



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Royal Victoria Hospital

19 September 2013

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1.0 Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our Hygiene and Infection Prevention and Control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on the RQIA website at www.rqia.org.uk.

2.0 The Inspection Programme

A rolling programme of unannounced inspections has been developed by RQIA to assess compliance with the Regional Healthcare Hygiene and Cleanliness Standards, using the regionally agreed Regional Healthcare Hygiene and Cleanliness audit tool www.rqia.org.uk.

Inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities.

RQIA also carries out announced inspections. These examine the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice.

Unannounced inspections are conducted with no prior notice. Facilities receive six weeks' notice in advance of an announced inspection, but no details of the areas to be inspected.

The inspection programme includes acute hospital settings and other areas such as: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service; and other specialist and regulated services, as and when required. Inspections may be targeted to areas of public concern, or themed to focus on a particular type of hospital, area or process.

Further details of the inspection methodology and process are found on the RQIA website www.rqia.org.uk.

3.0 Inspection Summary

An unannounced inspection was undertaken to the Royal Victoria Hospital (RVH) on the 19 September 2013. The inspection team was made up of six RQIA inspectors, one project manager and one peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.

The RVH was previously inspected on the 17 July 2012. This was an unannounced inspection; four wards were inspected by the RQIA team. This inspection identified issues of minimal compliance within standards 2-7 of the Regional Healthcare Hygiene and Cleanliness Standards in two of the wards inspected. In line with the follow up process, an unannounced inspection was undertaken on the 27 September 2012. Overall compliance was achieved in both the wards inspected. The inspection reports of those inspections are available on the RQIA website www.rqia.org.uk.

The hospital was assessed against the Regional Healthcare Hygiene and Cleanliness Standards and the following areas were inspected:

- Ward 4D
- Ward 5C
- Ward 5F
- Ward 29

The report highlights areas of strengths as well as areas for further improvement, including recommendations.

Overall the inspection team found evidence that the Royal Victoria Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Good practices observed by the inspection team:

- Ward 5C was compliant in all seven standards.
- The RVH has well-established infection prevention and control (IPC) link nurse system.
- In Ward 5C, two patients complimented both nursing and domestic staff on the care that they had received.
- In Ward 5F, inspectors observed that staff were very attentive to the needs of patients in their care.
- Ward 29 have labelled drawers containing single use equipment with the single use sign.
- All wards within the RVH carry out routine care bundle and hand hygiene audits.
- The public toilets in the main reception of the RVH have been recently refurbished.

Inspectors found that further improvement was required in the following areas:

- Ward 4D, achieved minimal compliance in standards on the environment, patient linen, sharps management and patient equipment. The ward achieved an overall partial compliant score. Urgent and immediate attention is required to bring these standards up to a compliant level. As a result of the findings for Ward 4D, a follow up inspection will be carried out.
- Wards 5F and 29 achieved an overall compliant score however both wards achieved partial compliance in standards on the environment and the management of patient equipment. Attention is required to bring these standards to a compliant level.

The inspection of Royal Victoria Hospital, Belfast Health and Social Care Trust, resulted in **24** recommendations for Ward 4D, **23** recommendations for ward 5C, **26** recommendations for ward 5F and **20** recommendations for Ward 29. A full list of recommendations is listed in Section 12.0

Inspectors noted the following recurring themes from previous inspections:

- Inconsistent compliance with trust policies in the following areas: waste, sharps, hand hygiene and dress code policy.
- Cleaning, clutter and maintenance of the clinical environment.
- Cleaning, maintenance and repair of patient equipment.
- Staff knowledge relating to disinfectant dilution rates for the cleaning of blood and body fluids.
- The availability of COSHH data sheets.

The Belfast Health and Social Care Trust should ensure that sustained efforts are made to address recurring issues.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. (There is no longer a need to return this as an action plan). (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

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

The RQIA inspection team would like to thank the Belfast Health and Social Care Trust and in particular all staff at the Royal Victoria Hospital for their assistance during the inspection.

4.0 Overall compliance rates

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool.

The audit tool is comprised of the following sections:

- Organisational Systems and Governance
- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

The section on organisational systems and governance is reviewed on announced inspections.

Table 1 below summarises the overall compliance levels achieved. Percentage scores can be allocated a level of compliance using the compliance categories below.

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

Areas inspected	Ward 4D	Ward 5C	Ward 5F	Ward 29
General environment	68	86	77	78
Patient linen	70	96	92	91
Waste	95	93	91	95
Sharps	71	85	85	86
Equipment	70	91	77	83
Hygiene factors	94	95	89	92
Hygiene practices	90	93	90	93
Average Score	80	91	86	88

5.0 Standard 2: General Environment

For organisations to comply with this standard they must provide an environment which is well maintained, visibly clean, free from dust and soilage. A clean, tidy and well maintained environment is an important foundation to promote patient, visitor and staff confidence and support other infection prevention and control measures.

General environment	Ward 4D	Ward 5C	Ward 5F	Ward 29
Reception	54	92	N/A	N/A
Corridors, stairs lift	89	N/A	76	65
Public toilets (Male)	97	86	N/A	86
Ward/department - general (communal)	39	92	78	90
Patient bed area	60	97	98	87
Bathroom/washroom	79	77	89	79
Toilet	80	N/A	95	79
Clinical room/treatment room	40	81	78	85
Clean utility room	93	88	63	80
Dirty utility room	76	85	63	58
Domestic store	81	74	56	72
Kitchen	N/A	92	78	70
Equipment store	35	80	57	81
Isolation	83	91	95	71
General information	50	88	84	88
Average Score	68	86	77	78

The findings in the table above indicate that improvement is required in the general environment. Greater attention is required in cleaning, maintenance and repair and in maximising the use of available storage space.

At the entrance to the Royal Victoria Hospital, cigarette butts littered the ground and chewing gum deposits stained the carpet between the automatic doors. In the main reception area, greater attention is required in relation to the cleaning of high and low horizontal surfaces. The walls, flooring and ceiling were stained, dust and debris was present in corners, edges and under chairs. There were torn posters around the public telephones and the plants in the central islands were dusty, many were dead and unsightly.

Maintenance issues include: damage to the laminate finish of the reception desk, the board indicating ward levels was broken, some patients' seats were torn (Picture 1) and the revolving door remains damaged and out of order.



Picture 1: Damaged seating at main reception area

The male public toilets at the reception area have recently been fully refurbished (Picture 2), they appeared clean, fresh smelling and maintained in a good state of repair. The team was unable to inspect the female toilets as it was undergoing maintenance



Picture 2: Newly refurbished public toilets

In the corridors and stairs leading to the wards, greater effort is required in relation to cleaning and maintenance. In the corridor leading to Ward 29, external windows were stained; two window panels were missing and had been replaced with wooden panels. Cigarette butts were also noted along window sills. On level 5 corridor leading to Ward 5F, some windows were stained; flooring was damaged and repaired with heavy duty tape and wooden hand rails were worn and no longer impervious to moisture.

The issues identified within these public areas are recurring themes from previous inspections carried out on the 14 July 2011 and the 17 July 2012. A high standard of cleaning and well maintained public areas such as the reception, corridors and public toilets promote public confidence in the standards set by the hospital.

The key findings in respect of the general environment for each ward are detailed in the following sections.

Common issues to all four wards

- There was damage to paint work and plaster on walls where dispensers had been removed. Flooring was damaged and makeshift repairs were made with heavy duty tape and the wood finish on doors and frames was damaged. There was damage to the finishes on furnishings which included shelving, cupboards, desks, chairs and patient bed rails.
- Greater attention to detail when cleaning high and low horizontal surfaces is required. The most notable issues include: dust and stains on walls, floors, skirting, windows, air vents, cupboards, shelving and radiators.
- With the exception of Ward 5C, areas of the wards were cluttered. This was especially evident in the clinical rooms and equipment storage rooms in Wards 4D and 5F and the dirty utility room in Ward 29. The level of storage capacity in these rooms does not satisfy current levels of stock and equipment, this has resulted in these areas being cluttered and untidy.
- Cleaning schedules in Wards 29 and 5F were not consistently recorded, the schedule in Ward 5C required more detail and the schedule in Ward 4D was unavailable during the inspection.
- NPSA colour coding posters were not displayed for staff to reference.

Ward 4D

An overall minimally compliant score was achieved in the environment section of the audit tool. The standard of maintenance and cleaning within this ward was poor and immediate attention is required to address the many issues identified.

- The clinical room and the equipment store were extremely cluttered in appearance. In both these areas, equipment and supplies are stored with no definite plan or pre-arranged order (Picture 3). The clinical room was filled with specialised electrical equipment as the equipment storage room had an insufficient number of available power points. The equipment storage room was being used for multi-purposes which included: storage of broken bedside lockers, a staff cloakroom and a COSHH chemicals storage cupboard. Overstocked shelving, cupboards and the levels of equipment in these rooms have prevented effective cleaning which was especially evident in difficult to access areas. Floors were extremely dusty and grossly stained, there was blood splashing on the wall of the clinical room and high level horizontal surfaces in both rooms were extremely dusty.



Picture 3: Disorganised storage of equipment

- The toilet/shower room within the male bay was inspected after it had just been cleaned by staff. Inspectors found that there was faecal staining to the underside of the toilet roll dispenser and the toilet bowl and the underside of the shower chair were stained. A cigarette butt had been pushed into the crevice of the toilet roll dispenser, and a number of communal items were present. There was also a continuous running of water into the hand wash sink that could not be turned off by the taps.
- A range of information for staff, patients and visitors was not available. NPSA colour coding guidelines were not displayed for nursing staff or domestic staff. Hand hygiene leaflets were not available for visitors and the only hand hygiene poster displayed for staff and visitors to reference was a 6-step poster located at the clinical hand wash station within the male bay. COSHH data sheets both for nursing and domestic staff were unavailable during the inspection. Information on hand hygiene and the environmental cleanliness of the ward were not displayed publicly and the notice boards available were of a felt material.

Ward 5C

An overall compliant score was achieved in the environment section of the audit tool for Ward 5C. The ward was generally clean and well maintained however further attention to detail regarding cleaning and maintenance is required in the domestic store, patient washroom and equipment store.

- There was some dust on high and low level surfaces in the domestic room and the equipment store. In the patient washroom, the underside of the toilet seat and patient handrails were stained, the shower fixture and the glass panels of the shower cubical were rusted.
- Maintenance issues included, holes in the plasterwork of the domestic and equipment store and some minor chipped paintwork throughout the ward.

Ward 5F

An overall partial compliant score was achieved in the environment section of the audit tool. The areas that require immediate action to bring this standard to compliance include the clean utility room, dirty utility room, domestic store and equipment.

- Clutter and the level of stock in Ward 5F have directly impacted on cleaning. This was particularly evident in the clinical room, dirty utility room, treatment room and equipment store. Boxes of equipment were stored on floors; overstocked shelving and cupboards prevented effective cleaning especially in difficult to access areas. Dust and debris were noted on floors, inside high density storage units and on shelving. The pharmaceutical fridge in the clinical room was overstocked and the fridge was visibly stained (Picture 4)



Picture 4: Overstocked and stained pharmaceutical fridge

- In the dirty utility room, sanitary ware was old and worn, the sluice hopper was dirty and there was lime scale around the taps. In the domestic store, the hand washing sink was stained, the plug hole was dirty and there was lime scale around the taps.

Ward 29

An overall partial compliant score was achieved in the environment section of the audit tool. The areas that require immediate action to bring this standard to compliance include the dirty utility room, domestic store, kitchen and an isolation room.

- The dirty utility room was cluttered; it contained large euro bins, a large redundant laundry chute and filled linen bags awaiting collection. Fixtures and fittings within the room were old and worn and there were areas of exposed wood which prevented effective cleaning. This was similar within the kitchen where the equipment sink and work surface was old and worn and bare wood was exposed. In the dirty utility room the sluice bowl and shelving brackets were rusted.

- Inspectors noted that the standard of cleaning of an isolation room was poor. Dust and stains was evident in high and low surfaces throughout the room, the patient's locker was grubby, door touch points were dirty, sink taps were dirty and a fan was dusty. There were also splash marks on a mirror, television screen and the frame of the bedside table.

6.0 Standard 3: Patient Linen

For organisations to comply with this standard, patient linen should be clean, free of damage, handled safely and stored in a clean and tidy environment. The provision of an adequate laundry service is a fundamental requirement of direct patient care. Linen should be managed in accordance with HSG 95(18).

Patient linen	Ward 4D	Ward 5C	Ward 5F	Ward 29
Storage of clean linen	58	91	83	88
Storage of dirty linen	81	100	100	94
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	70	96	92	91

The above table outlines the findings in relation to the management of patient linen. All wards achieved compliance in the management of patient linen with the exception of ward 4D. Ward 4D achieved minimal compliance in this standard, immediate action is required to bring this standard to compliance.

Common issues to all four wards

- In wards 4D and 29, linen bags were stored on the floor of the linen store and the paintwork of linen skips were chipped.
- The laminate finish on the linen shelves in Ward 5C was chipped and damaged and the linen shelves in Ward 5F were dusty.
- The floor of the linen store in Ward 4D was grossly stained with dust and debris and there was dust noted under the linen shelves in Ward 5F.

Ward 4D

- Linen was stored untidily on shelves. The room was cluttered with inappropriate items; a hairdryer, patient handling aids and absorbent pads.
- Linen bags stored in the dirty utility room were over two thirds filled.

Ward 5C

No further issues identified

Ward 5F

- In the linen room store a stored mattress and the protective cover of a pillow were stained.

Ward 29

- Boxes of disposable gowns were stored on the linen room floor.

7.0 Standard 4: Waste and Sharps

For organisations to comply with this standard they must ensure that waste is managed in accordance with HTM07-01 and Hazardous Waste (Northern Ireland) Regulations (2005). The safe segregation, handling, transport and disposal of waste and sharps can, if not properly managed, present risks to the health and safety of staff, patients, the public and the environment. Waste bins in all clinical areas should be labelled, foot operated and encased. This promotes appropriate segregation, and prevents contamination of hands from handling the waste bin lids. Inappropriate waste segregation can be a potential hazard and can increase the cost of waste disposal.

Waste and sharps	Ward 4D	Ward 5C	Ward 5F	Ward 29
Handling, segregation, storage, waste	95	93	91	95
Availability, use, storage of sharps	71	85	85	86

7.1 Management of Waste

The above table indicates that all wards achieved compliance in handling, segregation, storage of waste. All wards with the exception of ward 4D, achieved compliance in the availability, use, and storage of sharps. Ward 4D achieved minimal compliance in this standard, immediate action is required to bring this standard to compliance. Issues identified for improvement in this section of the audit tool were:

Common issues to all four wards

- With the exception of Ward 5F, household and /or clinical waste had been disposed of into sharps boxes.
- The lids on the household waste bins in wards 4D and 5C were rusted and a number of waste bin lids in Ward 5F were stained with tape residue.

Ward 4D

No further issues identified

Ward 5C

No further issues identified

Ward 5F

- Staff used their hands to lift waste bin lids instead of using the foot pedal.

Ward 29

- The purple lidded burn bin was filled above the fill line.
- The euro bins in the dirty utility room were not locked.

7.2 Management of Sharps

The above table indicates that Ward 4B minimally compliant in this standard and required immediate action to bring this stand to compliance. The issue identified for improvement in this section of the audit tool was:

Common issues to all four wards

- The temporary closure mechanisms were not always deployed when sharps bins were not in use.
- Not all sharps bins were labelled correctly with date, signature or department, as required by trust policy.
- With the exception of Ward 5C, sharps trays we're not routinely cleaned after use. This was significantly evident in Ward 4D where all six trays inspected were stained.
- The sharps bins on the resuscitation trolleys in wards 5F and 4D were not secured and had contents present.

Ward 4D

- The sharps bin in the clinical room was being used to store a tympanic thermometer.

Ward 5C

No further issues identified.

Ward 5F

No further issues identified.

Ward 29

- A Formby hook instrument was protruding from a sharps box and the aperture was unable to close.

8.0 Standard 5.0: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated. The Northern Ireland Regional Infection Prevention and Control Manual, states that all staff that have specific responsibilities for cleaning of equipment must be familiar with the agents to be used and the procedures involved. COSHH regulations must be adhered to when using chemical disinfectants.

Any ward, department or facility which has a specialised item of equipment should produce a decontamination protocol for that item. This should be in keeping with the principles of disinfection and the manufacturer's instructions.

Patient equipment	Ward 4D	Ward 5C	Ward 5F	Ward 29
Patient equipment	73	91	77	83

The above table indicates that the only ward to achieve compliance in this standard was Ward 5C. Ward 5F and Ward 29 achieved partial compliance and Ward 4D, achieved minimal compliance. Immediate and on-going action is required to address the issues identified below.

Issues common to all wards

- Greater attention to detail is needed in the cleaning of shared patient equipment. Some items were dusty, stained and had paper labels attached.
- Stored equipment in Wards 29 and 5F was dusty and trigger tape was not in use to identify if equipment had been cleaned.
- With the exception of Ward 5C, patient sanitary and continence equipment including wash bowls, bedpans, urinals and catheter stands were damaged, stained and not stored appropriately.
- Items of equipment on the resuscitation trolleys in Wards 4D and 5C were dusty. In Ward 5F, Magill's forceps and a laryngoscope blade were not stored in their sterile packaging.
- With the exception of Ward 5C, ANTT trays were stained and not routinely cleaned after use.

Ward 4D

- Two commodes identified as clean with trigger tape attached, were stained with faecal matter.
- There were a notable number of items of patient equipment that were blood stained. Items include: the sonosite ultrasound machine, oxygen

saturation probe, ANTT trays, the arterial blood gas analyser (Picture 5) and a patient roller board.



Picture 5: Blood stained blood gas analyser

- Single use oxygen connectors were observed drying in the clinical room after being rinsed by staff.

Ward 5C

No further issues identified.

Ward 5F

- Oxygen and nebuliser masks hanging above patients' beds were uncovered when not in use.
- A patient catheter bag was observed lying on the floor.

Ward 29

No further issues identified.

9.0 Standard 6: Hygiene Factors

For organisations to comply with this standard they must ensure that a range of fixtures, fittings and equipment is available so that hygiene practices can be carried out effectively.

Hygiene factors	Ward 4D	Ward 5C	Ward 5F	Ward 29
Availability and cleanliness of wash hand basin and consumables	96	94	96	86
Availability of alcohol rub	100	96	84	93
Availability of PPE	100	100	79	100
Materials and equipment for cleaning	79	91	96	89
Average Score	94	95	89	92

The above table indicates that all wards achieved compliance in this standard; however action is needed to address the issues identified below.

Common issues to all four wards

- The ratio of dedicated accessible hand hygiene facilities in some of the multi-bedded rooms (Bays) in wards 29 and 5F was 1:6. This does not comply with guidance in HBN 04-01, where a ratio of 1:4 is recommended.



Picture 6: Lime-scale on nozzle of tap

- Increased effort is required in the cleaning and maintenance of sinks and taps. In Ward 4D, the taps in the male shower room were broken, the flow of water could not be turned off and there was lime scale around the outlet. In Ward 5C, the taps in the clean utility room were worn and tarnished and had lime-scale present (Picture 6). In Ward 29, the hand wash sink in one of the single rooms was dirty and the hand wash sink in the dirty utility room had a plug and an overflow present.

- In Wards 4D and 5C, disinfectant chemicals were not stored as per COSHH guidance. In Ward 4D a container identified as a hazardous chemical was on the floor of the equipment store beside the COSHH cabinet; a bottle of actichlor plus was on the work top in the dirty utility room without a lid. In Ward 5C, actichlor plus tablets were stored in an unlocked domestic cupboard.
- Alcohol hand rub dispensers were empty at the entrance to Wards 29, 5C and 5F. In Ward 5F the number of alcohol hand rub dispensers was insufficient for the size of the ward. In Ward 4D, a liquid soap dispenser was not available at the clinical hand wash sink in the dirty utility room and the soap dispenser in the pharmacy room was broken.
- Materials used in the general cleaning of the wards were not always clean and well maintained. In Ward 4D, two burnishers, a vacuum cleaner with a broken handle and a cleaning trolley were all dusty. There was a dedicated mop and bucket held in the dirty utility room in Ward 5C, the mop head was wet and soiled; the bucket was dirty. In Ward 29, mop buckets and the cleaning trolley stored in the domestic store were dusty in crevices and the mop wringers were rusted. In Ward 5F, a makeshift repair with tape had been made to the vacuum cleaner pole.

Ward 4D

- Cleaning equipment was draining in the hand wash sink in the domestic store.

Ward 5C

No further issues identified.

Ward 5F

- Access to a hand washing sink was blocked by stacked boxes in the clinical room.

Ward 29

No further issues identified.

10.0 Standard 7: Hygiene Practices

For organisations to comply with this standard they must ensure that healthcare hygiene practices are embedded into the delivery of care and related services.

Hygiene practices	Ward 4D	Ward 5C	Ward 5F	Ward 29
Effective hand hygiene procedures	89	100	81	100
Safe handling and disposal of sharps	100	86	83	100
Effective use of PPE	100	100	100	100
Correct use of isolation	N/A	100	N/A	85
Effective cleaning of ward	78	80	95	80
Staff uniform and work wear	85	93	93	93
Average Score	90	93	90	93

The table indicated good compliance with this standard in all four wards however issues were identified that require improvement in staff knowledge and practices.

Common issues to all four wards

- In Wards 4D and 5C, COSHH data sheets were not available for all staff to reference.
- With the exception of Ward 4D, members of nursing staff were unaware of the NPSA colour coding system.
- Not all staff members complied with the trust or Regional Dress Code policy. In Ward 4D, two medical staff members were observed wearing stoned rings and in Ward 5C, a member of the medical staff was wearing pearl earrings.
- In Wards 5F and 5C, re-sheathed needles were observed in sharps boxes.
- In Ward 29, members of nursing staff were unaware of the correct dilution rate for the disinfectant in use for blood and body fluid spillages. In Ward 5C, a member of nursing staff was unaware of the correct procedure to follow in relation to the removal of a blood spill.

Ward 4D

No further issues identified.

Ward 5C

No further issues identified.

Ward 5F

- A used cannula removed from a patient, was observed hanging from the end of an intravenous giving set on a drip stand.
- Patients were not offered hand hygiene facilities prior to meals.
- Inspectors observed that some members of staff did not perform hand hygiene prior to serving meals and staff when using alcohol hand rub did not carrying out a 7 step hand hygiene technique.

Ward 29

- A MRSA care pathway was inconsistently recorded.

Additional issues

Ward 4D

- The resuscitation trolley checklist was unavailable during the inspection.

Ward 5C

- Audit scores were displayed at the entrance to the ward. Hand hygiene audit scores on the 2 September 2013 were 80 per cent; staff advised that audits were being carried out fortnightly. Staff should consult with the trust infection prevention and control staff and review if audits should be increased in frequency in line with trust policy. The inspection team also noted that audit scores for Environmental cleaning were dated May 2013.
- All medicine cupboards were unlocked; this issue was brought to the attention of the nurse in charge and addressed immediately.
- The inspectors were informed that despite notices at clinical hand wash sinks, the practice of nursing staff emptying patients' wash bowls down clinical hand wash sinks still continues.
- The inspectors raised two issues in relation the dignity of a confused female patient in a bed. The patient was restless, moving arms and legs and was uncovered for a significant period of time. The patient had been served a meal on a tray. The bedside table where the meal tray was placed had been pushed aside. A member of staff asked the patient "have you finished" the tray was removed from the patient who was unable to respond to the question. The notice at the patient's bed

indicated the patient may have had difficulty in eating, however no support with eating or drinking was observed by inspectors.

Ward 5F

- Over the last month there had been issues with staffing levels due to vacancies, sick leave and annual leave. Staff feel that this has impacted on **the their** ability to provide appropriate care.

Ward 29

- In the clinical room there were two tablets on the floor beside the burn bin. These tablets were disposed of immediately by the ward manager.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- Mrs E Colgan - Head of Programme, Infection Prevention/Hygiene Team
- Mr T Hughes - Inspector, Infection Prevention/Hygiene 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
- Mr S O'Connor - Dental Inspector, RQIA
- Ms H Hamilton - Project Manager RQIA
- Ms K Tierney - Peer Reviewer

Trust representatives attending the feedback session

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

- Mr C Cairns - Co-Director PCSS
- Ms R Byrne - Acting Co-Director Unscheduled Care
- Ms K Jackson - Co-Director-Child Health, Dental & ENT
- Mr B Armstrong - Co-Director Acute Services
- Ms C Leckey - Assistant Service Manager Medicine RVH Site
- Ms T Flanagan - Acting Ward Sister Ward 4D
- Ms N Scott - Senior Manager PCSS
- Mr C Bradley - Service Manager ENT
- Ms R Jenkins - Assistant Service Manager ENT-
- Ms K Hughes - Assistant Service Manager ED/ Acute Medicine
- Ms E McDonald - Fracture Services Manager RVH
- Ms H Jackson - Acting Service Manager Cardiology
- Ms M Reid - Acting Clinical Co-ordinator Cardiology
- Ms L Campbell - Staff Nurse Ward 5C
- Mr J Ravey - RVH Estate Services
- Ms T McGonagle - Governance Manager Acute Services
- Ms A McAuley - Governance Manager ENT & Fractures
- Ms N Vincent - Governance & Quality Manager – Unscheduled Care
- Ms C Kearns - PCSS WBH Operations Manager RVH
- Ms M Robinson - PCSS WBH Operations OPC/ ENT
- Ms O Boyd - PCSS Head of Service WBH
- Ms I Thompson - Lead Nurse IPC
- Ms J McKeown - Infection Prevention & Control Nurse
- Ms U McGivern - Ward Sister 5F
- Ms T Kennedy - Service Manager Unscheduled Care
- Ms P Sterling - Sister Interventional Radiology

Apologies:

- Ms B Creaney - Director of Nursing & User Experience
- Mr D Robinson - Co-Director Nursing & User Experience
- Ms L McBride - Co-Director PCSS

12.0 Summary of Recommendations

Recommendation for General Public Areas

1. The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.

Recommendations: Ward 4D

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
5. NPSA colour coding posters should be displayed for domestic and nursing staff to reference.
6. The availability and accessibility of IPC information should be reviewed for staff, patients and visitors.
7. Ward key performance data should be displayed for public viewing.
8. Notice boards in clinical areas should be of a wipeable material to allow effective decontamination.

Standard 3: Linen

9. Staff should ensure that linen store rooms are clean, tidy, and free from inappropriate items and fixtures and fittings are maintained in a good state of repair.
10. Staff should ensure that linen skips are not overfilled as per trust guidance.

Standard 4: Waste and Sharps

11. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
12. Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.
13. Integral sharps trays and ANTT trays should be routinely cleaned after use.
14. Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.
15. Staff should ensure that sharps bins are only used for the purpose of disposal of sharps.

Standard 5: Patient Equipment

16. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.
17. Staff should ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed.

Standard 6: Hygiene Factors

18. Ward staff should ensure chemicals are stored in line with COSHH guidance.
19. Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.
20. Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.
21. Ward staff should ensure that hand wash sinks are accessible at all times.

Standard 7: Hygiene Practices

22. COSHH data sheets should be made available for the disinfectants used by nursing and domestic staff.
23. All staff should ensure they comply with the trust dress code policy.

Additional Issues

24. Staff should ensure that the resuscitation trolley checklist is available for staff to reference.

Recommendations: Ward 5C

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
3. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
4. NPSA colour coding posters should be displayed for domestic and nursing staff to reference.

Standard 3: Linen

5. Staff should ensure that linen store rooms are clean, tidy and fixtures and fittings are maintained in a good state of repair.

Standard 4: Waste and Sharps

6. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
7. Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.
8. Integral sharps trays and ANTT trays should be routinely cleaned after use.
9. Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.

Standard 5: Patient Equipment

10. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.

Standard 6: Hygiene Factors

11. Ward staff should ensure chemicals are stored in line with COSHH guidance.
12. Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.
13. Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.

Standard 7: Hygiene Practices

14. COSHH data sheets should be made available for disinfectants used by nursing and domestic staff.
15. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
16. All staff should ensure they comply with the trust dress code policy.
17. Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.
18. Staff should ensure that needles are not re-sheathed as per trust policy.

Additional Issues

19. Staff should ensure that hand wash stations are only used for the purpose of hand washing.
20. Staff should ensure that medicines are stored safely and securely in line with regional guidance.
21. Staff should ensure that the dignity and privacy of patients are maintained at all times.
22. Ward nursing staff should ensure that patients that require assistance to eat and drink are provided with adequate support. Nursing staff have a key role in ensuring that inpatients receive adequate nutrition and hydration.
23. Ward staff should ensure that audit scores displayed are up to date and trust policy followed when practices have not achieved a compliant score.

Recommendations: Ward 5F

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
5. NPSA colour coding posters should be displayed for domestic and nursing staff to reference.

Standard 3: Linen

6. Staff should ensure that linen store rooms are clean, tidy and fixtures and fittings are maintained in a good state of repair.

Standard 4: Waste and Sharps

7. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
8. Staff should ensure that foot operated bins are used correctly.
9. Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.
10. Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.

Standard 5: Patient Equipment

11. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.
12. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.
13. Sterile single use items should remain in their packaging until ready for use.

14. Ward staff should ensure that oxygen and nebuliser masks when not in use at the patient's bedside are covered.
15. Ward staff should ensure that trust guidance is followed for the management of urinary catheters.

Standard 6: Hygiene Factors

16. Ward staff should ensure chemicals are stored in line with COSHH guidance.
17. Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.
18. The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.
19. Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.
20. Ward staff should ensure that hand wash sinks are accessible at all times.

Standard 7: Hygiene Practices

21. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
22. Staff should ensure that needles are not re-sheathed as per trust policy.
23. Staff should ensure that all patients are offered the facility for hand hygiene before and after meals.
24. Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.
25. Ward staff should ensure that trust guidance is followed for the management and disposal of intravenous devices.

Additional Issues

26. The trust should review the ward staffing levels to ensure that all aspects of patient care are maintained.

Recommendations: Ward 29

Standard 2: Environment

1. Staff should ensure that surfaces are clean and free from dust and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff

Standard 3: Linen

5. Staff should ensure that linen store rooms are clean, tidy and fixtures and fittings are maintained in a good state of repair.

Standard 4: Waste and Sharps

6. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
7. Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.
8. Integral sharps trays and ANTT trays should be routinely cleaned after use.
9. Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.
10. Staff should ensure that sharps boxes are not overfilled as per trust guidance.
11. Staff should ensure that waste awaiting collection on the ward is stored securely.

Standard 5: Patient Equipment

12. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.

Standard 6: Hygiene Factors

13. Ward staff should ensure chemicals are stored in line with COSHH guidance.
14. Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.
15. The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.
16. Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.

Standard 7: Hygiene Practices

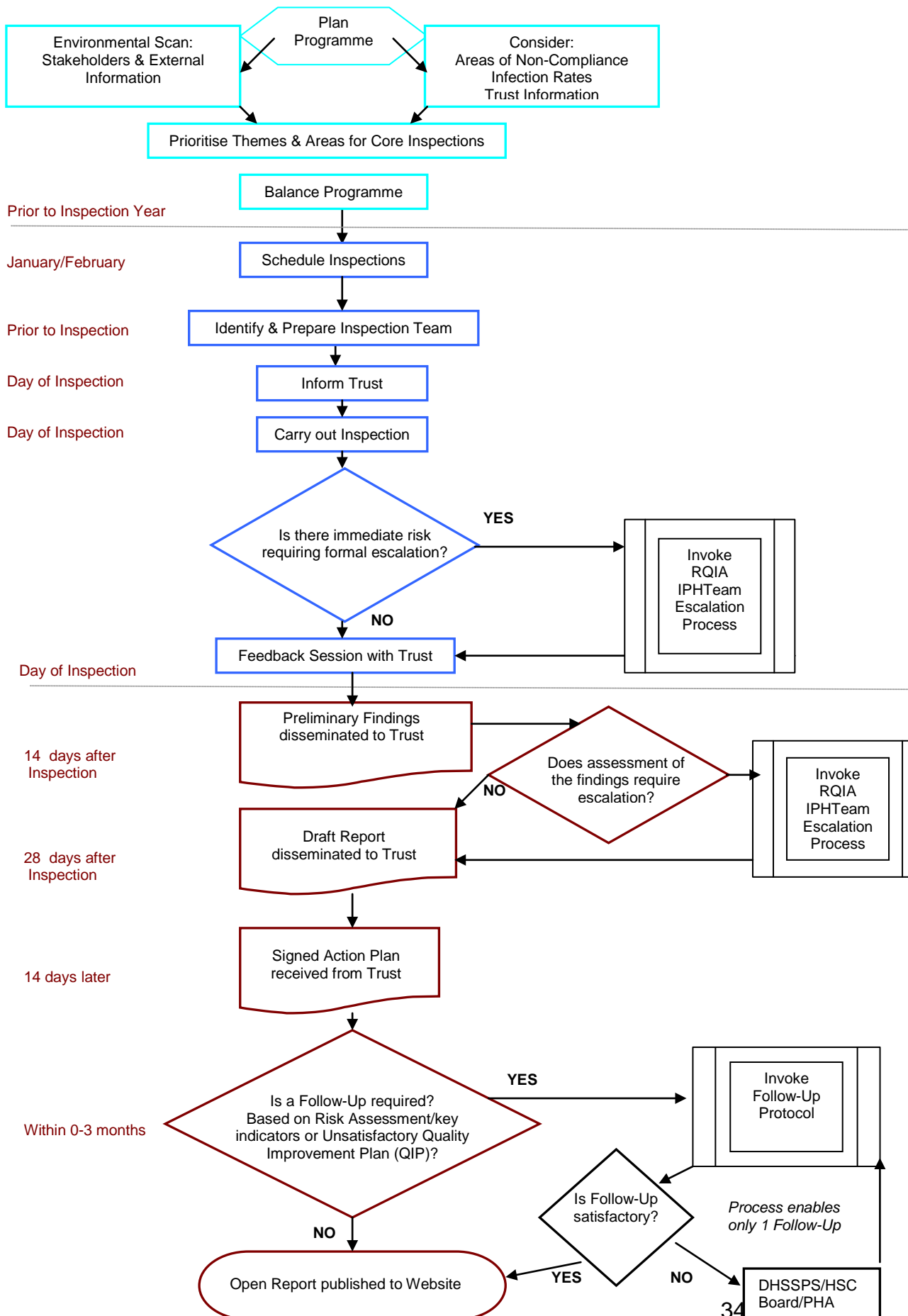
17. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
18. Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.
19. Ward staff should ensure that MRSA care pathways are fully completed.

Additional issues

20. Staff should ensure that medicinal products are stored safely and securely in line with trust and regional guidance.

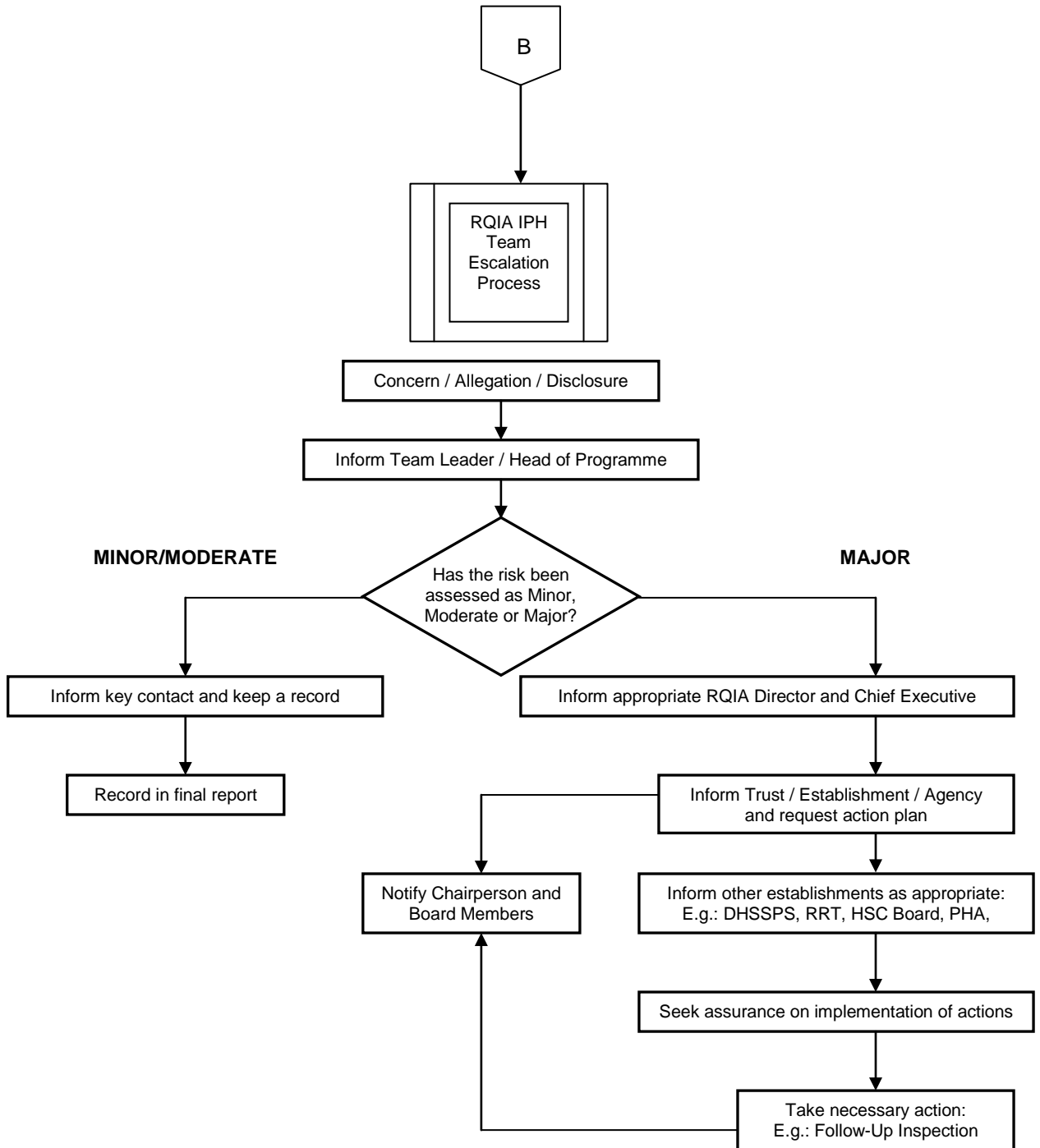
13.0 Unannounced Inspection Flowchart

Plan Programme
Episode of Inspection
Reporting & Re-Audit



14.0 RQIA Hygiene Team Escalation Policy Flowchart

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Ref number	Recommendation	Designated department	Action required	Date for completion/ timescale
Recommendation for General Public Areas (Main reception, public toilets, corridors, stairs and lifts)				
1	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	PCSS Estates	<p>Front Reception/circulation areas - Cleaning schedules in place and supervisors have been instructed to ensure compliance with frequency and method of tasks. Wooden Planters have been removed, and damaged entrance revolving doors are due to be replaced prior to Christmas. Area to be painted. New seating to be purchased to replace damaged seating.</p> <p>Ward 4D - Cleaning schedules in place which identify responsible staff member. Environmental audits undertaken with feedback to Ward Sister.</p> <p>Ward 5C - Ward areas have been repainted. Floor areas have been scrubbed and burnished. Sofa in reception replaced.</p> <p>Ward 5F - Cleaning schedule in place with PCSS. Environmental audits are completed with feedback provided to the Ward Sister. Furnishings reviewed and replaced as necessary.</p> <p>Ward 29 - Staff have been advised that as and when they identify any failing in the general</p>	Complete and ongoing

Ref number	Recommendation	Designated department	Action required	Date for completion/ timescale
			<p>appearance of the public areas within the ward that they should address these immediately and/or raise this with the ward sister.</p> <p>Any fixtures or fittings should also be highlighted to the ward sister where replacement or funding for replacement is necessary.</p>	

Ref number	Recommendations to Ward 4D	Designated Department	Action required	Date for completion / timescale
Recommendations: Ward 4D Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust and stains.	Nursing/ PCSS	<p>Cleaning schedules in place which identify responsible staff member.</p> <p>Ward staff have been met and audit results and action required discussed. Work schedules have been reissued and frequency of tasks highlighted.</p> <p>Nursing and PCSS teams are aware of their responsibilities through staff meetings. Documentation is recorded which provides evidence that staff have completed their tasks.</p>	Complete
2.	A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	PCSS/ Estates/ Nursing	Weekly environmental audits to monitor and identify any estates and/or outstanding estates / maintenance work.	Complete
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	<p>De-clutter arrangements in place. Respiratory storage room newly equipped.</p> <p>Clinical areas shelved appropriately in order in avoid areas looking cluttered.</p>	Complete
4.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	Cleaning schedules maintained in ward folder which identify the responsible staff member. Staff sign when work completed.	Complete

			The ward sister has responsibility to check cleaning schedules. Weekly environmental cleanliness audits by the PCSS team supervisors are ongoing. Monthly PCSS managerial audits are also ongoing.	
5.	NPSA colour coding posters should be displayed for domestic and nursing staff to reference.	Nursing PCSS	NPSA posters displayed in ward sluice area, domestic store, and clinical rooms.	Complete
6.	The availability and accessibility of IPC information should be reviewed for staff, patients and visitors.	Nursing IPC	<p>IPC information available in staff information folder. IPC link nurse attends link nurse meetings and feeds back to staff. Use of posters to identify potential IPC precautions required. Team safety brief and nursing handover reports.</p> <p>This information is available on the patient information board which is now located at the entrance to the ward. These are laminated leaflets. There is information to direct patients to request any required information in relation to same. Team safety briefs and nursing handover reports provide a forum for the sharing of this information. Any patients requiring barrier nursing will have an A4 laminated poster identifying precautions which should be adhered to by nursing and medical staff, as well as visitors (family, carer or friends).</p>	Complete

7.	Ward key performance data should be displayed for public viewing.	Nursing	KPI information is now displayed in area visible to members of the public.	Complete
8.	Notice boards in clinical areas should be of a wipeable material to allow effective decontamination.	Nursing	All noticeboards are wipeable to allow for decontamination.	Complete
Standard 3: Linen				
9.	Staff should ensure that linen store rooms are clean, tidy and fixtures and fittings are maintained in a good state of repair.	Nursing	Guidance provided to nursing staff to increase awareness in relation to tidiness of linen store. Environmental audits to monitor and alert Estates team regarding any repairs that may be required.	Complete
10.	Staff should ensure that linen skips are not overfilled as per trust guidance.	Nursing	Guidance provided for nursing staff to increase awareness in relation to filling of linen skips.	Complete
Standard 4: Waste and Sharps				
11.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	Staff reminded of clinical waste management and segregation of such waste. Staff have attended training. The ward sister has overall responsibility to ensure that staff are compliant with Trust policy. The ward sister monitors compliance in this regard.	Complete
12.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.	Nursing	Staff reminded of clinical waste and sharps management, and that temporary closure mechanisms are to be used between uses. Recorded on team safety brief.	Complete

			The ward sister is responsible for ensuring that practices within the ward are compliant with Trust guidance. Staff members who demonstrate non-compliance are challenged and practices monitored.	
13.	Integral sharps trays and ANTT trays should be routinely cleaned after use.	Nursing	Staff have had ANTT training and aware that all ANTT trays should be routinely cleaned between use. The ward sister monitors practice within the ward and provides instant feedback to staff.	Complete
14.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.	Nursing	Sharps box on resuscitation trolley is secured and changed after each use. Sharps box has a sign which identifies use during an 'arrest' only. Recorded on Staff safety brief.	Complete
15.	Staff should ensure that sharps bins are only used for the purpose of disposal of sharps.	Nursing	Some staff have had clinical waste management training, other staff to attend. Action plan in place.	30 Nov 2013
Standard 5: Patient Equipment				
16.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	Cleaning schedules in place. Staff reminded to use trigger tape to identify clean equipment which is ready	Complete

			for use. Cleanliness of equipment is monitored daily by the ward sister or the nurse-in-charge. Weekly PCSS environmental cleaning audits also monitor cleanliness of equipment either in use or whilst stored.	
17.	Staff should ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed.	Nursing	Staff reminded that all single-use equipment is disposed of after use by each patient.	Complete
Standard 6: Hygiene Factors				
18.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Nursing	All COSHH chemicals are now stored appropriately in COSHH cupboard. COSHH folder available with completed risk assessments.	Complete
19.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.	Nursing PCSS Estates	Cleaning schedules in place. Environmental audits completed to identify any estates issues regarding repairs and maintenance. Staff awareness of maintenance	Complete
20.	Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.	PCSS	PCSS cleaning schedule available to PCSS staff. Cleaning equipment changed daily and stored appropriately in ward. Supervision by Domestic Supervisor.	Complete

			Cleaning schedule reissued to PCSS staff. Staff reminded to store equipment appropriately in ward. Equipment was cleaned and where necessary replaced with new items. Supervisors to check daily.	
21.	Ward staff should ensure that hand wash sinks are accessible at all times	Nursing	Staff awareness to ensure easy access to hand wash sinks. No obstructions	Complete
Standard 7: Hygiene Practices				
22.	COSHH data sheets should be made available for the disinfectants used by nursing and domestic staff.	Nursing	COSHH data sheets maintained in COSHH folder and accessible to all staff.	Complete
23.	All staff should ensure they comply with the trust dress code policy.	Nursing PCSS	All staff reminded of dress code policy. Information recorded in Ward Sister Support, Implementation and Accountability Framework (SIAF) documentation.	Complete
Additional Issues				
24.	Staff should ensure that the resuscitation trolley checklist is available for staff to reference.	Nursing	Resuscitation checklist is available for all staff. Record maintained of daily resuscitation trolley checks and signed by responsible member of staff.	Complete

Reference number	Recommendations to Ward 5C	Designated Department	Action required	Date for completion / timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust and stains.	PCSS Estates	1 workbench replaced awaiting date for second one to be replaced (treatment room). Ward staff have been met and audit results and action required discussed. Work schedules have been reissued and frequency of tasks highlighted	30 Nov 2013
2.	A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates	Estates aware and working through replacement programme.	30 Nov 2013
3.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	Trust cleaning schedule available for staff outlining staff responsibilities completed and audited by senior staff. Trust cleaning schedule has been incorporated into ward daily cleaning regime. Each week ward sister carries out spot checks to ensure cleaning schedule is being completed.	Complete
4.	NPSA colour coding posters should be displayed for domestic and nursing staff to reference.	PCSS	Posters displayed in Domestic store and sluice area.	Complete

Standard 3: Linen				
5.	Staff should ensure that linen store rooms are clean, tidy and fixtures and fittings are maintained in a good state of repair.	Nursing Estates	Works number raised and shelf has been measured awaiting date for shelf replacement from estates.	30 Nov 2013
Standard 4: Waste and Sharps				
6.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	<p>Staff awareness raised at site safety briefings daily.</p> <p>Waste segregation poster are displayed in the clean and dirty utility rooms all waste bags are tagged with a ward specific tag before leaving the ward area. This enables the waste for the area to be audited by the company responsible for collecting and disposing of waste. All bins on the ward are labelled to show what waste can be placed in receptacle. All new staff will attend waste disposal training as part of induction.</p>	Complete
7.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.	Nursing	<p>Staff awareness raised at site safety briefings daily.</p> <p>As part of ward cleaning schedule sharps boxes on the ward are checked daily to ensure they are signed and dated. Closing mechanisms are checked at end of each shift to ensure closure mechanisms are deployed. All staff to attend infection prevention control update as part of mandatory training.</p>	Complete

8.	Integral sharps trays and ANTT trays should be routinely cleaned after use.	Nursing	<p>Staff reminded at weekly team meetings to clean sharps and ANTT trays after use.</p> <p>All ANTT and sharps trays are now tagged ticker tape when clean and ready for use. All new staff are trained in ANTT as part of induction. Update sessions are planned for all ward staff.</p>	Complete
9.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.	Nursing	Sharps box now secured to resuscitation trolley and changed according to policy.	Complete
Standard 5: Patient Equipment				
10.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	<p>Staff reminded to use ticker tape to identify clean equipment.</p> <p>New lids & bedpans ordered for commodes.</p> <p>Bedpans have arrived and commode lids are awaited.</p> <p>Cleaning of commodes is part of the ward daily cleaning schedule. Spot checks carried out daily by ward sister/nurse-in-charge to ensure equipment clean. Cleaning schedule checked and signed of each week by ward sister. If any gaps are noted this is raised with the staff member who was responsible for that part of the schedule to ensure future compliance.</p>	<p>Complete</p> <p>30 Nov 2013</p>

Standard 6: Hygiene Factors				
11.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	PCSS Nursing	Chemicals now stored in locked cupboard	Complete
12.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.	PCSS Estates	Limescale on taps removed. Where this was not possible, taps have been replaced. New sink ordered for treatment room.	30 Nov 2013
13.	Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.	PCSS Nursing	Staff reminded at staff briefings to ensure that all cleaning equipment is clean and in a good state of repair. The domestic store is undergoing refurbishment. The stainless steel sink unit is being removed and being replaced by a cupboard. This will ensure stock items are stored off the floor and are shielded from splashes. Equipment is cleaned and where necessary replaced with new items.	Complete
Standard 7: Hygiene Practices				
14.	COSHH data sheets should be made available for disinfectants used by nursing and domestic staff.	PCSS Nursing	Data sheets now available in domestic store. COSHH folder now available in staff room.	Complete
15.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	PCSS Nursing	Staff awareness raised at pre-shift briefings and poster now available in sluice.	Complete

16.	All staff should ensure they comply with the trust dress code policy.	PCSS Nursing	Staff awareness raised at pre-shift briefings and staff challenged if non-compliant.	Complete
17.	Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.	PCSS Nursing	Staff awareness raised at pre-shift briefings and staff challenged if non-compliant. Actichlor dilution rate posters are on display in all the dirty utility rooms. Blood spillage kit is stored in the sluice. An update for staff is provided during infection prevention control mandatory update.	Complete
18.	Staff should ensure that needles are not re-sheathed as per trust policy.	Nursing	Staff awareness raised at pre-shift briefings and staff challenged if non-compliant.	Complete
Additional Issues				
19.	Staff should ensure that hand wash stations are only used for the purpose of hand washing.	Nursing	Staff awareness raised at pre-shift briefings and staff challenged if non-compliant.	Complete
20.	Staff should ensure that medicines are stored safely and securely in line with regional guidance.	Nursing	Staff reminded of regional guidance and importance of adherence to same.	Complete
21.	Staff should ensure that the dignity and privacy of patients are maintained at all times.	Nursing	Staff awareness raised at ward team meetings and staff reminded of Trust policy.	Complete

22.	Ward nursing staff should ensure that patients that require assistance to eat and drink are provided with adequate support. Nursing staff have a key role in ensuring that inpatients receive adequate nutrition and hydration.	Nursing PCSS	Procedures are now in place to ensure staff are kept informed of which patients require assistance with meals, and food charts recorded where necessary.	Complete
23.	Ward staff should ensure that audit scores displayed are up to date and trust policy followed when practices have not achieved a compliant score.	Nursing	New noticeboard in place and audit scores are updated monthly.	Complete

Ref number	Recommendations to Ward 5F	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust and stains.	PCSS & Nursing	Ward staff have been met with and audit results and action required discussed. Work schedules have been reissued and frequency of tasks highlighted. Supervisor to ensure cleaning schedules are adhered to and general vigilance maintained. Ward Sister to carry out weekly audits and raise any issues at daily handovers and staff meetings.	Complete
2.	A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates	Estates have contracted for redecoration of ward areas. During this visit Ward 5F was being repainted. Estates have also contractors working on white rock wall protection. Damaged furniture removed and new replacement items requisitioned.	Complete
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	PCSS & Nursing	Storage areas reviewed and excess equipment and stock have been removed. Areas de-cluttered.	Complete
4.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	Schedules have been updated and reviewed. Weekly audits carried out by Ward Sister.	Complete
5.	NPSA colour coding posters should be displayed for domestic and nursing staff to reference.	PCSS	Posters now in place. Awareness raised within PCSS and nursing teams.	Complete

Ref number	Recommendations to Ward 5F	Designated department	Action required	Date for completion/ timescale
Standard 3: Linen				
6.	Staff should ensure that linen store rooms are clean, tidy and fixtures and fittings are maintained in a good state of repair.	Nursing & Estates	General de-cluttering and tidying of linen room has been carried out by nursing staff. Estates have carried out remedial works on broken shelving.	Complete
Standard 4: Waste and Sharps				
7.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	PCSS, Nursing, MDT	General awareness raised by Ward Manager at handover reports and via ward audits regarding management of waste disposal.	Complete
8.	Staff should ensure that foot operated bins are used correctly.	PCSS, Nursing, MDT	General awareness raised across MDT by Ward Manager at handover reports and via ward audits	Complete
9.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.	Nursing	General raised by Ward Manager at handover reports and via ward audits Ward Sister carrying out regular audits of sharps boxes.	Complete
10.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.	Nursing	Ward Sister auditing compliance. Correct size of sharps box supplied on resus trolley.	Complete
Standard 5: Patient Equipment				
11.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	Cleaning schedule includes all equipment and frequency of cleaning. Any	Complete

Ref number	Recommendations to Ward 5F	Designated department	Action required	Date for completion/ timescale
			equipment in a poor state of repair is requisitioned for replacement. Weekly audits carried out and issues raised daily at handover reports and staff meetings.	
12.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing	Ward Sister has raised awareness with all nursing staff regarding this issue and will be carrying out regular audits regarding trigger tape use.	Complete
13.	Sterile single use items should remain in their packaging until ready for use.	Nursing	Staff awareness has been raised by Ward Manager at handover reports and via ward audits regarding this issue.	Complete
14.	Ward staff should ensure that oxygen and nebuliser masks when not in use at the patient's bedside are covered.	Nursing	Staff awareness has been raised regarding this issue by Ward Manager at handover reports and via ward audits and Ward Sister is carrying out regular audits.	Complete
15.	Ward staff should ensure that trust guidance is followed for the management of urinary catheters.	Nursing	Staff awareness regarding this issue raised by Ward Manager at handover reports and via ward audits	Complete
Standard 6: Hygiene Factors				
16.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	PCSS & Nursing	Staff awareness raised regarding this issue by Ward Manager at handover reports and via ward audits. PCSS managers and Ward Sister are monitoring this requirement.	Complete

Ref number	Recommendations to Ward 5F	Designated department	Action required	Date for completion/ timescale
17.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.	PCSS, Nursing & Estates	Ward Sister, PCSS Manager and Estates have reviewed availability of these items and replaced as required. Work schedules have been reissued and frequency of tasks highlighted.	Complete
18.	The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.	Estates	Service Manager is liaising with Estates Projects Department regarding feasibility of adding additional sinks.	31 Jan 2014
19.	Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.	PCSS	Staff awareness raised by Ward Manager at handover reports and via ward audits and on-going monitoring by PCSS Managers. Equipment was cleaned and where necessary replaced with new items.	Complete
20.	Ward staff should ensure that hand wash sinks are accessible at all times.	PCSS & Nursing	General de-cluttering around sink areas has been undertaken to facilitate access.	Complete
Standard 7: Hygiene Practices				
21.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing	General awareness raised with ward nursing staff by Ward Manager at handover reports and via ward audits.	Complete
22.	Staff should ensure that needles are not re-sheathed as per trust policy.	Nursing	Awareness raised amongst nursing and medical staff by Ward Manager at handover reports and via ward audits.	Complete

Ref number	Recommendations to Ward 5F	Designated department	Action required	Date for completion/ timescale
			General monitoring by Ward Sister.	
23.	Staff should ensure that all patients are offered the facility for hand hygiene before and after meals.	Nursing, PCSS	Individual hand wipes are available at ward level and are issued by PCSS staff at meal times.	Complete
24.	Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.	Nursing, PCSS, Medical, MDT	All personnel made aware of this requirement. Staff reminded at team meeting the importance of complying with these requirements. Hand hygiene is a mandatory training requirement and further information is available via e-learning.	Complete
25.	Ward staff should ensure that trust guidance is followed for the management and disposal of intravenous devices.	Nursing, Medical	General awareness raised by Ward Manager at handover reports and via ward audits within ward area by the Ward Sister. Deficits in training will be addressed via the Nurse Development Lead and staff facilitated with time out for training as necessary.	Complete
Additional Issues				
26.	The trust should review the ward staffing levels to ensure that all aspects of patient care are maintained.	Nursing	Ward staffing levels are being actively reviewed by the service and senior management.	Ongoing

Reference number	Recommendations to Ward 29	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that surfaces are clean and free from dust and stains.	PCSS/ Ward Sister	All areas have cleaning schedules in place which are audited.	Complete
2.	A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	PCSS/ Ward Sister/ Assistant Service Manager/ Service Manager	<p>Ward area currently being refurbished and painted in various areas.</p> <p>Exception reports are used during cleanliness audits and major estates work is highlighted. Estates work is completed in line with existing budgets. This is planned with Estates and depending on the cost and time required to complete, funding will be applied for through the Capital Funding Application process within the Trust.</p> <p>Staff have been advised that any damaged furniture should be removed from use and funding should be sought for replacement as and when required.</p>	<p>31 Dec 2013</p> <p>Complete and ongoing</p>
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Ward Sister/ Assistant Service Manager/ Service Manager	Due to limited space, storage arrangements are being reviewed along with stock levels of equipment and supplies currently being held on the ward.	30 Nov 2013

4.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Ward Sister/ Assistant Service Manager	Nursing cleaning schedules are available and updated. All staff have been advised of their responsibilities and that they must recorded and detail all work carried out cleaning equipment etc. The schedules are audited by senior staff from within the service.	30 Nov 2013
Standard 3: Linen				
5.	Staff should ensure that linen store rooms are clean, tidy and fixtures and fittings are maintained in a good state repair.	PCSS/ Ward Sister	In addition to the action outlined in Recommendation 4, the ward is also investigating the installation of additional shelving in the linen store.	31 Dec 2013
Standard 4: Waste and Sharps				
6.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	PCSS/ Ward Sister	Staff have been advised of their responsibilities in relation to ensuring waste is disposed of into the correct waste stream in accordance with Trust policy.	Complete
7.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses.	Ward Sister/ Assistant Service Manager	Staff have been advised of their responsibilities in relation to ensuring sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between uses in accordance with Trust policy.	Complete

8.	Integral sharps trays and ANTT trays should be routinely cleaned after use.	Ward Sister/ Assistant Service Manager	Staff have been advised of their responsibilities in relation to ensuring integral sharps trays and ANTT trays should be routinely cleaned after use or disposed of if they cannot be suitably cleaned.	Complete
9.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.	Ward Sister/ Assistant Service Manager	Staff have been advised of their responsibilities in relation to ensuring the sharps boxes on the resuscitation trolley are secured and changed in accordance with local and Trust policies.	Complete
10.	Staff should ensure that sharps boxes are not overfilled as per trust guidance.	Ward Sister/ Assistant Service Manager	As with point 8 and 9 above, staff have been advised of their responsibilities in relation to the use and management of sharps boxes.	Complete
11.	Staff should ensure that waste awaiting collection on the ward is stored securely.	Ward Sister/ Assistant Service Manager	As with point 7 above, staff have been advised of their responsibilities in relation to ensuring waste is stored securely in accordance with Trust policy. Dirty Sluice currently being refurbished.	31 Dec 2013
Standard 5: Patient Equipment				
12.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Ward Sister/ Assistant Service Manager	As with point 3 above, staff have been advised of their responsibilities in relation to ensuring all equipment is clean and labelled accordingly as well as being stored correctly and in a good state of repair.	Complete

Standard 6: Hygiene Factors				
13.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Ward Sister/ Assistant Service Manager	Staff have been advised of their responsibilities in relation to ensuring all chemicals are stored in line with COSHH guidance.	Complete
14.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.	Ward Sister/ Assistant Service Manager	As with point 3 above, staff have been advised of their responsibilities in relation to ensuring all equipment is clean and in a good state of repair including sinks.	Complete
15.	The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.	Estates Department	New sinks have recently been installed and comply with guidance as per HBN 04-01.	Complete
16.	Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.	Ward Sister/ Assistant Service Manager	Staff have been advised of their responsibilities in relation to ensuring all equipment is clean and in good state of repair.	Complete
Standard 7: Hygiene Practices				
17.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Ward Sister/ Assistant Service Manager	Nursing staff have been made aware of where NPSA guidance charts are kept as well as their responsibility to ensure they are familiar with the guidance.	Complete
18.	Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.	Ward Sister/ Assistant Service Manager	As with point 18 above, staff have been made aware of where guidance charts are kept for the correct dilution rate of Trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.	Complete

			Staff have also been advised of their responsibility to ensure they are familiar with the guidance.	
19.	Ward staff should ensure that MRSA care pathways are fully completed.	Ward Sister/ Assistant Service Manager	Nursing staff have been made aware of their responsibility to ensure that that MRSA care pathways are fully completed and recorded as such.	Complete
Additional issues				
20.	Staff should ensure that medicinal products are stored safely and securely in line with trust and regional guidance.	Ward Sister/ Assistant Service Manager	Staff have been advised of their responsibilities in the requirement to ensure that all pharmaceutical supplies are stored safely and securely in line with Trust and Regional guidance and legislation.	Complete



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