93	N/A
Corridors, stairs lift	N/A	86
Public toilets	97	98
Ward/ department - general (communal)	85	86
Patient bed area	79	89
Bathroom/washroom	85	89
Toilet	86	92
Clinical room/ treatment room	88	N/A
Clean utility room	94	85
Dirty utility room	91	95
Domestic store	100	89
Kitchen	N/A	93
Equipment store	N/A	N/A
Isolation	80	89
General information	78	78
<b>Average Score</b>	<b>88</b>	<b>89</b>

### 6.1 Cleaning

Both wards achieved 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. In the reception area and downstairs lounge the vinyl seat covers on some of the chairs were stained, grubby finger marks were noted on the wall around the water dispenser and on the PVC finish on doors and window frames. At the stairs, dust was noted on the internal fins of the

radiator on the ground floor and the internal window ledges were very dusty at high level.

The wards whilst generally clean required minor improvements in cleaning residue and finger marks from bedside furniture, dust from air vents, high density shelving, wall lights above beds and debris in light diffusers. In the General Ward, bedside lockers ready for new admissions, had some debris and hairs in the drawers.

Sanitary areas were generally clean and well presented with a few issues needing addressed. In the General Ward female side, a raised toilet seat was dirty underneath, incontinence pads were stored on a clinical waste bin and conti wipes, clothes hangers, Brillo detergent and facecloths were stored on a window sill. In the ground floor more attention to detail is required in the cleaning of the bathroom hoist, some toilet bowls, toilet brushes, pull cords and door touch points. Excess toilet rolls should not be stored in sanitary areas.

In the General Ward lime scale was noted on the taps of the wash hand sink in a dirty utility room. Limescale was also present on the taps of the wash hand sink in the treatment room of the Brain Injury Unit and in the main kitchen.

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

In both wards a room was identified and spot checked as a room which could be used for isolation purposes. The air vents of both rooms were dusty and hairs and debris were noted in the drawer of the bedside locker in the General Ward. More attention to detail in the cleaning of the room spot checked on the ground floor is required. The small wardrobes, portable bed screens, undercarriage of the bed, over the bed light were dusty and stains were observed on the bedrail, light switch pull cord, the hand grip of the bed hoist and the toilet brush. Debris was noted in the light diffuser.

## **6.2 Clutter**

There was evidence in both wards of a continued emphasis in providing clutter free environments, this provides effective utilisation of space and good stock management which assists with effective cleaning (Picture1). Minor areas for improvement are needed in the treatment room of the Brain Injury Unit and the clean store of the General Ward where boxes of supplies were stored on the floor. In the General Ward, the area at the back corridor near to the female bathrooms and domestic store was cluttered with beds, broken furniture, equipment and a bedframe (Picture 2). Care should be taken

to ensure doorways are not blocked, to allow for easy entrance/ exit in the event of an emergency.



Picture 1 Tidy clutter free environment



Picture 2 Damaged furniture, equipment and beds in corridor

### 6.3 Maintenance and Repair

The wards have a bright appearance but on closer inspection minor damage was noted to some doors which were worn to the bare wood in places, wall plaster work and paint finish, and the finish on the wooden skirting. In the General Ward skirting was peeling off the wall in the female toilet, with possible water penetration to the flooring underneath, the shower outlet was missing in the male toilet/shower and in the downstairs bathroom the shower attachment was showing signs of wear (Picture 3). Inspectors noted in the General Ward some window sills were damaged and in the male shower/ toilet, sealant was missing from the window frame. Damage to surfaces impedes the cleaning process and has the potential to act as a reservoir for bacteria.



Picture 3 Missing shower outlet

### 6.4 Fixtures and fittings

In general the fixtures and fittings were in good repair, a few issues were highlighted for action. In both wards the vinyl cover on some of the armchairs and adapted chairs was split and in a patient bay area

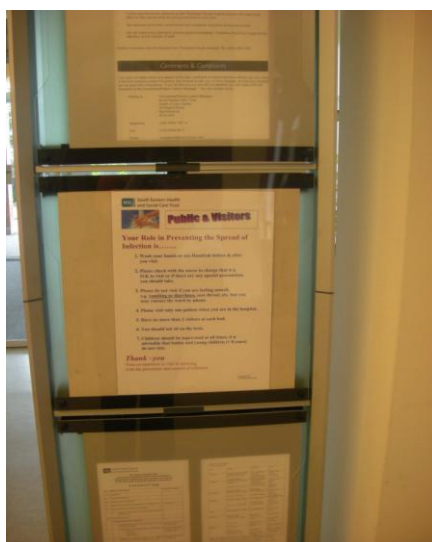
downstairs, a bed bumper was badly damaged exposing the foam underneath and in the ground floor bathroom, there was a small tear in the worn vinyl cover on a patient bath trolley.

Inspectors noted fabric chairs in bed bays and the nurses' station of the General Ward. Surfaces which cannot be easily cleaned and which are not impermeable pose a barrier to an effective cleaning process. There was no bedpan rack and drip tray in the dirty utility rooms of both wards, in the ground floor sluice bedpans were stored along the drainer behind the equipment sink/sluice hopper. In the rooms, in both wards, identified for patient isolation, the undercarriage of the beds was damaged.

## 6.5 Information

In this section of the standard both wards achieved partial compliance.

Information leaflets on hand hygiene, common infections and infection prevention and control were available and clear instructions are in place to advise staff and visitors of isolation precautions (Picture 4). However there were some issues identified which need addressed. The trust policy for cleaning patient equipment is available on the ward but nursing cleaning schedules while available, did not detail all equipment used at ward level and did not outline all staff roles and responsibilities. Posters for the management of an inoculation injury, National Patient Safety Agency (NPSA) colour coding for nursing staff to reference, the segregation of linen and information leaflets for patients and visitors on MRSA and *C. difficile* were not available.



Picture 4 Information for visitors

## Recommendations

1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that

**environmental cleaning is carried out effectively and that patient equipment is fit for purpose. The ward manager should develop the existing cleaning schedule in line with the trust policy - *The Cleaning and Decontamination of the Care Environment and Equipment* and an audit process to ensure compliance.**

- 2. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**

## 7.0 Patient Linen

### STANDARD 3.0 PATIENT LINEN

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

Linen	GF AND BI Ward	General Ward
Storage of clean linen	92	88
Storage of used linen	89	94
Laundry facilities	N/A	97
<b>Average Score</b>	<b>91</b>	<b>93</b>

### 7.1 Management of Linen

Both wards are to be commended in achieving compliance in this standard. Linen stores in the hospital are multipurpose rooms which also store incontinence products. Inspectors observed that used linen was stored neat and tidy, however incontinence products stored on shelving in the ground floor and Brain Injury Unit, while appropriately segregated, were out of packaging. In the General Ward some bed linen on beds was ripped and frayed, and in both wards, uri-bags out of their packaging, were hanging from the interior door handle of the linen stores.

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. Staff however should ensure linen skips remain dust free and are not filled over two thirds with laundry.

Thompson House provides an in-house laundry service for patients' laundry, hospital laundry is transported to the Ulster Hospital. The laundry room is well presented with minor damage noted to the doors and frames.

#### Recommendations

- 3. Staff should ensure that patient equipment stored in the linen store is stored appropriately and the linen skips are no more than two thirds full.**

## 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	GF AND BI Ward	General Ward
Handling, segregation, storage, <b>waste</b>	85	93
Availability, use, storage of <b>sharps</b>	100	93

### 8.1 Waste

The inspection evidenced that there are arrangements in place for the handling, segregation, storage and disposal of waste which generally comply with local and regional guidance. Some issues were identified that need addressed. In both wards inspectors noted some bins had areas of rust and some labels were worn and faded. Additional issues raised in the Brain Injury Unit were the lack of a black lidded burn bin for the disposal of pharmaceutical waste, the ward had been supplied with yellow lidded bins, the lack of a clinical waste bin in the clinical room and in a bedroom, and household waste disposed of into a clinical waste bin (Picture5).



Picture 5 Pharmaceutical waste in yellow lidded burn bin

### 8.2 Sharps

Staff in the Brain Injury Unit and ground floor are to be commended for full compliance in this section. With little effort and improvement in

staff practice in the General Ward, staff could also achieve full compliance.

The sharps bin in the dirty utility room was not labelled, dated or signed and the temporary closure was not in place when the bin was not in use.

### **Recommendations**

- 4. 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 and damaged bins are replaced as appropriate.**

## 9.0 Patient Equipment

### STANDARD 5.0 PATIENT EQUIPMENT

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

Patient Equipment	GF AND BI Ward	General Ward
Patient equipment	86	88

Both wards were compliant in this section. Inspectors identified some cleaning issues in relation to patient equipment. The frames of hoists were damaged in both wards, in the Brain Injury Unit the framework of the drugs trolley was grubby, dressing trolleys had residue from adhesive tape, an oxygen saturation probe, not in use, was dirty and inappropriate storage of equipment was noted in an en-suite.

In the General Ward the laryngoscope blade, and an ambu-bag mask and tubing in the resuscitation trolley were out of the packaging. The inspectors were unsure if the bag and mask were single use or reusable as there was no single use symbol on the items of equipment. At the feedback the infection prevention and control nurse agreed to check these items of equipment for possible return to CSSD for decontamination or possible replacement with single use equipment. Throughout the inspection a commode spot checked in the female dirty utility room was dirty underneath, talcum powder was noted on the backrest and patient wash bowls were not stored inverted.

#### Recommendations

- 5. 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	GF AND BI Ward	General Ward
Availability and cleanliness of wash hand basin and consumables	97	99
Availability of alcohol rub	93	100
Availability of PPE	93	93
Materials and equipment for cleaning	100	100
<b>Average Score</b>	<b>96</b>	<b>98</b>

It is encouraging to note both wards achieved an overall high compliant score in this section of the standard.

In the General Ward the sealant of the sink in the male dirty utility room was perished with mould present and face protection was not available on the resuscitation trolley. Addressing these issues would result in full compliance in each section of this standard.

In the Brain Injury Unit issues relating to staff practice affected the scoring, and with minimal effort overall full compliance could also be achieved in this ward. Access to the hand washing sink in the clinical room was blocked by dressing trolleys, staff were using a communal tube of hand moisturiser, the alcohol hand rub dispenser in the dirty utility room was dirty, there was no alcohol hand rub supply in the clinical room and only medium size disposable gloves were supplied on wall dispensers throughout the ward.

Both wards achieved full compliance in the section regarding materials and equipment for cleaning.

### Recommendations

- 6. The trust should ensure that hand washing sinks and consumables are clean, in a good state of repair and replenished in readiness for use.**
- 7. Appropriate PPE should be readily available to ensure staff are protected from risks associated with bodily fluid contamination.**

## 11.0 Hygiene Practices

### STANDARD 7.0 HYGIENE PRACTICES

*Hand hygiene procedures; handling and disposal of sharps; use of PPE; use of isolation facilities and implementation of infection control procedures; cleaning of ward/ department; staff uniform and work wear.*

Hygiene practices	GF AND BI Ward	General Ward
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	88	88
Effective cleaning of ward	79	76
Staff uniform and work wear	100	97
<b>Average Score</b>	<b>95</b>	<b>94</b>

### 11.1 Hygiene Practices

The Brain Injury Unit achieved four fully compliant sections within hygiene practices, the General Ward achieved three.

Issues raised in both wards are in regard to staff practices. In the correct use of isolation section inspectors noted detailed care pathways were not maintained/ reviewed regularly for long stay patients, not all decisions were recorded on the care plans reviewed and the management plans for known infections were not always signed and dated.

In regard to effective cleaning of both wards, a poster was not displayed for nursing staff to reference on the NPSA colour coding system, some nursing staff were unaware of the colour coded system or of the disinfectant dilution rates for blood spills. Green trigger tape to identify equipment clean and ready to use was not used consistently in the wards.

Domestic staff questioned were knowledgeable on the colour coding system, cleaning practices and information was displayed for domestic staff to reference (Picture 6).



Picture 6 Colour coding, actichlor plus and terminal cleaning information

In the production kitchen inspectors noted a member of catering staff was wearing large hooped ear rings.

### Recommendations

- 8. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date with regard to cleaning and decontamination of equipment.**
- 9. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.**
- 10. The trust should ensure that all care plan documentation is fully completed and regularly reviewed**
- 11. The trust should ensure all staff are aware of and conform to the trust policy on the dress code.**

## 12.0 Key Personnel and Information

### Members of the RQIA inspection team

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

Peer reviewer

Mrs E Coulter - General Manager NHSCCT

### Trust representatives attending the feedback session

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

Ms Bria Mongan -	Assistant Director, Adult Services
Ms Carole Veitch -	Operations Manager, Disability Service
Ms Brenda Carson -	Head of Patient Safety and Improvement
Ms Maura Dryden -	Patient Experience Manager
Ms Janet Porter -	Infection Prevention and Control Nurse
Ms Edna Eliot -	Ward Manager
Ms Marian McCourt -	Staff Nurse, Infection Control Link Nurse

### Supporting documentation

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

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

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

## **13.0 Summary of Recommendations**

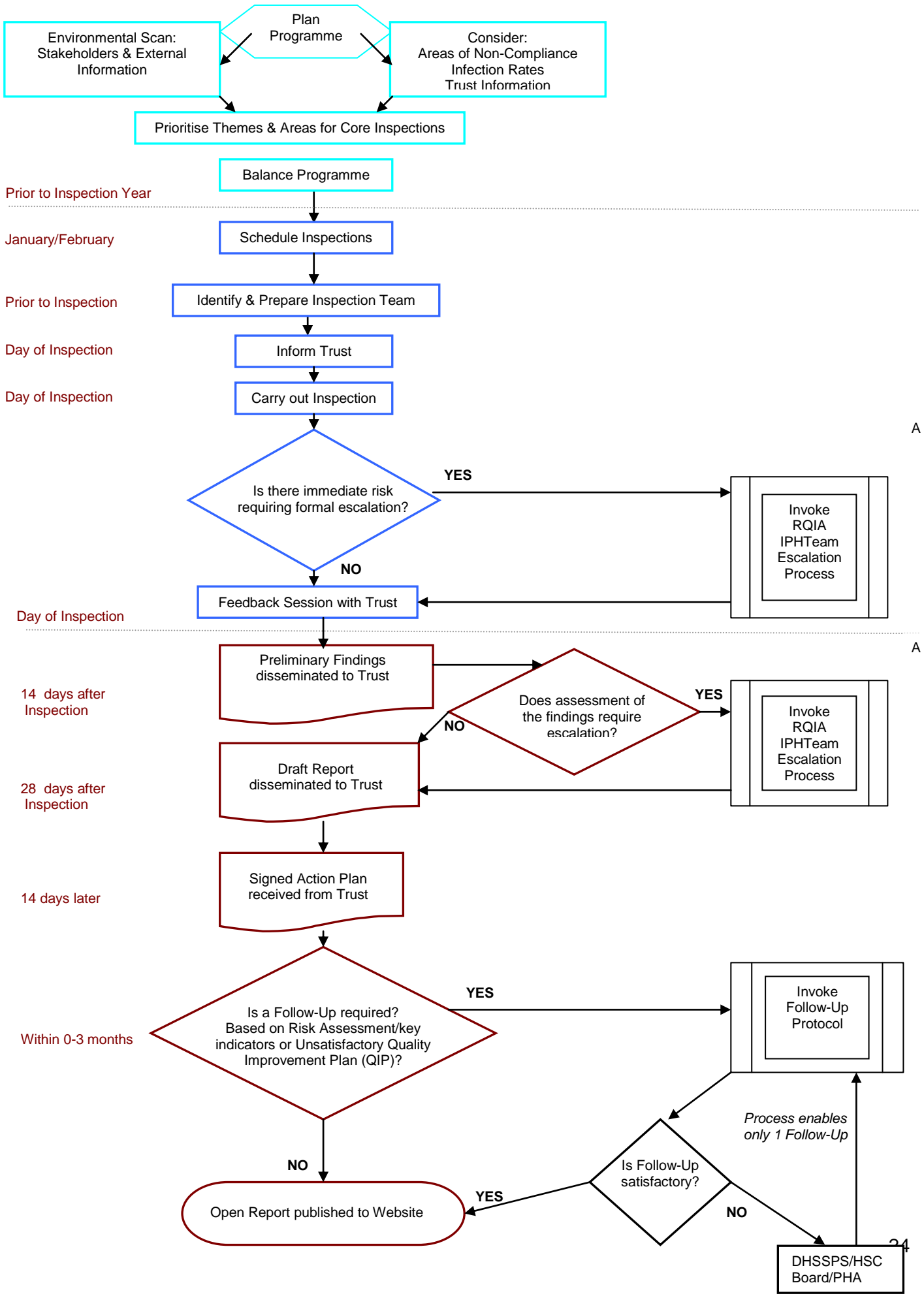
- 1. The trust should work to ensure all staff are aware of their roles and responsibilities to improve and ensure that environmental cleaning is carried out effectively and that patient equipment is fit for purpose. The ward manager should develop the existing cleaning schedule in line with the trust policy - *The Cleaning and Decontamination of the Care Environment and Equipment* and an audit process to ensure compliance.**
- 2. The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings.**
- 3. Staff should ensure that patient equipment stored in the linen store is stored appropriately and the linen skips are no more than two thirds full.**
- 4. 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 and damaged bins are replaced as appropriate.**
- 5. The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.**
- 6. The trust should ensure that hand washing sinks and consumables are clean, in a good state of repair and replenished in readiness for use.**
- 7. Appropriate PPE should be readily available to ensure staff are protected from risks associated with bodily fluid contamination.**
- 8. The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date with regard to cleaning and decontamination of equipment.**
- 9. The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.**
- 10. The trust should ensure that all care plan documentation is fully completed and regularly reviewed.**
- 11. The trust should ensure all staff are aware of and conform to the trust policy on the dress code.**

# 14.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

Reporting & Re-Audit



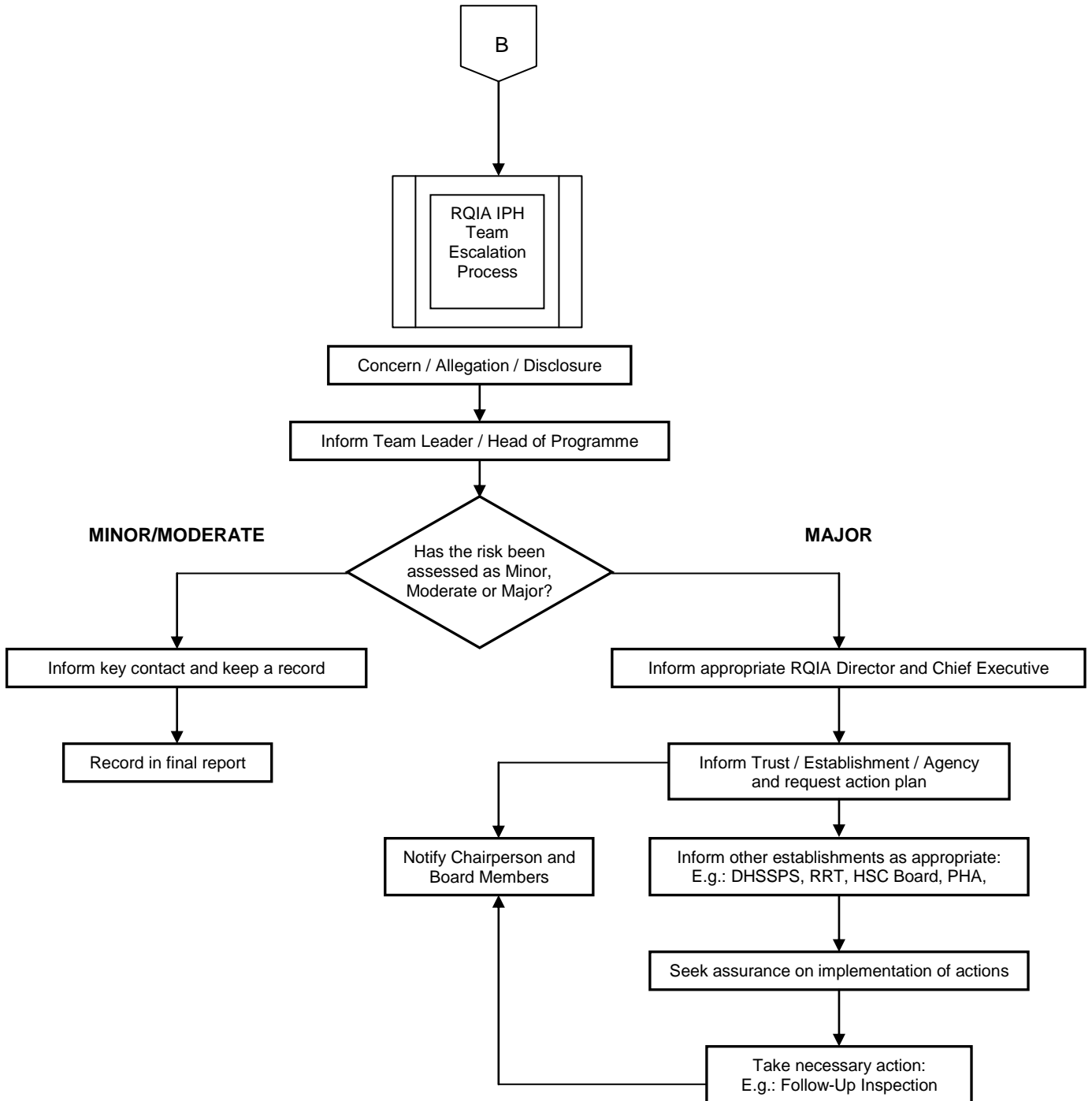
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# 15.0 Escalation Process

## RQIA Hygiene Team: Escalation Process



## 16.0 Action Plan

### 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 patient equipment is fit for purpose. The ward manager should develop the existing cleaning schedule in line with the trust policy - <i>The Cleaning and Decontamination of the Care Environment and Equipment</i> and an audit process to ensure compliance.	Nursing and patient experience	Work is underway in the Trust to establish a standardised approach for the implementation of the Trust Guideline - <i>The Cleaning and Decontamination of the Care Environment and Equipment</i> . The objective is that this project will bring about standardised documentation and practices in relation to equipment labelling regarding status of decontamination. In the context of THH the ward manager has updated the cleaning schedule for cleaning of equipment. Ongoing internal inspection/audit will be carried out by senior staff in THH. THH has identified and supported 2 staff nurses to link with the specialist IPC team and feedback relevant issues to staff within THH	In development  By September 2011
2.	The trust should work on the repair and maintenance of ward and public environments and to replace damaged fixtures and fittings	Nursing and Estates	Many of the repair and maintenance recommendations have been completed and progress being made to address other repair and maintenance issues.	Ongoing
3.	Staff should ensure that patient equipment stored in the linen store is stored appropriately and the linen skips are no more than two thirds full.	Nursing	Staff have been reminded of the need to store equipment correctly and to ensure that linen bags are no more than 2/3 full.	Completed
4.	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	With regard to IPC policies and procedures there is an annual programme for the audit of IPC undertaken by the IPC team across the Trust and feedback from such audit is provided to the Manager /Nurse in charge. In the context of THH there will be a monthly	Ongoing  By September 2011

	and damaged bins are replaced as appropriate.		audit of sharps disposal. Also black lidded burn bins have been ordered.	
5.	The trust and individual staff have a collective responsibility to ensure that equipment is easily cleaned and in a good state of repair.	Nursing and patient experience	All cleaning issues highlighted in the report have been addressed and staff awareness regarding cleaning and maintenance/repair has been enhanced. A new cleaning schedule has been introduced for nursing. Learning achieved regarding need to consider cleaning and repair issues in the initial procurement of equipment	Ongoing
6.	The trust should ensure that hand washing sinks and consumables are clean, in a good state of repair and replenished in readiness for use.	Nursing and patient experience	As part of the IPC annual audit programmes a full audit of ward hand hygiene facilities is undertaken annually.	Ongoing
7.	Appropriate PPE should be readily available to ensure staff are protected from risks associated with bodily fluid contamination.	Nursing and patient experience	Appropriate PPE is available for staff as per Trust Policy. As part of the annual audit programme compliance with this will be monitored on a twice yearly basis.	Ongoing
8.	The trust and individual staff have a collective responsibility to ensure that staff knowledge is kept up to date with regard to cleaning and decontamination of equipment.	Nursing	All staff are required to undertake mandatory IPC training every 2 years – this training includes information of cleaning and decontamination of equipment. The above mentioned project should also assist in ensuring staff are kept up to date with regard to the standard for cleaning and decontamination of equipment for their individual ward and this will be very accessible to staff. THH is in the process of reviewing its processes and procedures in relation to the decontamination of equipment in line with regional/trust policy. Priority is given to mandatory training in this area.	Ongoing
9.	The trust should ensure staff receive instructions and training on the correct dilution rates for the disinfectant in use.	Nursing	Each ward has a copy of posters on the mixing of chlorine releasing agents. A copy of the Training DVD for Actichlor Plus	Achieved

			<p>is available in the Infection Control intranet site.  Within THH the above posters and DVD are available for staff</p>	
10.	The trust should ensure all staff are aware of and conform to the trust policy on the dress code.	Nursing and patient experience	<p>Key IPC related aspects of this policy are included in the Trust's mandatory IPC training and the implementation of this policy is the role of local managers and the collective middle managers from all services.</p> <p>In relation to the specific issue highlighted in the report, this has been addressed by Patient experience.  THH has an audit process in place in respect of nursing uniforms</p>	Achieved



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