



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Antrim Area Hospital

Northern Health and Social Care
Trust

9 June 2015

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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 Antrim Area Hospital on 5 March 2014. The inspection team was made up of three inspectors, four peer reviewers and one observer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Antrim Area Hospital was previously inspected on 9 October 2012. This inspection identified that wards were overall compliant in the the Regional Healthcare Hygiene and Cleanliness Standards. 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:

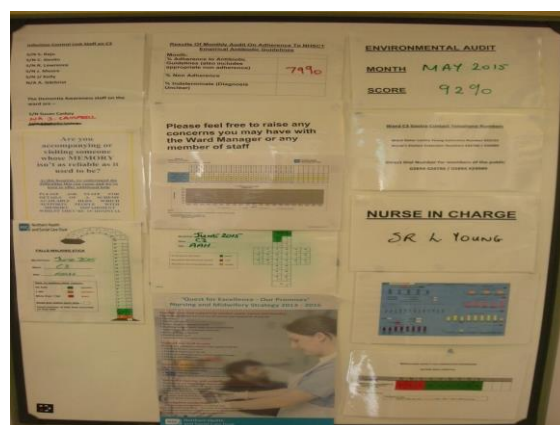
- Ward A2 (Paediatrics)
- Ward B1 (Admissions)
- Ward C3 (Medical)

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

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

Good practices observed by the inspection team:

- Audits are carried out by all levels of staff; scores were displayed at the entrance to the ward.



Picture 1: Audit scores displayed at entrance to ward

- Ward B1 had Infection Prevention and Control link and dementia awareness nurses.

- In Ward A2 airway equipment was stored in colour coded zip lock bags in a drawer of the resuscitation trolley.



Picture 2: Well organised airways equipment

- In Ward A2, sister is planning a weekly ward round to be carried out with a consultant paediatrician and nurse. Any issues observed will be fed back immediately to staff for action and learning.
- In Ward A2 to ensure all staff can attend ward meetings, sister runs three sessions one day a month, (between 9.00-14.00) when staff are rostered to be on duty. This is working well and attendance at staff meetings has improved. The staff meetings are held in Willow House and have visiting staff to present topics and training. IPC is a standing item on the agenda.

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

- Storage and clutter within wards, this was a recurring issue from previous inspections.

The inspection of the Antrim Area Hospital, NHSCT, resulted in **1** recommendation for public areas, **10** recommendations for Ward A2, **11** recommendations for Ward B2 and **10** recommendations for Ward C3. A full list of recommendations is listed in Section 12.0.

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 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 NHSCT and in particular all staff at the Antrim Area 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	A2	B1	C3
General environment	85	94	93
Patient linen	100	100	100
Waste	98	96	90
Sharps	100	81	82
Equipment	93	89	94
Hygiene factors	98	99	98
Hygiene practices	94	96	92
Average Score	95	94	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	A2	B1	C3
Reception	N/A	95	N/A
Corridors, stairs lift	85	92	97
Public toilets	N/A	93	N/A
Ward/department - general (communal)	68	97	95
Patient bed area	85	90	87
Bathroom/washroom	90	98	88
Toilet	N/A	91	N/A
Clinical room/treatment room	83	94	92
Clean utility room	91	81	96
Dirty utility room	70	90	91
Domestic store	98	95	95
Kitchen	76	100	94
Equipment store	79	100	97
Isolation	93	99	N/A
General information	100	88	93
Average Score	85	94	93

The findings in the table above indicate that all three wards were overall compliant for this standard. Ward A2 was minimally compliant in two areas, this was mainly due to a lack of storage space and damage to surfaces.

The reception area, public toilets and corridors leading to the ward were clean and in general well maintained with just minor damage noted to walls. The vinyl cover on a chair in reception and in the corridor to Ward B1 was damaged.

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

Ward A2

- Cleaning was in general to a good standard. Areas which were identified as requiring more detailed attention were; the shower room fittings, shower chair and in the dirty utility room, the floor, shelving, macerator and sluice hopper. Some surfaces in the kitchen were dusty and stained.

- Maintenance and repair issues; there was some damage to the wood finish on doors, frames and walls. In some areas fixtures, fittings and surfaces were chipped and damaged.
- Lack of storage space was a major issue which has impacted negatively in this standard. The reception/nurses station was a very busy area with a huge footfall; desk, computers on wheels (COWs), medical and nursing note trolleys, food trolleys at meal times, waiting area for admissions. Cupboard and work top surfaces were cluttered with notes and supplies. Storage in the clinical room was insufficient for stock; boxes of supplies were stored on the floor and on high level surfaces.
- Drug fridge temperature checks were inconsistently recorded.

Ward B1

- The standard of maintenance and cleaning within this ward was of a good standard, some issues were identified. The high density storage in the pharmacy room was dusty and untidy, outside clothes were hanging on the wall behind the door and various bottles of water were stored on top of a cupboard. The drugs cupboard was unlocked and a broken drawer was lying on the floor.
- The main circulation areas of the ward were used to store linen, dressing and observation trolleys, COWs and weight scales. A dressing trolley with exposed incontinence pads was positioned under an alcohol dispenser outside bay 1 (Picture 3).



Picture 3: Exposed incontinence products under alcohol dispenser

- There was some minor damage to walls and doors.
- A disposable bedpan containing urine was noted on the floor of a toilet, this was immediately removed by staff.
- Inspectors observed three escalation beds, two were in use. Bedside amenities for these patients were limited (e.g. locker, table, oxygen and

suction points, call bell). It was challenging for staff to maintain the dignity and privacy of patients placed in these beds.

- Information, hand hygiene posters were not displayed at all clinical hand wash sinks. Nursing cleaning schedules were not up to date and did not detail all equipment present.

Ward C3

- The standard of maintenance and cleaning within this ward was of a good standard, some issues were identified. In the shower room the air vent was dusty, there was lime-scale around the fixed shower head, the underside of the toilet tissue dispenser and toilet brush holder were stained.
- Some minor maintenance and repair issues include; damaged paint finishes and the laminate finish to shelving in the dirty utility room.
- The medicine fridge in the clean utility room was unlocked.
- Inspectors observed two escalation beds in use. Bedside amenities for these patients were limited (e.g. locker, table, oxygen and suction points, call bell). It was challenging for staff to maintain the dignity and privacy of patients placed in these beds.

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	A2	B1	C3
Storage of clean linen	100	100	100
Storage of used linen	100	100	100
Laundry facilities	N/A	N/A	N/A
Average Score	100	100	100

The above table outlines the findings in relation to the management of patient linen. All wards achieved full compliance and staff are to be commended.

Linen was clean and stored in enclosed portable trolleys. Trolleys are removed, cleaned and replenished daily. Good staff practice was observed in relation to the handling of both clean and used linen. Used linen bags were removed immediately from the ward environment to a secure storage area in the main corridor.

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	A2	B1	C3
Handling, segregation, storage, waste	98	96	90
Availability, use, storage of sharps	100	81	82

The above table indicates that all three wards were compliant in the standard on waste. Ward A2 was fully compliant with regard to sharps, Wards B1 and C3 were partially compliant, and issues identified for improvement were:

7.1 Management of Waste

Ward A2

- There was inappropriate waste in the sharps box.

Ward B1

- There was inappropriate waste in sharps boxes, and a clinical waste bin was labelled as a household waste bin.

Ward C3

- There was inappropriate waste in sharps box on the resuscitation trolley and in the orange lidded burn bin. Some waste bins were stained, one was over filled.

7.2 Management of Sharps

Ward A2

No issues

Ward B1

- The sharps box on the resuscitation trolley was not signed, dated or locality on label. The temporary closure was open, there was tape crisscrossed over the lid. The tape had a blood stain; the box had been used and not changed. The temporary closure mechanism was open on three of the four boxes inspected.

Ward C3

- A sharps box in the clean utility was unsecure on the edge of a shelf; the aperture was open when not in use, blood spots were noted on the lid of the box and the box had been filled above the fill line. Adhesive paper tape was attached to five integrated sharps trays.

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	A2	B1	C3
Patient equipment	93	89	94

The above table indicates that all three wards were compliant in this standard. Over all patient equipment was clean and in good repair. Some issues identified were:

Ward A2

- An ECG machine and top surface of the resuscitation trolley were dusty. The laminate frame of the resuscitation trolley was damaged there was no face protection on the trolley.

Ward B1

- Some equipment was dusty; blood gas machine, COWS, top of resuscitation trolley and some bedside cardiac monitors. The suction machine on the resuscitation trolley was dusty and the tubing exposed. The cardiac monitor on the resuscitation trolley was last checked on the 7 June. Single use urine jugs in the dirty utility room were being reused.

Ward C3

- The underside of a raised toilet seat and a commode was stained. There was ear wax debris in the fixing cases of three tympanic thermometers. One RN was unaware of the symbol for single use items.

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	A2	B1	C3
Availability and cleanliness of wash hand basin and consumables	99	99	91
Availability of alcohol rub	100	100	100
Availability of PPE	100	100	100
Materials and equipment for cleaning	94	100	100
Average Score	98	99	98

The above table indicates good compliance in this standard. Full compliance was achieved in a number of sections. In all three wards the number of clinical hand wash sinks in bays did not comply with local and national guidance.

Ward A2

- A red mop head was attached to a yellow handle and was being used with a yellow bucket. A vacuum lead across a floor was a potential trip hazard.

Ward B1

No additional issues

Ward C3

- The equipment sink designated as a hand wash sink in the dirty utility room was stained. Water flow from the taps was not offset from the drainage outlet resulting in water splashing over the user and the floor. The sink taps were stained.
- The clinical hand wash sink and taps in the treatment room were stained and the pipework of the clinical hand wash sink in a bay was stained. There was a growth of lime scale on most taps throughout the ward.

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	A2	B1	C3
Effective hand hygiene procedures	100	90	86
Safe handling and disposal of sharps	100	100	100
Effective use of PPE	84	89	84
Correct use of isolation	95	100	89
Effective cleaning of ward	90	94	95
Staff uniform and work wear	93	100	100
Average Score	94	96	92

The above table indicates good compliance in this standard. Full compliance was achieved in a number of sections. In Wards A2 and C3 effective use of PPE section was partially compliant; action is needed to address the issues identified below.

Ward A2

- In relation to effective use of PPE, there was some inappropriate wearing / not wearing of PPE.
- There was no care plan for a patient with an alert organism.
- Not all nursing staff were knowledgeable of the procedure to follow for a blood/body spillage or on the NPSA colour coding system.
- A member of nursing staff wore a stoned ring and dangling ear rings.

Ward B1

- The phlebotomist was inconsistent in performing hand hygiene in line with the five moments of care and the appropriate donning and removal of PPE. The ANTT tray was placed on the patient's bedside chair. The tray was not cleaned/decontaminated when removed from the patient's chair.
- Patients were not offered hand hygiene facilities before meals.
- An RN was only aware that yellow was identified for infection, and was not aware of the other colours in the NPSA colour coding system for cleaning equipment.

Ward C3

- Staff were inconsistent in performing hand hygiene in line with the five moments of care, appropriate donning and removal of PPE and completing all the seven steps of hand hygiene technique.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- L Gawley - Inspector, Infection Prevention/Hygiene Team
- M Keating - Inspector, Infection Prevention/Hygiene Team
- T Hughes - Inspector, Infection Prevention/Hygiene Team

Peer Reviewers

- J Porter - Infection Prevention and Control, SEHSCT
- G Moore - PE Manager, SEHSCT
- O Boyd - Head of Service, RVH Ward, Bedside and Hygiene

Trust representatives attending the feedback session

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

- T Stevens - Chief Executive
- O Macleod - Director of Nursing
- M Bermingham - Assistant Director, Corporate Support Services
- E Fraham - Assistant Director, of Nursing
- L Linford - Assistant Director
- N Baldwin - Lead Nurse, Infection Prevention & Control
- D Farren - IPC, Doctor
- S Greenwood - General Manager, Unscheduled Care and Cardiology
- A Given - Ward sister
- C Kelly - Engineer Estates
- G Edge - Paediatric Lead Nurse
- J Jenkins - Sister, Ward A2
- L Young - Sister, Ward C3
- S Carse - Clinical Services Lead C3
- R Knight - Domestic Services Manager, Antrim Area Hospital
- V Davidson - General Manager, Catering and Domestic Service Manager
- L Bates - PA, Director of Nursing

12.0 Summary of Recommendations

Recommendation for General Public Areas (Main Entrance to Hospital)

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

Recommendations: Ward A2

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains and in good repair.
2. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
3. Staff should ensure that the drug fridge temperatures are recorded daily.

Standard 3: Linen

No recommendations.

Standard 4: Waste and Sharps

4. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.

Standard 5: Patient Equipment

5. Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.

Standard 6: Hygiene Factors

6. Cleaning equipment should not pose a hazard to the environment and be in accordance with NPSA colour coding.

Standard 7: Hygiene Practices

7. Staff should ensure PPE is worn appropriately.
8. Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant solution in use.
9. Staff should ensure care plans are in place for patients with an alert organism.

10. Staff should adhere to the trust uniform policy.

Recommendations: Ward B1

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains and in good repair.
2. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
3. Information posters on hand hygiene should be displayed at all clinical hand wash sinks.
4. The door of the pharmacy room and medication cupboard should be secured at all times to prevent unauthorised access.
5. The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.

Standard 3: Linen

No recommendation

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 sharp boxes are dated signed and changed according to policy. Temporary closures mechanisms on sharps boxes should be in place.

Standard 5: Patient Equipment

8. Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, checked and stored correctly.

Standard 6: Hygiene Factors

No issues

Standard 7: Hygiene Practices

9. Nursing staff should ensure they are aware of the NPSA colour coded system in use.
10. Staff should be aware of the 7 step hand hygiene technique and the WHO 5 moments. All staff should be familiar with and adhere to the ANTT process when carrying out clinical procedures.

11. Staff should ensure patients are offered the opportunity for hand hygiene before meals.

Recommendations: Ward C3

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains and in good repair.
2. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
3. Medication fridges should be secure at all times.
4. The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.

Standard 3: Linen

No recommendations.

Standard 4: Waste and Sharps

5. Staff should ensure waste and sharps receptacles are available, clean and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.

Standard 5: Patient Equipment

6. Staff should ensure their knowledge is up to date and that equipment is clean.

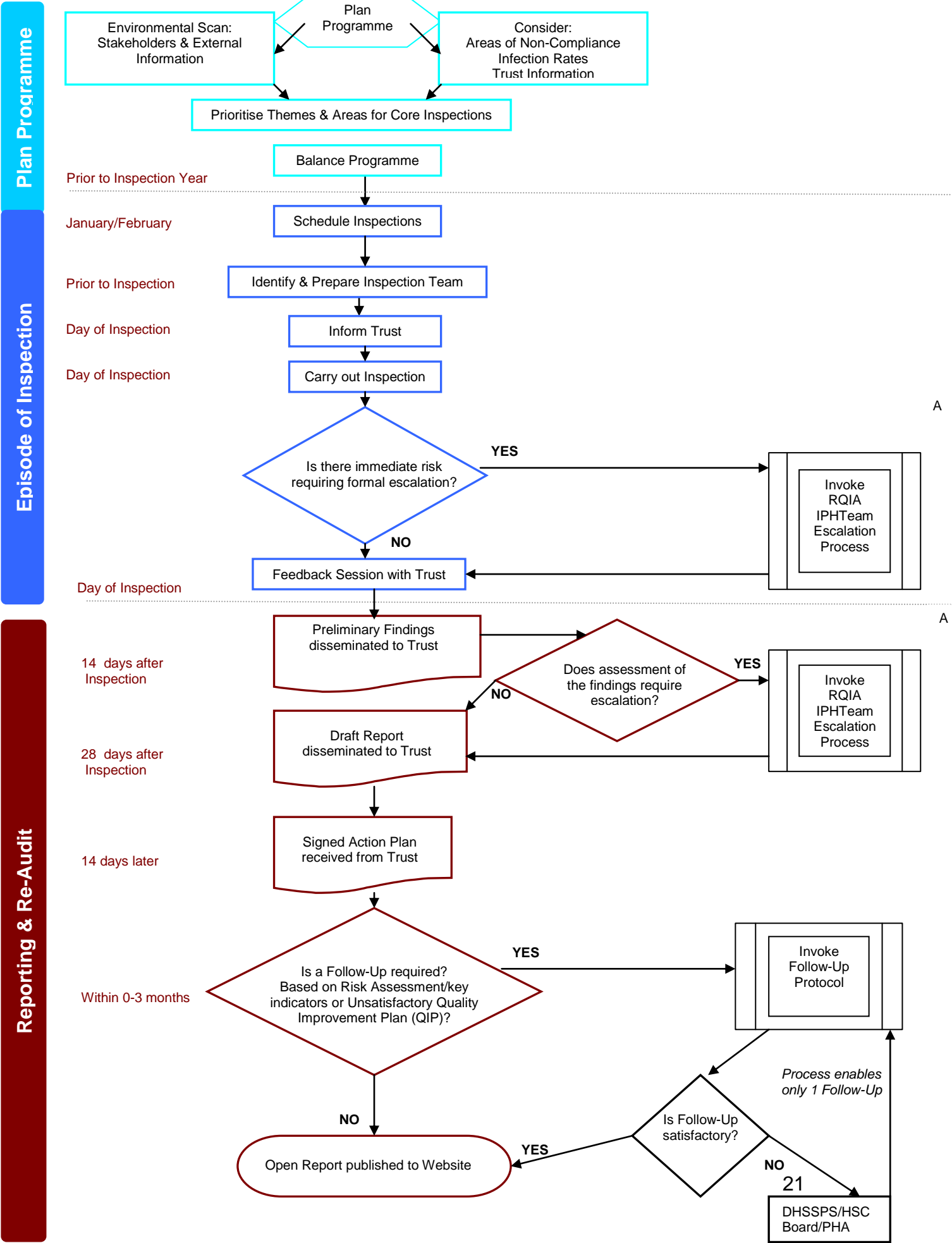
Standard 6: Hygiene Factors

7. The trust should review the provision of a dedicated clinical hand wash sink in the dirty utility room. Hand washing sinks, fixtures and fitting should be clean and free from lime-scale.

Standard 7: Hygiene Practices

8. Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant in use. Staff should be aware of the solutions used for hand hygiene.
9. Nursing staff should ensure detailed care plans are maintained for patients in isolation.
10. Staff should adhere to the trust uniform policy.

13.0 Unannounced Inspection Flowchart



A

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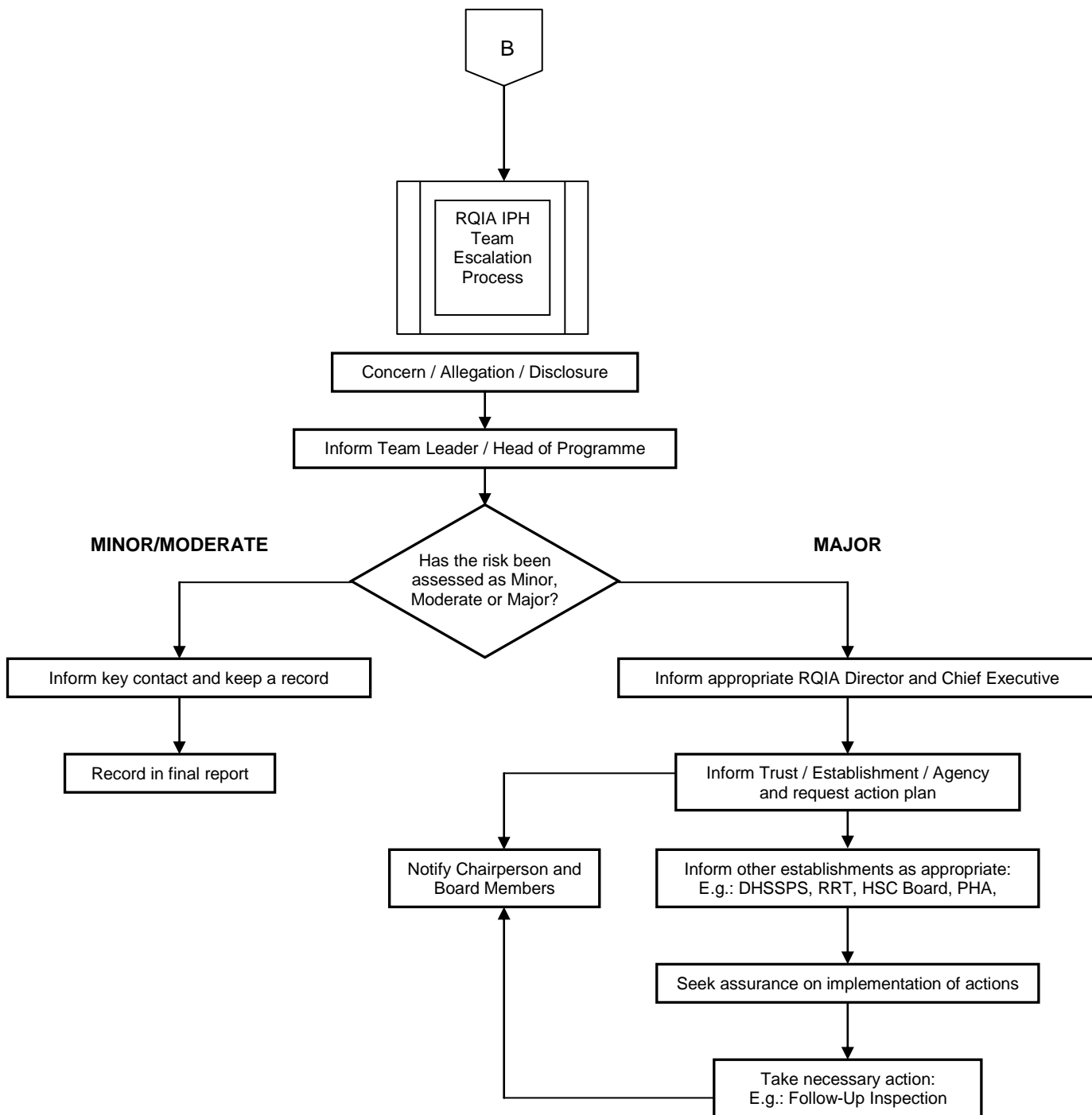
Process enables only 1 Follow-Up

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DHSSPS/HSC Board/PHA

14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/
Recommendation for General Public Areas (Main Entrance to Hospital)				
1.	The trust should continue to ensure fixings in general public areas are in a good state of repair.			
Ward A2 Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains and in good repair.	Domestic Services	Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re occurrences relating to the same lapse in cleaning standards/practice, disciplinary action will be taken. Environmental Audits are carried out monthly in conjunction with	COMPLETE

			<p>the Ward Manager with an action plan completed to address any issues.</p> <p>A programme of Patient Environment Leadership Walkabouts is in place and any issues noted in relation to cleanliness are included in a Leadership Walkabout Action Plan, which is then reviewed by the Infection Prevention Control and Environmental Hygiene committee to ensure actions have been completed appropriately.</p> <p>All cleaning issues highlighted in the preliminary report have been addressed.</p>	
2.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.		Being formally addressed through a current service improvement project	December 2015
3.	Staff should ensure that the drug fridge temperatures are recorded daily.		<p>Staff reminded to consistently record.</p> <p>Agenda item for next ward meetings (first of which is 3rd September 2015)</p> <p>Updated proforma contained within new policy "Breast milk-Nursing Guidance for Safe Management". Currently being progressed via Trust Policy Standards and Guidelines Committee</p>	September 2015

Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
4.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.		Note report states 100% compliance for sharps. Use of correct waste stream disseminated via safety briefings	Complete
Standard 5: Patient Equipment				
5.	Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, stored and used correctly.		Agenda item for next ward meetings (first of which is 3 rd September 2015)	September 2015
Standard 6: Hygiene Factors				
6.	Cleaning equipment should not pose a hazard to the environment and be in accordance with NPSA colour coding.	Domestic Services	<p>Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained.</p> <p>All Domestic Services Staff receive Health & Safety training as part of their induction and re-fresher training is provided every 2 years.</p> <p>Domestic Services Staff receive Infection Prevention & Control training as part of their induction which includes the NPSA colour coding. There is re-fresher</p>	COMPLETE

			<p>training provided every 2 years.</p> <p>Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re occurrences relating to the same lapse in cleaning standards/practice, disciplinary action will be taken.</p> <p>All issues highlighted in the preliminary report have been addressed.</p>	
Standard 7: Hygiene Practices				
7.	Staff should ensure PPE is worn appropriately.		<p>Member of medical staff spoken to at time of inspection and Consultant to address issue with medical team</p> <p>Agenda item for next ward meetings (first of which is 3rd September 2015)</p>	July 2015
8.	Nursing staff should ensure they are aware of the NPSA colour coded system and disinfectant solution in use.		<p>Infection control updates will address this issue.</p> <p>Updates on-going currently</p>	Rolling programme

9.	Staff should ensure care plans are in place for patients with an alert organism.		Agenda item for paediatric careplan group	September 2015
10.	Staff should adhere to the trust uniform policy.		Staff reminded of importance of adhering to uniform policy— agenda item for next ward meetings (first of which is September 2015) E mail reminder sent to all nursing staff	July 2015

Ward B1

Standard 2: Environment

1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains and in good repair.	B1	Disseminated via safety briefing	30/07/15
		Domestic Services	Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re occurrences relating to the same lapse in cleaning	COMPLETE

			<p>standards/practice, disciplinary action will be taken.</p> <p>Environmental Audits are carried out monthly in conjunction with the Ward Manager with an action plan completed to address any issues.</p> <p>A programme of Patient Environment Leadership Walkabouts is in place and any issues noted on the walkabout in relation to cleanliness are included in a Leadership Walkabout Action Plan which is then reviewed by the Trust's Infection Prevention Control and Environmental Hygiene Committee to ensure they have been completed appropriately.</p> <p>All cleaning issues highlighted in the preliminary report have been addressed.</p>	
2.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	B1	Plenth requested for clinical area	30/07/15
3.	Information posters on hand hygiene should be displayed at all clinical hand wash sinks.	B1	New posters erected	30/07/15

4.	The door of the pharmacy room and medication cupboard should be secured at all times to prevent unauthorised access.	B1	Highlighted to all nursing staff with approved access to medication cupboards	30/07/15
5.	The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.	B1	Escalation beds are positioned in line with pre-determined hospital policy	30/07/15
Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
6.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	B1	Disseminated via safety briefing	30/07/15
7.	Staff should ensure sharp boxes are dated signed and changed according to policy. Temporary closures mechanisms on sharps boxes should be in place.	B1	Disseminated via safety briefing.	30/07/15
Standard 5: Patient Equipment				
8.	Staff should ensure their knowledge is up to date and that equipment is clean, in a good state of repair, checked and stored correctly.	B1	Disseminated via safety briefing	30/07/15
Standard 6: Hygiene Factors				
	No issues			
Standard 7: Hygiene Practices				
9.	Nursing staff should ensure they are aware of the NPSA colour coded system in use.	B1	Disseminated via safety briefing National colour scheme posters remain on display.	30/07/15

10.	Staff should be aware of the 7 step hand hygiene technique and the WHO 5 moments. All staff should be familiar with and adhere to the ANTT process when carrying out clinical procedures.	B1	Disseminated via safety briefing	30/07/15
11.	Staff should ensure patients are offered the opportunity for hand hygiene before meals.	B1	Disseminated via safety briefing	30/07/15
Recommendations: Ward C3				
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains and in good repair.	Ward c3 Domestic Services	Ensure daily cleaning schedule is updated signed. Continue to liaises with domestic supervisor re domestic cleaning tasks Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re occurrences relating to the same lapse in cleaning	Daily Nurse in charge 13/7/15 COMPLETE

			<p>standards/practice, disciplinary action will be taken.</p> <p>Environmental Audits are carried out monthly in conjunction with the Ward Manager with an action plan completed to address any issues.</p> <p>A programme of Patient Environment Leadership Walkabouts is in place and any issues noted in relation to cleanliness are included in a Leadership Walkabout Action Plan which is then reviewed by the Trust's Infection Prevention Control and Environmental Hygiene Committee to ensure actions have been completed appropriately.</p> <p>All cleaning issues highlighted in the preliminary report have been addressed.</p>	
2.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Ward c3	<p>All staff to remove equipment on ward floor when not in use, decontaminate and store in area allocated in c3.</p> <p>All staff in each bay on day/night to ensure patient's belongings minimised in each bay</p>	Daily By Nurse In Charge 13/7/15

3.	Medication fridges should be secure at all times.	Ward c3	All staff on duty to lock fridge immediately after use	Daily Trained all staff on duty day/night duty 13/7/15
4.	The use and position of the escalation bed should be reviewed in order to ensure patient privacy and dignity is maintained.	Ward c3	Continue to liaise with CSL and patient bed flow team RE use of escalation beds on C3	Daily Nurse in charge of C3 13/7/15
Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
5.	Staff should ensure waste and sharps receptacles are available, clean and stored correctly. Waste should be disposed of into the correct waste stream in accordance with trust policy.	Ward c3	All staff adhere to IFC policies / procedures RE disposal / storage of waste	All staff on duty in c3 Day/Night duty
Standard 5: Patient Equipment				
6.	Staff should ensure their knowledge is up to date and that equipment is clean.	Ward c3	All staff refer to IFC policy. Refer to decontamination of equipment.	All Staff on Duty in C3 Day/Night Duty
Standard 6: Hygiene Factors				
7.	The trust should review the provision of a dedicated clinical hand wash sink in the dirty utility room. Hand washing sinks, fixtures and fitting should be clean and free from lime-scale.	C3	Working progress on C3. Capital Works in process. Lime scale – domestic supervisor working with domestic team.	Ward Sister/CSL/General Manager On Going
		Domestic Services	Domestic Services staff within the area have been advised of the preliminary findings and reminded	COMPLETE

			<p>of the importance of ensuring the removal of lime scale is carried out as part of their daily tasks; Daily Observational audits take place each afternoon to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re occurrences relating to the same lapse in cleaning standards/practice, disciplinary action will be taken.</p> <p>In addition Environmental Cleanliness Audits are carried out monthly in conjunction with the Ward Manager with an action plan completed to address any issues.</p> <p>All lime scale issues highlighted in the preliminary report have been addressed and will be closely monitored by Domestic Services Supervisors.</p>	
Standard 7: Hygiene Practices				
8.	Nursing staff should ensure they are aware of the NPSA colour coded system and	Ward c3	All staff to refer to signage in place already located in sluice	Ward Sr C3

	disinfectant in use. Staff should be aware of the solutions used for hand hygiene.		area. Refer to COSHH file and signage in sluice area. All staff refer to IFC policies on staff and intranet.	
9.	Nursing staff should ensure detailed care plans are maintained for patients in isolation.	Ward c3	All staff on duty to ensure care plans in place.	Ward Sr/Ward Manager c3. All Staff in charge of allocated pts under their charge
10.	Staff should adhere to the trust uniform policy.	Ward c3	All staff access policy on intranet. All staff to challenge colleagues not adhering to uniform policy.	Ward Sr All Staff on duty in C3 Day/Night Duty



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