



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Belfast City Hospital

Belfast Health and Social Care Trust

15 January 2014

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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 Belfast City Hospital on the 15 January 2014. The inspection team was made up of five inspectors and one peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Belfast City Hospital was previously inspected on 12 December 2012. This inspection identified issues of minimal compliance within standards 2-7 of the Regional Healthcare Hygiene and Cleanliness Standards in one of the wards inspected, Ward 7. In line with the follow up process an unannounced inspection was undertaken on the 26 March 2013. The results of the inspection showed an overall improved compliance. The inspection report of that inspection 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 2 South (Colorectal)
- Ward 3 South (Urology)
- Ward 4 South (Dermatology)

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

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

Good practices observed by the inspection team:

- Audits for hand washing, EWS, peripheral vascular catheter, urinary catheter, environmental cleanliness
- Ward 2 South was compliant in all sections of the Regional Healthcare Hygiene and Cleanliness standards
- Colorectal services have been centralised within the BCH site. This has had an impact on Ward 2 South. The transition, while challenging, appears to have been facilitated in a positive manner by all staff
- Ward 3 South has developed an Integrated Care Pathway for Adult Inpatients in the Department of Urology
- Ward 3 South has carried out the Productive Ward (2010) (Picture1) and Person Centered Care (2012) to streamline services and improve patient care



Picture 1: A display of the benefits of the productive ward initiative

- Ward 4 South has achieved the Investors in People award
- There were various training events being advertised for staff in Ward 4 South; “working with personality disorders”, “guidelines on caring for people with a learning disability”, “transforming care” and heart failure”

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

- Ward 3 South achieved a low partial compliance in the availability, use and storage of sharps. Attention is required to bring this standard up to a compliant level

The inspection of the Belfast City Hospital, BHSCT, resulted in **1** recommendation for public areas, **13** recommendations for Ward 2 South, **17** recommendations for Ward 3 South and **13** recommendations for Ward 4 South. Addressing these recommendations will further enhance the overall compliant standards achieved by staff. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Stained interior of a mattress
- The temporary closure mechanisms on sharps boxes, to prevent spillage and impede access, were not always in place when the sharps boxes were not in use

The BHSCT 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 will 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 BHSCT and in particular all staff at the Belfast City Hospital for their assistance during the inspection.

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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	2 South	3 South	4 South
General environment	90	88	91
Patient linen	94	88	96
Waste	98	95	98
Sharps	94	76	82
Equipment	93	86	90
Hygiene factors	99	98	97
Hygiene practices	96	92	98
Average Score	95	89	93

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	2 South	3 South	4 South
Reception	89	N/A	N/A
Corridors, stairs lift	88	92	N/A
Public toilets	83	98	95
Ward/department - general (communal)	92	92	86
Patient bed area	97	97	94
Bathroom/washroom	93	94	91
Toilet	93	83	92
Clinical room/treatment room	93	90	83
Clean utility room	N/A	N/A	N/A
Dirty utility room	96	85	86
Domestic store	85	78	85
Kitchen	98	79	94
Equipment store	76	77	96
Isolation	92	92	97
General information	81	89	92
Average Score	90	88	91

The findings in the table above indicate that all wards were overall compliant for this standard.



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 (Picture 2). Minor maintenance, repair and cleaning issues were identified in these areas.

Picture 2: Clean, tidy and well-presented lift and ward lobby area

In the main reception area and corridors leading to the wards, there were minor scuff marks on walls, chewing gum deposits on the entrance carpet and adhesive residue on the hard plastic chairs. In the lobby of Ward 3 South, the vinyl cover was torn on two chairs and there were stains on the chairs at the lobby of Ward 2 South. The flooring in the lift required a more detailed clean.

Issues identified in the main hospital reception public toilet were; damaged paint work on walls and doors, grubby corners and edges of flooring and a dusty air vent.

Some ward areas require attention to detail in cleaning, maintenance and repair and in maximising the use of available storage space.

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

- Maintenance and repair issues; the wood finish on doors and frames, and paint work and plaster damage on walls. In Wards 2 and 3 South, the paint finish on bed rails was damaged and skirting was peeling away from some walls. In Wards 3 and 4 South, ceiling tiles were damaged or missing.
- Greater attention to detail when cleaning high and low horizontal surfaces such as dust and debris in cupboards or shelving is required. Lime scale was noted on taps. In Wards 2 and 3 South, dust was observed in the corners and edges of flooring or skirting.
- Equipment stores for Wards 2 and 3 South were cluttered making effective cleaning of surfaces and hard to access areas difficult. Boxes of supplies were stored on the floor and on top of cupboards or tables. These stores are shared between two wards and require re-organisation and a review of stock. In Ward 3 South a ceiling light bulb was not working and the door was unlocked.
- Information leaflets on hand hygiene and general infections were not available in Wards 2 and 3 South and healthcare associated infection leaflets were not available in Ward 3 South. Domestic service cleaning schedules, environmental cleanliness guidelines and COSHH data information were available in all wards.
- In Wards 2 and 4 South, the drugs' fridge temperature was inconsistently recorded, in Ward 3 South the base of the fridge required cleaning.

Ward 2 South



The standard of maintenance and cleaning of surfaces and fixtures within this ward was of a good standard (Picture 3), some issues were identified.

Picture 3: Clean and well maintained bed pan washer, mop and bucket

- There was minor damage to window frames and a shower was broken and out of commission. This had been reported 19/12/2013.
- The internal space between the interior and external window panes was dirty. In a side room, the hand washing basin taps, the hand control of the bedside entertainment system and the castors and wheels of the bed were stained.
- In the male toilet the base of the toilet brush holder and a raised toilet seat had urine stains. The slop hopper in the dirty utility room and the domestic sluice bowl were splashed and stained.
- In the treatment room, boxes of supplies and medication were stored on the floor and there was no sign to indicate the storage of oxygen.

Ward 3 South

The furnishings and fabric of a side room, dirty utility and shower rooms, although clean, were tired, old and worn. This is in contrast to other wards and areas of Ward 3 South (Picture 4 and 5). The trust plans to present a capital bid in May 2014 to refurbish the ward. An overall compliant score was achieved in this standard, some issues were identified.



Picture 4: Ward 3 South, old, worn and tired, but clean shower room



Picture 5: Ward 2 South, refurbished, well-presented shower room

- Notable maintenance and repair issues identified in the toilet included holes in the wall where a fixture had been removed, damaged sealant behind a toilet and the pipe work screw at a second toilet was worn. In the domestic store the floor vinyl was damaged and missing in places, the sink taps were loose.
- Cleaning issues were identified in the kitchen; high and low horizontal surfaces, equipment sink tap and overflow, the internal surface of the microwave and dishwasher and stains on the front of cupboards. There was no instruction to staff not to use the microwave to reheat patient food, there were 3 out of date jellies and no use by date on the trifles. A container of soup was not labeled.
- Inspectors observed a jug of urine in the equipment sink of the dirty utility room. Staff reported that this was due to a directive to dispose of urine into the bed pan washer and not into the slop hopper. As the bed pan washer was in use, the jug of urine could not be disposed of in a timely fashion. Inspectors were advised that a second bed pan washer is on order for the ward. Inspectors discussed this at the feedback session with the trust Infection Control Team, who are aware and support this requirement.

Ward 4 South

The standard of maintenance and cleaning within this ward was of a good standard, some issues were identified.

- Maintenance and repair issues include; the screw cover caps were missing on the bathroom mirror, there was a gap in the seal on the toilet wall cladding and inside the bedpan washer, one of the bolts was rusted. In the domestic store, the cupboard surfaces were worn and unsealed, there was no dedicated hand washing sink, the equipment sink enamel was chipped and the legs were rusted. The plastic casing on a bed undercarriage was damaged. A dedicated shower or bathroom was not available for the isolation room.

- Cleaning issues include; paper labels on desks, small blood stains on the wall above the leaflet rack and the rack was dusty. There was blu-tac residue on walls of the treatment room, boxes of supplies were stored on the floor and the cupboards were dusty. In the dirty utility room, high wall surfaces, the door hand touch points, the outside of the bedpan washer and the equipment sink plughole required more detail cleaning. In a bay, the inside of a mattress was stained.

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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	2 South	3 South	4 South
Storage of clean linen	100	76	91
Storage of used linen	88	100	100
Laundry facilities	N/A	N/A	N/A
Average Score	94	88	96

The above table outlines the findings in relation to the management of patient linen. All wards achieved overall compliance. Minor maintenance issues affected scores in Ward 4 South. In Ward 3 South, the partially compliant scores in the storage of clean linen indicated both cleaning and maintenance issues.

Ward 2 South

- The paint work on linen skips was chipped and some linen bags were torn.

Ward 3 South

- The door paintwork and floor surface were damaged.
- There was a sticky label on the light switch and the skirting required cleaning.
- An outdoor coat was stored on the top shelf.

Ward 4 South

- The paint and wood finish on the door was damaged.
- The cover of the air vent was missing.

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	2 South	3 South	4 South
Handling, segregation, storage, waste	98	95	98
Availability, use, storage of sharps	94	76	82

The above table indicates that all wards achieved compliance in the handling, segregation and storage of waste. Ward 3 South scored a low partial compliance for availability, use and storage of sharps, action is required to bring this standard to compliance. Issues identified for improvement in this section of the audit tool were:

7.1 Management of Waste

Issues common to all wards

- There was inappropriate waste in receptacles used for the collection of waste.

Ward 3 South

- There was no clinical waste bin in Bay L.
- The purple lidded burn bin was not labeled; date, locality, signature.

7.2 Management of Sharps

Issues common to wards

- In Wards 2 South and 4 South, the sharps box on the resuscitation trolley had contents.
- In Wards 3 South and 4 South, not all temporary closures on sharps boxes were deployed when the sharps box was not in use.
- In Wards 2 South and 4 South, sharps trays were stained and had tape residue.

Ward 3 South

- Not all sharps boxes were signed appropriately.
- Some sharps boxes were unsecure and accessible to the general public.

Ward 4 South

- In the treatment room, a small sharps box was over filled and a large sharps box was blood stained.

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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	2 South	3 South	4 South
Patient equipment	93	86	90

The above table indicates that all wards achieved compliance in this standard. Issues identified for improvement in this section of the audit tool were:

Issues common to wards

- Phlebotomy staff in Ward 2 South and nursing staff in Ward 3 South were not aware of the symbol for single use.
- In Wards 2 and 3 South, nasal speculae when not in use, were hanging uncovered behind the patient's bed.
- In Wards 2 and 4 South, some items of equipment were dusty.

Ward 2 South

- Staff were unsure of the policy for changing oxygen masks and tubing.

Ward 3 South

- Trigger tape was not insitu on shared equipment and trigger tape on commodes was not dated.
- The base of some IV stands was old and worn and the plastic coating on the frame of some urinal holders was damaged.
- Patient wash bowls and ANTT trays were stacked wet and in need of cleaning.
- A yanker suction catheter on the portable suction machine was not in the original packaging.

Ward 4 South

- There was adhesive tape on the drugs and medical notes trolleys and paper labels on a piece of equipment in the day procedure area.
- The stethoscope on the resuscitation trolley, an ANTT tray and the underside of commodes were stained; the frame of one the commodes had spots of rust.

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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	2 South	3 South	4 South
Availability and cleanliness of wash hand basin and consumables	100	95	96
Availability of alcohol rub	97	100	100
Availability of PPE	100	100	93
Materials and equipment for cleaning	100	96	97
Average Score	99	98	97

The above table indicates good compliance in this standard; action is needed to address the issues identified below.

Issues common to wards

- In Wards 3 and 4 South, cleaning chemicals were not stored in accordance with COSHH guidelines.

Ward 2 South

- In Bay C; the underneath of the alcohol dispenser was grubby.

Ward 3 South

- There was only one clinical hand washing sink in the two 6 bedded bay areas, not in line with policy.
- There was no dedicated hand washing sink in the small dirty utility room.
- Greater attention to detail is required when cleaning hand washing sink taps; treatment room and large dirty utility room.
- There was debris on the top of the kitchen brush.

Ward 4 South

- Disposable aprons were not readily available for use in the dirty utility room.
- There was a plug on the clinical hand wash sink in the treatment room.
- The liquid soap dispensers in the dirty utility room and Bay B required 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	2 South	3 South	4 South
Effective hand hygiene procedures	94	89	100
Safe handling and disposal of sharps	100	92	92
Effective use of PPE	100	94	100
Correct use of isolation	95	95	94
Effective cleaning of ward	90	89	100
Staff uniform and work wear	97	90	100
Average Score	96	92	98

The above table indicates good compliance with this standard. Some issues were identified that require improvement in staff knowledge and practice in all wards.

Issues common to wards

- Some staff in Wards 2 and 3 South were unaware of the 7 step hand hygiene technique.
- Re-sheathed needles were observed in sharps boxes in Wards 3 and 4 South (Picture 6).



Picture 6: Re-sheathed needle in a sharps box

- In Wards 2 and 3 South there were no changing facilities for nursing and male domestic staff.

Ward 2 South

- Care pathway documentation was not updated for ongoing care.
- Some nursing staff were unsure of the dilution rate for actichlor plus when required for blood and body spills.

Ward 3 South

- One member of staff did not wear a protective apron when carrying a basin of water.
- A patient, with diarrhoea, nursed in isolation had no care plan in place to direct care.
- Nursing staff were unaware of the NPSA colour coding system.
- Manufacturer's instruction for the decontamination of equipment was only available for some equipment.
- One doctor wore hair below collar length.

Ward 4 South

- A member of nursing staff did not remove PPE on leaving the isolation room.

11.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs L Gawley	- Inspector, Infection Prevention/Hygiene Team
Mrs M Keating	- Inspector, Infection Prevention/Hygiene Team
Mr T Hughes	- Inspector, Infection Prevention/Hygiene Team
Mrs S O'Connor	- Inspector, Infection Prevention/Hygiene Team
Mr S O'Connor	- Inspector, Dental Team

Peer Reviewers

Mrs J Clarke	- Manager, Support Services SEHSCT
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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 P Mc Kinney	- Acting Assistant Director of Nursing Surgery and Specialist Services
Ms A Bollos	- Medical Microbiology
Ms M Kearney	- Service Manager
Mr D Hamill	- Estates Manager
Ms L Symington	- Assistant Service Manager Surgery
Ms A Calvert	- Sister Ward 4 South
Ms M Carson	- Sister Ward 3 South
Ms J Buchanan	- Senior Infection Prevention and Control nurse
Ms P Berkery	- Operational Manager PCSS
Mr E Moffett	- Manager PCSS
Mr S Trainor	- Manager PCSS
Mr Hanna	- Catering Manager
Ms Thomas	- Service Manager
Ms A Baird	- Deputy Sister Ward 3 North
Ms L Mc Neill	- Infection Prevention and Control nurse
Ms S Ni Bhroin	- Estates Placement student
Ms S O'Doherty	- Staff Nurse, Ward 2 South

Apologies:

Ms B Creaney	-Executive Director of Nursing
Dr D Robinson	-Co-Director of Nursing

12.0 Summary of Recommendations

Recommendation for General Public Areas (Main Entrance to Hospital)

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

Recommendations Ward 2 South

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, bedrails and showers. 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. Information leaflets on hand hygiene and general infections should be available.
5. Staff should ensure daily temperature records for the drugs'fridge are maintained consistently.

Standard 3: Linen

6. The trust should ensure equipment used for the storage of linen is 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 sharps are managed according to trust policy.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

10. Ward staff should ensure that consumables are clean.

Standard 7: Hygiene Practices

11. Staff should ensure they are familiar with the 7 step hand hygiene technique.
12. Staff should ensure care pathways are updated for on-going care.
13. Nursing staff should ensure they are familiar with the dilution rate for the disinfectant in use for blood and body spills.

Recommendations: Ward 3 South

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, ceiling tiles and sanitary areas. Damaged furniture or fittings should be repaired or replaced. New equipment should be installed as appropriate.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Information leaflets on hand hygiene and general infections and healthcare associated infections should be available.

Standard 3: Linen

5. Staff should ensure that linen store rooms 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 are managed according to trust policy.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

9. Ward staff should ensure that hand wash sinks and taps are clean.
10. The trust should review the provision of a dedicated clinical hand wash sink in the dirty utility room.
11. Cleaning chemicals should be stored in accordance with COSHH guidance.

Standard 7: Hygiene Practices

12. Staff should ensure they are familiar with the 7 step hand hygiene technique.
13. Staff should ensure that needles are not re-sheathed as per trust policy.
14. Staff should ensure PPE is worn appropriately.
15. Nursing staff should ensure care plans are maintained for patients in isolation for diarrhoea.
16. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
17. All staff should ensure they comply with trust dress code policy.

Recommendations: Ward 4 South

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt, stains and paper labels.
2. A maintenance programme should be in place for damage to doors, walls, skirting, ceiling tiles and sanitary equipment. Damaged furniture or fittings should be repaired or replaced.
3. The trust should review the provision of a dedicated shower or bathroom for the isolation rooms and hand wash facilities in the domestic store.

4. Staff should ensure daily temperature records for the drugs' fridge are maintained consistently.

Standard 3: Linen

5. Staff should ensure that linen store rooms 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 are managed according to trust policy.

Standard 5: Patient Equipment

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

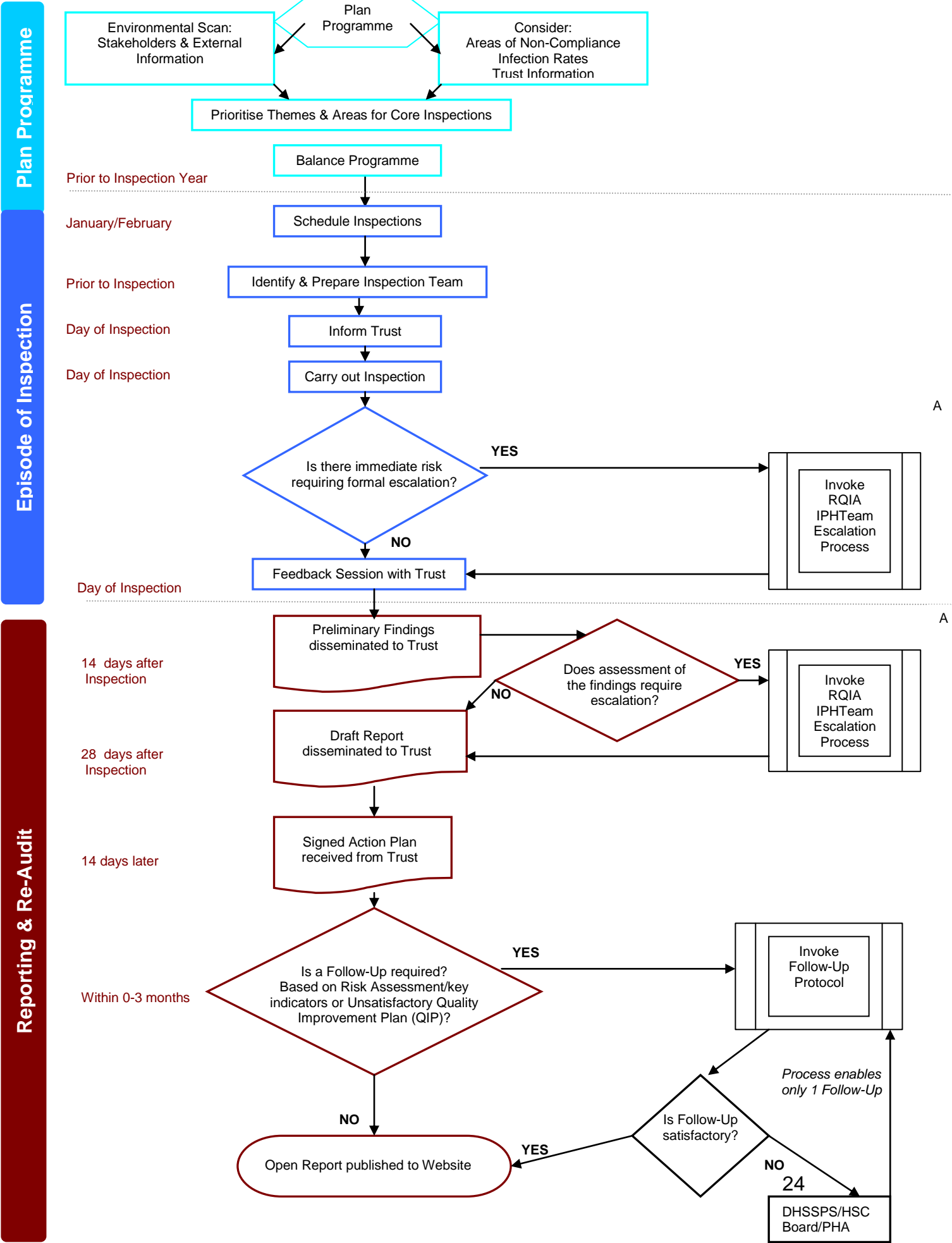
Standard 6: Hygiene Factors

9. Ward staff should ensure that consumables are clean.
10. The plug on the clinical hand wash sink in the treatment room should be removed.
11. Cleaning chemicals should be stored in accordance with COSHH guidance.
12. The trust should review the provision of PPE close to the dirty utility room.

Standard 7: Hygiene Practices

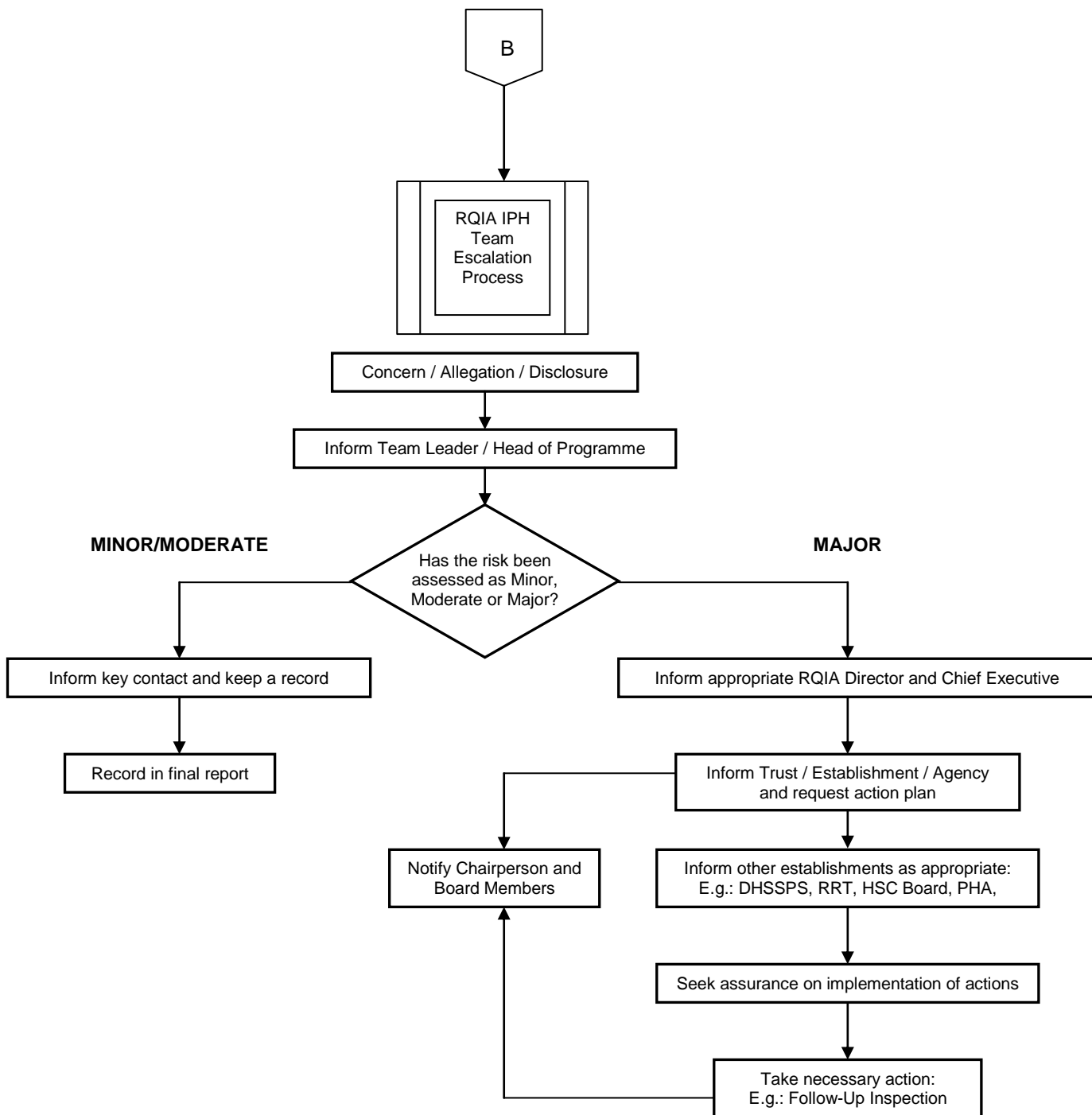
13. Staff should ensure PPE is worn appropriately.

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
Recommendation for General Public Areas (Main Entrance to Hospital)				
1.	The trust should continue to ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	PCSS Estates	General public areas have been cleaned thoroughly. Repair of furniture and fixings is ongoing as part of Estates daily maintenance and refurbishment programmes.	Complete and ongoing

Area: Ward 2 South

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains.	PCSS	Surfaces cleaned and dust removed. Cleaning schedules are in place. Regular environmental audits and managerial walkrounds.	Complete and ongoing
2.	A maintenance programme should be in place for damage to doors, walls, skirting, windows, bedrails and showers. Damaged furniture or fittings should be repaired or replaced.	Estates	A maintenance programme is in place. Damaged chairs have been replaced. Regular environmental walkrounds are in place to identify areas requiring action.	Complete and ongoing
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Treatment room reorganised and on regular cleaning/de-clutter programme Regular environmental audits	Complete and ongoing
4.	Information leaflets on hand hygiene and general infections should be available	Nursing	Information leaflets are available and visible at the nurses' station. Display rack has been ordered.	Complete and ongoing 18 Apr 2014
5.	Staff should ensure daily temperature records for the drugs 'fridge are maintained consistently	Nursing	Maintained and regularly checked/validated by Ward Sister	Complete and ongoing
Standard 3: Linen				
6.	The trust should ensure equipment used for the storage of linen is in a good state of repair	Nursing	Four new trolleys have been ordered.	18 Apr 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 4: Waste and Sharps				
7.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing PCSS	Waste posters displayed and reinforced with all staff. Staff reminded of correct procedures at team meetings.	Complete and ongoing
8.	Staff should ensure sharps are managed according to trust policy.	Nursing	Sharps policy reinforced with all clinical staff and discussed at team meetings.	Complete and ongoing
Standard 5: Patient Equipment				
9.	Ward staff should ensure that equipment is clean, in a good state of repaired, stored and used correctly.	Nursing	Staff reminded of correct procedures. Cleaning schedules reviewed and updated.	Complete and ongoing
Standard 6: Hygiene Factors				
10.	Ward staff should ensure that consumables are clean	Nursing	Reinforced with all clinical staff. Cleaning schedules reviewed and updated.	Complete and ongoing
Standard 7: Hygiene Practices				
11.	Staff should ensure they are familiar with the 7 step hand hygiene technique	Nursing	7-step hand hygiene technique reinforced with staff. Regular Hand Hygiene Independent Audits are in place.	Complete and ongoing
12.	Staff should ensure care pathways are updated for on-going care	Nursing	Discussed with nursing staff and ongoing monitoring by ward Sister	Complete and ongoing
13.	Nursing staff should ensure they are familiar with the dilution rate for the disinfectant in use for blood and body spills	Nursing	Dilution poster displayed in sluice and reinforced with ward staff.	Complete and ongoing

Area: Ward 3 South

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains.	PCSS NURSING	<p>Areas identified as problematic have been addressed. All surfaces cleaned. PCSS cleaning schedule in place. Nursing cleaning schedule in place (weekly). Staff reminded of Infection Control policy. Copy of RQIA audit shared with staff.</p> <p>Ward Manager to carry out environmental cleanliness audit with PCCS supervisor on a monthly basis. Leadership walkrounds.</p> <p>Hand hygiene and environmental cleanliness audits, and details of Link Nurse for Infection Control will be displayed on Patient Information noticeboard.</p>	Complete and ongoing
2.	A maintenance programme should be in place for damage to doors, walls, skirting, ceiling tiles and sanitary areas. Damaged furniture or fittings should be repaired or replaced. New equipment should be installed as appropriate.	ESTATES	A maintenance programme is in place. Areas requiring maintenance have been reported by Ward Manager and job numbers received. New equipment ordered	Complete and ongoing

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	NURSING PCSS	<p>Clinical areas reviewed by Assistant Service Manager/ Ward Manager. Extra storage cupboard ordered for clinical room.</p> <p>Staff reminded to ensure correct storage of equipment</p> <p>Storage issues have been included in the May 2014 refurbishment bid for the ward.</p>	Complete and ongoing
4.	Information leaflets on hand hygiene and general infections and healthcare associated infections should be available.	NURSING	Information leaflets available at Nurses' station pending arrival of display rack.	Complete and ongoing
Standard 3: Linen				
5.	Staff should ensure that linen store rooms are maintained in a good state of repair.	ESTATES NURSING/ PCCS	<p>Areas requiring maintenance have been reported by Ward Manager and job numbers received</p> <p>All staff reminded to use linen room appropriately and to keep linen room tidy.</p> <p>PCCS staff reminded to include the Linen Store in weekly cleaning schedule</p>	Complete and ongoing

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 4: Waste and Sharps				
6.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	NURSING/ MEDICAL	<p>Areas of concern detailed in the preliminary findings have been addressed.</p> <p>Staff reminded of correct waste disposal method in safety brief/ward meetings.</p> <p>Waste and Sharps to be included in leadership walkround.</p> <p>Bid for second bedpan washer submitted June 2013.</p>	Complete and ongoing
7.	Staff should ensure sharps are managed according to trust policy.	NURSING/ MEDICAL	<p>Nursing Staff reminded of the importance of adhering to Trust policy in safety brief/ ward meetings.</p> <p>Clinical lead to highlight to medical staff.</p>	Complete and ongoing

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 5: Patient Equipment				
8.	Ward staff should ensure that equipment is clean, stored and used correctly and in a good state of repair.	NURSING	<p>Staff reminded to ensure that equipment is cleaned appropriately and that the cleaning schedule is adhered to and signed.</p> <p>Staff reminded to store and use ward equipment appropriately, and that equipment in a poor state of repair should be reviewed and replaced as required.</p> <p>To be included in Leadership walk around</p>	Complete and ongoing
Standard 6: Hygiene Factors				
9.	Ward staff should ensure that hand wash sinks and taps are clean.	PCCS	<p>Staff reminded to include the cleaning of sinks and taps in daily cleaning schedule.</p> <p>Weekly checks by supervisor in place.</p> <p>Monthly environmental cleanliness audits in place</p>	Complete and ongoing
10.	The trust should review the provision of a dedicated clinical hand wash sink in the dirty utility room.	ESTATES	Included in ward refurbishment bid May 2014.	30 Jun 2014

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
11.	Cleaning chemicals should be stored in accordance with COSHH guidance.	NURSING	Issue addressed and cleaning chemicals stored in line with COSHH guidelines. Staff reminded in safety brief to review COSHH guidelines, and further COSHH training to be arranged.	Complete and ongoing
Standard 7: Hygiene Practices				
12.	Staff should ensure they are familiar with the 7 step hand hygiene technique.	NURSING/ MEDICAL	Staff to reminded of 7 step hand hygiene technique Posters of 7 step hand hygiene policy to be displayed in key areas.	Complete and ongoing
13.	Staff should ensure that needles are not re-sheathed as per trust policy.	NURSING/ MEDICAL	Nursing Staff reminded of correct procedure in safety brief/ ward meeting Clinical lead to highlight to medical staff.	Complete and ongoing
14.	Staff should ensure PPE is worn appropriately.	NURSING	Staff reminded of proper use of PPE and will be re-trained accordingly.	Complete and ongoing
15.	Nursing staff should ensure care plans are maintained for patients in isolation for diarrhoea.	NURSING	Staff reminded to ensure that care plans are in place for all patients who require isolation.	Complete and ongoing
16.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	NURSING	All staff reminded of NPSA colour coding guidelines.	Complete and ongoing

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
17.	All staff should ensure they comply with trust dress code policy.	NURSING/ MEDICAL	Nursing and Medical staff reminded of Dress Code Policy	Complete and ongoing

Area Ward 4 South

Reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt, stains and paper labels.	Nursing staff Domestic supervisor	Staff informed by Domestic Supervisor that ongoing monitoring of environmental cleanliness will be carried out. Ward sister will ensure that nursing staff complete daily cleaning schedule.	Complete and ongoing
2.	A maintenance programme should be in place for damage to doors, walls, skirting, ceiling tiles and sanitary equipment. Damaged furniture or fittings should be repaired or replaced.	Estates	A maintenance programme is in place. Nursing staff to continue to follow Trust policy and report any damage to furniture or fittings through to Estates Department.	Complete and ongoing
3.	The trust should review the provision of a dedicated shower or bathroom for the isolation rooms.	Service manager	Not adequate room to have shower facilities in the side rooms on ward 4 south. Strategic plan is to centralise the dermatology service at Withers MPH. The issue will be overcome if the service moves to MPH.	Ongoing review
4.	Staff should ensure daily temperature records for the drugs fridge are maintained consistently.	Nursing staff	Nursing staff reminded of the importance of completing fridge temperature daily. Recorded also on team safety brief.	Complete and ongoing
Standard 3: Linen				
5.	Staff should ensure that linen store rooms are maintained in a good state of repair.	Estates and nursing staff	Staff should monitor state of the linen room and report any damage promptly	Ongoing review

Reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
			through to the Estates Department.	
Standard 4: Waste and Sharps				
6.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	All clinical staff	Staff reminded of the correct disposal and segregation of waste through the ward meeting and team safety brief. Poster in situ on healthcare waste segregation.	Complete and ongoing
7.	Staff should ensure sharps are managed according to trust policy.	All clinical staff	Sharps box disposed of following Trust policy. Staff made aware of importance of not overfilling sharps boxes and using the temporary closure at team safety brief and through ward meeting. Ongoing monitoring carried out by Ward sister.	Complete and ongoing
Standard 5: Patient Equipment				
8.	Ward staff should ensure waste is disposed of into the correct waste stream in a good state of repair.	All clinical staff	Staff reminded of the correct disposal and segregation of waste through ward meeting and team safety brief. Poster in situ on healthcare waste segregation.	Complete and ongoing
Standard 6: Hygiene Factors//				
9.	Ward staff should ensure that consumables are clean.	Nursing staff	Ward sister will ensure that nursing staff complete daily cleaning schedule.	Complete and ongoing

Reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
10.	The plug on the clinical hand wash sink in the treatment room should be removed.	Estates	Plug now removed.	Complete and ongoing
11.	Cleaning chemicals should be stored in accordance with COSHH guidance.	Domestic supervisor	Staff made aware of importance of ensuring chemicals remain locked away. New keys ordered by Domestic Supervisor. Regular monitoring by PCSS.	Complete and ongoing
12.	The trust should review the provision of PPE close to the dirty utility room.	Estates Infection control	Wall dispenser for aprons now in place.	Complete and ongoing
Standard 7: Hygiene Practices				
13.	Staff should ensure PPE is worn appropriately.	All clinical staff	Nursing staff reminded to adhere to Trust infection control policies and procedures and be aware of the correct use of PPE. Ward sister to ensure all staff have attended mandatory infection control update.	Ongoing review



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