



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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**INFECTION PREVENTION/HYGIENE
UNANNOUNCED INSPECTION REPORT**

ULSTER INDEPENDENT CLINIC

BELFAST

24 January 2011

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The Inspection Team

The members of the team were:

- Mrs Elizabeth Colgan - Senior Inspector, Infection Prevention and Hygiene team
- Mrs Lyn Gawley - Inspector Infection Prevention and Hygiene team
- Mrs Margaret Keating - Inspector, Infection Prevention and Hygiene team
- Mrs Elaine Connolly - Senior Quality Reviewer RQIA
- Mrs Winnie Maguire - Inspector, Independent Sector
- Ms Jo Brown - Inspector, Independent Sector

1. Background Information

1.1 The Role and Responsibilities of the Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Regulation and Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulations (Northern Ireland) Order 2003 to inspect independent hospitals. A minimum of one inspection per year is required and this may be announced or unannounced. The service is also inspected to determine compliance with the requirements of the Independent Health Care Regulations (Northern Ireland) 2005 and Draft Independent Health Care Minimum Standards for Hospices March 2005.

In his statement of 23 January 2008, The Minister for Health, Social Services and Public Safety, Michael McGimpsey, announced a package of new initiatives aimed at tackling Healthcare Associated Infections.

One of these measures was the commencement of a rolling programme of unannounced hygiene inspections. The RQIA have now commenced this programme of inspections. This report details the findings of the visit to the Ulster Independent Clinic

1.2 Approach and Scope

The unannounced hygiene inspection was a snapshot of hygiene and infection control standards within the specified functional areas on the day of the visit and should not be taken as a representation of standards in the clinic over a period of time. The unannounced hygiene inspection collected information through direct observations of the areas visited, some observation of clinical practice, staff and patient questioning and review of key documentation in the wards and departments visited.

The inspections focus on promoting public confidence as a clean, tidy and well maintained environment is an important foundation to promote patient confidence and support other infection prevention measures. Cleanliness is not a full indication of safe care but rather is used as an indicator. Good hygiene and infection control practices are measures, which can be taken to provide safe care, however, they will not provide a guarantee that patients will not contract an infection as a result of care. Not all HCAs can be prevented however consistent application and compliance with cleaning and infection control principles can reduce or minimise the risk. Health care associated infections and cleanliness are challenges faced by all health care environments and the message that this is "everybody's business" needs to be firmly embedded in a "Board to Ward" approach where everyone takes responsibility for their behaviour and practice.

The inspections support the following key documents/campaigns:

- *'Changing the Culture'*
- *'Cleanliness Matters'*
- *'Ward Sisters Charter'*
- *'Clean your Hands' campaign*
- *'Regional Infection Control Manual'*

The RQIA as a driver for continuous improvement believes that unannounced inspections are a valid approach to assess patient experience as good hygiene and infection control practices should be available on a constant and ongoing basis.

The inspection team included RQIA staff with the relevant knowledge and experience.

1.3 The Audit Tool

The audit tool used for the hygiene inspection was based on an adapted version of the Infection Control Nurses Association (ICNA) toolkit. The decision to use this toolkit was based on the principle that a multi disciplinary approach to hygiene and infection control standards is required.

The standard sections of the audit tool used for the hygiene inspections are listed below. Additional sections for specific specialised areas will be added as required.

- Environment
- Handling and Disposal of Linen
- Waste Handling and Disposal
- Safe Handling and Disposal of Sharps
- Management of Patient Equipment (General)
- Hand Hygiene
- Kitchens
- Clinical Practices

The audit tool used in 2008 has been revised to include additional areas such as decontamination and disinfection knowledge, and clinical practices that could be reviewed in the time period. The questions do not cover all aspects of the practice but can give some indication that appropriate infection control measures are in place. Various elements within the tool now include staff questions and the hand hygiene and personal protective equipment sections include observation of practice. These two observational areas are normally carried out over a period of time however these may be observed as part of the inspection. The hand hygiene audit includes three questions for patients.

The standard audit has eight sections. Each section is devised to achieve a particular standard that covers a number of areas. All criteria within each section are marked *yes/no* or *non-applicable*. Inspectors/reviewers are informed that it is not acceptable to record a non-applicable response where an improvement in a standard must be achieved for example when a national standard is not being met. However, if a standard is absent or not observed then it can be marked as non-applicable.

Milliward et al (1993) reported that weighting of criteria did not significantly influence overall scores. The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007) states that all recommendations are endorsed equally and none is regarded as optional.

The audit tool also is considered as an evolving document that will be reviewed and adapted as required.

In addition the team were advised on the use of digital cameras provided to record areas of particular concern. Team members agreed that images should be taken only of the environment and at no time would images of patients, staff or visitors be included. Where appropriate, images have been included in the report.

1.4 Preparation

The team met prior to the inspection to finalise arrangements for the visit and to identify areas to be audited.

The hygiene inspection of this facility on 24 January 2011 was unannounced.

2. The Inspection

The inspections are not intended to be paper based, they seek information from observations in functional areas, and this is supplemented by documentary and photographic evidence where appropriate. Some areas of direct questioning and observation of clinical practice have been included.

Inspectors/reviewers are aware of and follow the RQIA's Inspection Protocol.

If the inspector/reviewer identifies any serious concerns during the review, they should bring this to the attention of the team leader in the first instance. Any area of serious concern that requires immediate action will be brought to the attention of the person in charge and senior management before the team leave the premises. These concerns will be reported to the RQIA's Senior Management team in accordance with the Hygiene Inspection Escalation Policy.

Inspectors/reviewers are also advised to note areas of good practice or any additional observations that could pose a risk to patients or staff.

Prior to the feedback session to the Ulster Independent Clinic representatives, inspectors/reviewers had a debrief session to review and agree findings. The key findings of the inspection were outlined to the following clinic representatives:

Ms D Graham	- Manager/Chief Executive
Ms S Dineley	- Ward Sister level 2
Ms L Richardson	- Ward Sister level 1
Ms L Watt	- Infection Prevention and Control Nurse

Audit scores and compliance levels are not given at this feedback session, as the audit tool requires to be quality assured before final results are issued.

The inspection team wishes to thank the staff of the Ulster Independent Clinic who willingly facilitated this visit, and responded constructively during the feedback session.

2.1 Main Findings

This section discusses the main findings of the inspection giving a collective overview of areas visited under each section of the audit tool. Each section begins with references or good practice statements. The findings are first formatted into bullet points that give a detailed account of the findings for individual wards and departments (Appendix 1). The full report is agreed by all members of the team and then forwarded to the Ulster Independent Clinic.

2.2 Areas Visited

The following table outlines the scores achieved by each section of the audit tool.

UIC	January 2011 Level 1	January 2011 Level 2
Environment	91	84
Linen	91	93
Waste	88	88
Sharps	95	90
Patient Equipment	79	91
Hand Hygiene	93	90
Kitchen	97	N/A
Clinical Practice	88	86
Average score	90	89

Level of Compliance

Green	-	Compliant 85% or above
Amber	-	Partial compliance 76% - 84%
Red	-	Minimal compliance 75% or below

2.3 Environment and Facilities

Areas Visited	Level 1	Level 2
Scores	91	84

Introduction

Good hygiene is an integral and important component of the overall strategy for preventing health care associated infections.

The environment must be visibly clean, free from dust and soilage and acceptable to patients, their visitors and staff.

Reference: The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007).

Main Findings

The Ulster Independent Clinic is located in South Belfast and is registered to provide care for 74 in-patients.

The clinic is governed by a Board of Directors. Miss D. Graham is the Matron and Chief Executive and Mrs T. Barron is the Assistant Matron. The hospital provides inpatient/outpatient medical, surgical and paediatric services. Phase 3 of the hospital development plan is now operational and has provided additional patient rooms including theatre, administration areas and storage facilities, X-ray screening room and MRI unit and an area for visitors to sit and avail of refreshments.

The inspectors noted the incorporation of the new extension into the original building and services has been successful. A refurbishment programme of some of the older features of the building is currently under way which will include repair to damaged doors and walls, replacement of carpet with impermeable flooring and the upgrading of sanitary areas.

The unit has a bright welcoming reception area leading to both outpatients services and an in patient care bed area. The inspection focused on Level 1 which is a Day Procedure Unit and Level 2 which provides care for patients requiring a longer post operative stay. All bedrooms are provided with en-suite facilities.

In this section of the audit tool, Level 1 achieved a compliant score and Level 2 a partially compliant score. Rooms were bright and spacious and the standard of cleaning was very good throughout.

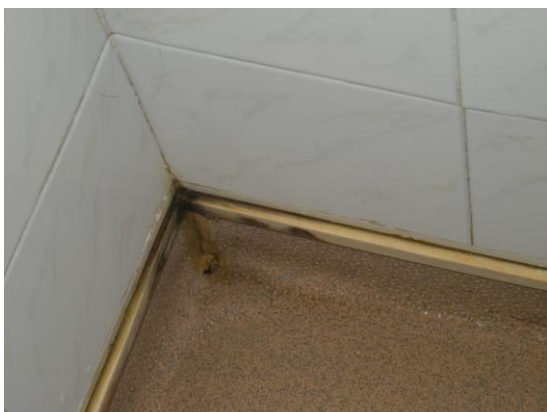


Level 2 Clean en-suite prepared for new patient



Level 2 Toilet seat sealed with tape to indicate it had been cleaned

The cleaning and the environmental facilities on Level 1 were found to be of a high standard. There are still some improvements required however as there was clutter and supplies on the floor in the clinical and clean room, which is a barrier to the effective cleaning of these rooms. The radiators in some bedrooms were dusty and the pull cords in the en-suites were grubby. In the domestic store near theatres, the door was unlocked and cleaning chemicals were stored openly on shelves. This does not comply with COSHH regulations.



Level 2 Worn and discoloured finish in shower room

The partial compliance score on Level 2 mainly reflects the three areas in need of refurbishment, the bathroom, shower room and dirty utility room in Wing B. The bathroom was in poor decorative order, the vinyl flooring was damaged and split, a wall tile was broken and the side of the bath panel had a hole in it. The shower room was clean but in poor decorative order, mould was observed on the lower section of the wall.

Inspectors were informed that this shower room was rarely used as all bedrooms are en-suite, however on the day of the inspection it had been used by a patient. This area has been scheduled for refurbishment in the next six to nine months. In the bathroom a number of bath mats were piled on top of a shower chair, and there was no waste bin available for the disposal of used paper towels.

In the dirty utility room in Wing B, the laminate finish on the cupboards and drawers was missing in places, wall tiles around the sink were missing or damaged, the equipment sink was old and worn and a build up of lime scale was noted on the taps. Particular care is required to ensure that lime scale is removed from taps and fittings as recent evidence has shown that lime scale may harbour biofilms and the build up of limescale can interfere with good cleaning and disinfection by masking and protecting pathogens. The room had open shelving and items such as cryo cuffs were observed in an open basket. Products stored on open shelves in a dirty utility room can become contaminated; therefore consideration should be given to replacing the shelves with cupboards so that equipment or products can be stored behind closed doors. Damage was also noted to the finish of the bedpan rack, urine and catheter bag holders. Once the surface has been damaged equipment can no longer be effectively cleaned.

The door to the dirty utility room on Wing C was open. It is recommended that the door is kept closed at all times as household and clinical waste awaiting collection for disposal were stored in this room and a secured sharps box was noted on the floor. The room was cluttered, numerous glass vases were stored on the floor under the sink and a mixture of clinical and cleaning products were stored on the shelf unit above the wash hand sink. This room also has open shelves where open bags of incontinence pads were being stored. The same risks for contamination apply here as noted in Wing B dirty utility room. A bed pan rack was not available, bed pans were stored on top of the bed pan washer, the surface of the bedpans was scuffed and worn therefore can not be effectively cleaned. The clinic's representatives stated they were currently trying to source new bed pans that both fit on a rack and are compatible with the bed pan washer.

Another area which required refurbishment was the domestic store on Wing B. The store was small, did not have any sluice or hand washing facilities and the vinyl floor was in poor repair. Domestic staff share the dirty utility room with nursing staff.

On Wing C, the recently refurbished dirty utility room was currently being used to store the domestic trolleys. It was not operational as water supplies had yet to be connected. This is a good facility which was not being used to its best potential; consideration should be given for the future use of this area

2.4 Handling and Disposal of Linen

Areas Visited	Level 1	Level 2
Scores	91	93

N.B. More staff practice was observed and therefore assessed on Level 2 this accounts for discrepancies in the scores.

Introduction

The provision of an adequate laundry service is a fundamental requirement of direct patient care.

Guidelines for these arrangements are set out in HSG (95) 18.

The Health and Safety at Work legislation outlines obligations related to the protection of staff that handle and launder linen.

"The Dress Code Policy" DHSSPS requires Trust to put in place arrangements for the laundering of staff uniforms".

Main Findings

The inspectors observed good staff practice in relation to the handling and disposal of linen. Gloves and aprons were worn appropriately when dealing with used linen resulting in a compliant score in both areas. There were no posters displayed on the segregation of linen and all linen, including contaminated linen in alginate bags, was disposed into blue linen bags. Staff were following the Clinic's policy for the disposal of foul or infected linen which was to place linen in a water alginate bag which is then placed into a blue bag. As these bags were not labelled and were soluble, leakage was possible. The clinic should consult with the linen contractor to ensure that no staff are at risk during the handling or transportation process.

2.5 Waste Handling and Disposal

Areas Visited	Level 1	Level 2
Scores	88	88

Introduction

The safe segregation, handling, transport and disposal of waste can, if not properly managed, present risks to the health and safety of staff, patients, the public and the environment. The key legislation pertaining to healthcare organisations are broadly defined under the following legislation guidance:

- *"The Waste Collection and Disposal Regulations (NI) 1992"*
- *"The Waste and Contaminated Land (NI) Order 1997"*
- *"The Controlled Waste Regulation (NI) 2002"*
- *"The Hazardous Waste Regulations (NI) 2005"*
- *"Health Technical Memorandum 07:01 Safe Management of Healthcare Waste"*

The overall management of waste within the facility was not reviewed, the inspection focused on observations at ward and department level.

Main Findings

In this section of the audit tool, both wards achieved compliance. Risk factors identified related to the incorrect disposal of IV medicine bottles into a magpie box on Level 1 and waste bags attached to a linen skip on Level 1 and a drugs trolley in Level 2.



Level 1 IV medication in magpie box

2.6 Safe Handling and Disposal of Sharps

Areas Visited	Level 1	Level 2
Scores	95	90

Introduction

The safe handling and disposal of needles and other sharp instruments should form part of the overall strategy for clinical waste disposal to protect staff, patients and visitors from exposure to blood borne pathogens. *Reference:* The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007).

A report from Health Protection Agency in 2006 noted that needlestick injury had increased by 49 per cent in three years even though such exposures are largely preventable. *Reference:* Health Protection Agency "Eye of the Needle". United Kingdom Surveillance of Significant Occupational Exposure to Blood Borne Viruses in Health Care Workers.

Main Findings

This section achieved a good compliance score in both levels. In both areas sheathed needles were observed in sharps bins, the inspectors were unsure if the needles had been used and re-sheathed. On Level 1 the inspectors noted inappropriate disposal of paper waste, used dressings and unused needles in sealed packaging into the sharps bins. This is costly waste disposal practice for the Clinic. On Level 2 the temporary closure mechanism on the sharps bins was not in place.

2.7 Patient Equipment

Areas Visited	Level 1	Level 2
Scores	79	91

Introduction

Medical devices and items of equipment that are shared may act as a receptacle by which microorganisms are transferred between patients that may result in infection.

All these devices must therefore be decontaminated between patient use. Depending on the item of equipment used decontamination will include cleaning, which may be followed by disinfection, or sterilisation and manufacturing instructions must be followed.

Reference: "The Northern Ireland Infection Prevention and Control Manual" (2008).

"Directive 93/42 EEC" implemented into law by the Medical Device Regulation 2002 in general covers the Management of medical devices.

Main Findings

In this section Level 1 was partially compliant and Level 2 was compliant. Both levels had three common areas which need to be addressed, mattresses audits were not carried out, laryngoscopes blades were stored out of their packaging on the resuscitation trolley and staff were unaware of the need for a declaration of decontamination certificate before equipment is sent for maintenance, repair or servicing.

The additional risk factors identified for Level 1 which resulted in a partial compliance score were that single use ambu bags and masks on the resuscitation trolley were stored exposed. There was no clearly defined, detailed daily cleaning schedule in place for nursing staff with regard to the cleaning of patient equipment and staff spoken with were unsure of the correct dilution rate of disinfectants for blood spillages. Cleaning and disinfectant chemicals were stored in the unlocked domestic store used by the contract cleaners. All chemicals should be stored in compliance with COSHH regulations.

2.8 Hand Hygiene

Areas Visited	Level 1	Level 2
Scores	93	90

Introduction

Compliance with the correct hand hygiene procedures is crucial to the prevention of health care associated infections. Hands are the most common route of transmission therefore hand hygiene is the single most effective measure that can be taken to prevent the spread of infection.

Cross-transmission or the transfer of micro-organisms between people which occurs directly via hands or indirectly via an environment surface such as a commode or wash

bowl and overviews of epidemiological evidence conclude that hand-medicated cross transmission is a major contributory factor in the current infection threats to patients. *Reference:* The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007).

In Northern Ireland the "*Clean your hands*" campaign highlights the significance that the Department of Health and Social Services and Public Safety place on effective hand hygiene.

Main Findings

The compliance score is a good reflection of the hand hygiene practices observed on the day of the inspection. All staff observed washed their hands or used hand gel to sanitise their hands in line with the World Health Organisations hand washing guidance and the five moments of care.



Level 2 hand sanitizer unit at reception for public use

A number of areas were identified for improvement. On Level 1 a filter on the plughole of a hand washing sink was dirty and stained. On Level 2 the sink in the clinical room on Wing C does not conform to HTM 64 as it has both a plug and an overflow. A nail brush was observed on the hand washing sink in the dirty utility room and on both levels the taps in the clinical areas were wrist and not elbow operated or automated.

A review of the hand hygiene posters displayed should be undertaken to ensure they reflect the most up to date guidance as issued by the Health Protection Agency as a mix of 6 step and 10 step posters was observed.

2.9 Kitchens

Areas Visited	Level 1	Level 2
Scores	97	N/A

Introduction

Good hygiene and food safety practices and informed staff are vital in the preparation, storage, distribution and service of food.

Health care facilities have a legal obligation to comply with the provisions and requirements of food hygiene legislation. The key legislation is:

- "The Food Safety (Northern Ireland) Order 1991"
- "The Food Safety (General Food Hygiene) Regulations (Northern Ireland) 1995"
- "The Food Safety (Temperature Control) Regulations (Northern Ireland) 1995"

Main Findings

The kitchen on Level 2 was not assessed on this visit.

The inspectors commended the kitchen area on Level 1. It was an example of a well organised kitchen, clean, neat, tidy and good hygiene practices were observed. One risk factor identified concerned the scoop for the ice machine which was not stored in a lidded container.

2.10 Clinical Practices

Areas Visited	Level 1	Level 2
Scores	88	86

Introduction

This section of the audit covers the use of Personal Protective Equipment (PPE), and includes a few questions to cover some aspects of care relating to enteral feeding, catheter care, peripheral intravenous lines and isolation. The general questions include staffs' awareness of the E-learning infection control programme and Regional Infection Prevention and Control Manual.

The questions do not cover all aspects of care but can give some indication that appropriate infection control measures are in place.

The use of Personal Protective Equipment is based on legislation "*Personal Protective Equipment at Work Regulations (Northern Ireland) 1993*".

Insertion of invasive devices presents a risk of infection; also many patients requiring these devices have underlying conditions, which make them more susceptible to infection. *Reference:* The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007) and the Regional Infection Prevention and Control Manual.

Main Findings

Good compliance was noted in this section, however wall mounted Personal Protective Equipment (PPE) dispensers, for disposable aprons and gloves, were only available in one wing on each level. Staff reported that additional PPE stations had been ordered and were waiting installation. The clinic had a range of leaflets, but did not have any on common infections and although staff had access to the regional on line infection control manual they did not have access to the e-learning infection control programme.

2.11 Additional Observations

Although not part of the audit some additional observations were made which may impact on cleanliness, infection control or patient safety.

These are listed in Appendix 1 and should be included in the Action Plan.

2.12 Good Practice

As part of the inspection areas of good practices were highlighted.

These are listed in Appendix 1.

2.13 Recommendations

Areas of non-compliance for each area are detailed in Appendix 1. The facility is expected to develop an improvement plan to ensure appropriate steps are taken to address each point of non-compliance. The improvement plan should be submitted to the RQIA within two weeks of receiving the report. Further visits will be undertaken in the future to ascertain the action taken to address the recommendations of the inspection.



The **Regulation** and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

UNANNOUNCED INSPECTION

ULSTER INDEPENDENT CLINIC

24 JANUARY 2011

NOTES:

The details of the Quality Improvement plan were discussed with the Manager, Ward Sister level 1, Ward Sister level 2 and the Infection Prevention and Control Nurse as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Independent Healthcare Regulations (NI) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients and residents.

The Registered Provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be signed below by the Registered Provider and Registered Manager and returned to:

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

SIGNED: _____

SIGNED: _____

NAME: _____
(print) REGISTERED PROVIDER

NAME: _____
(print) REGISTERED MANAGER

Ulster Independent Clinic - Level 1

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Environment General	15(7)	C18 C22	1.	In bedrooms 108, 109, the interior of the radiator covers and the internal fins of the radiators were dusty	Level 1 in conjunction with Estates Manager	The radiators in both rooms have now been cleaned.	Action complete
			2.	In the corridor waiting refurbishment, some doors are damaged and wood exposed	Level 1 in conjunction with Estates Manager	Doors repaired/replaced as part of on-going maintenance programme.	On-going
			3.	Pull cords were grubby in the en-suites toilets examined	Domestic staff and Estates Dept	Pull cords cleaned regularly with detergent/alcohol wipes and replaced where necessary.	On-going
Clinical Room/ Clean Store			4.	In the clinical room of the extension, three boxes of IV fluids were stored on the floor impeding cleaning of the floor	Level 1 staff.	Staff reminded to avoid over-stocking.	Action complete
			5.	In the clean store, the room was cluttered with black cases containing equipment and boxes of theatre equipment stored on the floor	Theatre	Provide additional storage racks for storing equipment	In progress
			6.	Inappropriate storage of a Christmas tree was noted in the clean store	Theatre	This has now been removed	Action complete
Domestic Store			7.	In the domestic store near theatres, the door was unlocked and cleaning chemicals were stored openly on shelves breaching COSHH regulations	Domestic staff	All chemicals have been removed to the main Domestic store. Staff reminded to keep door locked.	Action complete and on-going
			8.	Domestic staff questioned reported they did not wear aprons for wet work	Domestic staff	All staff to wear aprons when cleaning shower and bathroom areas	Immediate and on-going

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
<u>Handling and Disposal of Linen</u>	15(7)	C22	9.	There was no poster displayed on the segregation of linen and all linen, including contaminated linen in alginate bags, is disposed into blue linen bags	Level 1 staff Infection Control Sister	Soiled linen is currently placed into blue PVC bag. Foul/infected linen is first placed into water soluble bag and then into PVC bag. This system is acceptable to laundry service provider. This will be reviewed with the introduction of new HTM on management and handling of linen.	On-going
<u>Departmental Waste Handling and Disposal</u>	15(7)	C18.21	10.	Empty vials of IV Paracetamol and IV Flucloxacillin were disposed into a magpie bin in the clinical room	Clinical Staff on Level 1	Reminder to staff regarding correct disposal of waste. Magpie boxes removed from clinical rooms. New waste disposal posters in clinical rooms and sluices.	Immediate and on-going
			11.	Small plastic bags containing disposable aprons were tied onto the linen skips	Level 1 staff	Glove and apron dispensers to be mounted on walls in corridor.	Action complete
<u>Safe Handling and Disposal of Sharps</u>	15(7)	C23	12.	Sheathed needles were observed in sharps bins, the inspectors were unsure if the needles had been used and re-sheathed. There was also inappropriate disposal of paper waste, used dressings and unused needles in sealed packaging into the sharps bins	Clinical staff on Level 1	Reminder and reinforcement of Sharps policy.	Immediate and on-going
<u>Management of Patient Equipment (General)</u>	15(7)	C20 C21 C22	13.	There was no clearly defined, detailed daily cleaning schedule in place for nursing staff	Level 1 staff	Schedule is available and staff reminded to sign same when cleaning complete.	Immediate and on-going

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
			14.	Mattress audits are not carried out	Level 1 staff	A mattress audit was carried out by Huntleigh in 2009. Mattresses are checked annually as part of the ICNA audit by the Infection Control Sister. The integrity of the mattresses and covers are checked when being cleaned after each patient discharge and monthly when mattresses are routinely turned. Practice has been revised in line with MDA/2010/002.	Immediate and on-going
			15.	The single use ambubags and masks on the resuscitation trolley were stored exposed	Level 1 staff	Ambubags and masks to be placed in plastic covers.	Action complete
			16.	Laryngoscope blades were stored out of their packaging	Level 1 staff	Reusable laryngoscope blades, blades are stored in a plastic cover.	Action complete
			17.	Staff questioned were unsure of the correct dilution rate of disinfectants for blood spillages	Level 1 staff & Infection Control Sister	Dilution charts are available for reference in all Domestic stores. Further training has been provided by Infection Control Sister.	Immediate and on-going
			18.	Actichlor plus was stored in the unlocked domestic store used by contract cleaners	Domestic staff	Actichlor removed and locked in main Domestic Store.	Action complete
	15(7)	C20 C21 C22	19.	Staff were unaware of the need for a declaration of decontamination form before equipment is sent for maintenance, repair or servicing	Level 1 & Infection Control Sister	Staff have been reminded of the policy regarding this contained in the Infection Control Manual.	Immediate and on-going

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
<u>Hand Hygiene</u>	15(7)	C18 C23	20.	In room 109, the removal filter in the plughole of the hand washing sink was dirty and stained	Infection Control Sister & Maintenance staff	All filters have been removed.	Action complete
			21.	Taps in the clinical rooms were wrist operated and in the clinical room on the old side limescale was present on the tap	Domestic & Maintenance staff	Limescale has been removed. Alternative taps will be included in budget.	Action complete Next budget year
<u>Ward /Departmental Kitchens</u>	15(7)	C19.7	22.	The scoop for the ice machine was not stored in a lidded container	Level 1 staff & Catering staff	Lidded container is available and staff reminded to use same.	Action complete
<u>Clinical Practices</u>	15(7)	C13 C22	23.	Wall mounted PPE dispensers were only available in one wing. Staff reported that additional PPE stations had been ordered and were waiting installation	Maintenance staff	PPE stations to be mounted on walls as soon as possible.	Action complete
			24.	Information leaflets for patients on common infections were not available	Level 1 & Infection Control Sister	These leaflets are available in Outpatients Dept. Additional copies obtained for Level 1	Action complete
			25.	Staff do not have access to the e-learning infection control programme	Infection Control Sister & I.T. Dept	All infection prevention and control training is part of the mandatory training provided by the Clinic for all staff. With the introduction of an intranet, e-learning may be considered. Currently pandemic flu information is available in all clinical areas.	On-going

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
<u>Additional Issues</u>	15(7)	C18 C22	26.	The large portable suction machine in the corridor was dusty	Level 1 Sister	Suction machine and attachments have been cleaned and checked.	Action complete
			27.	The older section of the ward has carpeted areas. Staff report that there is a rolling programme for carpet replacement with washable impermeable flooring	Maintenance	Carpet will be replaced when refurbishment is carried out.	Next budget year
	15(7)	C18 C22	28.	There was a mixture of hand washing posters, some had the 6-step, some had a 10-step instruction procedure	Infection Control Sister	Hand hygiene posters are all updated to the 10-step procedure.	Action complete
			29.	Disposable gloves are stored in the en-suite toilets. Staff report they are for use when assisting patients with personal hygiene. The storage of PPE in a potentially dirty area is not good practice	Level 1 staff Infection Control Sister	This will be addressed once the PPE dispensers have been installed.	On-going staff education
<u>Areas of Good Practice</u>				The disinfection policy has a section which highlights to staff the effectiveness of particular cleaning agents on bacteria, fungus, viruses etc			
				There are good visual triggers on medication expiry dates for staff to reference			
				The hand washing facilities in each bedroom are well presented			
				The atmosphere in the ward was calm and relaxing			
				An ECOLAB representative is to visit the ward in February for advice and guidance to staff on the use of Actichlor plus			

Ulster Independent Clinic - Level 2

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale					
Environment	15(7)	C18 C22	1.	In a bedroom spot checked, it was noted that the finish on a wooden chair was worn therefore it cannot be effectively cleaned	Level 2 Sisters & Management	There is an ongoing furniture replacement programme.	On-going					
General			2.	The bathroom in wing B was in poor decorative order, the vinyl flooring was damaged and split, a wall tile was broken and the side of the bath panel had a hole in it. The inspectors were informed that this room is rarely used and was scheduled for refurbishment in the next six to nine months. The shower room in wing B was clean but in poor decorative order mould was observed on the lower section of the wall. This room is also scheduled for refurbishment	Management & Estates Dept	All rooms on Level 2 have ensuite facilities. The bathroom is not used. The shower room will be decommissioned once the new facilities are ready for use. Mould to be removed.	6-9 months Action complete					
Bathrooms/ Toilets								3.	In the bathroom in wing B a number of bath mats were piled on top of a shower chair	Level 2 staff	As this bathroom is seldom used, staff have been using it for additional storage. Bath mats have been removed	Action complete
								4.	There was no waste bin in the bathroom for the disposal of used paper towels	Level 2 staff	A waste bin is available should the bathroom need to be used.	As required
								Clinical Room/ Clean Store	5.	In the clinical room wing C notices had been attached to cupboard doors and walls with adhesive tape	Level 2 staff	All notices have been replaced with laminated ones fixed to doors with Blu-tac.
6.			Notices were taped to the door of the drugs fridge	Level 2 staff	All notices have been replaced with laminated ones fixed to doors with Blu-tac.	Action complete						
7.			The drugs trolley at the nurses station in wing C had a plastic bag	Level 2 staff	Alternative waste receptacle has been provided and staff	Immediate & on-going						

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
				taped to it, the bag should be removed once a round had been completed		reminded accordingly.	
Dirty Utility Wing C	15(7)	C18 C22	8.	The door to the dirty utility room was open, this room is used to store household and clinical waste awaiting collection for disposal, a secured sharps box was noted on the floor, it is therefore recommended that the door be kept closed at all times	Level 2 & Portering staff	Staff reminded that this door should be kept closed at all times..	Immediate and on-going
			9.	The room was cluttered, numerous glass vases were stored on the floor under the sink	Level 2 Sisters & Maintenance Dept	Storage to be reassessed.	On-going
			10.	The room has open shelves and open exposed incontinence pads were observed, the shelf unit above the wash hand sink was cluttered with personal products access equipment should not be stored in dirty utility areas or should in an enclosed cupboard	Level Sisters, Maintenance Dept & Management	Storage to be reassessed and cupboards erected where possible.	On-going
			11.	Bed pans were stored on top of the bed pan washer, the surface of the bed pans was scuffed and worn therefore the pans could not be effectively cleaned	Assistant Matron & Infection Control Sister	Replacement bedpans to be sourced.	Action complete
Dirty Utility Wing B			12.	The room had open shelves and items such as cryo cuffs were observed in an open basket	Level 2 Sisters & Maintenance Dept	Storage to be reassessed.	On-going
			13.	The finish on the frame work of the bed pan rack, urine bottle and catheter bags was split and damaged	Level 2 Sisters & Asst Matron	Bedpan rack to be replaced.	Included in next budget year

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
			14.	A bed pan which was stored as clean was stained	Level 2 staff	Bedpans must be checked when removed from bedpan washer to ensure they are clean.	Immediate and on-going
			15.	The equipment sink was old and worn, a build up of lime scale was noted on the taps	Domestic staff	Appropriate de-scaling agent to be used to clean this.	Action complete
			16.	Wall tiles around the sink were missing or damaged	Estates Dept	Repair work has been completed	Action complete
			17.	An apron dispenser was available but aprons had been crammed into it, which did not allow easy access	Level 2 staff	Flat packs and rolls of aprons are available for use in dispensers. Staff to ensure use of appropriate pack.	Immediate and on-going
	15(7)	C18 C22	18.	A large wooden box is used for holding crutches, the wood on the box needs to be sealed	Maintenance Dept	Sealant to be applied.	2 months
			19.	The laminate finish on the cupboards and drawers was missing in places	Maintenance Dept & Management	Refurbishment of Sluice to be included in next year's budget	Next budget year
Domestic Store			20.	The floor of the cleaning store in wing B was coming away from the wall	Maintenance Dept & Management	Refurbishment of Sluice to be included in next year's budget	Next budget year
			21.	Mop buckets and sieves were dirty and the buckets were not stored inverted	Domestic staff	These were left from previous cleaning system were not currently being used and have been disposed of.	Action complete
			22.	Cleaning staff did not wear plastic apron for wet work	Domestic staff	Domestic staff to wear plastic aprons and gloves when cleaning bathrooms and showers.	Immediate & On-going
<u>Handling and Disposal of Linen</u>	15(7)	C22	23.	There was no poster displayed on the segregation of linen and all linen, including contaminated linen in alginate bags, is disposed into blue linen bags	Level 2 staff & Infection Control Sister	Soiled linen is currently placed into Blue PVC bag. Foul/infected linen is first placed into water soluble bag and then into PVC bag. This system is acceptable to	On-going

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
						laundry service provider. This will be reviewed with introduction of new HTM on management and handling of linen.	
<u>Departmental Waste Handling and Disposal</u>	15(7)	C18.21	24.	A waste bag was secured to the drugs trolley	Level 2 staff	Alternative waste receptacle has been provided.	Action complete
<u>Safe Handling and Disposal of Sharps</u>	15(7)	C23	25.	Sheathed needles were observed in sharps bins, the inspectors were unsure if the needles had been used and re-sheathed	Clinical staff on Level 2	Reminder and reinforcement of sharps policy	Immediate and on-going
			26.	The temporary closure mechanism on the sharps bins was not in place	Level 2 staff	Staff reminded of Sharps policy and appropriate use of sharps boxes.	Immediate and on-going
<u>Management of Patient Equipment</u>	15(7)	C20 C21 C22	27.	Laryngoscope blades were out of there packaging and lying exposed in a drawer in the resuscitation trolley		Reusable laryngoscope blades are stored in a plastic cover.	Action complete
			28.	Staff were unaware of the need for a declaration of decontamination certificate before equipment is sent for maintenance, repair or servicing	Level 2 & Infection Control Sister	Staff have been reminded of the policy regarding this contained in the Infection Control Manual.	Immediate and on-going
			29.	Mattress audits are not carried out	Level 1 staff	A mattress audit was carried out by Huntleigh in 2009. Mattresses are checked annually as part of the ICNA audit by the Infection Control Sister. The integrity of the mattresses and covers are checked when being cleaned after each patient discharge and monthly when mattresses are routinely turned. Practice has been revised in line with	Immediate and on-going

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
						MDA/2010/002.	
<u>Hand Hygiene</u>	15(7)	C18 C23	30.	A nail brush was observed on the hand wash sink in the dirty utility room in wing C	Infection Control Sister	Nail brush disposed of.	Action complete
			31.	In the clinical room sinks do not conform to HTM 64, the sink has both a plug and overflow	Management and Estates Manager	When the sinks are due to be replaced this will be done in line with current HTM legislation.	2 years
	15(7)	C18 C23	32.	The taps in the clinical room are wrist operated	Level 2 staff	Sink available with a non-touch automatic sensor operated tap	On-going
<u>Ward/ Departmental Kitchens</u>				Not assessed on this visit			
<u>Clinical Practices</u>	15(7)	C13 C22	33.	Wall mounted PPE dispensers were only available in one wing. Staff reported that additional PPE stations had been ordered and were waiting installation	Maintenance staff	Glove and apron dispensers to be installed.	Action complete
			34.	Information leaflets for patients on common infections were not available		These information leaflets are available in Outpatients department. Additional copies obtained for Level 2	Action complete
			35.	Staff do not have access to the e-learning infection control programme	Infection Control Sister & I.T. Dept	All infection prevention and control training is part of the mandatory provided by the Clinic for all staff. With the introduction of an intranet e-learning may be considered. Currently pandemic flu information is available in all clinical areas.	
<u>Additional Issues</u>	15(7)	C18 C23		Some of the ceiling panels in wing B have been water damaged	Maintenance staff	Ceiling tiles have been replaced	Action complete
				The inspectors noted that waste is disposed into sack holders, while	Infection Control Sister	Infection control nurse has consulted with fire officer and	Action complete

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
				<p>this is not an infection control issue, an assessment of risk should be carried out to ensure that they comply with health, safety and fire requirements</p>		he has no issues with this.	
				<p>Staff are following the Clinics policy for the disposal of foul or infected linen which is to place in a water alginate bag and then into a blue plastic bag. However as these are not labeled and bags are soluble and leakage possible the clinic should consult with the linen contractor to ensure that staff are not placed at risk during the handling or transportation process</p>	<p>Level 2 staff Infection Control Sister</p>	<p>Soiled linen is currently placed into blue PVC bags. Foul/infected linen is first placed into a water soluble bag and then into a PVC bag. This system is acceptable to the laundry service provider. Linen bags are transported in large lidded bins therefore they are not handled until they have reached the laundry. This is an acceptable practice agreed with the laundry service provider. This will be reviewed with the introduction of the new HTM on management and handling of linen.</p>	On-going
	15(7)	C22		<p>Although the drainage bottles containing blood were disposed off in the correct burn box, the box was dated October 2010, according to policy these box are only replaced ever three months. As the box contained blood products, it is recommended that these box are disposed off immediately</p>	<p>Level 2 staff Infection Control Sister</p>	<p>Staff reminded of sharps container policy, i.e. dispose of after three months even if not $\frac{3}{4}$ full. Box disposed of.</p>	Action complete

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
				A dirty utility room on C wing is not operational, and is currently being used to store the domestic trolleys. This is a good facility which is not being used to its best potential; consideration should be given to making it a dedicated domestic store, as currently the dirty utility room on B wing is shared between nursing and domestic	Level 2 sisters Infection Control Sister Management	This area will be used to facilitate improvements in the dirty utility B wing	9-12months
				There was a mixture of hand washing posters, some had the 6 step, some had a 10 step instruction procedure	Infection Control Sister	Hand hygiene posters are all updated to the 10- step procedure.	Action complete
<u>Areas of Good Practice</u>				Easy wipe clean computer key boards			
				The infection control manual has been revised and is currently being produced			
				There was a good step by step guide on managing a sharps injury			
				Sharps trays with integral sharps trays were assembled ready for use			
				In the en-suite facilities once cleaning has been completed trigger tape is used to seal the toilet			