



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

RQIA

**Infection Prevention / Hygiene
Unannounced Inspection**

Royal Victoria Hospital

30 March 2015

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

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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 30 March 2015. The inspection team was made up of five RQIA inspectors, three peer reviewers, two RQIA Lay Assessors and an RQIA board member as an observer. 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 19 September 2013; three wards achieved overall compliance in the Regional Healthcare Hygiene and Cleanliness Standards. One ward required a follow-up inspection which was carried out on 20 November 2013 when all standards were compliant. This inspection report is 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 4F
- Ward 5E
- Ward 6D
- Ward 7A

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

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

Good practices observed by the inspection team:

- All four wards were overall compliant; none of the standards were minimally compliant.

Ward 4F

- The ward has a clinical educator who has responsibility for staff training and development. 42/45 staff have completed ANTT training. Simulated practice is part of the training. Picture 1
- Staff new to the ward receive a six day clinical skills induction.
- The ward has a specialist team who work with young people (14+) both pre and post admission. Parents are permitted to stay with young people in the unit including overnight stays.
- Staff have developed their own staff information newsletter "Neuro News".



Picture 1: trolley set up for simulated ANTT practice

Ward 6D

- Staff carry out a range of high impact interventions: hand hygiene, peripheral vascular catheter, NEWS, urinary catheter, SSKIN.
- Weekly ward walk rounds take place to audit environmental cleanliness standards following incidents of infection.

Ward 7A

- Information displayed for the public included, infection rates, falls and pressure ulcer scores, staffing levels and patient feedback. Picture 2



Picture 2: Information displayed.

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

The inspection of the RVH, Belfast Health and Social Care Trust, resulted in 1 general recommendation, 13 recommendations for Ward 4F, 21 recommendations for Ward 5E, 18 recommendations for Ward 6D and 19 recommendations for 7A. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

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.

Areas inspected	Ward 4F	Ward 5E	Ward 6D	Ward 7A
General environment	91	89	83	85
Patient linen	91	84	89	86
Waste	98	97	82	96
Sharps	97	78	83	77
Equipment	92	84	80	85
Hygiene factors	96	94	94	98
Hygiene practices	97	91	92	91
Average Score	95	88	86	88

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

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 4F	Ward 5E	Ward 6D	Ward 7A
Reception	91	N/A	N/A	N/A
Corridors, stairs lift	100	100	96	100
Public toilets (Male)	93	N/A	N/A	N/A
Ward/department - general (communal)	97	89	86	79
Patient bed area	97	94	85	81
Bathroom/washroom	91	98	84	86
Toilet	93	93	86	85
Clinical room/treatment room	75	79	78	79
Clean utility room	85	77	86	87
Dirty utility room	95	68	80	93
Domestic store	89	86	80	93
Kitchen	N/A	96	N/A	N/A
Equipment store	93	96	53	52
Isolation	94	97	93	94
General information	83	86	92	89
Average Score	91	89	83	85

The findings in the table above indicate that although there were specific areas which needed attention cleaning and maintenance overall was of a good standard,

The main entrance to the hospital was free of litter and debris, work had been completed on new glass doors. The barrier mat, vinyl floor in the lobby, seated area and some high surfaces such as notice boards were dusty. A repair had been made to the vinyl floor with industrial tape and the vinyl cover on a chair in reception was split. Plaster work was damaged on the walls at the telephones by the escalator.

Some cleaning issues were identified in the main reception toilets. External window, internal windowsill and radiators were dusty, there was debris in the interior of the radiators. The wood finish on the door was damaged.

Although worn, the corridors leading to the ward were clean and well maintained.

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

Ward 4F

- Overall there was a good standard of cleaning; surfaces were free from dust, debris and stains. There were however some exceptions. In the clinical room there were stains on the notice board and the glass door of the drugs' fridge. The frame of the fridge had patches of rust. In the shower room opposite bay 4, the wall was stained and a clothes hook was broken, the underside of the shower chair was stained.
- Some of the high density units and blue storage boxes were dusty and had paper labels attached.
- Patient equipment and paper mache products were stored in toilet facilities.
- Temperature checks on the drugs' fridge were not carried out consistently; documentation did not provide guidance on temperature ranges or action to take on variations outside those ranges.
- Hand hygiene posters were not available at all clinical hand wash sinks, some posters were worn or not laminated, some were attached with adhesive tape.
- Nursing cleaning schedules were not completed consistently or verified by audit.

Ward 5E

- In general dust was noted on the top of bed rails, air vents and on some clinical work surfaces. The floors of the clean and dirty utility rooms and domestic store were stained. Areas in the dirty utility room which required more detailed cleaning were: the clinical hand wash sink, equipment sink, sluice hopper, bedpan washer, bedpan rack and cupboards.
- The drugs' fridge was unlocked and required cleaning. Drugs' fridge temperatures were not recorded consistently. The pharmacy cupboard was open and unattended. The door of the Treatment room and clean utility was open allowing access to medication that was not locked away. One cupboard was not locked and IV medication had been drawn up and left unattended these were not labelled. Picture 3



Picture 3: Pre drawn medications

- The bed bay inspected was cluttered and space between beds was limited. Patient's lockers were of different designs, heights and widths and patient equipment was placed on top making the area cluttered. The clinical room, clean utility room and domestic store were also cluttered.
- There was some damage to wood surfaces on doors and door frames and some paint surfaces on walls were damaged. There was a large hole in the ceiling of the equipment room and a ceiling tile was missing in the domestic store.
- Mattress audits were in place but not up to date.
- One of the domestic staff spoken with stated they did not have cleaning schedules. The Nursing cleaning schedules were kept in the sister's office and not all areas had been recorded on a consistent basis. Information leaflets were not available for *Clostridium difficile*. A poster for the management of inoculation injury was not available.

Ward 6D

- Skirtings' throughout the ward and some floors and radiators required further cleaning. In the clinical room and large equipment store the floor had ground in stains and the high density storage needed further cleaning and paper labels removed. In the domestic store the hand wash sink, taps, sluice and inside of the COSHH cupboard all required cleaning.
- There was some damage to doors, walls and some laminate finishes. Light bulbs were not working in the ward public toilets, and large equipment store, the light in the domestic store was dim.
- Inspectors identified that clutter was an issue, in the reception, clinical room and large and small equipment stores. The large equipment store was disorganised, equipment was stored on the floor and on top of units, storage appeared insufficient for the equipment and stock. Patient equipment was also stored in sanitary areas. Picture 4



Picture 4: Patient equipment stored in sanitary area

- Temperature checks on the drugs' fridge were not carried out consistently; documentation did not provide guidance on temperature ranges or action to take on variations outside those ranges. One of the three medicine trolleys was opened and the drugs cupboards throughout the ward were open and easily accessible. A patient's medication stored in the clean utility was easily accessible.
- Nursing cleaning schedules did not detail all equipment present.

Ward 7A

- Overall there was a good standard of cleaning; surfaces were free from dust, debris and stains. There were however some exceptions. In the clinical room, there was dust and debris around the floor edges, scuff marks to the wall, and adhesive tape on cupboard doors. In the clean utility room, the base of the pharmacy cupboard was dusty and there were liquid stains on the base of the drugs' fridge. The ceiling tiles were stained. In an en-suite the sanitary fixtures, toilet bowl, toilet seat, shower panel and walls all required further cleaning. In the equipment store the floor, skirting and the high density storage units, were all dusty.
- There was some damage to walls, doors and skirting throughout the ward.
- The equipment store was cluttered; boxes of supplies were stored on the floor. Picture 5. The alcove at the back of the bay was cluttered with large pieces of equipment. There are plans to reconfigure the equipment store.



Picture 5: Cluttered store

- The pharmacy cupboard was open and unattended. Temperature checks on the drugs' fridge were not carried out consistently.
- There were some gaps in the completion of the nursing cleaning schedules. Not all clinical hand wash sinks had the seven step hand hygiene poster; these had been removed when the ward was painted and not replaced.

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 4F	Ward 5E	Ward 6D	Ward 7A
Storage of clean linen	92	92	83	71
Storage of dirty linen	89	76	94	100
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	91	84	89	86

The above table outlines the findings in relation to the management of patient linen. Wards 4F 6D and 7A achieved overall compliance. In Ward 7A, the section on storage of clean linen was minimally compliant and requires immediate attention.

Issue identified were:

Ward 4F

- The clean linen store was dusty, used linen bags were over filled and staff were not following their own guidance in regard to the bagging of mitts in a water soluble bag.

Ward 5E

- The clean linen store was cluttered; supplies were stored on the floor.
- A member of staff did not wear PPE when handling used linen, another did not use a used linen trolley when transporting used linen to the dirty utility room. Used linen bags were over filled and some were stored on the floor of the dirty utility room.

Ward 6D

- The skirting in the linen store required cleaning.
- There was no cover on the ceiling light fitting, a metal wall plate was missing and the doors - emergency fire closure hinge had been detached.
- Used linen bags were over filled.

Ward 7A

- The clean linen store was cluttered, the room was used to store patients' property bags and equipment trolley; linen bags were stored on the floor.
- The floor and shelves were dusty, and the cover was missing from the ceiling light fitting.

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 4F	Ward 5E	Ward 6D	Ward 7A
Handling, segregation, storage, waste	98	97	82	96
Availability, use, storage of sharps	97	78	83	77

7.1 Management of Waste

The above table indicates that Wards 4F, 5E and 7A were compliant in this standard. Ward 6D was partially compliant,

Issues identified for improvement in this section of the audit tool were:

Ward 4F

- There was no clinical waste bin in the treatment room.

Ward 5E

- There was some inappropriate disposal of waste in the household and clinical waste bins and the purple lidded burn bin.

Ward 6D

- There was inappropriate waste in the clinical waste bins, sharps box and pharmacy waste in a magpie box.
- There was no household waste bin in the clean utility room, the base of one bin was dirty, others were rusted.

Ward 7A

- There was no household waste bin available in the dirty utility room, and the label on another bin was worn. Pharmacy waste had been disposed of in a magpie box.

7.2 Management of Sharps

The above table indicates that Ward 4 F was compliant the other wards were partially compliant in the availability, use, and storage of sharps.

Issues identified for improvement in this section of the audit tool were:

Ward 4F

- The sharps container on the resuscitation trolley had been used and not changed.

Ward 5E

- The door into the treatment room and clean utility was open allowing access to sharps containers. The temporary closure mechanism was not deployed on three of the four sharps boxes.
- The sharps container on the resuscitation trolley was not empty or secure and three of the sharps trays were stained.

Ward 6D

- The sharps box on the resuscitation trolley was not labelled correctly, an IV connector was protruding from the top of the box, three out of four temporary closure mechanisms were not deployed.

Ward 7A

- A sharps box in the clinical room and two boxes in the clean utility room were not signed and dated, not all temporary closure mechanisms were deployed.
- The sharps box on the shared resuscitation trolley was not secure, had contents present and the aperture of the box was not deployed while the box was not in use.

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 4F	Ward 5E	Ward 6D	Ward 7A
Patient equipment	92	84	80	85

The above table indicates that both Ward 4F and 7A achieved compliance in this standard, Wards 5E and 6D were partially compliant.

Issues identified for improvement in this section of the audit tool were:

Ward 4F

- Overall the patient equipment was clean and in good repair, the frame works of some trolleys were dusty; notes, resuscitation and dressing. The vinyl bed bumpers in the linen store were dusty and the vinyl was split and therefore could not be effectively cleaned.
- Bed pans had been damaged during the automated wash process.

Ward 5E

- Some patient equipment was dusty, for example the ECG machine, IV stands, blood glucose monitoring set and blood pressure monitoring equipment. There were dried blood stains on the blood gas machine. Some blood pressure cuffs were not disposable and were, old, worn and stained. Bedpans were not emptied immediately; bed pans had been damaged during the automated wash process.
- There was no evidence to identify that stored equipment had been cleaned; minimum/infrequent use of trigger tape.

Ward 6D

- Inspectors identified that some patient equipment required cleaning such as: all ANTT trays, the wheels of IV stands, notes trolleys, a wheelchair, and the water cooler in the ward area. The top of the

resuscitation trolley was dusty and cluttered. Items on top of the trolley required cleaning, a box of gloves had blood splashes; this was immediately removed.

- There was inconsistent use of trigger tape on stored equipment. A stored fan in the treatment room was dusty, a reusable jug in the dirty utility room required cleaning. Two items which had trigger tape, BP cuff and rim of commode, were stained.
- There was damage to catheter stands and the drugs' trolley; the wheels of the dressing trolley were rusted.

Ward 7A

- Some patient equipment was identified as requiring further cleaning such as: a commode, IV stands and pump, ECG machine, notes trolley and ANTT trays. A stored wheelchair was blood stained.
- Trigger tape to identify equipment as clean and ready for use was not in place. The ward sister had identified that trigger tape previously used did not stay insitu on equipment and regularly fell off when applied. Inspectors were informed that new trigger labels were being ordered.
- There was rust on the castors of some dressing trolleys, a pat slide was worn and there were paper labels on the manual standing aid.

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 4F	Ward 5E	Ward 6D	Ward 7A
Availability and cleanliness of wash hand basin and consumables	95	91	95	99
Availability of alcohol rub	93	100	97	100
Availability of PPE	100	100	100	100
Materials and equipment for cleaning	95	85	85	94
Average Score	96	94	94	98

The above table indicates that all wards achieved compliance in all sections of this standard. A few issues have been identified that require further attention:

Ward 4F

- Clinical hand wash sinks do not meet national guidance when the bed number exceeds commissioned levels and the clinical hand wash sink in the treatment room was blocked by an examination couch.
- The underside of the soap dispenser in the clinical room was dirty and some alcohol dispensers were empty.
- Cleaning chemicals and disinfectants were not stored under locked conditions in the domestic store and dirty utility room.

Ward 5E

- The number of clinical hand wash sinks was not in line with national guidance and the clinical hand wash sink in the treatment room was difficult to access.
- The hand wash sink in the clean utility and the underside of the soap dispenser in the treatment room needed cleaning. The soap dispensers in the treatment room and in one off the bays were empty; the paper towel dispenser in a bed bay was empty.
- Chemicals in the dirty utility room, domestic store and treatment room were not stored in line with COSHH guidance.
- Equipment used for cleaning could not be stored appropriately due to the size of the domestic store.

Ward 6D

- Access to hand washing sinks at the entrance to bays was blocked by the door opening and patient bedside table. The taps of the clinical hand wash sinks in the treatment and dirty utility room required cleaning.
- The liquid soap dispenser in the dirty utility room was not working and there were no alcohol dispensers in one of the bays.
- Cleaning chemicals and disinfectants in the domestic store and dirty utility room were not stored in line with COSHH guidance.
- The domestic trolley and filled stored hand held bucket in the domestic store required cleaning. A dirty yellow bucket was stored, with water and a mop insitu, in the dirty utility room.

Ward 7A

- The sealant of the clinical hand wash sink in the female bay was damaged; and a sticky paper label was attached to the clinical hand wash sink in the male bay.
- Cleaning chemicals and disinfectants in the dirty utility room were not stored in line with COSHH guidance.
- A mop bucket required more detailed cleaning.

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 4F	Ward 5E	Ward 6D	Ward 7A
Effective hand hygiene procedures	94	88	89	94
Safe handling and disposal of sharps	100	100	100	100
Effective use of PPE	100	87	100	85
Correct use of isolation	100	76	N/A	100
Effective cleaning of ward	100	95	76	81
Staff uniform and work wear	90	100	93	86
Average Score	97	91	92	91

The table indicated that all four wards achieved overall compliance. Ten of the sections were fully compliant. Issues have been identified that require further attention:

Ward 4F

- A member of medical staff did not follow the seven step hand hygiene technique; a few staff did not comply with the trust's dress code policy.

Ward 5E

- A nurse and health care assistant did not wash their hands using the seven step technique.
- Three members of staff did not wear the appropriate PPE.
- A care plan was not available for a patient with an infection requiring isolation, there was no evidence of ongoing daily evaluation of care.
- Equipment was not consistently cleaned between patient use.

Ward 6D

- A doctor after washing their hands lifted the bin lid rather than use the foot pedal. Following hand washing, a nurse did not dry their hands fully; a nurse turned the taps off with their hands rather than elbow.
- Equipment was not consistently cleaned between patient use.
- A health care assistant was not aware of the disinfectant dilution rate for blood spillages.

- There was no COSHH information for the disinfectant in use and nursing staff were unaware of the NPSA colour coding.
- Inspectors were informed that staff changing facilities were unavailable

Ward 7A

- A member of nursing staff missed the opportunity for hand hygiene after rearranging a patient's environment (furnishings) in preparation for their meal.
- Some staff were not consistent when wearing PPE. A care assistant was observed not wearing a green apron when serving meals, while a nursing student was observed wearing disposable gloves unnecessarily while in the linen room and PCSS cleaning staff were observed wearing PPE when there was no requirement.
- Nursing and domestic staff were unaware of the availability of COSHH data sheets for disinfectants in use.
- Inspectors were informed that staff changing facilities were unavailable and a few staff did not comply with the trust's dress code policy.

Additional issues

Ward 4F

- There are only two bedpans washers available which were shared between two wards; the high continual usage is causing regular breakdowns. The Trust was working with suppliers to resolve this issue.

Ward 5E

- A patient in isolation was not given assistance with their breakfast
- Since the combination of the wards and direct admissions from ED staffing levels had not been fully reviewed.

Ward 6D

- Low scoring audits for example hand hygiene, (50%) the dirty utility and shared equipment IPC audit (61%) have not been actioned or followed up.
- Inspectors were approached by staff who raised concern over the staffing levels within the ward. Staff were concerned that safe staffing levels were not maintained on every shift.

11.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs L Colgan	Head of Programme, Infection Prevention/Hygiene Team
Mrs M Keating	Inspector, Infection Prevention/Hygiene Team
Mrs S O 'Connor	Inspector, Infection Prevention/Hygiene Team
Mr T Hughes	Inspector, Infection Prevention/Hygiene Team
Ms A Boyle	Bank Inspector, RQIA
Ms L Lowery	Peer Reviewer, SEHSCT
Ms N Magee	Peer Reviewer, SEHSCT
Mr D Loughlin	Peer Reviewer, Marie Curie
Ms N Simpson	Lay Assessor
Ms G Bradley	Lay Assessor
Mr S Magee	Board Member, RQIA

Trust representatives attending the feedback session

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

Ms A Burn	Ward Sister 7A
Ms L Glass	Deputy Ward Sister 7A
Ms M Mulholland	Clinical Co-ordinator, MCDU
Ms R Finn	IPCN
Ms R Hobb	IPCN
Ms C Kearns	Operational Manager PCSS
Ms L McBride	Co-Director PCSS
Ms O Boyd	Head of Services, PCSS
Ms N Scott	Senior Manager, PCSS
Ms C Lundy	ASM, Neurosciences
Mr P Gibson	Management Intern
Ms G Atkinson	Service Manager, Neuroscience
Ms L Mc Millan	Deputy Sister, Ward 4F
Ms M Stirling	Ward Sister, 4F
Ms T Irwin	Ward Sister 7B
Mr D Robinson	Co-Director, Nursing, and User Experience
Ms H Jackson	Cardiology Service Manager
Mr F Mc Dermott	Deputy Charge Nurse
Mr B Creaney	EDON
Mr G Bryes	ADON USC/ED Nurse Consultant

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 for Ward 4F

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, stains and in good repair.
2. Staff should ensure equipment is not stored where there is a risk of contamination.
3. Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.
4. Hand hygiene posters should be displayed at hand washing sinks for nursing and domestic staff to reference.
5. Staff should ensure that records of temperature checks are completed daily.

Standard 3: Patient Linen

6. Staff should ensure linen stores are clean, and that staff follows trust guidance on the disposal, moving and handling of used linen.

Standard 4: Waste and Sharps

7. Staff should ensure each hand wash sink has a waste bin.
8. Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

10. The provision and specification of clinical hand wash sinks should be reviewed to comply with local and national guidance.

11. Ward staff should ensure chemicals are stored in line with COSHH guidance.

12. Staff should ensure all cleaning equipment and consumables are clean.

Standard 7: Hygiene Practices

13. Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.

Recommendations for Ward 5E

Standard 2: General Environment

1. Staff should ensure that all surfaces are clean and free from dust and stains.

2. Staff should ensure that drugs are held in line with trust medicine management guidance and that drugs' fridge records are completed daily.

3. Staff should ensure the environment is free from clutter.

4. A maintenance programme should be in place for damage to doors, walls, flooring, skirting and cupboards. Damaged furniture or fittings should be repaired or replaced.

5. Staff should ensure that mattress audits are carried out in line with trust guidance.

6. Domestic cleaning schedules should be available for staff to reference, and nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.

7. Information posters should be displayed for nursing and domestic staff to reference.

Standard 3: Patient Linen

8. Staff should ensure linen stores are clean and free from clutter, staff should also follow the best infection prevention and control guidance in the management of used linen.

Standard 4: Waste and Sharps

9. Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy.

10. Staff should ensure sharps boxes are stored securely and that temporary closure mechanisms are deployed between use.

11. Sharps boxes on the resuscitation trolley should be secure and changed in accordance with local policy.

Standard 5: Patient Equipment

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

13. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.

Standard 6: Hygiene Factors

14. The provision and specification of clinical hand wash sinks should be reviewed to comply with local and national guidance. Sinks should be accessible

15. Ward staff should ensure chemicals are stored in line with COSHH guidance.

16. Ward cleaning staff should ensure all sinks and consumables are clean and consumables replenished regularly. Cleaning equipment should be stored appropriately.

Standard 7: Hygiene Practices

17. Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.

18. Nursing staff should update their knowledge in relation to wearing PPE appropriately.

19. Care plans should be in place for patients with an infection.

20. Staff should ensure patient equipment is cleaned between every use.

21. It is recommended that the trust should ensure ward staffing levels are reviewed and met agreed staff complement for the ward.

Recommendations for Ward 6D

Standard 2: General 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, flooring. Damages fittings should be repaired or replaced.

3. Staff should review the use of storage facilities to ensure they are clutter free.
4. Nursing cleaning schedules should detail all patient equipment present.
5. Staff should ensure that drugs are held in line with trust medicine management guidance and that drugs fridge records are completed daily.

Standard 3: Patient Linen

6. Staff should ensure linen stores are clean and in good repair, and that staff follows trust guidance on the disposal, moving and handling of used linen.

Standard 4: Waste and Sharps

7. Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. A waste bin should be provided at each hand wash sink, waste bins should be clean and free from damage.
8. Sharps boxes should be labelled correctly, secured and changed in accordance with local policy. Temporary closures should be in place when not in use.

Standard 5: Patient Equipment

9. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.
10. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.

Standard 6: Hygiene Factors

11. Staff should ensure hand wash sinks are clean and accessible, dispensers should be in good repair.
12. Staff should ensure chemical and disinfectants are stored in line with COSHH regulations.
13. Staff should ensure cleaning equipment is clean and stored correctly.

Standard 7: Hygiene Practices

14. Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.
15. Staff should ensure patient equipment is cleaned between every use.

16. All staff should be aware of the NSPA colour coding and COSHH guidance and disinfectant dilution rates.
17. Staff should ensure that actions plans and validation audits are carried out when audit scores indicate poor practice.
18. It is recommended that the trust should ensure ward staffing levels are reviewed and met agreed staff complement for the ward.

Recommendations for Ward 7A

Standard 2: General 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, flooring, skirting and cupboards. Damaged furniture or fittings should be repaired or replaced.
3. Staff should review the use of storage facilities to ensure they are clutter free.
4. Staff should ensure that drugs are held in line with trust medicine management guidance and that drugs fridge records are completed daily.
5. Nursing cleaning schedules should be consistently recorded. Schedules should be robustly audited by senior staff.
6. Hand hygiene posters should be displayed at hand washing sinks for nursing and domestic staff to reference.

Standard 3: Patient Linen

7. Staff should ensure linen stores are clean, in good repair and free from clutter.

Standard 4: Waste and Sharps

8. Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. A waste bin should be provided at each hand wash sink.
9. Staff should ensure sharps boxes are signed and dated when assembled and ready for use, stored securely and that temporary closure mechanisms are deployed between use.

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.

Standard 6: Hygiene Factors

13. Staff should ensure hand wash sinks are maintained in good repair.

14. Staff should ensure chemical and disinfectants are stored in line with COSHH regulations.

15. Staff should ensure cleaning equipment is clean and stored correctly.

Standard 7: Hygiene Practices

16. Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.

17. Nursing staff should update their knowledge in relation to wearing PPE appropriately.

18. Staff should ensure they have access to COSHH data sheets for disinfectants.

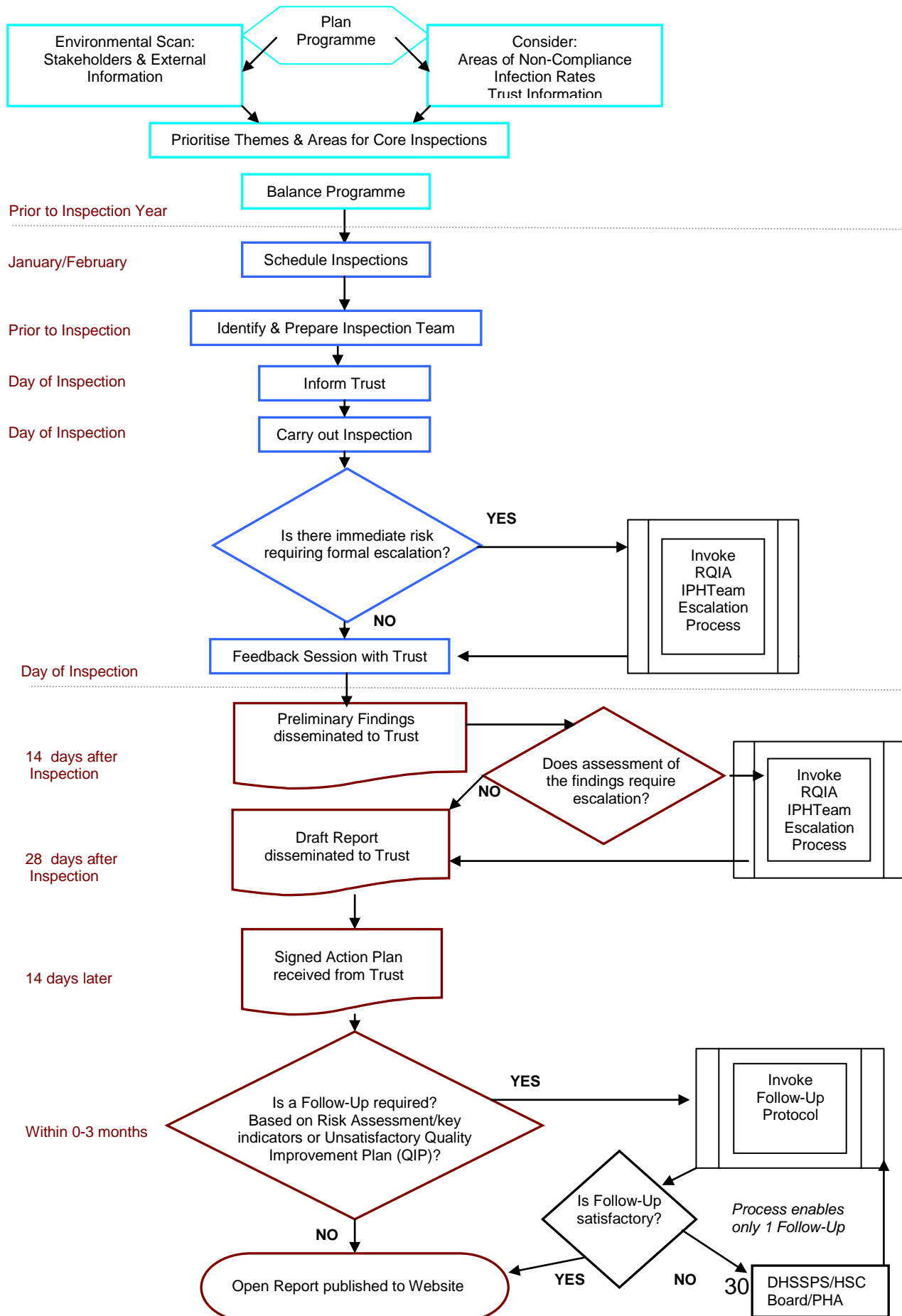
19. Staff should ensure they comply with the trust dress code policy.

13.0 Unannounced Inspection Flowchart

Plan Programme

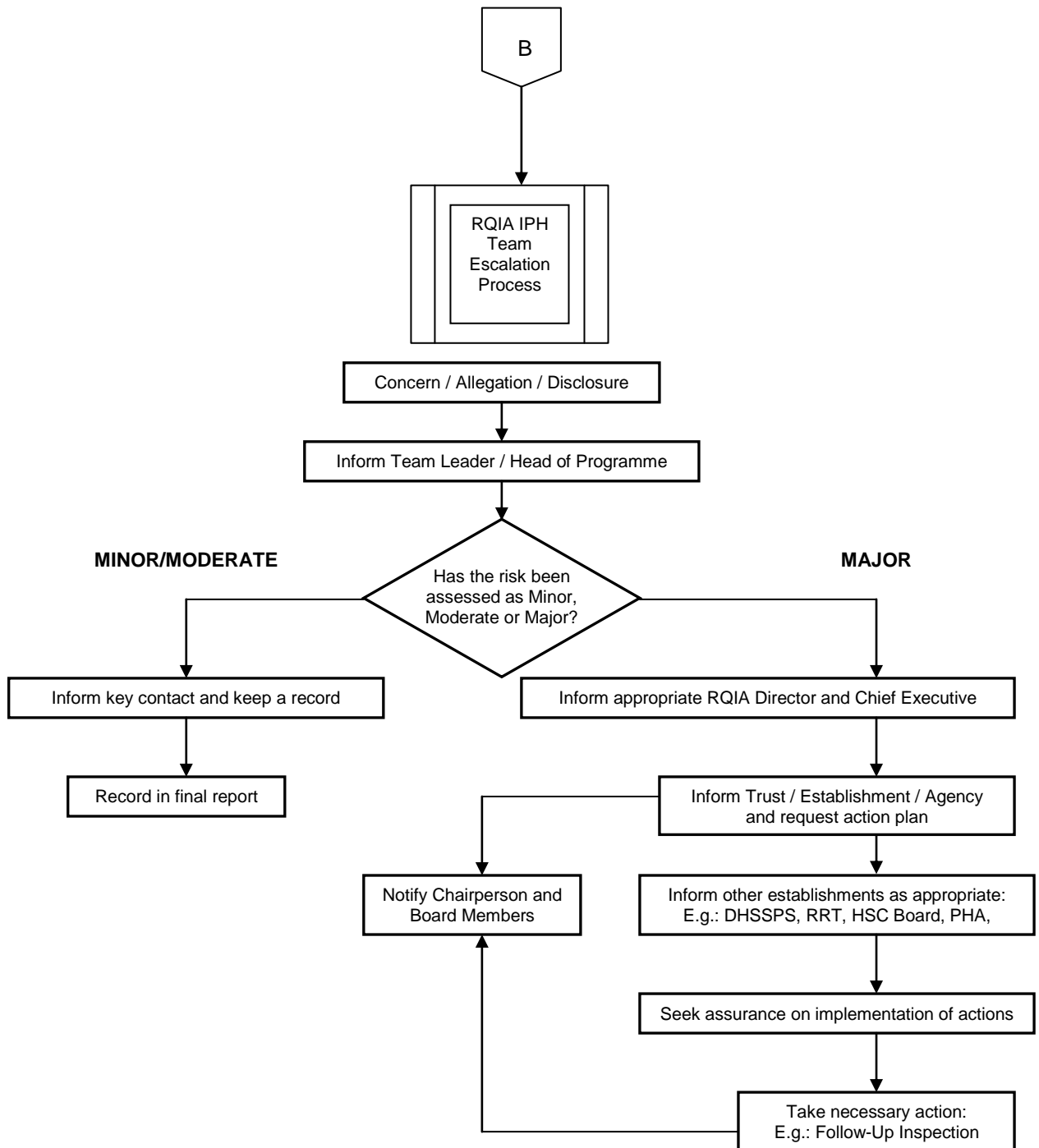
Episode of Inspection

Reporting & Re-Audit



14.0 RQIA Hygiene Team Escalation Policy Flowchart

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Reference number	Recommendations to Ward 4F	Designated department	Action required	Date for completion/ timescale
Recommendations 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.	PCSS/Estate s	Cleaning schedules have been reviewed, staff reminded of the need to follow the schedule, and work orders for repairs have been reported to the Estates Department.	11/05/15
Recommendations for common issues				
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, stains and in good repair.	PCSS / Estates	Reviewed as part of the cleaning schedule. Walls / doors with stains have been steam cleaned.	11/5/15
2.	Staff should ensure equipment is not stored where there is a risk of contamination.	Nursing	Equipment stored in the equipment store and appropriately labelled with trigger tape as clean and ready for use.	11/5/15
3.	Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.	Nursing	Information regarding cleaning schedule has now been included on team safety brief and highlighted at each shift handover. Continued surveillance and monitoring of cleaning schedule has been delegated to	12/5/15

Reference number	Recommendations to Ward 4F	Designated department	Action required	Date for completion/ timescale
			the nurse-in-charge.	
4.	Hand hygiene posters should be displayed at hand washing sinks for nursing and domestic staff to reference.	Nursing	Laminated hygiene posters available at each hand washing sink within the department.	15/5/15
5.	Staff should ensure that records of temperature checks are completed daily.	Nursing	Information included in team safety brief and highlighted at each shift handover. Responsibility of the nurse-in-charge at each shift to ensure that temperature records are maintained.	11/5/15
Standard 3: Linen				
6.	Staff should ensure linen stores are clean, and that staff follows trust guidance on the disposal, moving and handling of used linen.	PCSS Nursing	Linen store cleaned and tidied. Information relating to disposal and moving and handling (including segregation) of used linen highlighted on the team safety brief and on laminated poster in the dirty utility room.	12/5/15
Standard 4: Waste and Sharps				
7.	Staff should ensure each hand wash sink has a waste bin.	PCSS Nursing	Household waste bin located at each hand washing sink.	12/5/15
8.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.	Nursing	A new sharps box will replace a used sharps box following use of the resuscitation trolley. The sharps box on the resuscitation trolley will only be used	12/5/15

Reference number	Recommendations to Ward 4F	Designated department	Action required	Date for completion/ timescale
			at the time of resuscitation.	
Standard 5: Patient Equipment				
9.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	Equipment is stored in the equipment store and appropriately labelled with trigger tape as clean and ready for use.	11/5/15
Standard 6: Hygiene Factors				
10.	The provision and specification of clinical hand wash sinks should be reviewed to comply with local and national guidance.	Planning & Redevelopment Service/Estates/Unscheduled Care Directorate Senior Management Team.	Hand wash sinks within the department have been identified as non-compliant. The layout of the ward with six-bedded bays restricts the number of sinks provided. The medium- to long-term plan is to relocate the ward to a location where four-bedded bays and compliance with guidance on the number of sinks can be assured.	
11.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	PCSS	Staff aware of the need to securely store chemicals in line with COSHH guidelines. Chemicals will be stored in a locked cupboard / store.	12/5/15
12.	Staff should ensure all cleaning equipment and consumables are clean.	Nursing PCSS	Equipment stored in the equipment store and appropriately labelled with trigger tape as clean and ready for use.	12/5/15

Reference number	Recommendations to Ward 4F	Designated department	Action required	Date for completion/ timescale
Standard 7: Hygiene Practices				
13.	Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.	Nursing/Multi-disciplinary team	IPC poster laminated displayed at each hand washing basin. This displays the correct 7 steps. All staff have received refresher training in aseptic non-touch technique (ANTT) and are aware of the five moments of care.	12/5/15

Reference number	Recommendations to Ward 5E	Designated department	Action required	Date for completion/ timescale
Recommendations for common issues				
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust and stains.	PCSS	All surfaces cleaned. Monthly independent cleanliness audits carried out. Monitored by Ward Sister and Clinical Co-ordinator.	April 2015
2.	Staff should ensure that drugs are held in line with trust medicine management guidance and that drugs' fridge records are completed daily.	Nursing	Staff aware to adhere to BHSCT Medicine management policy. Included on daily patient safety briefings. Fridge records are completed daily.	April 2015
3.	Staff should ensure the environment is free from clutter.	PCSS/ Nursing	Ward has been de-cluttered. Ward Sister to monitor environment. Clinical Co-ordinator to monitor. Staff awareness improved.	May 2015
4.	A maintenance programme should be in place for damage to doors, walls, flooring, skirting and cupboards. Damaged furniture or fittings should be repaired or replaced.	Nursing / PCSS/ Estates	Bi –monthly joint ward maintenance inspection by Ward Sister and PCSS in place. Actions required documented and timescale for completion recorded.	May 2015
5.	Staff should ensure that mattress audits are carried out in line with trust guidance.	Nursing	Mattress Audits commenced as per Trust policy.	May 2015
6.	Domestic cleaning schedules should be available for staff to reference, and nursing cleaning schedules	PCSS Nursing	Domestic schedules displayed. Nursing cleaning schedule in place. Monthly	May 2015

Reference number	Recommendations to Ward 5E	Designated department	Action required	Date for completion/ timescale
	should be consistently recorded; schedules should be robustly audited by senior staff.		independent Cleanliness Audits performed. Ward Sister and Clinical Co-coordinator to monitor standards.	
7.	Information posters should be displayed for nursing and domestic staff to reference.	PCSS Nursing	Reference posters in place for all staff	May 2015
Standard 3: Patient Linen				
8.	Staff should ensure linen stores are clean and free from clutter, staff should also follow the best infection prevention and control guidance in the management of used linen.	Nursing Estates	Linen room de-cluttered and cleaned. Staff aware of correct dirty linen management. Capital bid submitted to fund estates work to provide a separate Dirty disposal area.	June 2015
Standard 4: Waste and Sharps				
9.	Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy.	Nursing PCSS	Clear instructions in place to ensure correct waste disposal. Additional Household and Clinical colour coded bins ordered.	June 2015
10.	Staff should ensure sharps boxes are stored securely and that temporary closure mechanisms are deployed between use.	Nursing	Staff reminded of correct procedure for safe storage and closure of sharps boxes. Nursing staff to remind medical staff of procedure. Monitored by Ward Sister and Clinical Co-ordinator.	May 2015
11.	Sharps boxes on the resuscitation trolley should be secure and changed in accordance with local policy.	Nursing	Sharps box has been secured on resuscitation trolley. Sharps box included	May 2015

Reference number	Recommendations to Ward 5E	Designated department	Action required	Date for completion/ timescale
			in daily Crash Trolley checks.	
Standard 5: Patient Equipment				
12.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	Staff reminded to clean equipment after use and to replace or repair as necessary. Monthly equipment Audit to be established. Funding for a Ward housekeeper secured. Out to recruitment.	September 2015
13.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing	Trigger tape being used on clean equipment. Monitored by Ward Sister.	May 2015
Standard 6: Hygiene Factors				
14.	The provision and specification of clinical hand wash sinks should be reviewed to comply with local and national guidance. Sinks should be accessible	PCSS Estates Nursing	Estates to replace taps, plugs and sinks that are below standard. Job numbers have been given for work to be completed.	July 2015
15.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Nursing PCSS	Staff to complete COSHH training. Ward manager has received additional Risk assessment training for COSHH.	October 2015
16.	Ward cleaning staff should ensure all sinks and consumables are clean and consumables replenished regularly. Cleaning equipment should be stored appropriately.	PCSS	PCSS cleaning schedules in place. Additional storage provided for cleaning equipment. Monitored by PCSS.	May 2015

Reference number	Recommendations to Ward 5E	Designated department	Action required	Date for completion/ timescale
Standard 7: Hygiene Practices				
17.	Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.	Nursing /Medical	All staff aware of Trust Hand Hygiene policy. Laminated posters in place. Hand Hygiene Audits in place.	May 2015
18.	Nursing staff should update their knowledge in relation to wearing PPE appropriately.	Nursing	IPCT advice and training available for PPE.Ward Sister to audit PPE compliance.	July 2015
19.	Care plans should be in place for patients with an infection.	Nursing	Ward Sister to ensure all care plans are completed and updated as necessary. NDL and Clinical Co-ordinator carry out documentation Audit to monitor compliance.	June 2015
20.	Staff should ensure patient equipment is cleaned between every use.	Nursing	Trigger tape to be used on all clean equipment. Ward Manager to Audit Ward housekeeper to be appointed.	Sept 2015
21.	It is recommended that the trust should ensure ward staffing levels are reviewed and met agreed staff complement for the ward.	Nursing	Ward is fully staffed to funded establishment. Ward Manager will be supervisory from September 2015	Sept 2015

Reference number	Recommendations to Ward 6D	Designated department	Action required	Date for completion/ timescale
Recommendations for common issues				
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust and stains.	PCSS/ Nursing	Cleaning schedules reviewed. Staff to adhere to cleaning schedules. Work orders reported to Estates Dept.	May 2015
2.	A maintenance programme should be in place for damage to doors, walls, flooring. Damages fittings should be repaired or replaced.	Estates Nursing PCSS	Bi monthly Ward Joint ward inspection carried out. All Estates issues reported for repair or replacement.	May 2015
3.	Staff should review the use of storage facilities to ensure they are clutter free.	Nursing	Ward de- cluttered. Stock reviewed to provide appropriate storage.	May 2015
4.	Nursing cleaning schedules should detail all patient equipment present.	Nursing	Equipment Audit to list all equipment in place. Cleaning schedules and record in use. Included in safety briefs to highlight importance of cleaning schedule. Continued monitoring and surveillance by nurse in charge.	May 2015
5.	Staff should ensure that drugs are held in line with trust medicine management guidance and that drugs fridge records are completed daily.	Nursing	All staff aware of Trust Medicine Management policy. Fridge records completed daily. Ward Sister to monitor compliance. Included in Safety briefs at handover.	May 2015

Reference number	Recommendations to Ward 6D	Designated department	Action required	Date for completion/ timescale
Standard 3: Patient Linen				
6.	Staff should ensure linen stores are clean and in good repair, and that staff follows trust guidance on the disposal, moving and handling of used linen.	Nursing	Linen store de-cluttered and cleaned. Included in safety brief. Used linen guidance on laminated poster for guidance displayed. Ward Sister to monitor.	May 2015
Standard 4: Waste and Sharps				
7.	Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. A waste bin should be provided at each hand wash sink, waste bins should be clean and free from damage.	PCSS Nursing	Staff aware of waste segregation for clinical and household waste. Bins colour coded and available at each sink. Laminated waste disposal poster available for all staff guidance. All damaged bins replaced.	May 2015
8.	Sharps boxes should be labelled correctly, secured and changed in accordance with local policy. Temporary closures should be in place when not in use.	Nursing	All staff aware of Sharps policy. Nursing staff requested to remind Medical staff to use temporary closures.	May 2015
Standard 5: Patient Equipment				
9.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	Equipment stored in equipment store clean, labelled with trigger tape and ready for use. Servicing records where appropriate available.	May 2015

Reference number	Recommendations to Ward 6D	Designated department	Action required	Date for completion/ timescale
10.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing	Trigger tape used to identify equipment is clean and ready for use.	May 2015
Standard 6: Hygiene Factors				
11.	Staff should ensure hand wash sinks are clean and accessible, dispensers should be in good repair.	PCSS	Cleaning schedule in place. Monthly independent Cleanliness Audits carried out. Dispensers checked and replaced as necessary.	May 2015
12.	Staff should ensure chemical and disinfectants are stored in line with COSHH regulations.	PCSS	Staff aware of need to securely store chemicals in line with COSHH Guidelines. Chemicals will be stored in locked cupboard /store.	May 2015
13.	Staff should ensure cleaning equipment is clean and stored correctly.	PCSS	Equipment cleaned after use and trigger tape on clean equipment.	May 2015
Standard 7: Hygiene Practices				
14.	Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.	Nursing/ Multi-disciplinary Team	IPC poster displayed at each basin. Staff received refresher training in hand-washing. Hand hygiene Audits in place.	June 2015
15.	Staff should ensure patient equipment is cleaned between every use.	Nursing	Staff aware to label clean equipment with Trigger tape. Ward Sister to monitor.	May 2015

Reference number	Recommendations to Ward 6D	Designated department	Action required	Date for completion/ timescale
16.	All staff should be aware of the NSPA colour coding and COSHH guidance and disinfectant dilution rates.	Nursing PCSS	Staff aware of COSHH guidance. Laminated poster with dilution rates displayed.	June 2015
17.	Staff should ensure that actions plans and validation audits are carried out when audit scores indicate poor practice.	Nursing PCSS	Ward Sister to review Audit results and action as necessary. Clinical Co-ordinator to review Audit results.	June 2015
18.	It is recommended that the trust should ensure ward staffing levels are reviewed and met agreed staff complement for the ward.	Senior Management Team	Funded staffing levels are in place. Ward Sister will be supervisory from September 2015	September 2015

Reference number	Recommendations to Ward 7A	Designated department	Action required	Date for completion/ timescale
Recommendations for common issues				
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, and stains.	PCSS Nursing	Cleaning schedule reviewed. Independent Cleanliness audits carried out. Audit results to action as necessary by Ward Sister.	May 2015
2.	A maintenance programme should be in place for damage to doors, walls, flooring, skirting and cupboards. Damaged furniture or fittings should be repaired or replaced.	Nursing PCSS Estates	All staff aware to replace/ repair items as necessary. Joint nursing/PCSS ward inspection to be established to provide a robust maintenance programme.	August 2015
3.	Staff should review the use of storage facilities to ensure they are clutter free.	Nursing Senior management Team	Store de-cluttered. Ebola Planning and additional PPE/ Equipment required impacts on store being cluttered and being temporarily stored in Seminar room. Capital bid submitted for Estates programme to provide additional storage area for ward.	September 2015
4.	Staff should ensure that drugs are held in line with trust medicine management guidance and that drugs fridge records are completed daily.	Nursing	Staff aware to adhere to Trust Medicine Management policy. Fridge records to be recorded daily. Included in Daily Safety brief handover to ensure compliance. Ward Sister to monitor compliance.	May 2015

Reference number	Recommendations to Ward 7A	Designated department	Action required	Date for completion/ timescale
5.	Nursing cleaning schedules should be consistently recorded. Schedules should be robustly audited by senior staff.	Nursing	Information on cleaning schedules to be included in Safety brief handovers. Monitoring and surveillance to be carried out by Ward Sister.	May 2015
6.	Hand hygiene posters should be displayed at hand washing sinks for nursing and domestic staff to reference.	Nursing	Laminated posters available at each hand washing sink	May 2015
Standard 3: Patient Linen				
7.	Staff should ensure linen stores are clean, in good repair and free from clutter.	Nursing	Linen store cleaned and tidied. Shelf repaired. No other items are stored in Linen room. Highlighted at team safety brief to improve staff awareness.	May 2015
Standard 4: Waste and Sharps				
8.	Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. A waste bin should be provided at each hand wash sink.	Nursing PCSS	Household bins available at each hand washing sink. Bins are colour coded for clinical and household waste. Included on safety brief to remind staff correct waste management procedure.	May 2015
9.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use, stored securely and that temporary closure mechanisms are deployed between use.	Nursing	Nursing staff to remind medical staff to use temporary closures on sharps box. Included on safety brief to remind staff to date and sign boxes when they are assembled. Ward Sister to monitor	May 2015

Reference number	Recommendations to Ward 7A	Designated department	Action required	Date for completion/ timescale
			compliance.	
10.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.		Ward 7a does not have a resuscitation trolley in use on ward. New resuscitation equipment has been ordered.	September 2015
Standard 5: Patient Equipment				
11.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing PCSS	Equipment is cleaned and trigger tape in place ready for use. Servicing records where appropriate adhered to. All damaged/broken equipment to be repaired/replaced as appropriate. Ward Sister to monitor.	July 2015
12.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing	Trigger tape is used on all equipment cleaned and ready for use. Included on Safety briefs to raise staff awareness. Ward Sister to monitor.	May 2015
Standard 6: Hygiene Factors				
13.	Staff should ensure hand wash sinks are maintained in good repair.	PCSS Nursing Estates	All hand wash sinks inspected and Estates dept to repair r/replace as necessary. Ward Sister to monitor.	July 2015
14.	Staff should ensure chemical and disinfectants are stored in line with COSHH regulations.	PCSS	Staff aware to securely store chemicals in line with COSHH Guidelines. Chemicals will be stored in a locked cupboard store.	May 2015

Reference number	Recommendations to Ward 7A	Designated department	Action required	Date for completion/ timescale
15.	Staff should ensure cleaning equipment is clean and stored correctly.	PCSS	All cleaning equipment cleaned and trigger tape used after use. PCSS team leader to monitor.	May 2015
Standard 7: Hygiene Practices				
16.	Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.	Nursing/Multi-disciplinary team	IPC hand washing laminated poster at each hand washing sink. Hand washing Audits carried out and non- compliance addressed by Nurse in charge.	May 2015
17.	Nursing staff should update their knowledge in relation to wearing PPE appropriately.	Nursing	All staff have PPE training. Ward Sister to monitor compliance. Infectious Disease ward uses different types of PPE depending on IPC guidance due to nature of speciality.	May 2015
18.	Staff should ensure they have access to COSHH data sheets for disinfectants.	Nursing /PCSS	COSHH laminated posters for disinfection dilution rates and storage are displayed on ward.	May 2015
19.	Staff should ensure they comply with the trust dress code policy.	Nursing Medical MDT	All staff aware of Trust Policy. Nurse in charge to monitor compliance Included in Safety briefs at handover.	May 2015



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