



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

**The Regulation and Quality Improvement Authority**

**Infection Prevention/Hygiene  
Unannounced Inspection**

**Belfast Health and Social Care Trust**

**Belfast City Hospital**

**13 November 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](http://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](http://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](http://www.rqia.org.uk).

### 3.0 Inspection Summary

An unannounced inspection was undertaken to the Belfast City Hospital, on the 13 November 2014. The inspection team was made up of three inspectors and three peer reviewers. 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 15 January 2014. All wards inspected were compliant with the Regional Healthcare Hygiene and Cleanliness Standards. The inspection report of that inspection is available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

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

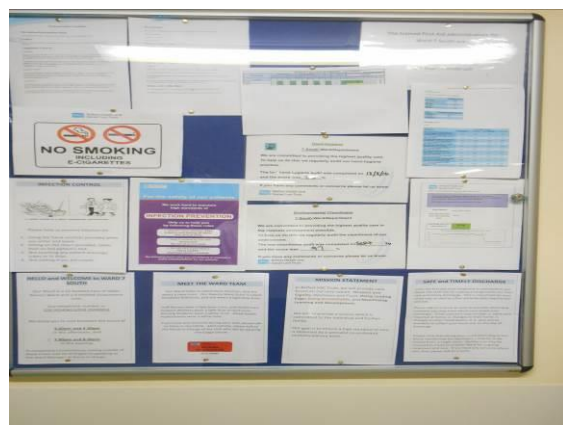
- Ward 6 North
- Ward 7 South
- Ward 8 South

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.

Inspectors observed the following good practice:

- In Ward 7 South it is planned to place doors on the entrance of the ward bays. This will minimise noise levels for patients within the bays. It will also benefit Infection Prevention and Control (IPC) when cohorting patients at times of an increased incidence of infection.
- Ward 7 South had good Infection Prevention and Control information boards at the entrance to the ward. (Picture 1)



Picture 1: Good information boards at the entrance to the ward.

- Bedside handover takes place morning and afternoon.

- Ward 8 South had several quality initiatives for example two nurses were starting ANTT assessor training and the ward sister takes part in the nutritional audit on the “10 a day” guidance.

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

- The storage of clean linen in all three wards.

The inspection of the Belfast City Hospital, resulted in Ward 6 North **14** recommendations, Ward 7 South **11** recommendations and Ward 8 South **13** recommendations; a full list of recommendations is listed in Section 12.0.

There were no recurring themes from the previous inspections.

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 Belfast Health and Social Care Trust and in particular all staff at the Belfast City Hospital for their assistance during the inspection.

## 4.0 Overall compliance rates

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

The audit tool is comprised of the following sections:

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

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

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

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

Areas inspected	6 North	7 South	8 South
General environment	94	88	90
Patient linen	89	87	90
Waste	97	92	95
Sharps	86	94	88
Equipment	85	93	91
Hygiene factors	96	96	98
Hygiene practices	95	97	94
<b>Average Score</b>	<b>92</b>	<b>92</b>	<b>92</b>

## 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	6 North	7 South	8 South
Reception	95	N/A	N/A
Corridors, stairs lift	100	90	87
Public toilets	97	N/A	N/A
Ward/department - general (communal)	92	76	93
Patient bed area	95	93	93
Bathroom/washroom	88	92	98
Toilet	95	93	98
Clinical room/treatment room	90	90	98
Clean utility room	N/A	N/A	92
Dirty utility room	90	80	98
Domestic store	82	71	71
Kitchen	98	96	96
Equipment store	100	81	74
Isolation	96	92	89
General information	92	100	85
<b>Average Score</b>	<b>94</b>	<b>88</b>	<b>90</b>

The above table outlines the findings in relation to the general environment of the facilities inspected.

The findings indicate that overall there was good compliance in this standard.

The reception area, public toilets and corridors leading to the wards were generally clean, maintenance and repair was of a good standard. There were chewing gum deposits on the barrier mat at the main reception entrance and walls in reception were scuffed. There were minor issues in relation to damaged walls and doors on levels 7 and 8 lift lobby areas.

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

## Common issues

- The cleaning and the maintenance and repair of all wards were of a good standard (Picture 2). There were some minor cleaning issues in relation to windows and high and low horizontal surfaces in relation to dust and stains. Damage was noted to some walls, doors and sanitary fixtures. Lime-scale was noted on some equipment sink taps.



Picture 2: Prepared bed space

- Drugs fridge temperatures were not recorded consistently in Wards 7 South and 8 South. In Ward 6 North the drugs fridge temperatures were not recorded on trust documentation and there was no guidance on the temperature ranges to ensure safe storage of drugs.

### Ward 6 North

- The bedpan washer was not effectively cleaning the bedpans.
- There was no hand hygiene poster at the clinical hand wash sink in the dirty utility room. Information leaflets on *C-difficile* were not displayed.

### Ward 7 South

- In the domestic store the hand wash sink, taps and domestic sluice required cleaning. The domestic store was untidy and cluttered. In the dirty utility room the deep equipment sink and sluice hopper was stained, the u-bend under the sluice hopper was heavily rusted.

### Ward 8 South

- The vinyl cover on of the venepuncture chair arm rest, in the small treatment room, was torn and foam interior exposed.
- There was no hand hygiene poster at the clinical hand wash sink in the dirty utility room. Information posters were not displayed on waste segregation or the management of a needle stick injury. Nursing cleaning schedules did not itemise all available equipment.
- There was insufficient storage space in the equipment store; boxes of supplies were stored on the floor.



## 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).

Management of linen	6 North	7 South	8 South
Storage of clean linen	78	80	79
Handling and storage of used linen	100	93	100
Laundry facilities	N/A	N/A	N/A
<b>Average Score</b>	<b>89</b>	<b>87</b>	<b>90</b>

The above table outlines the findings in relation to the management of patient linen. All wards were the partially compliant scores in the storage of clean, improvement is required. There was good practice and staff knowledge in the handling and storage of used linen. Wards 6 North and 8 South achieved full compliance score.

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

### Common issues

- All three linen stores required cleaning and tidying, floors were dusty and there was damage to walls and doors. Supplies of curtains and pillows were on the floor.

### Ward 7 South

- The frames of the used linen skips were damaged

## 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	6 North	7 South	8 South
Handling, segregation, storage, waste	97	92	95
Availability, use, storage of sharps	86	94	88

All wards achieve compliance in this standard

### 7.1 Management of Waste

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

#### Common issues

- There was inappropriate waste in some sharps boxes, burn bins and clinical waste bins (Picture 3).



Picture 3: Inappropriate waste in sharps box

### 7.2 Management of Sharps

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

### **Common issue**

- The temporary closure mechanism on sharps boxes was not deployed consistently when the boxes were not in use.

### **Ward 6 North**

- The sharps box on the resuscitation trolley had been used, but not changed. A sharps tray was blood stained.

### **Ward 7 South**

- There were some blood stains on the sharps box in the treatment room.

### **Ward 8 South**

- Sharps trays were not available.

## 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	6 North	7 South	8 South
Patient equipment	85	93	91

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

### Common issues

- Some patient equipment required more detailed cleaning.
- In Ward 6 North and 8 South laryngoscope blades in the resuscitation trolley were out of their original packaging. In Ward 6 North's GP unit, IV fluids and a yanker suction catheter had been removed from their packaging.

### Ward 6 North

- Trigger tape was not used consistently to identify that stored equipment was cleaned.
- There was adhesive tape on the phlebotomy trolley and resuscitation trolley, the frame of resuscitation trolley was damaged.
- There were material tourniquets on the phlebotomy trolleys, they were grubby and could not be effectively cleaned.

### Ward 7 South

- A member of nursing staff was unaware of the policy for cleaning nebuliser chambers; a second did not know the symbol for single use equipment.

### Ward 8 South

- A member of medical staff was observed rinsing an Aseptic Non Touch Technique (ANTT) tray in a clinical hand wash following an ANTT procedure. ANTT trays were observed on top of a house hold waste bin the in the small treatment room.

- A large number of bedpans were worn and badly scored, the top work surface of the resuscitation trolley had a large crack, and a hoist frame was chipped.

## 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	6 North	7 South	8 South
Availability and cleanliness of wash hand basin and consumables	99	99	97
Availability of alcohol rub	100	100	100
Availability of PPE	100	100	100
Materials and equipment for cleaning	85	83	93
<b>Average Score</b>	<b>96</b>	<b>96</b>	<b>98</b>

The above table indicates good compliance in this standard. Ward 7 South was partially compliant in the materials and equipment for cleaning, action is needed to address the issues identified below.

### Common issues

- There was lime-scale on some of the clinical hand wash sinks in Ward 6 North and 7 South. In 8 South two clinical hand wash sinks were stained.
- Chemical cupboards were not locked. Domestic cleaning equipment required more detailed cleaning.

### Ward 6 North

- One bedpan on the clean bedpan rack has urine present. (Picture 4).
- Some cleaning wipes containers had been left open, the cloths had dried out and were no longer effective for cleaning.



Picture 4: Urine in stored bedpan

**Ward 7 South**

- Industrial tape had been used to repair the hose of the vacuum cleaner.

## 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	6 North	7 South	8 South
Effective hand hygiene procedures	94	100	79
Safe handling and disposal of sharps	100	100	100
Effective use of PPE	94	100	100
Correct use of isolation	94	95	100
Effective cleaning of ward	89	95	95
Staff uniform and work wear	97	90	90
<b>Average Score</b>	<b>95</b>	<b>97</b>	<b>94</b>

The above table indicates good compliance with this standard. Some issues were identified that require improvement in staff knowledge and practice in all wards. Staff in Ward 8 South were partially compliant in relation to hand hygiene practices; immediate action is required to bring this section to compliance.

### Common issues

- Some staff did not adhere to the trust dress code policy.
- The NPSA colour coding guidance was not known by some nursing staff.
- In Wards 6 North and 7 South the care plan for a patient with an infection was not fully updated daily.

### Ward 6 North

- A member of nursing staff did not perform hand hygiene when moving from one patient to another; a second was multitasking while wearing the same PPE.
- Staff knowledge on dilution rates for disinfections needs updating.

### Ward 7 South

No additional issues

### Ward 8 South



- A member of medical staff did not wash their hands after completion of an ANTT procedure; a physiotherapist did not wash their hands after lifting a bin lid with their hands.
- Not all nursing staff were aware of when not to use alcohol rub.

## 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 H Hamilton - Project Manager, RQIA

### Peer Reviewers

- Ms K Tierney - Infection Control Nurse, ICU Craigavon Area Hospital
- Ms L Lowry - Clinical Co-ordinator, Medicine, South Eastern Trust

### Trust representatives attending the feedback session

- Mr D Robinson - Co-Director Nursing
- Ms N Scott - Senior Manager, PCSS
- Mr S Trainor - Senior Manager, PCSS
- Ms T Kennedy - Service Manager Medicine
- Mr D O'Neill - Assistant Services Manager, BCH
- Ms J Austin - Governance Manager Older People
- Ms C Collins - Acting Senior Manager, Older Person Services
- Ms R Bradley - Service Manager Environmental Cleanliness
- Ms C Shannon - Sister, Ward 7 South
- Ms L Carroll - Ward Sister
- Ms C Waddell - Acting Ward Manager, 6 North
- Ms J Caldwell - Deputy Sister, Ward 8 South
- Ms P Berkley - Operational Manager, PCSS
- Mr P Smith - Estates
- Mr S Lawson - Estates
- Ms L McNeill - Infection Prevention and Control Nurse
- Ms K Thompson - Infection Prevention and Control Nurse

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

Apologies:

- Ms B Creaney - Director of Nursing
- Ms L McBride - Co-Director PCSS
- MS J Welsh - Director
- Mr B Armstrong - Co-Director A and VC

## 12.0 Summary of Recommendations

### Recommendations: Ward 6 North

#### Standard 2: Environment

1. Staff should ensure that all surfaces are clean and in good repair
2. Staff should ensure the temperatures of the drugs fridge are recorded consistently and in line with trust policy.
3. Staff should ensure the bedpan washer is working effectively.
4. Staff should ensure hand hygiene posters are displayed at all hand wash sinks, and that information leaflets are available on *C-difficile*.

#### Standard 3: Linen

See recommendation 1 in the environment section.

#### Standard 4: Waste and Sharps

5. Staff should ensure that waste receptacles are used correctly and waste is disposed of into the correct waste stream in accordance with trust policy.

#### Standard 5: Patient Equipment

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

#### Standard 6: Hygiene Factors

7. Staff should ensure clinical hand wash facilities should be clean and free from lime-scale.
8. Staff should ensure chemicals are stored in line with COSHH guidance.
9. Staff should ensure patient equipment is cleaned immediately after use and that cleaning wipes are stored correctly.

## **Standard 7: Hygiene Practices**

10. Staff should comply with the trust's dress code policy.
11. Staff should ensure they are up to date with information on the NPSA. Colour coding guidance.
12. Staff should ensure care plans for patients with infection are updated in line with trust guidance.
13. Staff should ensure hand hygiene is performed in line with the WHO five moments of care, and that PPE is worn and removed as per trust guidance.
14. Staff should ensure they are up to date with information on dilution rates for disinfectants and that cleaning wipes are stored correctly.

## **Recommendations: Ward 7 South**

### **Standard 2: Environment**

1. Staff should ensure that all surfaces are clean and in good repair.
2. Staff should ensure the temperatures of the drugs fridge are recorded consistently and in line with trust policy.
3. Staff should ensure that sanitary wear is clean and free from damage.

### **Standard 3: Linen**

See recommendation 1 in the environment section.

### **Standard 4: Waste and Sharps**

4. Staff should ensure that waste receptacles are used correctly and waste is disposed of into the correct waste stream in accordance with trust policy.

### **Standard 5: Patient Equipment**

5. Ward staff should ensure that equipment is clean, if appropriate in original packaging, in a good state of repair, stored and used correctly.

### **Standard 6: Hygiene Factors**

6. Staff should ensure clinical hand wash facilities should be clean and free from lime-scale.
7. Staff should ensure chemicals are stored in line with COSHH guidance.

8. Staff should ensure cleaning equipment is in good repair.

### **Standard 7: Hygiene Practices**

9. Staff should comply with the trust's dress code policy.
10. Staff should ensure they are up to date with information on the NPSA. Colour coding guidance.
11. Staff should ensure care plans for patients with infection are updated in line with trust guidance.

### **Ward 8 South**

#### **Standard 2: Environment**

1. Staff should ensure that all surfaces are clean and in good repair.
2. Staff should ensure the temperatures of the drugs fridge are recorded consistently and in line with trust policy.
3. Staff should ensure that hand hygiene posters are displayed at hand wash sinks, and information posters are displayed on waste segregation and the management of a needle stick injury. Nursing cleaning schedules should itemise all available equipment.
4. Staff should review storage facilities to ensure a clutter free environment.

#### **Standard 3: Linen**

See recommendation 1 in the environment section.

#### **Standard 4: Waste and Sharps**

5. Staff should ensure that waste receptacles are used correctly and waste is disposed of into the correct waste stream in accordance with trust policy.

#### **Standard 5: Patient Equipment**

6. Ward staff should ensure that equipment is clean, if appropriate in original packaging, in a good state of repair, stored and used correctly.
7. Staff should ensure they follow the trust guidance on how to clean equipment.

### **Standard 6: Hygiene Factors**

8. Staff should ensure clinical hand wash facilities are clean.
9. Staff should ensure chemicals are stored in line with COSHH guidance.

### **Standard 7: Hygiene Practices**

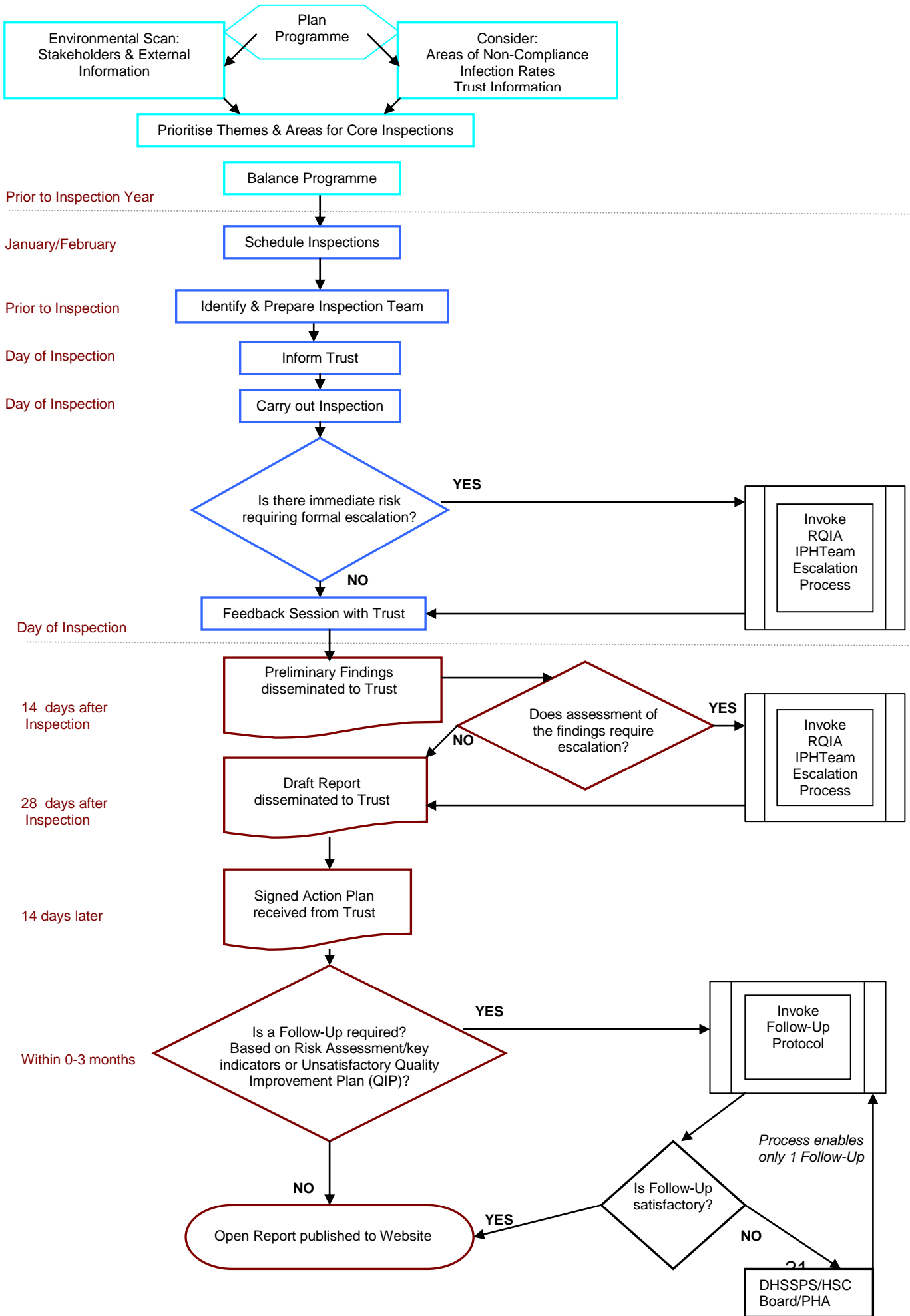
10. Staff should comply with the trust's dress code policy.
11. Staff should ensure they are up to date with information on the NPSA. Colour coding guidance.
12. Staff should ensure care plans for patients with infection are updated in line with trust guidance.
13. Staff should ensure hand hygiene is performed in line with the WHO five moments care.

# 13.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

Reporting & Re-Audit

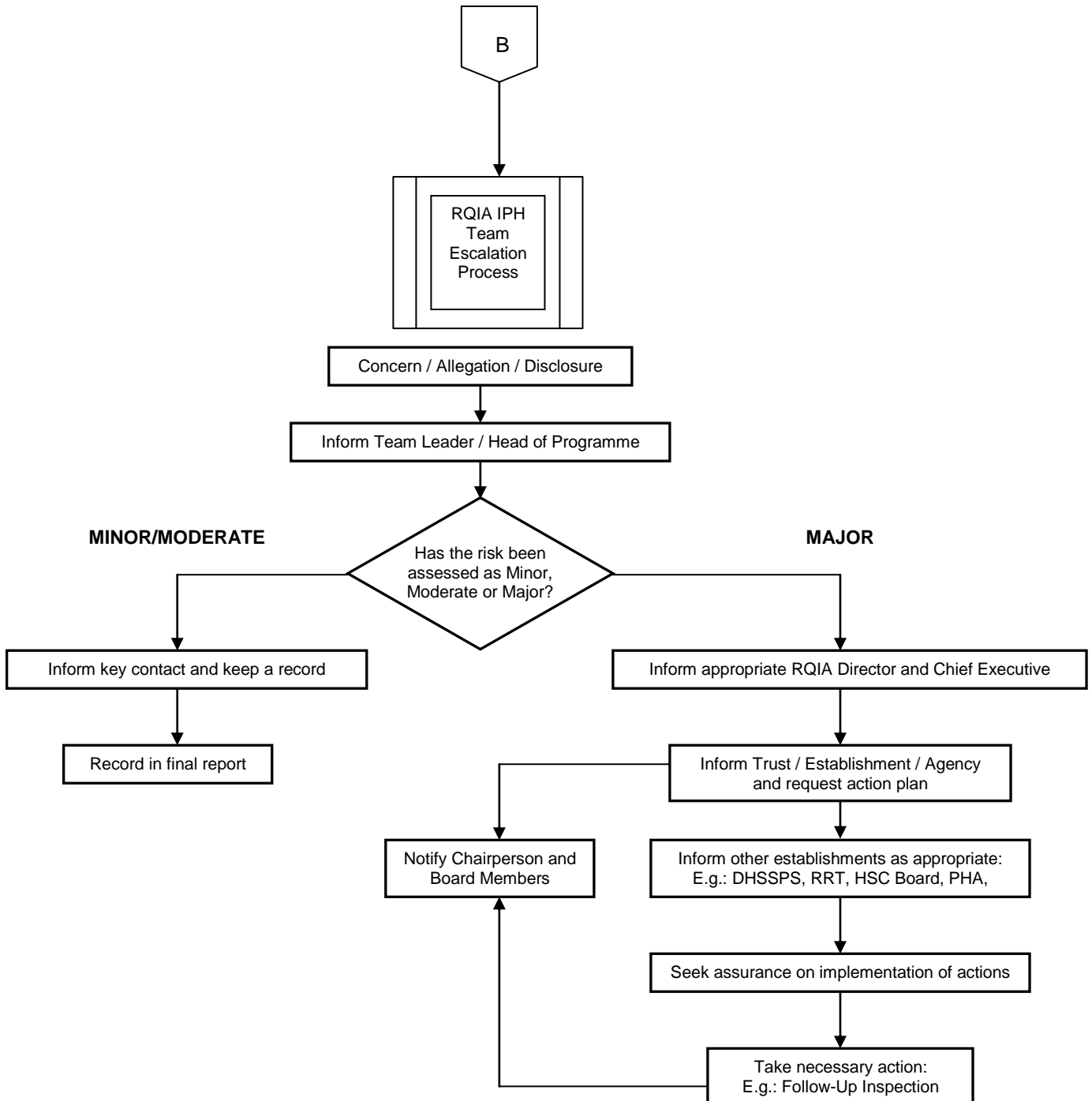


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## 14.0 Escalation Process

### RQIA Hygiene Team: Escalation Process





## 15.0 Quality Action Plan

Reference number	Recommendations Common to 6 North	Designated department	Action required	Date for completion/ timescale
<b>Standard 2: Environment</b>				
1.	Staff should ensure that all surfaces are clean and in good repair.	Estates PCSS	All surfaces are on a cleaning schedule	Complete and ongoing
2.	Staff should ensure the temperatures of the drugs fridge are recorded consistently and in line with trust policy.	Nursing	The trust recording sheet for pharmaceuticals is now on front of the fridge. This is completed every night.	Complete and ongoing
3.	Staff should ensure the bedpan washer is working effectively.	Nursing Estates	This has been reported to Estates.	Complete and ongoing
4.	Staff should ensure hand hygiene posters are displayed at all hand wash sinks, and that information leaflets are available on <i>C-difficile</i> .	Nursing	Posters on hand hygiene are available at all hand wash sinks. All information leaflets re c-difficile are displayed in the dirty utilities and patient information leaflets are available on request.	Complete and ongoing
<b>Standard 3: Linen</b>				
	See recommendation 1 in the environment section.	Estates	Surfaces cleaned. Reported to estates.	Complete and ongoing
<b>Standard 4: Waste and Sharps</b>				
5.	Staff should ensure that waste receptacles are used correctly and waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing staff	Ongoing monitoring of staff to ensure temporary closure of all sharps receptacles is in place. Also monitoring of household waste to ensure that this is placed in correct waste stream. Colour coded guidance is available in dirty utilities and treatment areas.	Complete and ongoing

Reference number	Recommendations Common to 6 North	Designated department	Action required	Date for completion/ timescale
<b>Standard 5: Patient Equipment</b>				
6.	Ward staff should ensure that equipment is clean, in a good state of repair, stored and used correctly.	Nursing	This is on the ward housekeeper's cleaning schedule. Addressed at each safety brief.	Complete and ongoing
<b>Standard 6: Hygiene Factors</b>				
7.	Staff should ensure clinical hand wash facilities should be clean and free from lime-scale.	PCSS	Ward domestic team to ensure that all taps are lime-scale free. Ward staff also to ensure that all patient facilities are kept to a high standard of cleanliness.	Complete and ongoing
8.	Staff should ensure chemicals are stored in line with COSHH guidance.	Nursing PCSS	All chemicals to be kept in locked cupboards and out of patient reach. Ward domestic store to be locked at all times. Will be addressed at ward meetings.	Complete and ongoing
9.	Staff should ensure patient equipment is cleaned immediately after use and that cleaning wipes are stored correctly.	Nursing	All cleaning wipes to have lid closed at all times to ensure that wipes do not dry out. All equipment to be cleaned immediately after use and trigger tape applied. This is also on ward housekeepers cleaning schedule.	Complete and ongoing
<b>Standard 7: Hygiene Practices</b>				
10.	Staff should comply with the trust's dress code policy.	All staff	Ward manager and deputies to ensure compliance with dress code. This is being monitored closely.	Complete and ongoing

Reference number	Recommendations Common to 6 North	Designated department	Action required	Date for completion/ timescale
11.	Staff should ensure they are up to date with information on the NPSA. Colour coding guidance.	All staff	Colour coding guidance is available to all staff in treatment room, dirty utilities and CSSD. This will be addressed at ward meetings.	Complete and ongoing
12.	Staff should ensure care plans for patients with infection are updated in line with trust guidance.	Nursing	Ongoing monitoring of both care-pathways and care plans is being carried out by ward manager and deputies. Also in conjunction with IPCT specialist nurses and IPCT link nurse.	Complete and ongoing
13.	Staff should ensure hand hygiene is performed in line with the WHO five moments of care, and that PPE is worn and removed as per trust guidance.	Nursing	Hand hygiene audits are being carried out by ward manager and deputies. This is being addressed at ward patient handover and has been used as supervision for nursing staff.	Complete and ongoing
14.	Staff should ensure they are up to date with information on dilution rates for disinfectants and that cleaning wipes are stored correctly.	Nursing PCSS	All cleaning wipes lids are to be closed when not in use to ensure that they do not dry out. This is being monitored by ward manager and deputies. All nursing staff are being updated in the dilution rates and information is available in the dirty utilities.	Complete and ongoing

Reference number	Recommendations Common to 7 South	Designated department	Action required	Date for completion/ timescale
<b>Standard 2: Environment</b>				
1.	Staff should ensure that all surfaces are clean and in good repair.	PCSS Nursing	All high surfaces dusted. Stains removed from floors. Domestic Work Schedules reviewed and training updates set up for Domestic Assistants in early January 2015.  Nurses will ensure all clinical area surfaces are kept clean and de-cluttered.  Audited on weekly basis by Nurse Manager and Domestic Supervisor	Complete and ongoing
2.	Staff should ensure the temperatures of the drugs fridge are recorded consistently and in line with trust policy.	Nursing	Nursing staff monitor and record drugs fridge consistently. Information reinforced at Ward Meetings. Monitored by Ward Manager.	Complete and ongoing
3.	Staff should ensure that sanitary wear is clean and free from damage.	Nursing	Daily check by Ward Housekeeper or member of staff designated absence. Daily report to Ward Sister/Nurse in Charge.	Complete and ongoing
<b>Standard 3: Linen</b>				
	See recommendation 1 in the environment section.	Estates Nursing	Linen shelving replaced. Linen Store room vents cleaned and added to	Complete and ongoing

Reference number	Recommendations Common to 7 South	Designated department	Action required	Date for completion/ timescale
		PCSS	routine weekly environmental inspections.	
<b>Standard 4: Waste and Sharps</b>				
4.	Staff should ensure that waste receptacles are used correctly and waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing PCSS	All Trust Policies in regard to Waste disposal discussed at Ward Meeting and reinforced with staff. Correct use of waste disposal units inspected as part of weekly environmental audits and Governance audit on 12 January 2015 respectively. Issues raised at Multidisciplinary Ward Development Meeting.	Complete and ongoing
<b>Standard 5: Patient Equipment</b>				
5.	Ward staff should ensure that equipment is clean, if appropriate in original packaging, in a good state of repair, stored and used correctly.	Nursing PCSS	Nurse equipment cleaning rota reviewed and reinforced with nursing staff Ward Housekeeper carries out daily monitoring and reports to Ward Manager	Complete and ongoing
<b>Standard 6: Hygiene Factors</b>				
6.	Staff should ensure clinical hand wash facilities should be clean and free from lime-scale.	Nursing PCSS	Domestic Staff informed of need to check all sinks/toilet basins/shower trays and descaler used to remove limescale.  Catering Assistant to ensure kitchen sinks/taps remain free from limescale	Complete and ongoing

Reference number	Recommendations Common to 7 South	Designated department	Action required	Date for completion/ timescale
			Nursing staff to report limescale build up on basins/toilets/showers/taps Ward Housekeeper to monitor and report.	
7.	Staff should ensure chemicals are stored in line with COSHH guidance.	PCSS Nursing	COSHH Guidance reinforced with Nursing and Domestic Staff.  Domestic storage cupboard locked by Domestic Assistant.  BRAAT Tool completed and updated by Nursing staff in relation to COSHH.	Complete and ongoing
8.	Staff should ensure cleaning equipment is in good repair.	Domestic Staff	Cleaning equipment inspection carried out by Domestic Supervisors.  Toilet Brushes replaced on a regular basis.  Ongoing monitoring by Domestic Staff and Ward Housekeeper.	Complete and ongoing
<b>Standard 7: Hygiene Practices</b>				
9.	Staff should comply with the trust's dress code policy.	All staff	Trust Uniform Policy reinforced with Ward Nursing, Medical, Social Work, AHPs; PCSS staff in relation to:  <ul style="list-style-type: none"> <li>Clean uniform;</li> </ul>	Complete and ongoing

Reference number	Recommendations Common to 7 South	Designated department	Action required	Date for completion/ timescale
			<ul style="list-style-type: none"> <li>• Management of shoulder length and long hair;</li> <li>• No Jewellery other than advised in Uniform Policy;</li> <li>• Bare Below Elbow policy reinforced.</li> </ul>	
10.	Staff should ensure they are up to date with information on the NPSA. Colour coding guidance.	Nursing Staff	NPSA colour coding reinforced with nursing staff at Ward Team Meeting Ward Manager to continue to monitor and ensure "new starts" Bank / Agency staff are aware.	Complete and ongoing
11.	Staff should ensure care plans for patients with infection are updated in line with trust guidance.	Nursing Staff	<p>Infection Prevention and Control Policy reinforced with nursing staff regarding Care pathway management and recording for patients identified with an Alert Organism</p> <ul style="list-style-type: none"> <li>• MRSA and C.Diff pathways</li> <li>• Wearing of PPE equipment</li> <li>• Isolation of</li> </ul>	Complete and ongoing



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