



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Follow up Inspection

South Eastern Health
And
Social Care Trust

Ulster Hospital

3 January 2014

Contents

1.0	Regulation and Quality Improvement Authority	1
2.0	Inspection Programme	1
3.0	Inspection Summary	2
4.0	Overall Compliance Rates	4
5.0	Standard 2 - General Environment	5
6.0	Standard 3 - Patient Linen	8
7.0	Standard 4 - Waste & Sharps	9
8.0	Standard 5 - Patient Equipment	10
9.0	Standard 6 - Hygiene Factors	11
10.0	Standard 7 - Hygiene Practices	13
11.0	Key Personnel & Information	15
12.0	Summary of Repeated Recommendations	16
13.0	Unannounced Inspection Flowchart	19
14.0	RQIA Hygiene Team Escalation Policy Flowchart	20
15.0	Quality Improvement Action Plan	21

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 follow up inspection was undertaken to the Ulster Hospital, on the 3 January 2014. The Ulster hospital was previously inspected on 8 October 2013. The inspection identified issues of minimal compliance with the Regional Healthcare Hygiene and Cleanliness Standards in Wards 17 and 21. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

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 17
- Ward 21 - Care of the Elderly

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

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

Inspectors observed good compliance with:

- In both wards, all standards are now compliant.
- The standard on sharps has now achieved a fully compliant score.
- The standards on the environment and patient equipment have moved from being minimally compliant to compliant, however there were a number of recurring issues which still need to be addressed.

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

- Ensuring shared public areas are cleaned to an appropriate standard.
- The hospital should ensure any learning from the inspections is shared with staff to help drive up standards and appropriate audits are in place to maintain standards.

On the inspection of 8 October, 44 recommendations were made in relation to Standards 2-7. 21 have been addressed, 24 have been repeated. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- The trust should ensure that work on standardised cleaning schedules is brought to a final conclusion as a matter of urgency.

- The Trust should ensure that sustained efforts are made to address recurring issues.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. (There 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 South Eastern Health and Social Care Trust and in particular all staff at the Ulster Hospital for their assistance during the inspection.

4.0 Overall compliance rates

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

The audit tool is comprised of the following sections:

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

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

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

Areas Inspected	Ward 17 8 Oct 2013	Ward 17 3 Jan 2014	Ward 21 8 Oct 2013	Ward 21 3 Jan 2014
General Environment	74	85	71	86
Patient Linen	77	86	80	90
Waste	90	97	88	93
Sharps	84	100	68	100
Equipment	74	91	74	89
Hygiene Factors	88	93	88	94
Hygiene Practices	87	94	79	95
Average Score	82	92	78	92

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

5.0 Standard 2: General Environment

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

Areas Inspected	Ward 17 8 Oct 2013	Ward 17 3 Jan 2014	Ward 21 8 Oct 2013	Ward 21 3 Jan 2014
Reception	83	80	41	66
Corridors, stairs lift	61	73	78	83
Public toilets	82	74	75	86
Ward/ department - general (communal)	68	86	81	88
Patient bed area	71	81	85	96
Bathroom/ washroom	86	92	57	80
Toilet	90	84	87	96
Clinical room/ treatment room	N/A	N/A	69	92
Clean utility room	73	86	65	86
Dirty utility room	74	80	67	86
Domestic store	71	93	63	72
Kitchen	70	83	73	77
Equipment store	64	93	62	93
Isolation	81	91	84	97
General information	78	98	81	92
Average Score	74	85	71	86

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

The findings indicate that overall there has been improvement in the ward areas. However, there had been little improvement in relation to the reception and corridor in the Care of the Elderly building and to the corridors and public toilets of the main building. Surfaces in the public toilet of the main reception were dusty, including the radiator, air vent, toilet roll dispensers and toilet roll holder. The toilet seat, taps, mirror, hand washing sink and glass panel in the door all required cleaning.

The reception area of the Care of the Elderly building remains minimally compliant. The area was cluttered, walls were damaged, and skirting, ceiling lights, windows, doors floors and surfaces all required cleaning. A poorly-cleaned or maintained main entrance carries a particular risk of damaging public confidence.

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

Ward 17

The standard of maintenance and cleaning at the 8 October 2013 inspection was poor and immediate attention was required to address the many issues identified. Seven of the twelve sections were minimally complaint. On the re-inspection inspectors noted a marked improvement. Seven of the sections were compliant and four were partially compliant.

- Some repair work had been carried to the nurses' station and the shower room, but the shower cubicle door and issues previously identified in the male toilet were still outstanding. Repairs were still required in the dirty utility room and kitchen. Damage to surfaces, fittings and windows which can be associated with older buildings continued to be an issue.
- Issues identified with cleaning in the sanitary areas, dirty utility room, domestic store and kitchen had been addressed. However there was dust on surfaces in the patient's bed area and in the kitchen the cupboard below the toaster and horizontal surfaces were stained.
- Information posters and signs were now in place (picture 1). The trust continues to work on nursing cleaning schedules; this has been a work in progress for some time and has been identified as an issue in previous inspections.

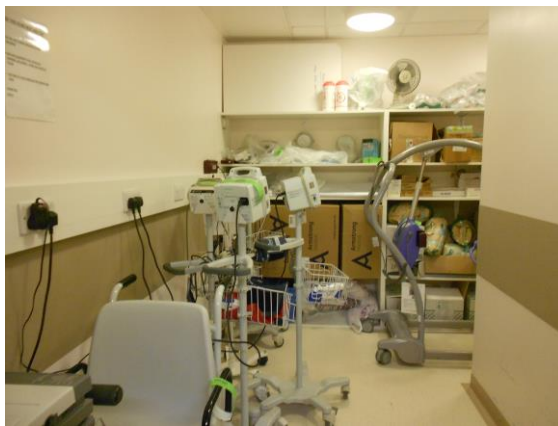


Picture 1: Ward 17 Good Infection Prevention and Control information board

Ward 21

- The majority of maintenance issues identified had been addressed, building work around the new windows had been finished, lights bulbs and door handles on lockers had been replaced. Some repairs remained outstanding, the safety fire strip on the door of the dirty utility room was still missing, sealant around the shower still had mould and the missing hand rail in the toilet has not been replaced.

- Many of the cleaning issues identified on the 8 October 2013 inspection still required attention, such as, floors, skirting, and the interior and exterior of cupboards. In the bathroom; fixtures such as taps, toilet bowl, underside of a raised toilet seat and shower chair. In the kitchen; work surfaces, the fridge, microwave and kitchen food trolleys, and in the domestic stores; the hand wash and sluice sink, flooring and storage units.
- Areas identified as cluttered in the previous inspection were tidy; the equipment store, pharmacy room, bathroom, dirty utility room and joint domestic store. Equipment had been removed from the nurses' station.



Picture 2: Ward 21 Clean tidy equipment store

- In the kitchen, food, opened tea and coffee were not stored in containers.
- Fridge temperature records were completed for the kitchen fridge but not for the drugs' fridge.
- New cleaning schedules were being trialled on the ward, however, staff were not consistent in signing to evidence tasks had been completed. Night staff had not completed any entries on the sign off sheet for November, December or January. In December only one mattress check had been completed.

6.0 Standard 3: Patient Linen

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

Patient Linen	Ward 17 8 Oct 2013	Ward 17 3 Jan 2014	Ward 21 8 Oct 2013	Ward 21 3 Jan 2014
Storage of clean linen	65	84	77	92
Storage of dirty linen	88	88	82	87
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	77	86	80	90

The above table outlines the findings in relation to the management of patient linen. Both wards were compliant in this standard.

Storage of clean linen

Ward 17:

- Damage to the walls, door and door frame still required repair, in addition the skirting was peeling away from the wall, and the floor was dusty.
- Used linen skips were damaged and bags for used linen were torn.

Ward 21

- The floor of the clean linen store was dusty.
- Similar issues were identified; used linen bags were more than 2/3 full and bags were stored on the floor of the disposal room. The door to the disposal hold was open and accessible.

7.0 Standard 4: Waste and Sharps

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

Waste and Sharps	Ward 17 8 Oct 2013	Ward 17 3 Jan 2014	Ward 21 8 Oct 2013	Ward 21 3 Jan 2014
Handling, segregation, storage, waste	90	97	88	93
Availability, use, storage of sharps	84	100	68	100

7.1 Management of Waste

Ward 17:

- Good compliance was maintained and issues identified during the October inspection in relation to inappropriate disposal of waste were addressed. However on this inspection an inhaler had been disposed of into a large sharps box.
- The waste disposal area remained unlocked and accessible.

Ward 21

- Good compliance was maintained and issues identified during the October inspection in relation to inappropriate disposal of waste had been addressed. However the waste disposal area was unlocked and accessible.

7.2 Management of Sharps

Wards 17 and 21

- Full compliance was achieved in this standard. Temporary closure mechanisms were in place and all sharps boxes were signed, dated, clean and stain free.

8.0 Standard 5.0: Patient Equipment

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

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

Patient Equipment	Ward 17 8 Oct 2013	Ward 17 3 Jan 2014	Ward 21 8 Oct 2013	Ward 21 3 Jan 2014
Patient equipment	74	91	74	89

Both wards were minimally compliant in this standard when inspected in October 2014. In January 2014, the inspectors noted although there were some reoccurring and new issues, the improvement in staff's cleaning practice and knowledge has brought this standard to a compliant level.

Ward 17

- The resuscitation trolley and stored portable nebulisers were dusty; adhesive tape was attached to stored IV stands. The frame of equipment such as the drugs' trolley and hoist was chipped.
- There was still inconsistent use of trigger tape to show equipment had been clean.

Ward 21

- Some patient equipment required cleaning; IV stands were stained and the frames of the portable ECG and phlebotomy trolley were dusty. ANTT trays required more detailed cleaning and were stored damp. The Genius thermometer cases had adhesive tape attached.
- Urinals were old and worn; the plastic coating on catheter and urinal stands was damaged. IV stands in use were worn and the plastic cover on the cardiac monitor was split. The case of the ice machine was cracked.

9.0 Standard 6: Hygiene Factors

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

Hygiene Factors	Ward 17 8 Oct 2013	Ward 17 3 Jan 2014	Ward 21 8 Oct 2013	Ward 21 3 Jan 2014
Availability and cleanliness of wash hand basin and consumables	89	91	87	99
Availability of alcohol rub	100	100	97	100
Availability of PPE	87	87	100	93
Materials and equipment for cleaning	74	95	69	83
Average Score	88	93	88	94

The above table indicates that the wards achieved good compliance in this standard. In the October 2013 inspection, the section in this standard which was minimally compliant in both wards was in relation to material and equipment for cleaning. The inspection in January 2014, indicated Ward 17 achieved a compliant score, but staff in Ward 21 still need to address the issues identified to achieve compliance.

Ward 17

- In room 2, the hand towel dispenser was broken, not all towel dispensers were enclosed and the liquid soap dispenser at the entrance to the ward had a slow drip.
- PPE was stored in the dirty utility room where there was a risk of contamination. Staff were observed donning gloves and apron in the room and then leaving the room to carry out tasks in the ward areas. These issues were noted in the October 2013 inspection.
- A bucket containing dirty water and a used mop head were observed in the dirty utility room.

Ward 21

- There was no soap or paper towel dispenser in the either domestic store.
- Disinfectant chemicals were stored in unlocked cupboards.

- The equipment used for cleaning, such as floor polishers, used floor pads, and mop buckets were dusty and dirty in the crevices. In the domestic store, there was a stored mop bucket containing cleaning solution and clean mop heads were stored loosely on a low shelf. Dirty pads were stored along with small buckets in the hand wash sink. In the joint store, the floor polisher was left sitting on a dirty pad.



Picture 3: Ward 21 Dirty cleaning equipment in hand wash sink

10.0 Standard 7: Hygiene Practices

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

Hygiene Practices	Ward 1 16 Feb 11	Ward 1 27 May 11	Ward 21 8 Oct 2013	Ward 21 3 Jan 2014
Effective hand hygiene procedures	95	94	70	95
Safe handling and disposal of sharps	93	100	86	100
Effective use of PPE	89	100	94	94
Correct use of isolation	81	95	N/A	N/A
Effective cleaning of ward	65	90	55	95
Staff uniform and work wear	96	87	87	93
Average Score	87	94	79	95

The table indicated good compliance; areas which were previously minimally or partially compliant were now compliant, however there were some reoccurring issues in both wards.

Ward 17

- A member of Allied Health Professional staff left a room where the patient had a known infection, without decontaminating their hands; all staff should comply with hand hygiene precautions.
- Staff were questioned on the cleaning of equipment in rooms where the patient was in isolation with *C.difficile*. Some staff stated they would use Actichlor Plus solution, however a RN stated they would use alcohol wipes.
- Nursing staff's knowledge about the NPSA colour coding system had not improved.
- Staff were still not fully compliant with the trust dress code policy.
- Changing facilities were not available for staff.

Ward 21

- Hand hygiene was not performed by staff prior to donning gloves.

- Staff were unfamiliar with the practice to use a certificate of decontamination before equipment was serviced/repaired.
- A member of nursing staff was wearing a red lanyard; another member of staff was wearing a stoned ring.

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
Mrs S OConnor	- Inspector, Infection Prevention/Hygiene Team
Mr D Philpot	- Project manager, Review Directorate RQIA

Trust representatives attending the feedback session

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

Mr R Donovan	- Clinical Co-ordinator, Medical Specialities
Ms M Merron	- Infection Prevention Lead
Ms E Campbell	- South and East Care Manager
Ms E Johnstone	- Staff Nurse Ward 17
Ms K Leathem	- Staff Nurse Ward 21
Mr P Johnstone	- Infection Control Team
Ms J Wilson	- Patient Experience Manager
Ms M Hendry	- Patient Experience Manager

Apologies:

Ms L Elias	- Clinical Manager Medical Specialities
------------	---

12.0 Summary of Repeated Recommendations/ Recommendations

Recommendations for general public areas

1. The trust should ensure that general public areas are clean and furnishings and fixtures are in good repair.

Recommendations for common issues

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust and stains.
2. A maintenance programme should be in place to ensure damaged furniture fixtures or fittings are repaired or replaced.
3. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.

Standard 3: Linen

4. Staff should ensure that linen store rooms are clean, tidy, and free from inappropriate items and fixtures and fittings are maintained in a good state of repair.

Standard 4: Waste and Sharps

5. Staff should ensure waste awaiting disposal is stored securely.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

No common issues.

Standard 7: Hygiene Practices

7. Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.
8. Staff should comply with the trust dress code policy.

Recommendations: Ward 17

Standard 2: Environment

No additional recommendations.

Standard 3: Linen

1. Equipment for the disposal of used linen should be in good repair.

Standard 4: Waste and Sharps

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

Standard 5: Patient Equipment

3. Staff should ensure cleaned equipment can be identified.

Standard 6: Hygiene Factors

4. Staff should ensure dispensers for consumables are in good repair.
5. Staff should ensure PPE is worn appropriately.
6. Staff should ensure cleaning equipment is left clean and dry between uses.

Standard 7: Hygiene Practices

7. Where possible, single use equipment should be used when a patient has a known infection.
8. Staff should ensure they know when it is appropriate to use detergent wipes and alcohol wipes.
9. Changing facilities should be available for all staff.
10. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.

Recommendations: Ward 21

Standard 2: Environment

1. Staff should ensure food is stored in lidded containers.
2. Staff should ensure temperature records for the drugs fridge are maintained consistently.

Standard 3: Linen

3. Staff should ensure that linen skips are not overfilled as per trust guidance.

Standard 4: Waste and Sharps

No additional recommendations.

Standard 5: Patient Equipment

No additional recommendations.

Standard 6: Hygiene Factors

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

Standard 7: Hygiene Practices

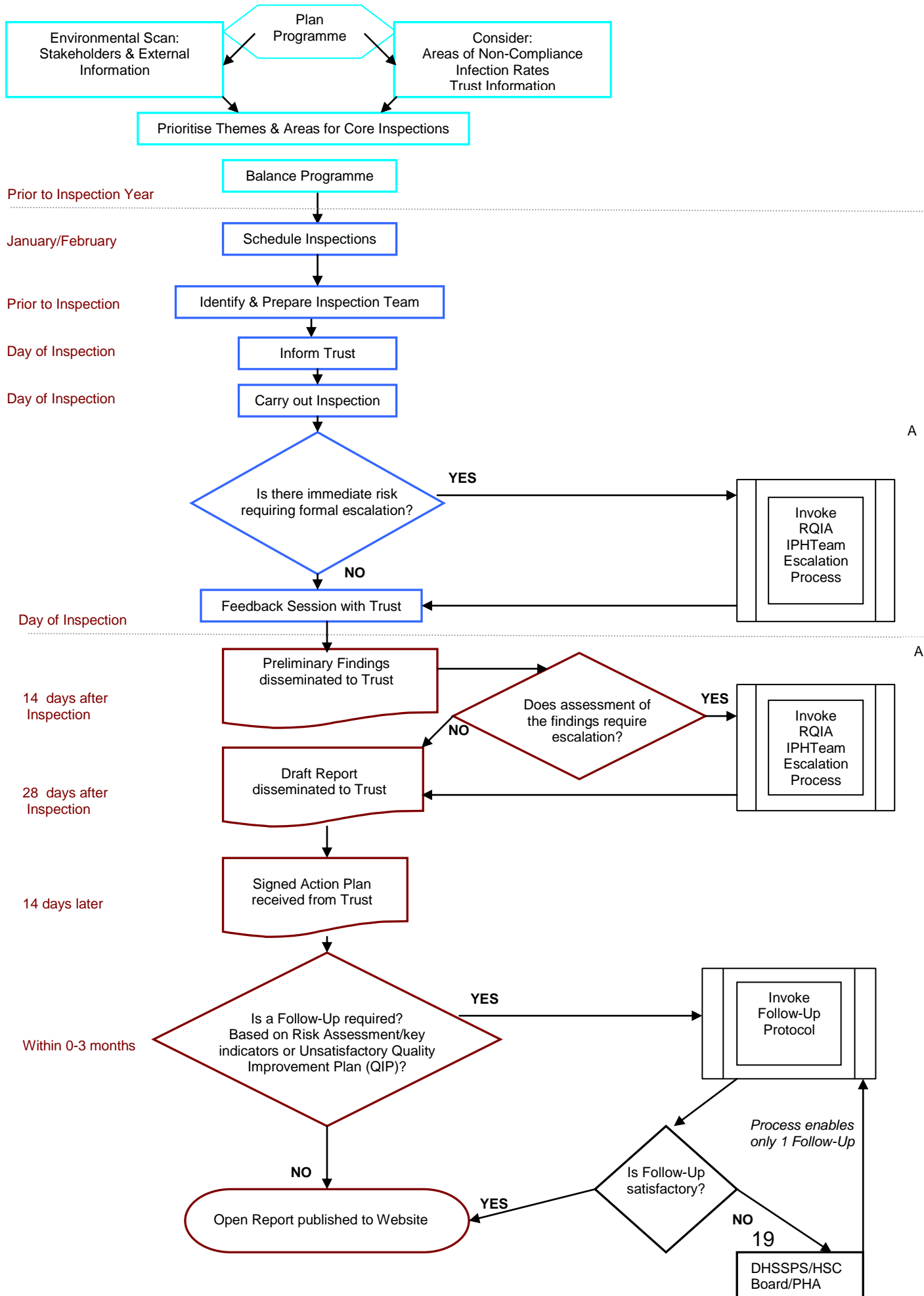
5. Staff should be aware of the practice to certify equipment before decontamination.

13.0 Unannounced Inspection Flowchart

Plan Programme

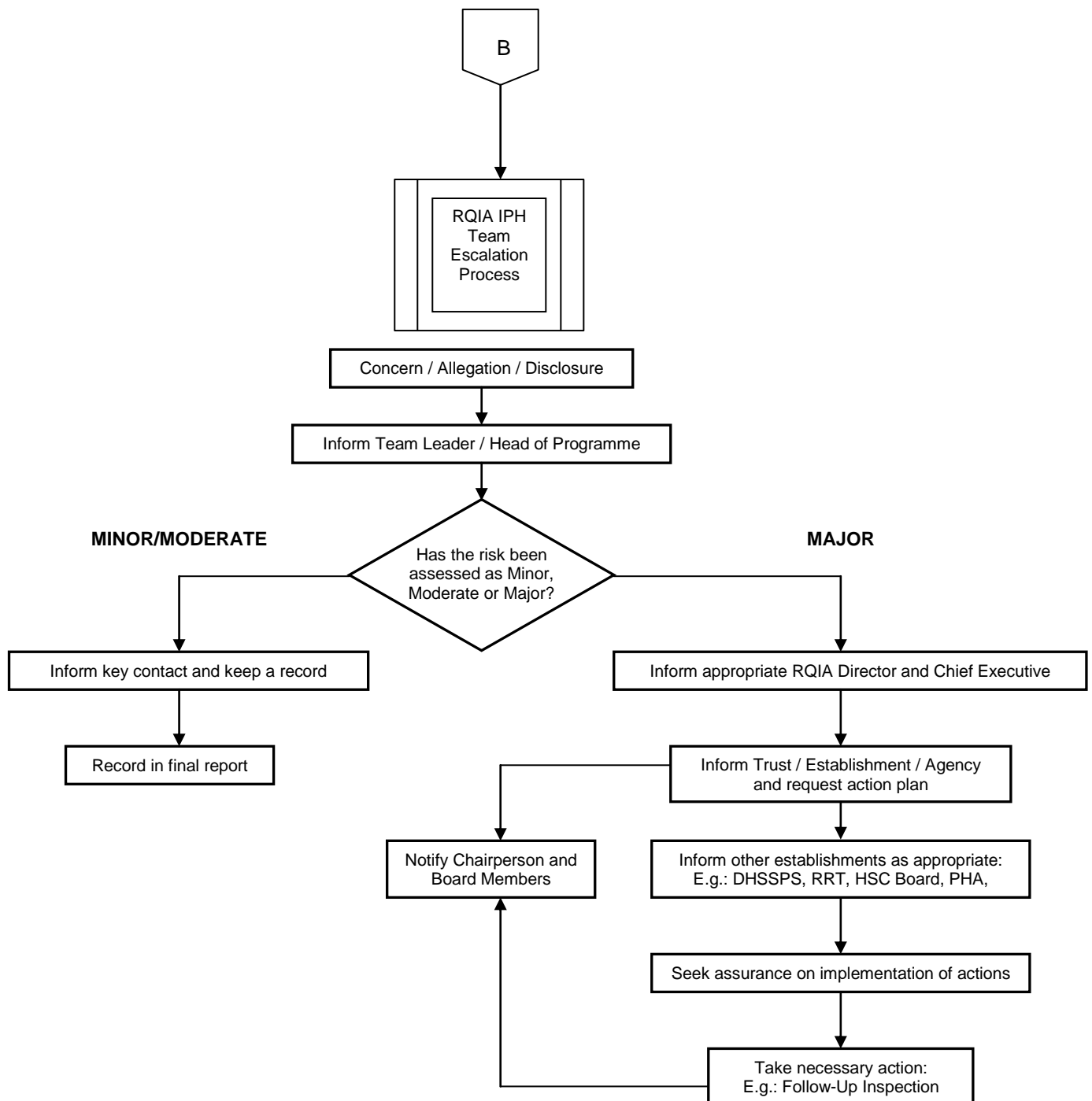
Episode of Inspection

Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

[illegible]

Reference number	Recommendations Common to both Wards – UHD 17 and 21	Designated department	Action required	Date for completion timescale
			Staff to be reminded. Sister to monitor. PE supervisors to monitor	
2.	A maintenance programme should be in place to ensure damaged furniture fixtures or fittings are repaired or replaced.	Nursing, Patient Experience and Estates	<p>A programme of internal audits is currently carried out by Estates to identify estate priority area for action – in addition an annual programme for environmental repair work is in place.</p> <p>Backtraq system is in place to report and actions are ongoing on a daily basis.</p> <p>A programme of environmental audits is currently carried out to identify priority areas for repair – in addition a programme for environmental cleanliness audits would monitor compliance with standards and identify required action to address.</p> <p>Sister to monitor</p>	Completed and continuing
3.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	<p>The Trust has latest nursing cleaning schedules in place Trustwide in accordance with risk and good practice guidelines. An extensive audit programme is in place to monitor in accordance with assessed risk. A system of escalation is in situ to highlight items for action identified through audit.</p> <p>Cleaning schedules are reviewed regularly in response to audit results and part of the performance management process and governed through the Environmental Cleanliness Steering Committee. The Trust continues to progressively develop a harmonised system of informing and recording the decontamination process for equipment used in the care environment in clinical areas. This is being progressed through clinical areas and is a standing priority area of work.</p> <p>Staff to be reminded of responsibilities. Sister to monitor compliance</p>	Completed and continuing
Standard 3: Linen				
4.	<p>Staff should ensure that linen store rooms are</p> <p>(a) clean, tidy, and</p> <p>(b) free from inappropriate items and</p>	Nursing	<p>A All linen is delivered to the door of the ward in an uncovered trolley or hamper by laundry staff who place it in the linen store.</p> <p>The Infection Control Manual has a section pertaining to laundry and states: <i>Clean linen must be protected from moisture and contaminants during transportation and stored in a clean, dry area to maintain its clean state.</i> Current linen management arrangements place responsibility with Ward Sister / Nursing for maintenance of the linen cupboards.</p> <p>The linen store is included in cleaning schedules.</p> <p>B Storage and cleaning arrangements have been highlighted accordingly and regular</p>	Completed and continuing

Reference number	Recommendations Common to both Wards – UHD 17 and 21	Designated department	Action required	Date for completion timescale
	(c) fixtures and fittings are maintained in a good state of repair.		<p>monitoring will continue.</p> <p>C A programme of internal audits is currently carried out by Estates to identify Estate priority items for action – in addition an annual programme for environmental repair work is in place.</p> <p>Backtraq system is in place to report and actions are ongoing on a daily basis.</p> <p>The Trust operates a range of Infection Prevention and control Audits and conducts regular visits to monitor implementation of policies and procedures on a continuing basis.</p> <p>Staff to be reminded of responsibilities. Sister to monitor compliance</p>	
Standard 4: Waste and Sharps				
5.	Staff should ensure waste awaiting disposal is stored securely.	Nursing	<p>The Trust has a clear policy on management of waste and periodic audits are scheduled to monitor compliance and inform improvement action.</p> <p>The IPC Team seeks the supplier of our current sharps boxes undertake a trustwide policy to identify overall performance and each ward receives the report on their audit finding and this is discussed at the IPC link meeting and is included in the Infection Prevention and Control link staff half-day educational session. Training is also provided after audit to respond to any issues identified.</p> <p>Staff knowledge of waste management is addressed through ward and clinical management arrangements and checking takes place through audit arrangements.</p> <p>The Trust has reviewed policy to ensure that instruction and practice matches to the specifications of the new regional waste management guidance.</p>	Completed and continuing
Standard 5: Patient Equipment				
6.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing and Patient Experience	The Trust has a policy on the management, cleaning and storage of equipment. Internal audit programme is in place to monitor level of compliance and areas. The Trust is completing development and introduction of standardised documentation.	Completed and continuing
Standard 6: Hygiene Factors				
	No common issues.			

Reference number	Recommendations Common to both Wards – UHD 17 and 21	Designated department	Action required	Date for completion timescale
Standard 7: Hygiene Practices				
7.	Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.	Nursing, IPC and Patient Experience	<p>Trust Policy on hand hygiene is aligned to WHO guidance and has been addressed as a Trust priority through comprehensive training arrangements and ongoing audit and accountability arrangements. Trust Policy clearly guides on the use of PPE and this issue is highlighted through team meetings and newsletter updates. This forms part of Trust training and Trust policy and will be audited as part of internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews.</p> <p>All wards undertake internal audits on hand hygiene compliance and this is supported by a system of independent audits undertaken by the IPC team and others. These findings are reported and reviewed monthly through the many strands of performance management and accountability as well as at the HCAI steering group and the IPCC.</p> <p>Staff to be reminded of responsibilities. Sister to monitor compliance Weekly Hand Hygiene audits to be completed</p>	Completed and continuing
8.	Staff should comply with the trust dress code policy.	Nursing and IPC	Regional Dress code policy is available for all staff and awareness raising has been carried out at team meetings and highlighted through a recent newsletter. Staff are audited regarding compliance and encouraged to challenge peers who fail to adhere to this standard. It has been sought to have copies of the dress code provided directly to staff on receipt of new or repaired uniforms. This is also included/referred to in all IPC control training	Completed and continuing

Area: Ward 17

Reference number	Recommendations to Ward 17	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
	No additional recommendations.			
Standard 3: Linen				
1.	Equipment for the disposal of used linen should be in good repair.	Nursing	Staff have been reminded regarding the Trust policy on the management of equipment and the need to action repair issues upon identification. An internal audit programme is in place to monitor compliance.	Completed and continuing
Standard 4: Waste and Sharps				
2.	Staff should ensure that waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	Staff have been reminded of Trust policy and importance of correct waste disposal. Monitoring arrangements are in place to support compliant practice.	Completed and continuing
Standard 5: Patient Equipment				
3.	Staff should ensure cleaned equipment can be identified.	Nursing	Staff have been reminded of the Trust policy on the management, cleaning and storage of equipment and the importance of consistent use of the standard methods (tape, cover) for clear identification of cleaned equipment.	Completed and continuing
Standard 6: Hygiene Factors				
4.	Staff should ensure dispensers for consumables are in good repair.	Nursing & Patient Experience	Staff reminded to request repair action upon identification of dispenser damage. Environment audits and environmental cleanliness audits in place will support monitoring and identification and action against repair issues.	Completed and continuing
5.	Staff should ensure PPE is worn appropriately.	Nursing & Patient Experience	Staff have been reminded of the importance of adherence to Trust guidance on the use of PPE and the issue is highlighted at team meetings and is included in Trust training. Staff reminded to wear PPE when appropriate and to remove upon completion of action. Ward manager monitors compliance through internal IPC / hygiene and audits and through the use of the hygiene and cleanliness checklist.	Completed and continuing
6.	Staff should ensure cleaning equipment is left clean and dry between uses.	Nursing & Patient Experience	Staff have been reminded of the Trust policy on the management, cleaning and storage of cleaning equipment and the importance of ensuring that equipment is clean and dry between uses. Internal audit programme is in place to monitor compliance.	Completed and continuing
Standard 7: Hygiene Practices				
7.	Where possible, single use equipment should be used when a patient has a known infection.	Nursing	Staff reminded regarding need to use single use equipment in all cases of infection. This item has been added to the staff knowledge self-assessment e-learning tool content to support compliance and improved knowledge.	Completed and continuing

Reference number	Recommendations to Ward 17	Designated department	Action required	Date for completion/ timescale
8.	Staff should ensure they know when it is appropriate to use detergent wipes and alcohol wipes.	Nursing	Staff advised of appropriate use of detergent wipes and alcohol wipes. Ward Manager will continue to re-inforce message and check staff knowledge.	Completed and continuing
9.	Changing facilities should be available for all staff.	Nursing	Staff have been advised regarding expected standards of practice. The issue is addressed during Trust IPC mandatory training. Ward Manager continues to monitor and challenge any observed non-compliance.	Completed and continuing
10.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing	The ward has the NPSA colour-coding poster on display and staff have been reminded to ensure that they are knowledgeable regarding NPSA colour-coding guidance for cleaning equipment. Ward Manager continues to re-inforce knowledge. Staff will self-assess knowledge using the Trust self-assessment e-learning tool.	Completed and continuing

Area: Ward 21

Reference number	Recommendations to Ward 21	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure food is stored in lidded containers.	Patient Experience	Staff have been advised regarding correct food storage practice – to include labelling. Monitoring arrangements are in place to manage compliance. Staff reminded of food storage responsibilities. Food safety awareness training has been delivered to all staff.	Completed and continuing
2.	Staff should ensure temperature records for the drugs fridge are maintained consistently.	Nursing	The Trust Medicine Policy provides clear guidance on the monitoring requirements for fridge temperatures. Ward 21 Staff have been reminded to ensure same recorded at 08.00 and 21.00 Ward Sister will monitor and take appropriate action to ensure a high level of compliance is maintained.	Completed and continuing
Standard 3: Linen				
3.	Staff should ensure that linen skips are not overfilled as per trust guidance.	Nursing	Training, storage, handling and cleaning requirements regarding linen are managed through the Ward Manager and IPC arrangements. Staff have been reminded and all are aware as per Trust guidance to ensure linen skips are not overfilled and daily monitoring arrangements - to include challenge of non-compliance - will support compliant practice.	Completed and continuing
Standard 4: Waste and Sharps				
	No additional recommendations.			

Reference number	Recommendations to Ward 21	Designated department	Action required	Date for completion/ timescale
Standard 5: Patient Equipment				
	No additional recommendations.			
Standard 6: Hygiene Factors				
4.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Nursing & Patient Experience PE team	The Ward Manager addresses staff knowledge requirements through staff meetings. An internal audit programme exists to monitor compliance. Ward staff have been reminded regarding compliant storage in line with COSHH regulation. An internal audit programme is in place to monitor compliance. COSHH guidance is in place in the ward.	Completed and continuing
Standard 7: Hygiene Practices				
5.	Staff should be aware of the practice to certify equipment before decontamination.	Ward Sister	All staff reminded of procedure / responsibilities regarding certification of equipment before decontamination.	Completed and continuing



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk