



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Follow up Unannounced Inspection**

South Eastern Health and Social Care Trust

Ulster Hospital

21 January 2015

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

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1.0 Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our Hygiene and Infection Prevention and Control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on the RQIA website at www.rqia.org.uk.

2.0 The Inspection Programme

A rolling programme of unannounced inspections has been developed by RQIA to assess compliance with the Regional Healthcare Hygiene and Cleanliness Standards, using the regionally agreed Regional Healthcare Hygiene and Cleanliness audit tool www.rqia.org.uk.

Inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities.

RQIA also carries out announced inspections. These examine the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice.

Unannounced inspections are conducted with no prior notice. Facilities receive six weeks' notice in advance of an announced inspection, but no details of the areas to be inspected.

The inspection programme includes acute hospital settings and other areas such as: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service; and other specialist and regulated services, as and when required. Inspections may be targeted to areas of public concern, or themed to focus on a particular type of hospital, area or process.

Further details of the inspection methodology and process are found on the RQIA website www.rqia.org.uk.

3.0 Inspection Summary

An unannounced follow up inspection was undertaken to the Ulster Hospital, on 21 January 2015. The inspection team was made up of three inspectors and a peer reviewer from RQIA. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

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

- Ward 7 Surgical
- Emergency Department (ED)

The Ulster Hospital was previously inspected on 21 October 2014. Of the four areas inspected, two wards were found to be compliant with the Regional Healthcare Hygiene and Cleanliness Standards. The Emergency Department (ED) was minimally compliant in four standards, Environment, Sharps, Patient Equipment and Hygiene Practices, and achieved an overall minimally compliant score. Ward 7 was minimally compliant in two standards, sharps and patient equipment. As a result both areas required a follow up inspection. The inspection reports of the inspections are available on the RQIA website www.rqia.org.uk.

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

The inspection team found evidence that the Ulster Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards particularly in Ward 7 which achieved compliance in all seven standards.

In comparison ED remained minimally compliant in two standards, Patient Equipment and Hygiene Practices. The inspection found that the level of achievement for hygiene practices had fallen in some areas. In line with the regionally agreed Infection Prevention Hygiene Inspections Methodology a letter of concern was sent by the Chief Executive of the RQIA to the Chief Executive of the SEHSCT and copied to the, DHSSPS, HSC Board and Public Health Authority.

It is acknowledged that at the time of the inspection the ED, was experiencing increased pressures and high levels of patient throughput. However, effective hand hygiene procedures and the management of patient equipment are core infection prevention and control measures, to assist in the transmission of pathogens associated with healthcare, and are necessary to ensure the safety of patients. These standard precautions must be used at all times in the care of all patients in every healthcare setting.

Inspectors also acknowledge there are issues relating to the age and general fabric of the main building have had a negative impact on the scores for the Environment Standard. The Ulster Hospital has commenced a new build

programme which is due for completion 2017. New upgraded ward environments with single en-suite bedroom facilities will be available for patients. In the interim it is important that the fabric of the older building is maintained to an acceptable level.

Inspectors noted the following good practice

Ward 7

- All seven standards were compliant at the follow up inspection.
- Audit results, including hand hygiene are discussed at monthly doctor's mortality and morbidity meeting.
- The ward sister attends a monthly meeting with key consultants which discusses ways to improve nursing and medical staff practice.

ED

- ED has an additional storage room.

The inspection on the 21 October 2014 resulted in one general recommendation which has been repeated, 10 of the 17 recommendations for Ward 7 had been addressed, 7 have been repeated and there are 6 new recommendations. ED had 25 recommendations, 7 have been addressed 18 have been repeated and 2 new recommendations. A full list of recommendations is listed in Section 12.0.

A decision was made by the RQIA executive team that a follow up inspection would be required which will be undertaken in the forthcoming months.

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 be a need to return this as an action plan). (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

The final reports and Quality Improvement Action Plans will be available on the RQIA website.

The RQIA inspection team would like to thank the SEHSCT 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.

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

Areas inspected	Ward 7 21 October 2014	Ward 7 20 January 2015	ED 21 October 2014	ED 20 January 2015
General environment	82	92	69	84
Patient linen	100	100	79	81
Waste	86	100	93	89
Sharps	67	85	46	81
Patient Equipment	73	91	55	64
Hygiene factors	90	97	90	91
Hygiene practices	77	93	70	63
Average Score	82	94	72	79

5.0 Standard 2: General Environment

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

General environment	Ward 7 October 2014	Ward 7 January 2015	ED October 2014	ED January 2015
Reception	82	89	57	79
Corridors, stairs lift	65	86	N/A	N/A
Public toilets	74	84	61	90
Ward/department - general (communal)	72	90	18	60
Patient bed area	73	87	74	89
Bathroom/washroom	97	100	65	97
Toilet	71	93	73	87
Clinical room/treatment room	79	92	43	84
Clean utility room	100	100	N/A	N/A
Dirty utility room	85	95	68	80
Domestic store	95	92	55	82
Kitchen	83	89	67	88
Equipment store	N/A	N/A	65	81
Isolation	87	94	79	N/A
General information	87	92	56	93
Average Score	82	92	69	84

The above table outlines the findings in relation to the general environment of the facilities inspected. There has been improvement in all areas and Ward 7 was compliant in this standard. ED achieved a partially compliant score and further work is still required. Issues identified were:

In the public toilets of the main reception there were stains on walls, glass door panels and the waste bin. Radiators were dusty and there was debris in the light fittings. The outside of the door to the disabled toilet was grubby with hand marks.

In ED reception and public toilets some repairs have been carried out to damaged flooring, chairs, holes in plaster work and toilet fittings. However, some previous issues in relation to cleaning and maintenance remain outstanding. There was dust and debris on floor corners and edges, light switches and the public telephone were stained. Cleaning of the sanitary ware in the public toilet had improved but the toilet and taps of the hand wash sink required further attention to detail. Damaged paint and plaster work beside the

public telephone, wood surfaces at the reception desk, detached skirting and door frames still required repair.

Ward 7

Cleaning was of a good standard; in general, surfaces were dust free. The age related damage to the fabric of the building continues to have a negative impact on some scores. Issues identified were:



Picture 1: Cleaned Commodes

- Generally horizontal surfaces such as floors, bed frames and patient entertainment systems were dust free. Exceptions were the high density storage cupboards at the nurse's station and in the domestic store. Commodes were clean and appropriately trigger taped. (Picture 1) In the side room there was blood staining to the wall behind the patient bed and stains on the outside of the shower cubicle.

- There was damage to paint and plaster work and wood surfaces throughout the ward. The sanitary fitting in the toilet and units in the kitchen were old and worn. The wooden arms on patient's chairs were worn. When surfaces are worn or damaged they are not impervious to moisture and cannot be effectively cleaned.
- Improvement had been made in relation to clutter; portable screens ECG machine and hoist were no longer stored in the corridor. However the clinical area at the nurse's station remains congested and lack of space makes it not fit for purpose. At a bed space, bags of patient's property were stored on the floor.
- Nursing cleaning schedules did not include all equipment present and validation audits were not carried out.

Emergency Department

- Overall, the standard of cleaning had improved; many of the issues identified during the first inspection had been rectified. Most surfaces were clean, free from stains and dust. Areas which needed further attention were; walls, top of the washer disinfectant and an air vent in the dirty utility room. In a disabled toilet in the Majors area, the

underside of a raised toilet seat was heavily stained with body fluids. Computer screens and keyboards were dusty. In the Rapid Assessment and Treatment Unit (RATU) the glass panels of the medicine fridge were heavily stained.

- The cleanliness of the plaster room was highlighted on the previous inspection. Inspectors were informed that the plaster room had been put on a regular cleaning schedule. Inspectors observed plaster splashes and stains on the floor, cupboards and sink, and a build-up of plaster residue around the floor fixtures and fittings, corners and edges. The room was cleaned on the afternoon of the inspection.
- Damage to the environment, floors, walls and doors continue to negatively impact on the assessment of the department. During the October 2014 inspection, inspectors identified issues regarding poor repairs to damaged floors in the ED and in particular the floors in the RATU. Door frames throughout the department had chipped paintwork and exposed wood. The door of a cubicle in the RATU, had been poorly repaired with industrial tape. These issues have not been addressed. (Picture 2)



Picture 2: Damaged door

- Since the first inspection, the ED has acquired another storage room. This has reduced some of the storage pressures within the department. Doors to the storage alcoves beside the service lift at the back of the ED were open throughout the inspection allowing public access. The stock in these areas had been reduced, with items placed in a more defined order, however clean unused stock items continue to remain in close proximity to filled sharps boxes and bags of used laundry. Patient equipment continues to be stored along corridors, boxes of stock were observed on the floor in the clinical room.

- Information leaflets for visitors and a number of information posters for staff which were not available on the initial inspection were now in place. (Picture 3). Inspectors observed numerous gaps in the completion of the nursing equipment cleaning schedules.



Picture 3: New Leaflet Rack

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 7 October 2014	Ward 7 January 2015	ED October 2014	ED January 2015
Storage of clean linen	100	100	76	76
Storage of used linen	100	100	82	86
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	100	100	79	81

The above table outlines the findings in relation to the management of patient linen. Ward 7 maintained their full compliant and are to be commended. ED has maintained partially compliant in the storage of clean linen and increased to compliant in the storage of used linen. Issues identified were:

Ward 7

There were no issues identified in relation to either the storage of clean linen or the segregation and disposal of used linen.

ED

- Space constraints continue to impact on the storage of clean and used linen. The limited size of the linen store did not meet ED's linen storage requirements. Since the initial inspection, linen trolley covers have been purchased to cover trolleys containing overflow linen. These trolleys were observed in the overflow alcove at the back of ED. Clean linen and clean linen bags were observed on the floor of the linen room.
- The over stocking of the linen store was a barrier to the cleaning process. As a result the same issues identified in October 2014 continue to be observed. There was dust and debris at corners and edges of the flooring, especially in difficult to access areas and the skirting was stained.
- Issues highlighted previously regarding over filled used linen bags and bags of used linen stored in open containers in publicly accessible areas were again observed.

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 7 October 2014	Ward 7 January 2015	ED October 2014	ED January 2015
Handling, segregation, storage, waste	86	100	93	89
Availability, use, storage of sharps	67	85	46	81

The above table indicates that both wards achieved compliance in the standard on waste, Ward 7 was fully compliant and this is commended. Two issues were identified for improvement the ED:

7.1 Management of Waste

Ward 7

No issues identified.

ED

- Waste bags were stored in large euro bins in an outside area at the back of the ED. The euro bins were in a public accessible area, not all bins were secured and could be accessed by inspectors. This issue was highlighted during the previous inspection.
- Household waste was observed in clinical waste bins, pharmaceutical waste paper and wipes were observed in sharps boxes and the lid of a purple lidded burn bin was blood stained.

7.2 Management of Sharps

On the previous inspection, Ward 7 and ED were minimally compliant. Practice has improved, Ward 7 is now compliant and ED partially compliant. Issues identified for improvement were:

Ward 7

- A sharps box at the nurse's station was over filled; the temporary closure mechanism was not deployed on two of four sharps boxes. An integrated sharps tray was stained and had adhesive tape attached.
- The sharps box on the resuscitation trolley had been used and not changed according to trust policy.

ED

While there has been some improvement, issues which were raised during the October 2014 inspection must be addressed for this standard to reach compliance. Poor practice presents risks to the health and safety of staff, patients, and the public.

- There were blood spots on the lid of the sharps box beside the Arterial Blood Gas (ABG) machines in the Major's area. Three integrated sharps trays were stained.
- Sharps boxes were not stored securely and were easily accessible throughout the ED. Locked sharps boxes were stored in an unsecure public accessible area waiting for collection.

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 7 October 2014	Ward 7 January 2015	ED October 2014	ED January 2015
Patient equipment	73	91	55	64

The above table indicates that Ward 7 achieved compliance in this standard. It is of concern that in ED this standard remains minimally compliant. Minimal improvement was noted in the cleaning of patient equipment. Immediate action is required by all staff, to improve practice and achieve compliance. Issues identified were:

Ward 7

- Improvement was noted in the cleaning of patient equipment. Equipment such as commodes, ECG machine, suction machines were clean and single use items were in their packaging. The damaged resuscitation trolley had been replaced. The replacement trolley was dusty and required cleaning inside and out and adhesive tape residue and paper labels removed. An ANTT tray was streaked and stained. The computer on wheels monitor, keyboard and stand, stored at nurse's station, was very dusty; this was highlighted on the previous inspection. There was no evidence to give assurance that stored or shared equipment had been cleaned.

Additional Issues

- Inspectors noted inappropriate staff practice. Staff were toileting patients using a commode with the paper mache insert set on top of the commode seat. A commode basin or undercarriage rack was not in use. This means the patient is sitting directly on the paper mache inset which could be very uncomfortable and unsecure.

ED

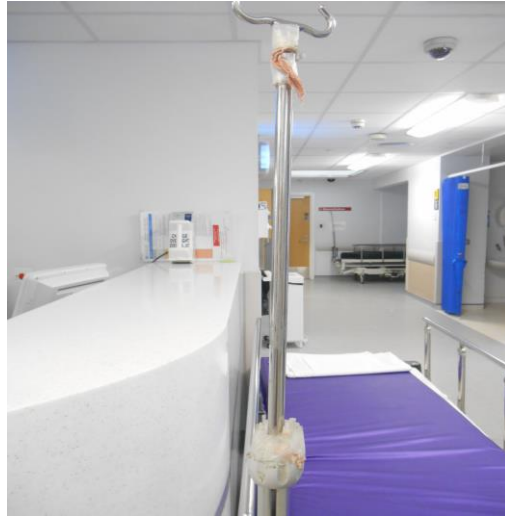
- Inspectors found that minor improvement had been made to the cleaning of some patient equipment such as, commodes, ECG machine oxygen saturation probe and blood gas analyser were found to be clean.
- The majority of previously identified issues remained unchanged. Recurring issues were; dust and stains on equipment, blood stains on the mattress of one patient trolley and the mattress and frame of another. The bottom surface of the resuscitation trolley was blood splashed (Picture 4) and the frame dusty; the plastic side compartment of the trolley was broken. The issue was highlighted at the time of inspection but only the blood stains were cleaned. A cleaned bed pan, and patients wash bowls were stained. Ultrasound equipment, portable suction machines, IV stands and equipment on the resuscitation trolley were all dusty. New issues identified; the docking station of a blood glucose monitor was blood stained and the runners of a phlebotomy trolley were dusty.



Picture 4: Blood stained resuscitation trolley

- Nursing staff when questioned were knowledgeable of the symbol for single use items. However inspectors found that an uncovered patient's oxygen mask had been observed hanging from the rail behind the patient's trolley. A number of single use suctioning catheters were out of their protective packaging. Two 'single patient use' hoist slings were out of their protective packaging and draped over a stored hoist. Single use equipment should not be removed from its protective packaging prior to use.

- Damaged equipment was still an ongoing issue. IV pumps were worn and the edging was chipped, an IV stand attached to a patient's bed had been repaired with tape. Other damaged equipment included catheter stands, the frame of an ECG machine, hoists and roll boards. (Picture 5).



Picture 5: Damaged IV stand repaired with tape

- Inspectors observed that a number of nurses did not decontaminate observation trolleys between patient uses. Stored items of equipment were dusty, old and worn. There was an inconsistent use of trigger tape on stored items to denote when they had last been decontaminated.

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 7 October 2014	Ward 7 January 2015	ED October 2014	ED January 2015
Availability and cleanliness of wash hand basin and consumables	89	96	94	96
Availability of alcohol rub	92	100	100	97
Availability of PPE	86	100	86	87
Materials and equipment for cleaning	93	91	80	85
Average Score	90	97	90	91

The above table indicates continued compliance in this standard. Ward 7, was fully compliant in two sections, the availability of alcohol rub and availability of PPE. Issues identified for improvement were:

Ward 7

- The number of clinical hand wash sinks was not in line with national guidance, some of the sinks were difficult to access and there was no clinical hand wash sink at the central clinical area.
- The vacuum hose had been repaired with tape, a long handled dust pan and brush was dirty, prefilled buckets were stored in the domestic store.

ED

- The clinical hand wash sink in the adult resuscitation area was partially blocked by a clinical waste bin and the clinical hand wash sink in the dirty utility room had a hairline crack.
- There was a build-up of residue on the underside of the soap dispenser in the dirty utility room and the alcohol hand rub dispenser at the majors central station was empty. PPE stations were not readily available in all areas of the ED.

- Disinfectant chemicals in RATU and Majors were not secured in a locked area, in line with COSHH regulations.
- Cleaning equipment, buckets, vacuum cleaners and cleaning trolley, required more detailed cleaning in crevices, the domestic trolley had been repaired with tape.

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 7 October 2014	Ward 7 January 2015	ED October 2014	ED January 2015
Effective hand hygiene procedures	72	100	73	63
Safe handling and disposal of sharps	92	100	73	86
Effective use of PPE	69	86	65	35
Correct use of isolation	N/A	88	N/A	84
Effective cleaning of ward	80	100	50	55
Staff uniform and work wear	72	81	88	55
Average Score	77	93	70	63

In Ward 7, staff stated that issues identified on the last inspection had been actioned. Weekly hand hygiene audits were carried out and ward walkabouts using the regional Healthcare Hygiene and Cleanliness Audit Tool are carried out. The standard was compliant overall; three of the sections were fully compliant.

In ED inspectors were concerned that the overall minimally compliance score in this standard had fallen. The scores for three of the sections have dropped, only one section had has moved to a compliance score. Issues identified for improvement were:

Ward 7

- On two occasions a doctor did not wash or apply alcohol rub after removing gloves.
- A care path way was not in place for a patient with MRSA.

- A student allied health professional did not don PPE when entering the room of a patient with an infection.
- Staff compliance with the trust dress code policy had improved but continues to require better adherence. Staff were observed with long unsecured hair, medical staff wore stethoscopes around their necks with rolls of adhesive tape hanging from the stethoscope. One staff had stoned earrings.

ED

- All staff were not consistent with the seven step hand hygiene technique when undertaking a clinical hand wash or applying alcohol rub. Some staff did not decontaminate their hands following contact with a patient or their surroundings, in line with the WHO five moments of care.
- Two sharps boxes contained re-sheathed needles; this was identified to the manager. It is unsafe practice to re-sheath needles.
- Inspectors observed lapses in staff practice in relation to the correct use of PPE. A member of the medical team did not wear gloves and an apron when demonstrating the insertion of a peripheral venous cannula to medical students. Staff wearing PPE (gloves and apron), left their patients to collect other equipment. A nurse had to ask a doctor to remove their gloves as they were moving from one area of the department to another. Similar issues were raised during the October inspection.
- New issues related to staff not wearing aprons, for example a nurse carrying used linen against their uniform and a member of domestic engaged in wet work. Inspectors also observed staff wearing gloves when not necessary, for example when wheeling patients on trolleys through the department.
- In relation to isolation, PPE was not readily available outside isolation rooms. Reusable equipment was not dedicated for the two patients under isolation precautions.
- Nursing staff were questioned regarding their cleaning practices. Some staff were unaware of the correct disinfectant dilution rates for disinfection of the general environment or for managing a blood spillage. One nurse questioned, was unaware of the solutions used for routine cleaning; a second was unaware of the procedure to follow when removing a blood and body spillage. Most nursing staff were unaware of the NPSA colour coding system for cleaning equipment, a nurse was unaware of the need for a decontamination certificate before equipment is sent for maintenance, repeated from the previous inspection.

- There was poor staff compliance with the trust dress code policy within the clinical environment. Some staff were not bare below the elbow others were observed wearing jewellery, nail polish or long unsecured hair.

11.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs M Keating	- Inspector, Infection Prevention/Hygiene Team
Mr T Hughes	- Inspector, Infection Prevention/Hygiene Team
Mrs S O'Connor	- Inspector, Infection Prevention/Hygiene Team
Mrs H Hamilton	RQIA, Review Directorate

Trust representatives attending the feedback session

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

Ms D Keown	- Assistant Director, Surgical and representing Director of Hospital Services
Ms L Kelly	- Assistant Director, Safe and Effective Care
Mr J Thompson	- Assistant Director, Patient Experience
Ms J Clarke	- Senior Manager, Patient Experience
Ms H Daley	- Clinical Co-coordinator Surgery
Ms R Watson	- Clinical Manager ED
Ms R McLaughlin	- Departmental Sister ED
Mr S Bain	- Charge Nurse ED
Ms V Reid	- IPCN
Ms McCabe	- IPCN
Ms M Hendry	- Manager, Patient Experience
MS J Wilson	- Manager, Patient Experience
Mr C Campbell	- Governance and Patient Involvement Manager
Ms K Dyer	- Staff Nurse, Ward 7

12.0 Summary of Recommendations

Recommendations for General Public Areas

Recommendation

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

Recommendations Ward 7

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust and stains. Repeated
2. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced. Repeated
3. A review of the current clinical area should be carried out to ensure it is fit for purpose. New
4. Nursing cleaning schedules should detail all equipment to be cleaned. Repeated
5. Staff should ensure commodes are complete for patient use. New

Standard 3: Linen

No recommendations required.

Standard 4: Waste and Sharps

6. Staff should ensure sharps boxes and receptacles are clean, temporary closures deployed and changed according to policy. Repeated

Standard 5: Patient Equipment

7. Staff should ensure that equipment is clean and identified as clean. Repeated

Standard 6: Hygiene Factors

8. The trust should ensure the provision of clinical hand wash sinks comply with national guidance and are accessible. Repeated
9. Staff should ensure cleaning equipment is clean and in good repair. New

Standard 7: Hygiene Practices

10. Staff should ensure they wash or apply alcohol rub after removing gloves. New
11. Staff should ensure a care path way is in place when patients have a known infection. New
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12. Staff should ensure they wear PPE when entering an isolation room.
New
13. Staff should adhere to the trust dress code policy. Repeated

Recommendations ED

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust, stains and lime-scale. Repeated
2. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced. Repeated
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clean and dirty segregated clutter free environment. Repeated
4. Staff should ensure the plaster room is on a regular cleaning schedule, the room should be clean, free from damage and fit for patient activities. Repeated

Standard 3: Linen

See recommendation 1.

5. Staff should investigate alternative storage options to ensure clean linen is not stored on the floor and that staff do not overfill bags of used linen. Repeated

Standard 4: Waste and Sharps

6. Staff should ensure waste bins are secure and not accessible to the public. Repeated
7. Staff should ensure sharps boxes are secure, boxes and receptacles are clean. Locked sharps boxes are stored in a secure area. Repeated

Standard 5: Patient Equipment

8. Staff should ensure that equipment is clean and identified as clean, and in good state of repair. Repeated
9. Sterile single use items should remain in their packaging until ready for use. Repeated

Standard 6: Hygiene Factors

10. Staff should ensure clinical hand wash sink are clean and not obstructed. Repeated
11. Staff should ensure dispensers are clean and filled

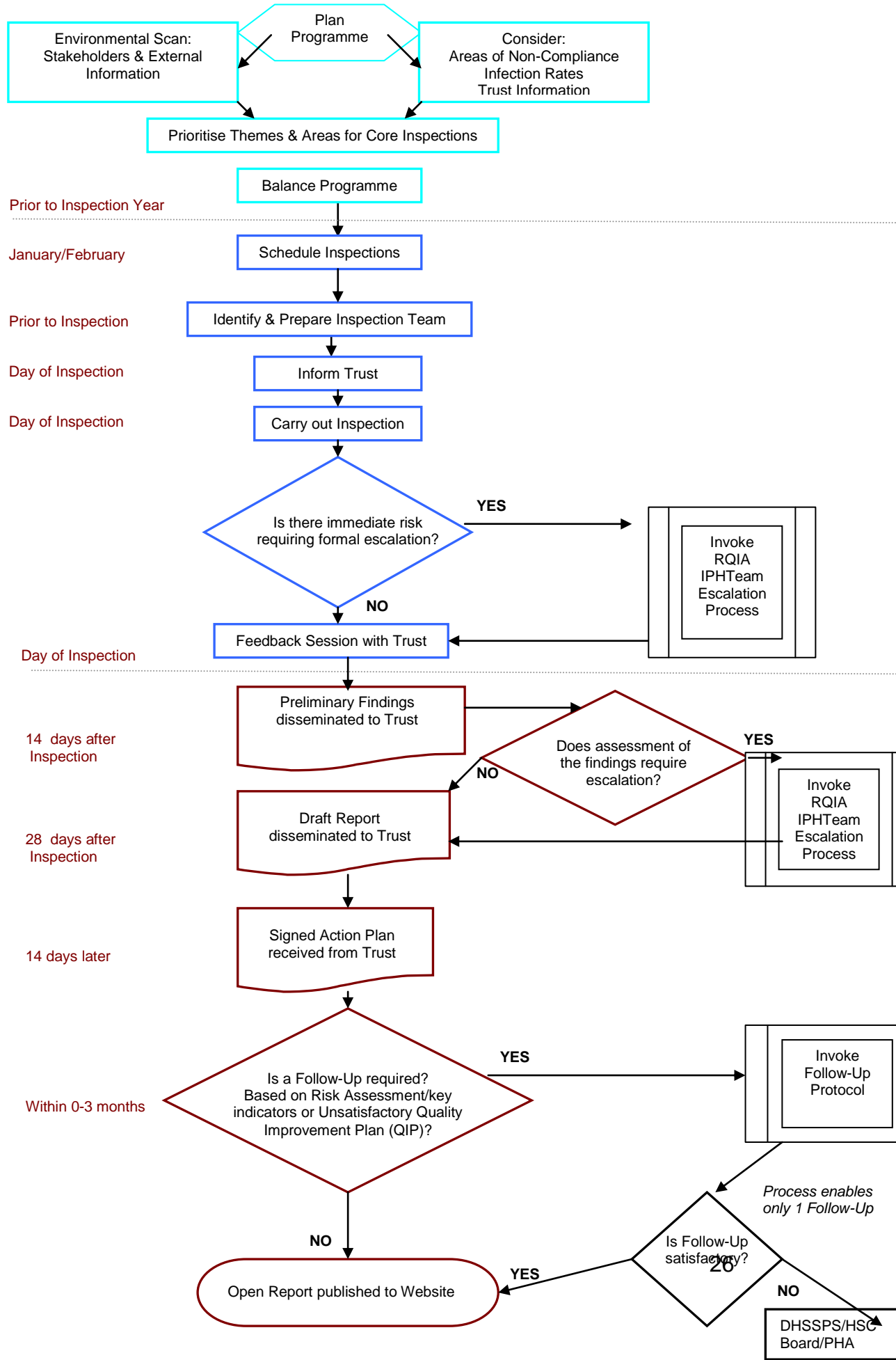
12. Staff should ensure chemicals are stored in line with COSHH guidance.
Repeated
13. Staff should ensure equipment used for cleaning is clean and in good repair. Repeated
14. Staff should ensure they have a readily available supply of PPE.
Repeated

Standard 7: Hygiene Practices

15. Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care.
Repeated
16. Staff should ensure they wear PPE appropriately. Repeated
17. Nursing staff should ensure they are knowledgeable in the correct dilution rates and used for cleaning and disinfectants and NPSA colour coding system for cleaning.
18. Staff should ensure cleaning schedules are completed consistently and that COSHH data sheets are available for domestic staff. Repeated
19. Staff should ensure they complete a certificate of decontamination before equipment is sent for repair. Repeated
20. Staff should adhere to the trust dress code policy. Repeated

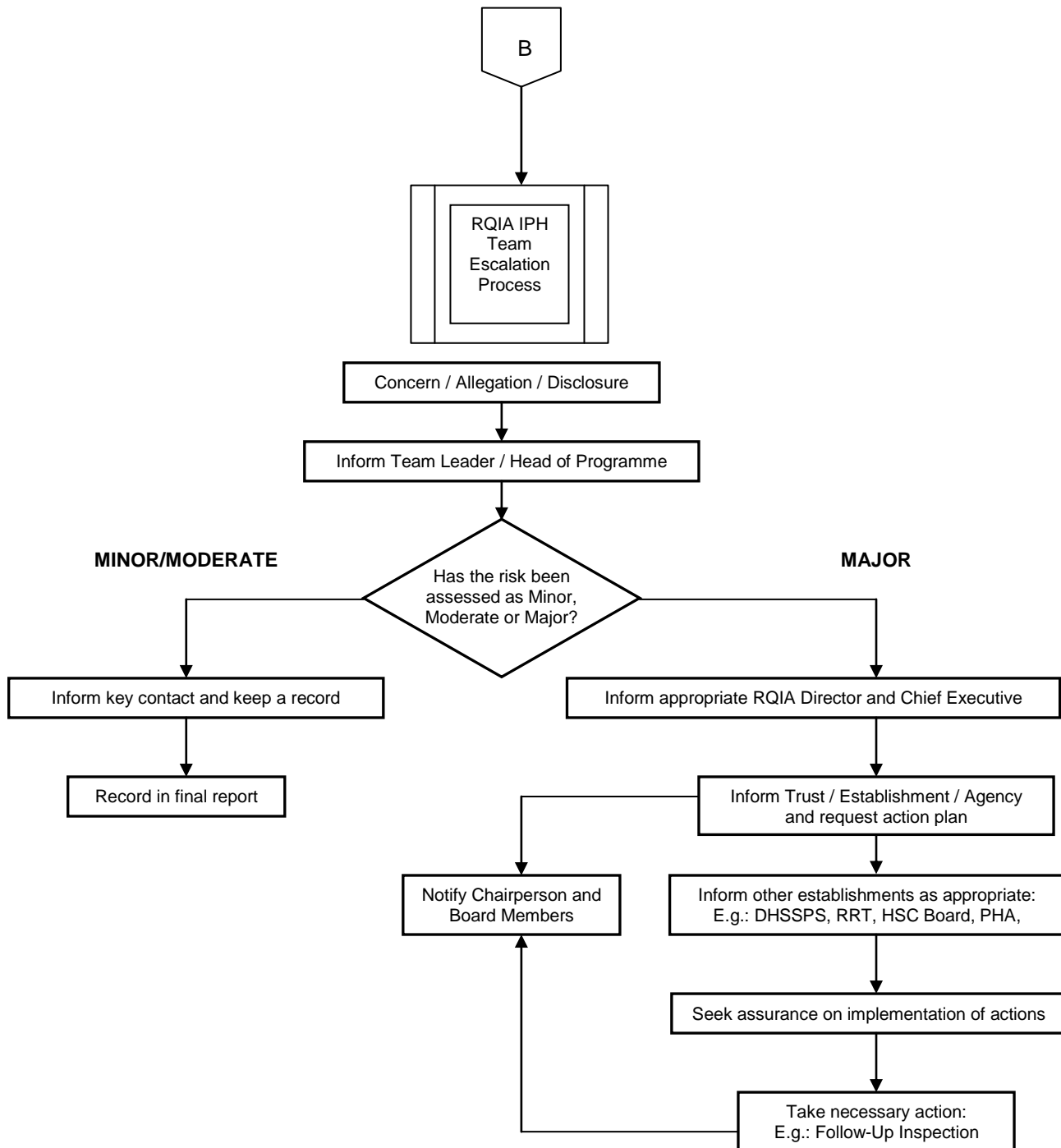
13.0 Unannounced Inspection Flowchart

Plan Programme
Episode of Inspection
Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan – Ward 7

Reference number	Recommendations to Ward 7	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean, free from dust and stains. Repeated	Patient Experience	Daily damp cleaning of all surfaces, as detailed on work schedule. Review of work schedule arranged to take place. Monitoring/recording/action of findings by coordinators	In place pre-inspection– once daily. Reinforced to staff since Jan 2015 inspection. Mar 2015 In place pre-inspection – weekly basis
2.	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced. Repeated	Nursing	Upon identification, any furniture or fittings deemed to be in need of repair / replacement / condemnation is reported to estates helpdesk for appropriate action and appropriate steps are taken by ward management for procurement. Staff have been reminded re: monitoring / reporting responsibilities in this regard	In place pre-inspection – daily focus. Reinforced to Staff since Jan 2015 inspection. Completed Jan 2015

Reference number	Recommendations to Ward 7	Designated department	Action required	Date for completion/ timescale
3.	A review of the current clinical area should be carried out to ensure it is fit for purpose. New	Nursing	Medication cupboards have been removed and new shelving unit erected for storage of notes in clinical area.	Completed March 2015
4.	Nursing cleaning schedules should detail all equipment to be cleaned. Repeated	Nursing	Cleaning schedules review has taken place. Schedules include all equipment to be cleaned. Schedules are fully maintained. Validation audits have been carried out by infection control.	Completed Jan 2015
5.	Staff should ensure commodes are complete for patient use. New		Completion for patient use (focus on sliding basin) reinforced to staff and monitored. Infection control team carry out regular audits monitoring cleaning. Continual monitoring in place.	Completed Jan 2015 Audits and spot checks in place since Jan 2015
Standard 3: Linen				
	No recommendations required.			
Standard 4: Waste and Sharps				
6.	Staff should ensure sharps boxes and receptacles are clean, temporary closures deployed and changed according to policy. Repeated	Nursing	Importance of correct sharps management practice has been highlighted to nursing and medical staff. Spot checks and environmental auditing is carried out.	Completed Jan 2015 Training has taken place and audits and spot in place since

Reference number	Recommendations to Ward 7	Designated department	Action required	Date for completion/ timescale
			Waste management mandatory training is completed by staff.	Jan 2015
Standard 5: Patient Equipment				
7.	Staff should ensure that equipment is clean and identified as clean. Repeated	Nursing	Effective management of equipment cleanliness / repair highlighted to staff. Monitoring in place by ward management. Equipment audit undertaken by IPCT as part of the team's audit plan.	Completed Jan 2015 Completed post-inspection Jan 2015
Standard 6: Hygiene Practices				
8.	The trust should ensure the provision of clinical hand wash sinks comply with national guidance and are accessible. Repeated	Nursing / IPC	Provision of clinical hand wash sinks is managed in accordance with national guidance and is factored into Trust new build development planning. Estates will take advice from Infection Prevention & Control team regarding the provision of clinical hand wash sinks.	Will be met through ward transfer to new ward block 2017.
9.	Staff should ensure cleaning equipment is clean and in good repair. New	Nursing & Patient Experience	Equipment used for cleaning is clearly marked and in good repair. Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure.	In place and monitored. Jan 2015

Reference number	Recommendations to Ward 7	Designated department	Action required	Date for completion/ timescale
Standard 7: Hygiene Practices				
10.	Staff should ensure they wash hands or apply alcohol rub after removing gloves. New	Nursing	Staff adhering to policy at all times. Audits are carried out weekly. Poor practice is always challenged. Staff booked to attend infection control training.	Completed Jan 2015 Completed Feb 2015
11.	Staff should ensure a care path way is in place when patients have a known infection. New.	Nursing	Staff are aware of infection control pathways available. Compliance is encouraged and monitored. Infection control issues highlighted and reinforced to staff during ward safety briefing.	Completed Jan 2015 Completed Jan 2015
12.	Staff should ensure they wear PPE when entering an isolation room. New	Nursing	PPE is available outside each isolation room and staff encouraged to use at all times. Monitoring in place. On-going mandatory infection control training.	Completed Jan 2015
13.	Staff should adhere to the trust dress code policy. Repeated	Nursing Patient Experience	Dress Code Policy requirements highlighted and reinforced to all staff. Monitoring in place by ward management. Staff reminded of uniform policy, and the availability of replacement uniforms	Completed Jan 2015. Completed Jan 2015 and repeated monthly

15.0 Quality Action Plan – ED

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean, free from dust, stains and lime-scale. Repeated	Patient Experience	<p>Included in daily cleaning schedules All surfaces scheduled to be cleaned daily. All surfaces cleaned following spillages etc. Daily damp cleaning of all surfaces, as detailed on work schedule.</p> <p>Review of work schedule.</p> <p>Monitoring/recording/action of findings by coordinators</p>	<p>Jan 2015</p> <p>Once daily</p> <p>Mar 2015</p> <p>Weekly</p>
2.	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced. Repeated	Nursing	<p>Upon identification, any furniture or fittings deemed to be in need of repair / replacement / condemnation is reported to estates helpdesk for appropriate action and appropriate steps are taken by ward management for procurement.</p> <p>All staff have been reminded re: monitoring / reporting responsibilities in this regard. Door damage reported to Estates Jan 2015 for repair / replace. To be completed Apr 2015.</p>	<p>In place pre-inspection – daily focus.</p> <p>Completed Oct 2014.</p> <p>Apr 2015</p>

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
			House keepers are responsible for the follow up and replacement of damaged furniture / fittings	
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clean and dirty segregated clutter free environment. Repeated	Nursing	Storage in department is limited. Initial decluttering exercise has taken place during December 2014 and continues to be monitored by ED Nursing Management. Housekeepers are responsible for ensuring that ED remains as clutter-free as possible. Monitored per shift.	Dec 2014 Initial declutter and post Jan 2015 declutter management carried out and continued.
4.	Staff should ensure the plaster room is on a regular cleaning schedule, the room should be clean, free from damage and fit for patient activities. Repeated	Nursing Patient Experience	Plaster room is on both daily and weekly cleaning schedules. New work surface which is cleanable has been applied Room decluttered. Will be monitored by ED Nursing Management Staff advised at safety briefs to ensure room is cleaned after each use. Review of work schedules for the department will reflect plaster room cleaning and frequencies.	Improvement focus during Dec 2014 and continued reinforcement post Jan 2015 inspection and continuing. Mar 2015

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
Standard 3: Linen				
5.	<p>See recommendation 1.</p> <p>Staff should investigate alternative storage options to ensure clean linen is not stored on the floor Repeated</p> <p>and that staff do not overfill bags of used linen. New</p>	Nursing	<p>Covers have been sourced by Laundry to store linen on cages outside the clinical area.[for resus/majors area] Trying to source cover to keep a small supply of linen in RATU area. Laundry to supply cover for trail.</p> <p>All other linen is stored in the linen cupboard in ambulatory care area</p> <p>Monitored by housekeeper throughout the day. Staff reminded at safety briefs and staff meeting to ensure bags are not overfilled and emptied regularly</p>	<p>Dec 2014 [for cages]</p> <p>Jan /Feb 2015</p> <p>March 2015</p>
Standard 4: Waste and Sharps				
6.	Staff should ensure waste bins are secure and not accessible to the public. Repeated	Nursing & Patient Experience	<p>Staff reminded not to overfill euro bins.</p> <p>Staff reminded to lock euro bins.</p> <p>Staff reminded to ensure that there is no public access to euro bins.</p> <p>Euro bin monitoring in place.</p>	Completed Jan 2015

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
7.	Staff should ensure sharps boxes are secure, boxes and receptacles are clean. Locked sharps boxes are stored in a secure area. Repeated	Nursing	<p>Issue raised as focus of week following RQIA visit. Staff to ensure temporary closures in place and that boxes are free from protruding items. Kept on safety brief agenda</p> <p>On staff meeting agenda</p> <p>Locked sharp boxes are held in area at back of department and Patient experience staff to remove throughout day. Housekeepers to ensure sharps boxes do not build up.</p> <p>Audit tool now available. Tool completed weekly post Jan 2015 inspection by housekeepers.</p>	<p>Dec 2014</p> <p>Jan 2015</p> <p>Jan 2015</p>
Standard 5: Patient Equipment				
8.	Staff should ensure that equipment is clean and identified as clean, and in good state of repair. Repeated	Nursing	<p>All equipment is either on daily or weekly cleaning schedules. Staff aware that Green Clini Tape should be used to identify item cleaned. This tape is available in department.</p> <p>It is the responsibility of the Nurse in Charge of the clinical area to ensure that daily / weekly cleaning schedules are complete.</p>	<p>Jan 2015 plus daily / weekly monitoring in place.</p>

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
9.	Sterile single use items should remain in their packaging until ready for use. Repeated	Nursing	All staff advised that single use items should remain packaged until ready for use. Team Meeting / safety briefs It is the responsibility of the Nurse in Charge of the clinical area to ensure that single use items remain in their packaging until ready for use	Jan 2015
Standard 6: Hygiene Factors				
10.	Staff should ensure clinical hand wash sink are clean and not obstructed. Repeated	Nursing	Raised at team meetings/safety briefs It is the responsibility of the Nurse in Charge of the clinical area to ensure that clinical hand wash sinks are clean and not obstructed.	Jan 2015
11.	Staff should ensure dispensers are clean and filled New	Patient Experience	Cleaning and filling in within work schedule. Staff reminded of responsibility and monitoring in place.	In place pre-inspection.
12.	Staff should ensure chemicals are stored in line with COSHH guidance. Repeated	Nursing & Patient Experience	Will be addressed at next ED Infection control session Date to be arranged Discussed at ED infection Control session Feb and March	Jan / Feb 2015 Feb / Mar 2015
13.	Staff should ensure equipment used for cleaning is clean and in good repair. Repeated	Nursing & Patient Experience	Staff reminded that equipment used for cleaning is always clean and in good repair. Monitoring arrangement in place.	Jan 2015

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
			Vacuum repair issue (Report P17 Para 2) has been resolved. Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure.	Feb 2015 In place pre-inspection. Post Jan 2015 inspection reinforcement carried out. Daily focus.
14.	Staff should ensure they have a readily available supply of PPE. Repeated	Nursing & Patient Experience	There is a good supply of PPE readily available for use in each clinical area Staff reminded to speak to coordinators on duty if they require any equipment or materials to carry out tasks safely and effectively.	Completed Jan 2015 Completed will be raised at monthly staff briefs Jan 15 onwards
Standard 7: Hygiene Practices				
15.	Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care. Repeated	Nursing & Patient Experience	Hand washing posters are available within department. Addressed at Infection Control ED session Hand hygiene audits are completed weekly and action taken accordingly Staff reminded of hand washing before applying gloves and following removal of	Dec 2014 Jan/Feb 2015 Daily In place annually. Next -

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
			gloves. Yearly control of infection training carried out. PPE provided.	April/May 2015
16.	Staff should ensure they wear PPE appropriately. Repeated	Nursing & Patient Experience	Addressed at next infection control ED session. Date to be arranged. Discussed at ED Infection control update Feb and April Staff reminded of hand washing before applying gloves and following removal of gloves. Yearly control of infection training carried out. PPE provided.	Jan /Feb 2015 Daily Annually April/May 2015
17.	Nursing staff should ensure they are knowledgeable in the correct dilution rates and used for cleaning and disinfectants and NPSA colour coding system for cleaning. New	Nursing	Charts are available in all sluice areas for staff to reference re dilution rates and NPSA coding system. Update sessions with infection control team held in February 19 th and a further date arranged for 16 th April.	February 2015 April 2015
18.	Staff should ensure cleaning schedules are completed consistently and that COSHH data sheets are available for domestic staff. Repeated	Nursing Patient Experience	Nurse in charge responsible for ensuring cleaning schedules are signed daily/weekly Spot checks will be carried out Review of work schedules to be completed. COSHH data held in coordinators offices. Spot checks daily on cleaning schedules. Nurse in charge responsible for individual clinical areas and held to account.	Jan 2015 Mar 2015

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
19.	Staff should ensure they complete a certificate of decontamination before equipment is sent for repair. Repeated	Nursing	Book is available in department. Staff advised of use of this book at safety Briefs. Will also be addressed team meetings Will be addressed in next Infection Control ED session	Dec 2014 Jan 2015 Jan/Feb 2015
20.	Staff should adhere to the trust dress code policy. Repeated	Nursing & Patient Experience	Dress code is addressed regularly at staff meetings. Staff will be asked to ensure that dress code is adhered too. Raised at next staff meetings Staff reminded of uniform policy, and the availability of replacement uniforms	Ongoing Jan 2015 Reminders at team briefs monthly



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