

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Inspection**

South Eastern Health and Social Care Trust

Ulster Hospital

21 October 2014

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1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

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

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

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

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

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

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

3.0 Inspection Summary

An unannounced inspection was undertaken to the Ulster Hospital, on 21 October 2014. The inspection team was made up of four inspectors and four peer reviewers. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Ulster Hospital was previously inspected on 8 October 2013. The inspection found two wards were compliant with the Regional Healthcare Hygiene and Cleanliness Standards. Two wards were minimally compliant in three of the standards and required a follow up inspection. The follow up inspection took place on 3 January 2014 and all standards were compliant. The inspection reports of the inspections are available on the RQIA website www.rqia.org.uk.

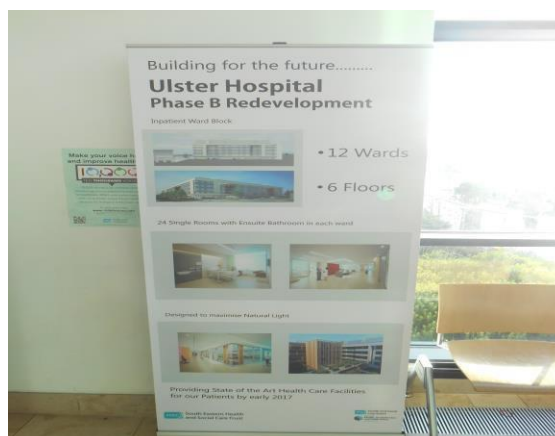
The hospital was assessed against the Regional Healthcare Hygiene and Cleanliness Standards and the following areas were inspected:

- Ward 7 Surgical
- Ward 12 Gastroenterology
- Ward 22 Care of the Elderly
- Emergency Department (ED)

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 acknowledge there are issues in respect of the age and condition of the main building which have a negative impact on the scores for the environment standard. The Ulster Hospital has commenced a rebuilding programme which is due for completion 2017. This will replace the existing wards with single bedrooms with en-suite facilities.



Picture 1: New hospital poster

Inspectors observed good compliance with:

Ward 7

- The shower room and two side rooms had been refurbished.
- Ward 7 produce a very good monthly update sheet for staff, this includes staff changes, training, ward managers' meetings, documentation/record keeping and governance.

Ward 12

- Informative infection control notice board.
- Lean Project carried out on medications.

Ward 22

- Good staff practices when assisting with patient meals.
- Undertaking Safety Quality and Experience Work on falls and skin audit.
- Productive ward – 'Grr' Board and monthly meetings.

ED

- Preparedness training to enable staff to manage a patient that may present with Viral Haemorrhagic Fever has commenced.

Inspectors found that further improvement was required in the following areas: examples below. Urgent attention is required to bring these standards up to a compliant level.

Ward 7 was partially compliant overall and minimally compliant in relation to the Sharps and Patient Equipment standards.

ED was minimally compliant overall and minimally compliant in four of the standards, general environment, sharps, patient equipment and hygiene practices.

The inspection resulted in resulted in **one** general recommendation, **17** recommendations for Ward 7, **15** recommendations for Ward 12, **16** recommendations for Ward 22 and **25** recommendations for ED. There was **one** additional recommendation. A full list of recommendations is listed in Section 12.0.

As a result of the findings for Ward 7 and ED, a follow up inspection will be carried out within three months.

Inspectors noted the following recurring themes from previous inspections.

The standards on sharps and patient equipment continue to be areas which require improvement.

The SEHSCT 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 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 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 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	Ward 12	Ward 22	ED
General environment	82	76	80	69
Patient linen	100	85	81	79
Waste	86	95	83	93
Sharps	67	87	93	46
Patient Equipment	73	86	86	55
Hygiene factors	90	91	86	90
Hygiene practices	77	87	92	70
Average Score	82	87	86	72

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	Ward 12	Ward 22	ED
Reception	82	N/A	53	57
Corridors, stairs lift	65	78	88	N/A
Public toilets	74	N/A	77	61
Ward/department - general (communal)	72	77	85	18
Patient bed area	73	82	85	74
Bathroom/washroom	97	62	89	65
Toilet	71	91	89	73
Clinical room/treatment room	79	94	76	43
Clean utility room	100	81	77	N/A
Dirty utility room	85	79	78	68
Domestic store	95	59	64	55
Kitchen	83	64	60	67
Equipment store	N/A	52	92	65
Isolation	87	85	91	79
General information	87	80	92	56
Average Score	82	76	80	69

The above table outlines the findings in relation to the general environment of the facilities inspected. Overall, ED was minimally compliant and the three wards were partially compliant. Greater attention is required in cleaning, maintenance and repair in Ward 7 and Ward 12. The ED required immediate urgent action as all but one section were minimally compliant.

A high standard of cleaning and well maintained public areas such as the ED, main receptions, corridors and public toilets promote public confidence in the standards set by the hospital. The poor scores for these areas should be of concern to the trust.

Three entrances and reception areas were inspected; the main hospital, the Care of the Elderly building where Ward 22 is located and the ED.

- There were issues in relation to cleaning, damage to the environment and clutter in all three areas. In the main reception, the lobby area around the lifts was grubby and dirty. At the start of the inspection, discarded sweet papers littered the floor of the lift; these sweet papers were still present at 13.30. Picture 2



Picture 2: Debris on floor of lift

In the Care of the Elderly building's main entrance, many of the issues have been highlighted on previous inspections to this unit.

In ED the area around the entrance to the building was extensively littered with cigarette butts. In the reception, there was damage to the paint and plaster finish on the walls, floor joins were separating, which presented a trip hazard for staff, patients and visitors.

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

Ward 7

- Cleaning issues were identified for high and low surfaces, patient bedside entertainment systems, the under carriage of beds, floors around door frames, windows and window blinds all of which were dusty. Nursing cleaning schedules were in place but did not detail all equipment which required cleaning. Some of the information posters were worn and grubby.
- Damage was noted to the paint and plaster work on walls. Some skirting was not attached to walls and the wood on doors and door frames was damaged. 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.



Picture 3: Insufficient clinical work space

- The ward has a cluttered appearance; there was little storage space for large pieces of equipment such as trolleys, hoists and portable IT systems, all of which were stored in the main corridors. Picture 3

The six bedded bays were congested and the domestic staff had difficulties in accessing the bed space to carry out cleaning. The area where clinical practice was carried out was not sufficient to meet the ward's needs.

- The ward is commissioned for 19 beds; the day lounge had been converted to facilitate an addition bed. The room has a glass panel wall; a portable screen partly covered the bed area. This provided little privacy and dignity for the patient.

Ward 12

- Cleaning issues were identified throughout the unit in relation to flooring, horizontal surfaces and IT equipment. Windows were dirty and the paint finish on some frames was flaking. In the dirty utility room one of the bedpan washers was out of order, the second was leaking, and the equipment sink and taps were stained.
- The bathroom area was minimally compliant. Additional cleaning issues were, staining to the shower chair, toilet bowl and toilet seat and there was a build-up of mould around the shower. The taps were tarnished and worn.
- The domestic store was small and cluttered, walls and doors were stained, shelves and cupboards were dusty. The hand wash sink was and taps were stained and there was debris in the domestic sluice sink. In the kitchen, fixtures and fittings needed detailed cleaning. The fridge was damaged and stained; staff food was stored in the kitchen fridge, open food was not labelled. There was no restriction on access to the kitchen.



Picture 4: Cluttered store room

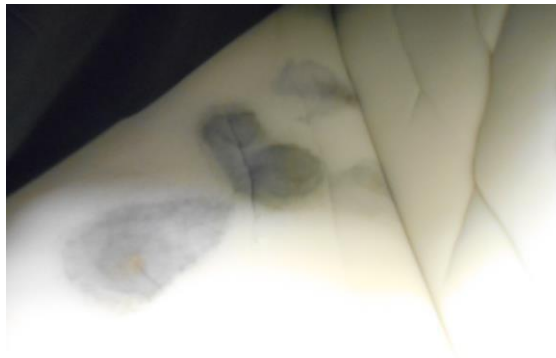
- The ward was cluttered; equipment was stored in corridors and supplies stored on the floor of the equipment store. The equipment store had previously been a shower room and was poorly designed and inadequate as a store.
Picture 4

Ward 22

- Cleaning issues were identified for high and low surfaces, IT systems, chairs and the under carriage of beds. Windows, window blinds and air vents were dusty. Some privacy curtains and hand rails on beds were stained. The hand wash sink and sluice required cleaning and some taps had lime-scale present. In the medicine room the drugs fridge required cleaning and the door was damaged. In the kitchen the fridge, catering equipment and the hands wash sink and taps all required cleaning.
- The light bulb in the assisted shower was damaged and two light bulbs in the clean utility store were not working. Two bedpan washers in the dirty utility room were out of order.
- The domestic store was cluttered; walls and the tap on the unit were damaged.
- There were gaps in the trust cleaning schedule and there was no poster on the segregation of linen.

Emergency Department

- Throughout the department inspectors noted issues in relation to the cleaning and damage to walls, skirting, floors and doors and frames. Walls were scuff marked and in some areas the wall plaster was heavily damaged. Skirting was peeling away from the wall, dust and grime had gathered in the gaps. Cleaning issues were identified in relation to bed trolley frames, air vents, light fittings, computer screens and key boards, fins on fans were dusty. There were puncture holes in patient trolley mattresses and the internal sponge of the mattresses was stained. (Picture 5) In the shower room and toilet, staining was noted on the shower curtain, shower chair, toilet seat, raised toilet seat and hand wash sink. There was a notable odour in the shower room. The hand wash sink was not secured appropriately to the wall causing water to leak down the back of the sink onto the floor.



Picture 5: Stained interior of mattress

- Floor joins were separating which presented a trip hazard for staff, patients and visitors, poor repairs to the floor had been made with industrial tape. There was extensive damage to a door of a cubicle in the Rapid assessment treatment unit (RATU), the door had been poorly repaired with industrial tape. (Picture 6) Medical staff commented that they were unable to fully close this door which presented an issue of compromising dignity and privacy.



Picture 6: Poorly repaired door

- Limited storage facilities contributed to staff using a publicly accessible areas for the storage needs of the ED. There was no segregation of areas for clean and dirty equipment. A corridor and alcove contained boxes of PPE, stationary, trolleys of clean linen and bags of used linen, bed mattresses used sharps boxes, and electrical equipment. This presented a contamination risk.
- The clinical room in majors was cluttered. Boxes of equipment were stored on the floor, books, files and equipment cluttered the designated work surface which limited preparation space. Medicines were stored in non-cleanable card board containers; a box of medication was left unattended on the work top. This was drawn to the attention of the unit manager.
- Information leaflets on hand hygiene, infection prevention and control (IPC) and common infections were not available for patients and visitors. Posters on the management of an inoculation injury, waste segregation and linen segregation were not available. Posters displayed on notice boards were old, worn and many were not laminated.

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	Ward 12	Ward 22	ED
Storage of clean linen	100	76	68	76
Storage of used linen	100	93	94	82
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	100	85	81	79

The above table outlines the findings in relation to the management of patient linen. The partially compliant scores in the storage of clean linen by Wards 12 and ED indicate that improvement is required. Ward 22 was minimally compliant and requires immediate action. Ward 7 was fully compliant.

Ward 7

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

Ward 12

- There was some damage to the walls and door frame of the linen store, the ceiling lights, air vent and door frame required cleaning. Patient handling aids were stored in the room. Reusable linen bags were damaged.

Ward 22

- There was dust on horizontal surfaces of the store room, the door and walls were damaged. Two stored pillow cases required cleaning and linen bags which contained used linen were more than 2/3 full.

ED

- Clean linen and clean linen bags were observed on the floor of the linen room. There was dust and debris at corners and edges of the flooring, especially in difficult to access areas and the skirting was stained. The limited size of the linen store did not meet the linen storage requirements of the ED. Inspectors observed trolleys of uncovered clean linen throughout the ED.

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	Ward 12	Ward 22	ED
Handling, segregation, storage, waste	86	95	83	93
Availability, use, storage of sharps	67	87	93	46

The above table indicates that Wards 7, 12 and ED achieved compliance in the standard on waste, Ward 22 was partially compliant.

7.1 Management of Waste

Ward 7

- There was no household waste bin in the dirty utility room or clinical waste bin in Bay 2. Some of the waste bins required cleaning, and the purple lidded burn bin at the nurses' station was stained. A used bottle of medication had been disposed of incorrectly in a magpie box.

Ward 12

- There was inappropriate waste in the purple lidded burn bin and there was some minor damage to clinical waste bins.

Ward 22

- There was no household waste bin in the medicine room or sanitary waste bin in the relative's toilet. Some waste bins were over filled and some waste bins required cleaning.

ED

- The lid of a clinical waste bin was blood stained. Waste bags were stored in unsecured large euro bins in an outside area at the back of the ED which was accessible to the public. Bags of clinical and household waste were hanging from the open bins.

7.2 Management of Sharps

Ward 12 and 22 were compliant in this standard; it is disappointing to note that Ward 7 and ED scored minimal compliance. Immediate action is required to achieve compliance.

Ward 7

- Four sharps boxes were inspected. Two were not signed or dated; three were blood stained and did not have the temporary closure mechanism deployed; one had a protruding plunger of a syringe. Some of the sharps trays were blood splattered, others had adhesive tape residue. There were inappropriate items in the sharps boxes; paper packaging, blood stained cotton wool.

Ward 12

- The majority of sharps boxes contained inappropriate waste. One sharps box had not been signed, dated or locality noted and a sharps tray required cleaning.

Ward 22

- The sharps box on the resuscitation trolley was open and had contents insitu, sharps boxes on resuscitation trolleys should be changed after use.

ED

- ED had poor compliance in this section; action should be taken to ensure safe staff practice in relation to the handling of sharps is in line with trust guidance. Poor practice present risks to the health and safety of staff, patients, the public and the environment. In the Majors area, sharps containers were not securely positioned at the nurse's station, the sharps box on the resuscitation trolley was over two thirds full and a plunger of a syringe was protruding from the aperture. Sharps boxes did not have their temporary closure mechanism deployed, two sharps boxes had blood spots on their lid; integrated sharps trays were stained, two were blood stained. (Picture 7) Locked sharps boxes were stored in an unsecure public accessible area waiting for collection.



Picture 7: Blood Stained sharps tray

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	Ward 12	Ward 22	ED
Patient equipment	73	86	86	55

The above table indicates that Ward 12 and Ward 22 achieved compliance in this standard, Ward 7 and ED were minimally compliance. Immediate action is required to achieve compliance.

Ward 7

- There was no evidence to assure that stored, shared or patient equipment in use had been cleaned. Equipment such as the commode, ECG machine, suction machines, IT monitor and stand, drugs trolleys, notes trolleys, stethoscope and patient hoist all required cleaning.
- The oxygen mask in the resuscitation trolley was out of its packaging
- A catheter stand in use was damaged and frame of the ECG machine was chipped and damaged.

Ward 12

- The equipment on the resuscitation trolley and the trolley required more detailed cleaning. The blood pressure monitoring trolley was old, dusty and had a dried blood stain at the bottom. The frame of stored IV stands and notes trolleys were damaged. There was no evidence that the reusable blood pressure cuff was cleaned between patients. Trigger tape dated 20/10/14 was noted on items of equipment that were dusty; one had an old dried blood stain.
- An IV bag hanging on the resuscitation trolley had been removed from its original packaging.

Ward 22

- Sterile magill's forceps had been removed from their original packaging, some IV fluids were out of date, these were replaced during the inspection. An oxygen mask was left hanging behind a bed rather than stored bagged with the patients name present.
- Some patient equipment required further cleaning, the resuscitation, dressing and phlebotomy trolleys, and the wheelchairs stored in the relative's room. The underside of a bariatric was faecally stained, trigger tape was dated 16/10/14.
- Bedpans were unable to be emptied immediately as the bedpan washers were out of order. An interim protocol for the disposal of body waste and fluid had been agreed with the ICT, this protocol should be formalized.

ED

- Inspectors found that the majority of patient equipment observed required further cleaning. Equipment was dusty such as; IV stands ECG machines, notes trolleys, resuscitation trolley, and suction machine on the resuscitation trolley. The ultrasound equipment outside the adult resuscitation room was dusty and the probe had visible gel residue on its surface. Commodes, bedpans and patient wash bowls were stained.
- Some patient equipment was damaged, the casing of an IV pump in the clinical room, the frame of the major's resuscitation trolley and two roll boards) were stained and the material was damaged. A suction canister in side room 9 was not secured to a bracket and was hanging by its tubing.
- A box of children's toys was located in RATU, a number of the toys were damaged and stained and made of a material that was not cleanable.
- Nursing staff when questioned were not knowledgeable of the symbol for single use items.
- Some emergency portering wheel chairs located along the ED corridor; were paint chipped, dusty and had grime in the crevices.

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	Ward 12	Ward 22	ED
Availability and cleanliness of wash hand basin and consumables	89	96	86	94
Availability of alcohol rub	92	100	100	100
Availability of PPE	86	93	87	86
Materials and equipment for cleaning	93	73	71	80
Average Score	90	91	86	90

The above table indicates good compliance in this standard. Full compliance was achieved in a number of sections. It was disappointing to note Ward 12 and 22 were minimally compliant in relation to materials and equipment for cleaning.

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. Disposable apron dispensers were not located close to clinical areas; one alcohol dispenser was broken, another was dusty. Chemicals were not stored in line with COSHH guidance.

Ward 12

- The number of clinical hand wash sinks was not in line with national guidance, some of the sinks were difficult to access. There was no clinical hand wash sink at the central clinical area. Plastic apron were very thin, new aprons had been ordered. Chemicals were not stored in line with COSHH guidance. Some cleaning equipment required more detailed cleaning, buckets, dust pans, vacuums, polisher and cleaning trolley. There were no issues in relation to availability or cleanliness of alcohol rub dispensers.

Ward 22

- Some clinical hand wash sinks and hand towel dispensers required a more detailed clean. The hand wash sink in the dirty utility room and medicine room were slow to empty. The soap and towel dispenser in the domestic store were empty and had not been replenished. There were no issues in relation to availability or cleanliness of alcohol rub dispensers.
- Chemicals were not stored in line with COSHH guidance. Not all cleaning equipment was colour code in line with nation guidance. Cleaning equipment

required cleaning, vacuum, warning floor cones, cleaning trolley high duster and hand held buckets.

- The domestic cleaning trolley was old and in a poor state of repair, parts of the vacuum had been repaired with tape.

ED

- Clinical hand wash sinks in the clinical room and dirty utility room were stained. A sodium chloride IV fluid bag was draining into the clinical hand wash sink in the clinical room. (Picture 8) A staff member was observed washing their hands while the fluid bag remained in the sink. There were no issues in relation to availability or cleanliness of alcohol rub dispensers.



Picture 8: Fluid bag in hand wash sink

- Single use aprons were not readily available on dispenser throughout the ward.
- Chemicals were not stored in line with COSHH guidance. Cleaning equipment required cleaning, mop buckets, dust pan, vacuum, floor polisher and domestic cleaning trolley.
- A staff member informed an inspector that Actichlor plus dilution bottles were not available and staff were preparing the solution in a wash basin.

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	Ward 12	Ward 22	ED
Effective hand hygiene procedures	72	80	90	73
Safe handling and disposal of sharps	92	100	100	73
Effective use of PPE	69	85	83	65
Correct use of isolation	N/A	N/A	100	N/A
Effective cleaning of ward	80	77	94	50
Staff uniform and work wear	72	93	83	88
Average Score	77	87	92	70

ED was minimally compliant over all, only one section in the standard was compliant. Ward 7 had three minimally compliant sections, Ward 12 had one. The eight sections which were minimally compliant require immediate attention.

Ward 7

- There was minimal compliance in relation to hand hygiene procedures. Not all staff were consistent with the seven step hand hygiene technique nor did they decontaminate their hands in line with the WHO five moments of care. One doctor did not wear an apron or gloves for taking bloods. Patients were not offered hand hygiene facilities before meals. Some staff did not wear or dispose of PPE appropriately.
- A sharps box contained a re-sheathed needle, the re-sheathing of needles is an unsafe practice.
- Patient equipment was not consistently cleaned between patient use. Nursing staff were not aware of the NPSA colour coding guidelines for cleaning equipment.
- There was poor compliance with the trust dress code policy, medical staff were not bare below the elbow, staff wore watches, necklaces, one had a hair band on their wrist and had long unsecured hair.

Ward 12

- Not all staff were consistent with the seven step hand hygiene technique nor did they decontaminate their hands in line with the WHO

five moments of care. Some staff did not wear or dispose of PPE appropriately.

- Colour coding NPSA posters were not displayed for nursing staff, COSHH data sheets were not available for all products. One member of nursing staff was unsure of the disinfectant in use for blood or body spills. The nurse in charge was not aware of the need for a decontamination certificate prior to servicing or repair.

Ward 22

- Patients were not offered hand hygiene before meals. One member of staff was not aware that alcohol should not be used for hand hygiene when caring for a patient with *Clostridium- difficile*.
- An occupational therapist did not wear or dispose of PPE appropriately. Domestic staff wore gloves when not required.
- Some staff did not comply with the trust dress code policy.

ED

- Not all staff were consistent with the seven step hand hygiene technique nor did they decontaminate their hands in line with the WHO five moments of care. Some staff did not wear or dispose of PPE appropriately. For example a blood filled syringe was transported in the hand of a medical staff member (at head height) across the unit from a cubicle to the blood gas analyzer. The staff member did not wear any PPE (gloves or aprons) or use a plastic tray to transport the blood sample.
- Nursing cleaning schedules were not completed consistently. There was poor staff knowledge in relation to the correct dilution rates for disinfectants used for managing blood or body fluids or the NPSA colour coding of cleaning equipment.
- Inspector's noted that a number of items of equipment had paper labels attached highlighting that they were awaiting repair, staff were not aware for the need to completed a decontamination certificate. COSHH data sheets were not available for nursing staff to reference.
- Some staff did not comply with the trust dress code policy.

Additional issues

Ward 12

- A patient was being wheeled to the toilet without being properly covered; the privacy gown was around the patients waist leaving an incontinence pad exposed. Another confused patient did not have slippers on during the full inspection; their bare feet were on the cold floor.
- The medication cupboards are placed in the corridor away from the clinical preparation area. Inspector observed medication being left unattended whilst staff returned to the cupboards for additional medication.

ED

- Inspectors were extremely concerned regarding the standard of cleanliness and maintenance of fixtures and fitting within the plaster room. Cleanliness was of an extremely poor standard and not fit for patient care activities. The room was saturated with excessive heavy plaster staining. Plaster was observed on the on all surfaces. Instruments used to remove plaster casts were heavily stained with plaster and had evidently not been cleaned after their last usage. (Picture 9) It was evident from observation that this room and the equipment within this room were not on any planned routine cleaning schedule. Ceiling tiles were poorly fitted in the plaster room, with some tiles presenting an immediate risk of falling from the ceiling.



Picture 9: View of plaster room

‘De-facto detention’

Inspectors noted that on a small number of occasions patients, relatives or visitors were not able to exit wards without asking staff to trigger the exit doors to open. This practice is classed as ‘de-facto detention’ which includes any situation where an individual is not formally detained but may nevertheless be deprived of liberty. While RQIA recognise the difficulties in balancing patient

safety and security and individual patient rights, trusts need to ensure that appropriate controls are initiated.

The management, security, and safety of patients should, where practicable, should be ensured by means of adequate staffing. To maintain a safe environment it may in certain circumstances be necessary to lock ward doors. Detailed procedures for this practice should be available, which include:

- Informing all staff of the reason why the action has been taken and how long it will last.
- Informing all patients and visitors of the reason for locking ward doors, including those patients whose behaviour has led to this action.
- Informing line management of the action taken.
- Informing the patients' consultant or deputy of the action taken.

It is therefore recommended where de-facto detention is used that local detailed procedures are put in place, including how this is documented. The trust may also wish to consider including this issue on the appropriate risk register.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- | | | |
|----------------|---|---|
| Mrs E Colgan | - | Senior Inspector, Infection Prevention/Hygiene Team |
| Mrs M Keating | - | Inspector, Infection Prevention/Hygiene Team |
| Mr T Hughes | - | Inspector, Infection Prevention/Hygiene Team |
| Mrs S O'Connor | - | Inspector, Infection Prevention/Hygiene Team |

Peer Reviewers

- | | | |
|--------------|---|---|
| Ms L Crowe | - | Clinical Co-ordinator Nephrology and Transplant |
| Ms S Gormley | - | Domestic Services Manager NHSCCT |
| Ms R Finn | - | IPC Nurse BHSCCT |
| Ms O'Boyd | - | Senior Support Services Manager |

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 |
| Ms J Clarke | - | Senior Manager, Patient Experience |
| MS J McMahon | - | Clinical co-ordinator, Surgery Directorate |
| Ms L Lowry | - | Clinical Co-ordinator, Medicine |
| Mr R Donovan | - | Clinical Co-ordinator, Medical Specialties |
| MS J Wilson | - | Manager, Patient Experience |
| MS G Smyth | - | Quality and Training Manager, Patient Experience |
| Ms N Magee | - | Infection Control Nurse |
| Mr P Johnston | - | Infection Control Nurse |
| Ms L Elvis | - | Clinical Manager, Medicine |
| Ms K Hull | - | Ward Sister, Ward 22 |
| Mr S Reid | - | Ward Manager, Ward 12 |
| Mr S Bates | - | Charge Nurse, ED |
| Ms K Dyer | - | Staff nurse, Ward 7 |
| Mr C Campbell | - | Governance and Patient Involvement Manager |
| Ms E Strahan | - | Governance Facilitator, Medicine |
| Ms E Hewitt | - | Intern, Medical Directorate |
| Ms D Boal | - | Ward Sister's assistant, Ward 7 |

Apologies:

- | | | |
|---------------|---|---------------------------------------|
| Ms R Watson | - | Clinical Manager ED |
| Mr J Thompson | - | Assistant Director Patient Experience |
| Ms D Belshaw | - | Deputy Sister, 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.

Recommendations Ward 7

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust, stains and lime-scale.
2. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Staff should ensure patients dignity is protected at all times.
5. Nursing cleaning schedules should detail all equipment to be cleaned.

Standard 3: Linen

No recommendations required.

Standard 4: Waste and Sharps

6. Staff should ensure waste bins are supplied as required, are clean and waste is disposed of into the correct waste stream according to policy.
7. Staff should ensure sharps boxes and receptacles are signed and dated, clean, free from protruding items and temporary closures deployed.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

10. The trust should ensure the provision of clinical hand wash sinks comply with national guidance and are accessible.
11. Staff should review the availability of PPE dispensers and ensure alcohol dispensers are clean and in good order.
12. Staff should ensure chemicals are stored in line with COSHH guidance.

Standard 7: Hygiene Practices

13. Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care.
14. Staff should ensure they wear PPE when dealing with blood and body fluids.
15. Staff should ensure that needles are not re-sheathed as per trust policy.
16. Staff should ensure they are knowledgeable with regard to the NPSA colour coding guidelines for cleaning equipment and that patient equipment is cleaned between uses.
17. Staff should adhere to the trust dress code policy.

Recommendations Ward 12

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust, stains and lime-scale.
2. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.

Standard 3: Linen

See recommendation 1 and 2

Standard 4: Waste and Sharps

4. Staff should ensure waste bins are, are clean and waste is disposed of into the correct waste stream according to policy.
5. Staff should ensure sharps boxes and receptacles are signed with location, dated and clean.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

8. The trust should ensure the provision of clinical hand wash sinks comply with national guidance and are accessible.
9. Staff should ensure chemicals are stored in line with COSHH guidance.
10. Staff should ensure cleaning equipment is clean.

Standard 7: Hygiene Practices

11. Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care.
12. Staff should ensure they wear and dispose of PPE as appropriately.

13. Staff should ensure their knowledge is up to date with regard to the NPSA colour coding of equipment, disinfectant dilution rates and the use of a decontamination certificate.

Additional issues

14. Staff should ensure patients dignity and comfort at all times.
15. Staff should ensure medication is held in line with medicines management guidance.

Recommendations Ward 22

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust, stains and lime-scale.
2. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Nursing cleaning schedules should detail all equipment to be cleaned and linen posters displayed.

Standard 3: Linen

See recommendation 1 and 2

5. Staff should ensure linen consumables are clean and used linen bag no more than two thirds full.

Standard 4: Waste and Sharps

6. Staff should ensure waste bins are supplied as required, are clean and waste is disposed of into the correct waste stream according to policy.
7. Staff should ensure that sharps boxes are changed according to policy.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

10. Staff should ensure clinical hand wash sink are clean and in good repair.
11. Staff should ensure paper hand towel and soap dispensers are replenished.
12. Staff should ensure chemicals are stored in line with COSHH guidance.
13. Staff should ensure cleaning equipment is clean and in good repair.

Standard 7: Hygiene Practices

- 14. Staff should ensure patients are offered hand hygiene before meals.
- 15. Staff should ensure they wear and dispose of PPE in line with trust policy.
- 16. Staff should adhere to the trust dress code policy.

Recommendations ED Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust, stains and lime-scale.
2. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clean and dirty segregated clutter free environment.
4. Nursing cleaning schedules should detail all equipment to be cleaned.
5. Staff should ensure medication is stored in line with national guidance.
6. Staff should ensure information leaflets on hand hygiene; IPC and common infections are available. Information posters for staff on an inoculation injury, waste segregation and linen segregation are displayed, and that poster are in good repair and wipe able.

Standard 3: Linen

See recommendation 1.

7. Staff should investigate alternative storage options to ensure linen is not stored on the floor or exposed on trolleys.

Standard 4: Waste and Sharps

8. Staff should ensure waste bins are supplied as required, are clean and waste is disposed of into the correct waste stream according to policy. Waste bins should be secure and not accessible to the public.
9. The trust should ensure staff practice in relation the safe handling of sharps is in line with trust guidance.
10. Staff should ensure sharps boxes are secure, boxes and receptacles are clean, changed according to policy, free from protruding items and temporary closures deployed. Locked sharps boxes are stored in a secure area.

Standard 5: Patient Equipment

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

13. Staff should ensure children's toys are free from damage, and cleanable.
14. Staff should ensure their knowledge is up to date with regard to the single use symbol.

Standard 6: Hygiene Factors

15. Staff should ensure clinical hand wash sink are clean and used only for hand washing.
16. Staff should ensure chemicals are stored in line with COSHH guidance.
17. Staff should ensure cleaning equipment is clean and in good repair.
18. Staff should ensure they have a supply of bottles for the safe preparation of disinfectant in use.
19. Staff should ensure they have a readily available supply of PPE.

Standard 7: Hygiene Practices

20. Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care.
21. Staff should ensure they wear and dispose of PPE as appropriately.
22. Staff should ensure cleaning schedules are completed consistently and that COSHH data sheets are available for staff.
23. Staff should ensure they complete a certificate of decontamination before equipment is sent for repair.
24. Staff should adhere to the trust dress code policy.

Additional issue

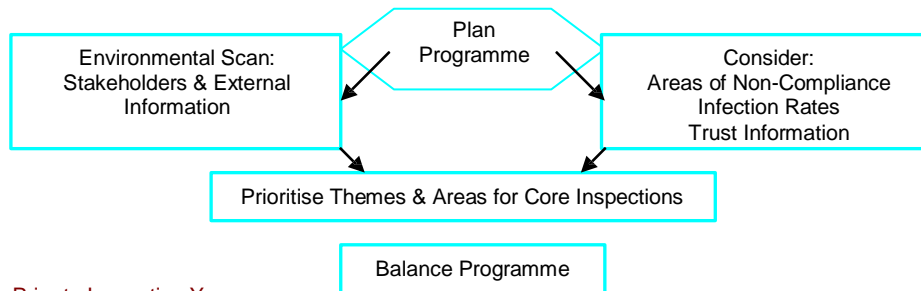
25. Staff should ensure the plaster room is on a regular cleaning schedule, the room should be clean, free from damage and fit for patient activities.

Additional issue

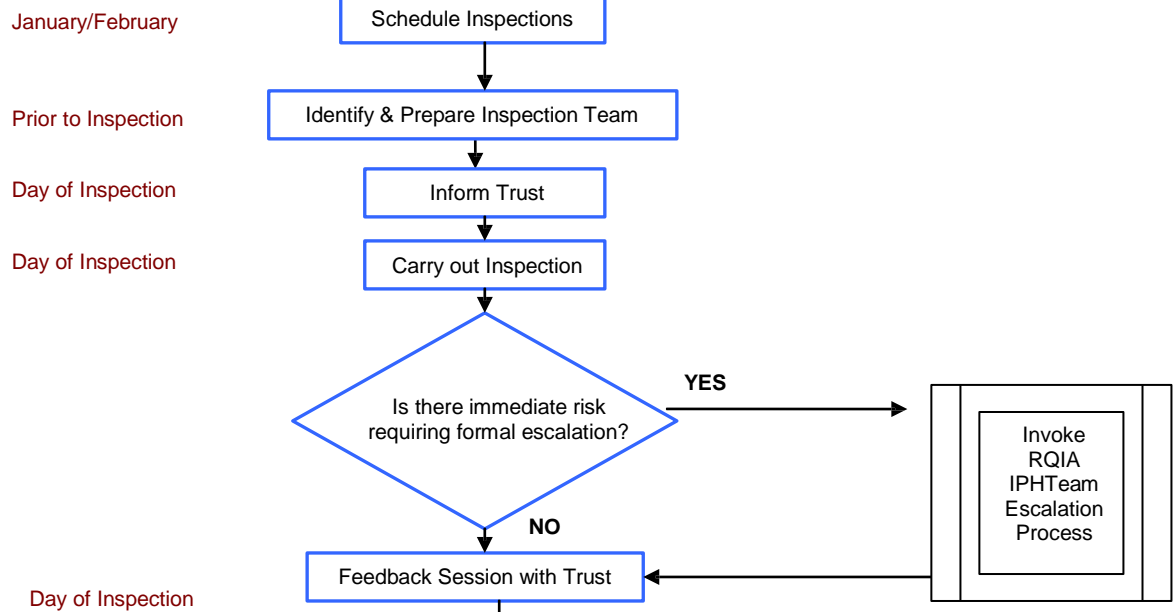
26. It is recommended that when de-facto detention is in place the trust ensure that local detailed procedures are put in place to address de-facto detention.

13.0 Unannounced Inspection Flowchart

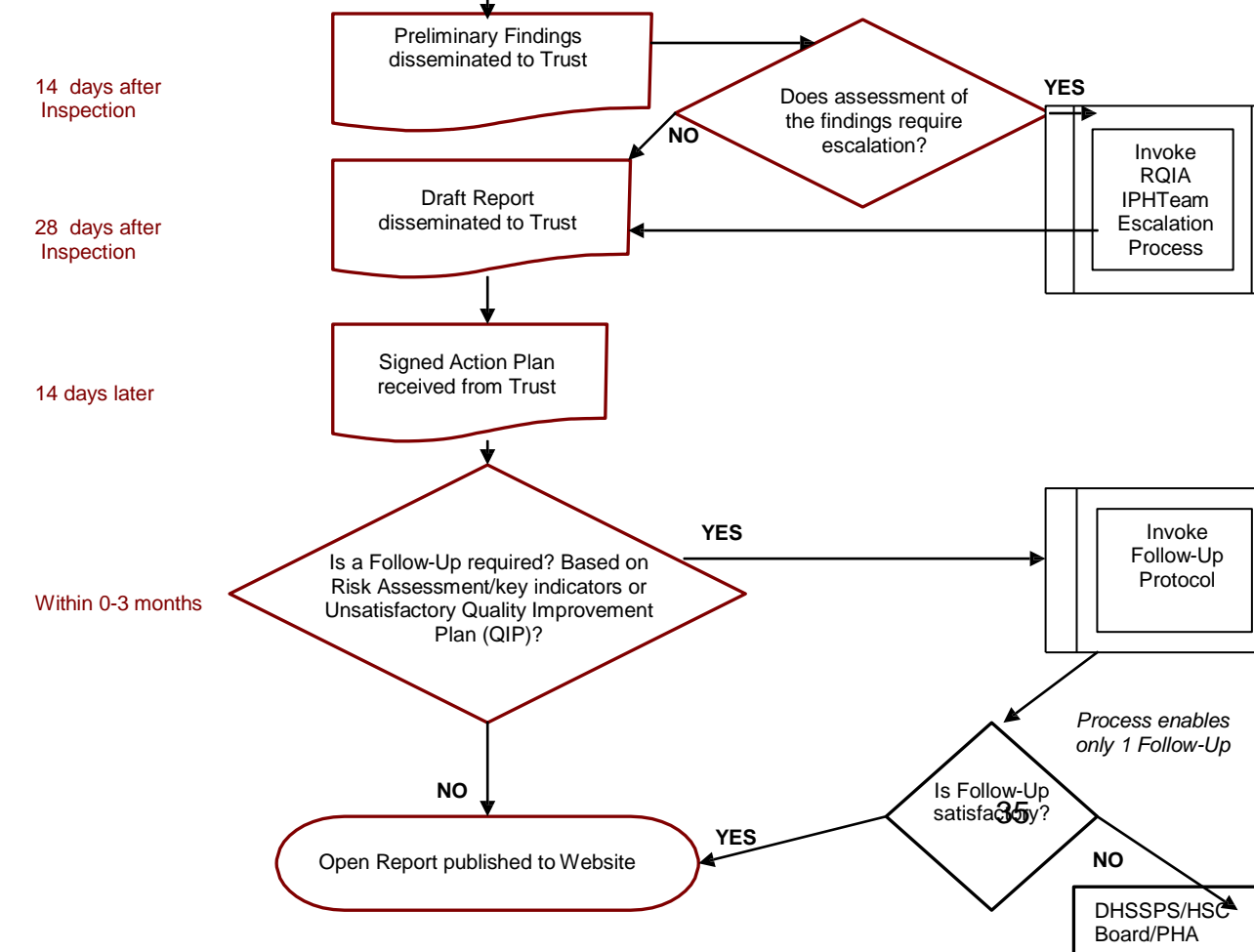
Plan Programme



Episode of Inspection

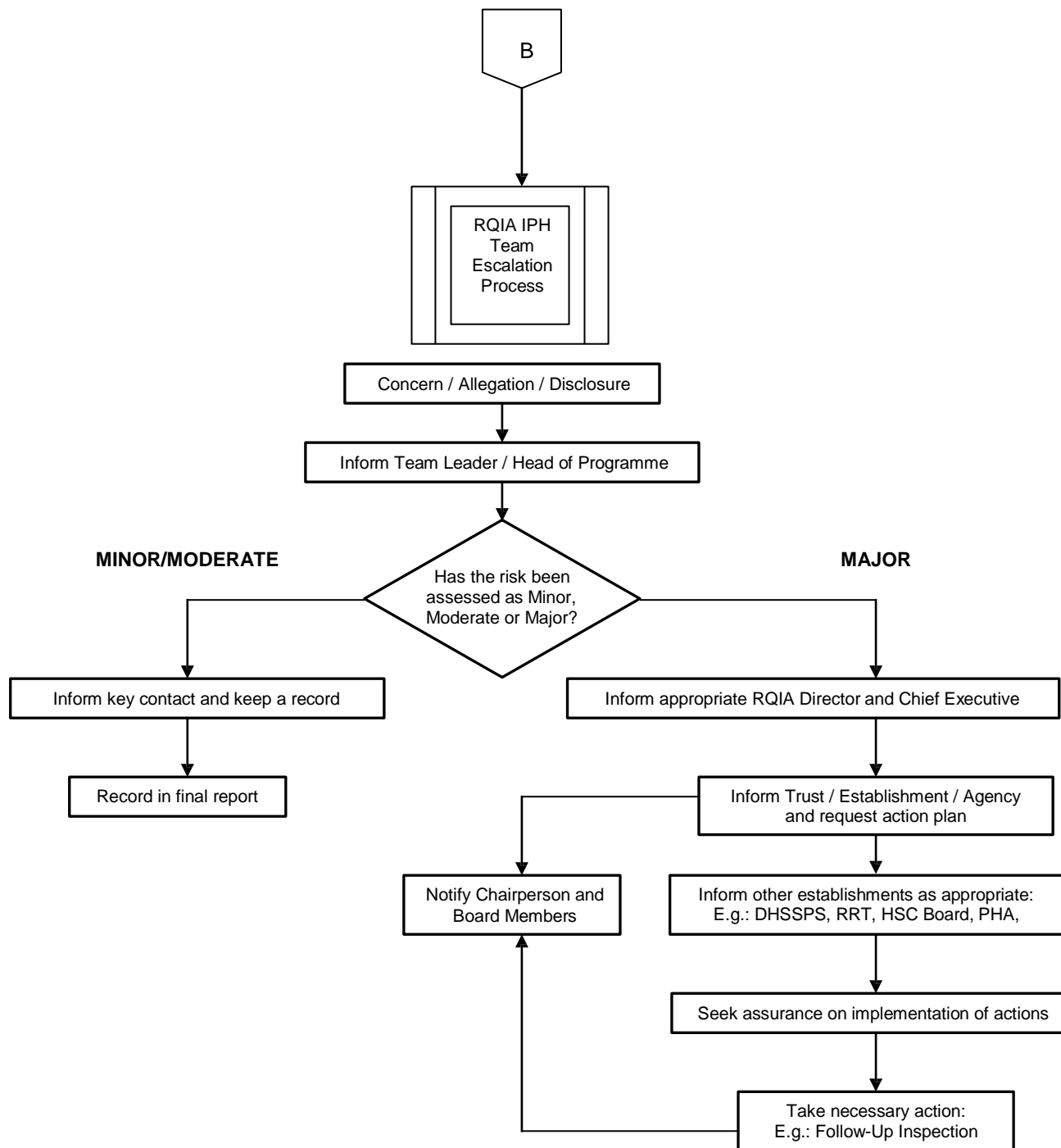


Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



Reference number	Recommendations Common to General Public Areas	Designated department	Action required	Date for completion/ timescale
1.	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	Patient Experience / Nursing / Estates	<p>Increased monitoring of Public areas throughout the site.</p> <p>Signage in place asking members of the public to speak to a member of staff if facilities are in need of a service.</p> <p>Facilities are serviced promptly.</p> <p>General public areas are routinely cleaned by patient experience, any furnishings or fixings in need of repair will be reported by Nursing / Patient Experience to the Estates helpdesk for appropriate action.</p> <p>Nursing staff reminded to be vigilant and report any issues to appropriate responsible lead for attention.</p>	<p>Daily Focus</p> <p>Implemented</p> <p>Continuing Focus</p> <p>Continuing focus</p> <p>Jan 2015</p>

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, stains and lime-scale.	Patient Experience	Daily damp cleaning of all surfaces, as detailed on work schedule.	In place pre-inspection– once daily.
			Review of work schedule arranged to take place.	Jan 2015
			Monitoring/recording/action of findings by coordinators	In place pre-inspection – weekly basis
2.	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.	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. Completed Oct 2014.
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Equipment storage review has taken place. Staff have been reminded to maintain a clutter-free environment, Monitoring by ward management in place.	Completed Nov 2014
4.	Staff should ensure patients dignity is protected at all times.	Nursing	To constantly uphold patient experience standards to a high standard has been reinforced to staff. Patient experience standards feedback package has been conducted to sample of 40 patients with 97.5% high quality	Completed Nov 2014

Reference number	Recommendations to Ward 7	Designated department	Action required	Date for completion/ timescale
			satisfaction rating returned for respect, privacy and dignity segment.	
5.	Nursing cleaning schedules should detail all equipment to be cleaned.	Nursing	Cleaning schedules review has taken place. Schedules include all equipment to be cleaned. Schedules are fully maintained.	Completed Nov 2014
Standard 3: Linen				
	No recommendations required.			
Standard 4: Waste and Sharps				
6.	Staff should ensure waste bins are supplied as required, are clean and waste is disposed of into the correct waste stream according to policy.	Nursing	New black waste bin in sluice.	Completed Dec 2014
		Nursing	Staff reminded to dispose of waste as per waste policy.	Completed Oct 2014
		Patient Experience	Cleaning of waste bins daily after removal of waste and before replacing liner.	In place pre-inspection – once daily.
7.	Staff should ensure sharps boxes and receptacles are signed and dated, clean, free from protruding items and temporary closures deployed.	Nursing	Importance of correct sharps management practice has been highlighted to nursing and medical staff	Completed Oct 2014
Standard 5: Patient Equipment				
8.	Staff should ensure that equipment is clean and identified as clean, and in good state of repair.	Nursing	Effective management of equipment cleanliness / repair highlighted to staff. Monitoring in place by ward management	Completed Nov 2014

Reference number	Recommendations to Ward 7	Designated department	Action required	Date for completion/ timescale
9.	Sterile single use items should remain in their packaging until ready for use.	Nursing	Importance of adherence to storage / packaging requirements for single use items has been highlighted to staff.	Completed Nov 2014
10.	The trust should ensure the provision of clinical hand wash sinks comply with national guidance and are accessible.	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.
11.	Staff should review the availability of PPE dispensers and ensure alcohol dispensers are clean and in good order.	Nursing	Review has taken place. PPE dispensers are available as per requirement. Requirement to replenish, maintain cleanliness and good order has been highlighted to staff.	Completed Oct 2014
12.	Staff should ensure chemicals are stored in line with COSHH guidance.	Nursing Patient Experience	Requirement to store chemicals in line with COSHH guidance has been highlighted and discussed with staff. Monitoring in place by ward management. Staff reminded to secure domestic trolley and chemicals in ward cleaners store when not in use, and at end of each shift.	Completed Nov 2014 In place pre-inspection - daily
Standard 7: Hygiene Practices				
13.	Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care.	Nursing Patient Experience	Effective hand hygiene practice has been highlighted and discussed with staff. Staff reminded of hand washing before applying gloves and following removal of gloves. Yearly control of infection training carried	Completed Oct 2014 In place pre-inspection. Daily focus. Annual

Reference number	Recommendations to Ward 7	Designated department	Action required	Date for completion/ timescale
			out. PPE provided.	training.
14.	Staff should ensure they wear PPE when dealing with blood and body fluids.	Nursing	PPE requirements when dealing with blood / bodily fluids has been highlighted to all staff. Monitoring in place by ward management.	Completed Oct 2014
15.	Staff should ensure that needles are not re-sheathed as per trust policy.	Nursing	New needles implemented BD Eclipse	Completed Dec 2014
16.	Staff should ensure they are knowledgeable with regard to the NPSA colour coding guidelines for cleaning equipment and that patient equipment is cleaned between uses.	Patient Experience	Colour coded charts are displayed in cleaners stores for reference by staff. Training/refresher training is available for staff.	In place pre-inspection. Available as required.
17.	Staff should adhere to the trust dress code policy.	Nursing Patient Experience	Dress Code Policy requirements highlighted to all staff. Monitoring in place by ward management. Staff reminded of uniform policy, and the availability of replacement uniforms	Completed Oct 2014 Per monthly team brief.

Reference number	Recommendations to Ward 12	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.	Patient Experience	Daily damp cleaning of all surfaces, as detailed on work schedule.	In place pre-inspection. Once daily
			Review of work schedule arranged to take place.	Jan 2015
			Monitoring/recording/action of findings by coordinators	In place pre-inspection – weekly basis.
2.	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.	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>Staff have been reminded re: monitoring / reporting responsibilities in this regard.</p>	<p>In place pre-inspection – daily focus.</p> <p>Completed Oct 2014.</p>
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	<p>Equipment storage review has taken place.</p> <p>Staff have been reminded to maintain a clutter-free environment, Monitoring by ward management in place.</p>	Completed Nov 2014

Reference number	Recommendations to Ward 12	Designated department	Action required	Date for completion/ timescale
Standard 3: Linen				
	See recommendation 1 and 2.			
Standard 4: Waste and Sharps				
4.	Staff should ensure waste bins are, are clean and waste is disposed of into the correct waste stream according to policy.	Nursing Patient Experience	Staff reminded to dispose of waste as per waste policy. Cleaning of waste bins daily after removal of waste and before replacing liner.	Completed Oct 2014 In place pre-inspection. Once daily.
5.	Staff should ensure sharps boxes and receptacles are signed with location, dated and clean.	Nursing	Importance of correct sharps management practice has been highlighted to nursing and medical staff	Completed Oct 2014
Standard 5: Patient Equipment				
6.	Staff should ensure that equipment is clean and identified as clean, and in good state of repair.	Nursing	Effective management of equipment cleanliness / repair highlighted to staff. Monitoring in place by ward management Staff are aware of twice weekly cleaning rota for patients	Completed Nov 2014
7.	Sterile single use items should remain in their packaging until ready for use.	Nursing	Importance of adherence to storage / packaging requirements for single use items has been highlighted to staff.	Completed Nov 2014
Standard 6: Hygiene Factors				
8.	The trust should ensure the provision of clinical hand wash sinks comply with national guidance and are accessible.	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	Will be met through ward transfer to new ward block 2017.

Reference number	Recommendations to Ward 12	Designated department	Action required	Date for completion/ timescale
			clinical hand wash sinks.	
9.	Staff should ensure chemicals are stored in line with COSHH guidance.	Nursing Patient Experience	Requirement to store chemicals in line with COSHH guidance has been highlighted and discussed with staff. Monitoring in place by ward management. Staff reminded to secure domestic trolley and chemicals in ward cleaners store when not in use, and at end of each shift.	Completed Nov 2014 In place pre-inspection – daily.
10.	Staff should ensure cleaning equipment is clean.	Patient Experience	Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure.	Completed Nov 2014. In place pre-inspection - daily.
Standard 7: Hygiene Practices				
11.	Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care.	Nursing Patient Experience	Effective hand hygiene practice has been highlighted and discussed with staff. Staff reminded of hand washing before applying gloves and following removal of gloves. Yearly control of infection training carried out.	Completed Oct 2014 In place pre-inspection. Daily focus. Annual training.
12.	Staff should ensure they wear and dispose of PPE as appropriately.	Nursing	PPE requirements regarding wearing of and disposal of has been highlighted to all staff. Monitoring in place by ward management.	Completed Oct 2014
13.	Staff should ensure their knowledge is up to date with regard to the NPSA colour coding of equipment,	Patient Experience	Colour coded charts are displayed in cleaners stores for reference by staff.	In place pre-inspection.

Reference number	Recommendations to Ward 12	Designated department	Action required	Date for completion/ timescale
	disinfectant dilution rates and the use of a decontamination certificate.		Training/refresher training is available for staff.	Available as required.
Additional issues				
14.	Staff should ensure patients dignity and comfort at all times.	Nursing	<p>To constantly uphold patient care and patient experience standards to a high standard has been reinforced to staff.</p> <p>Staff were reminded about the importance of using privacy screens with temporary beds</p>	Completed Nov 2014
15.	Staff should ensure medication is held in line with medicines management guidance.	Nursing	<p>All staff have been made aware of storage of medication as per Trust policy / procedures. Issue raised at safety briefs and staff meetings.</p> <p>Staff are reminded of importance of ensuring medications are not left unattended.</p>	Completed Dec 2014

Reference number	Recommendations to Ward 22	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.	Patient Experience	Staff reminded to pay attention to detail when carrying out damp cleaning throughout the ward, as per work schedules.	Daily focus
2.	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.	Nursing	Upon identification, any furniture or fittings deemed to be in need of repair / replacement / condemnation is reported to estates helpdesk for appropriate action. Appropriate steps are taken by ward management for any decontamination processes and any procurement required. Staff have been reminded re: monitoring / reporting responsibilities in this regard.	In place pre-inspection – daily focus. Completed Oct 2014.
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Equipment storage review has taken place. Staff have been reminded to maintain a clutter-free environment, Monitoring by ward management in place.	Completed Nov 2014
4.	Nursing cleaning schedules should detail all equipment to be cleaned and linen posters displayed.	Nursing	Cleaning schedules review has taken place. Schedules include all equipment to be cleaned. Schedules are fully maintained. Completed schedules are reviewed for gap analysis and quality improvement pathway – this practice is now evidencing improved completion and will be continued.	Completed Nov 2014

Reference number	Recommendations to Ward 22	Designated department	Action required	Date for completion/ timescale
			Linen poster accessed and displayed.	
Standard 3: Linen				
	See recommendation 1 and 2.			
5.	Staff should ensure linen consumables are clean and used linen bag no more than two thirds full.	Nursing	Staff reminded to ensure linen consumables are clean. Staff reminded to ensure that used linen bag is no more than two-thirds full. Monitoring by ward management in place.	Completed Nov 2014
Standard 4: Waste and Sharps				
6.	Staff should ensure waste bins are supplied as required, are clean and waste is disposed of into the correct waste stream according to policy.	Patient Experience	New black waste bin in sluice. Staff reminded to dispose of waste as per waste policy. Following the removal of waste, bins are damp cleaned before a new liner is placed into the bin.	Completed Dec 2014 Completed Oct 2014 In place pre-inspection – once daily.
7.	Staff should ensure that sharps boxes are changed according to policy.	Nursing	Importance of correct sharps management practice has been highlighted to nursing and medical staff – to include changing of sharps boxes as per policy	Completed Oct 2014

Reference number	Recommendations to Ward 22	Designated department	Action required	Date for completion/ timescale
Standard 5: Patient Equipment				
8.	Staff should ensure that equipment is clean and identified as clean, and in good state of repair.	Nursing	Effective management of equipment cleanliness (cleaning process and schedule) / identification of cleanliness (use of trigger tape) / maintenance of cleanliness (bag over cleaned item until use) / repair highlighted to staff. Monitoring in place by ward management	Completed Nov 2014
9.	Sterile single use items should remain in their packaging until ready for use.	Nursing	Importance of adherence to storage / packaging requirements for sterile single use items has been highlighted to staff.	Completed Nov 2014
Standard 6: Hygiene Factors				
10.	Staff should ensure clinical hand wash sink are clean and in good repair.	Patient Experience	Daily cleaning of wash hand basins as per work schedules. Detailed information relating to the 2 cloth or 4 cloth method available for staff in cleaners stores. Staff report damage and defects to person in charge of ward for action by appropriate responsible lead. Monitoring by ward management team (nursing and patient experience) in place	Implemented Nov 2014 Daily focus
11.	Staff should ensure paper hand towel and soap dispensers are replenished.	Patient Experience	Staff reminded that this is a daily task as per work schedules. Review of work schedules to be completed.	Twice Daily Jan 2015
12.	Staff should ensure chemicals are stored in line with COSHH guidance.	Patient Experience	Staff reminded to secure domestic trolley and chemicals in ward cleaners store when not in use - and at the end of each	In place – Daily Focus

Reference number	Recommendations to Ward 22	Designated department	Action required	Date for completion/ timescale
			shift – as per COSHH guidance.	
13.	Staff should ensure cleaning equipment is clean and in good repair.	Patient Experience	Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure. Staff reminded to observe equipment for repair needs and to report / action appropriately immediately upon identification.	In place – Daily Focus
Standard 7: Hygiene Practices				
14.	Staff should ensure patients are offered hand hygiene before meals.	Nursing	Staff reminded to offer to all patients hand hygiene before all meals. Daily focus on compliance / improvement through observation of practice and gathering patient feedback by ward management team.	Completed Nov 2014 Constant focus
15.	Staff should ensure they wear and dispose of PPE in line with trust policy.	Nursing	Importance of PPE requirements (as per policy) regarding wearing of and disposal of has been highlighted to all staff. Training arrangements in place and vigilance / monitoring in place by ward management.	Completed Oct 2014
16.	Staff should adhere to the trust dress code policy.	Nursing Patient Experience	Dress Code Policy requirements highlighted to all staff. Monitoring in place by ward management. Associate Clinical Director informed and issue addressed with medical staff. All staff reminded of uniform policy, and the availability of replacement uniforms	Completed Oct 2014 Reminder per monthly team brief

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.	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>Jan 2015</p> <p>Weekly</p>
2.	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.	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>Staff have been reminded re: monitoring / reporting responsibilities in this regard.</p> <p>House keepers to arrange a programme for replacing damaged Furniture /Fittings</p>	<p>In place pre-inspection – daily focus.</p> <p>Completed Oct 2014.</p> <p>Feb 2015</p>

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clean and dirty segregated clutter free environment.	Nursing	Storage in department is limited. Decluttering has taken place. Monitored by ED Nursing Management.	Dec 2014
4.	Nursing cleaning schedules should detail all equipment to be cleaned.	Nursing	Equipment is named in both daily and weekly cleaning schedules	Jan 2015
5.	Staff should ensure medication is stored in line with national guidance.	Nursing	All staff aware of storage of medication as per Hospital policy/procedures. Issue raised at staff safety briefs and staff meetings	Jan 2015
6.	Staff should ensure information leaflets on hand hygiene; IPC and common infections are available. Information posters for staff on an inoculation injury, waste segregation and linen segregation are displayed, and that poster are in good repair and wipe able.	Nursing	These leaflets are now available in waiting area. Housekeeper to ensure that they remain in stock. Awaiting inoculation poster from Occupational Health Waste segregation posters are on display within department. Awaiting linen segregation posters from Infection Control Team All posters have been replaced /Laminated so that they are wipeable	Dec 2014 Jan 2015 Dec 2014 Jan 2015 Dec 2014
Standard 3: Linen				
	See recommendation 1.			
7.	Staff should investigate alternative storage options to ensure linen is not stored on the floor or exposed on trolleys.	Nursing	Covers have been sourced by Laundry to store linen on cages outside the clinical area.[for resus/msjors area] Trying to source cover to keep a small supply of linen in RATU area. Laundry to supply cover for trail.	Dec 2014 [for cages] Jan /Feb 2015

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
			All other linen is stored in the linen cupboard in ambulatory care area	
Standard 4: Waste and Sharps				
8.	Staff should ensure waste bins are supplied as required, are clean and waste is disposed of into the correct waste stream according to policy. Waste bins should be secure and not accessible to the public.	Nursing & Patient Experience	<p>Waste bins are stored in department in an area which should not be accessible to the public. These were removed once weekly Communication with Patient experience staff to ensure that these bins are removed on dedicated lift day. Housekeepers to ensure no build-up of bins.</p> <p>Following the removal of waste, bins are damp cleaned before a new liner is placed into the bin.</p>	<p>Jan 2015</p> <p>Dec 2014</p> <p>In place pre-inspection. Daily focus.</p>
9.	The trust should ensure staff practice in relation the safe handling of sharps is in line with trust guidance.	Nursing	All staff should be aware of safe handling of sharps in accordance with trust policy. Raised at team meeting and safety briefs	Jan 2015
10.	Staff should ensure sharps boxes are secure, boxes and receptacles are clean, changed according to policy, free from protruding items and temporary closures deployed. Locked sharps boxes are stored in a secure area.	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</p>	<p>Dec 2014</p> <p>Jan 2015</p> <p>Dec 2014</p>

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
			experience staff to remove throughout day. Housekeepers to ensure sharps boxes do not build up.	
Standard 5: Patient Equipment				
11.	Staff should ensure that equipment is clean and identified as clean, and in good state of repair.	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>Items requiring repair should be reported to housekeeper/ nurse in charge who will ensure maintenance is reported and followed up.</p>	<p>Jan 2015 Dec 2014</p>
12.	Sterile single use items should remain in their packaging until ready for use.	Nursing	All staff advised that single use items should remain packaged until ready for use. Team Meeting / safety briefs	Jan 2015
13.	Staff should ensure children's toys are free from damage, and cleanable.	Nursing	<p>All damaged toys removed. Toys remaining are cleanable</p> <p>Toys are checked daily by play specialist</p> <p>Deep clean weekly to play room Play specialist has schedule</p>	Dec 2014
14.	Staff should ensure their knowledge is up to date with regard to the single use symbol.	Nursing	<p>Raised at team meetings and safety briefs</p> <p>Notices in department indicate this symbol</p> <p>Will be addressed at next Infection control</p>	<p>Dec 2014</p> <p>Dec 2015</p> <p>Jan /Feb 2015</p>

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
			ED session. Date to be arranged	
Standard 6: Hygiene Factors				
15.	Staff should ensure clinical hand wash sink are clean and used only for hand washing.	Nursing	Raised at team meetings/safety briefs	Jan 2015
			Will be addressed at next ED Infection control session Date to be arranged	Jan/Feb 2015
		Patient Experience	Daily cleaning of wash hand basins as per work schedules. Detailed information relating to the 2 cloth or 4 cloth method available for staff in cleaners stores. Staff report damage and defects to person in charge of ward for action	Oct 2014
16.	Staff should ensure chemicals are stored in line with COSHH guidance.	Nursing & Patient Experience	Staff advised that cabinets should be kept locked. Will be raised at next staff meeting	Dec 2014
			Staff reminded to secure domestic trolley and chemicals in department cleaners store when not in use, and at the end of each shift.	Jan 2015
				In place pre-inspection. Daily focus.
17.	Staff should ensure cleaning equipment is clean and in good repair.	Nursing & Patient Experience	Equipment used for cleaning is clearly marked and in good repair	Jan 2015
			Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure.	In place pre-inspection . Daily focus.
18.	Staff should ensure they have a supply of bottles for the safe preparation of disinfectant in use.	Nursing & Patient	Bottles are now available in department for staff to use	Dec 2014

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
		Experience	Staff reminded to speak to coordinators on duty if they require any equipment or materials to carry out tasks safely and effectively.	Completed will be raised at monthly staff briefs Jan 15 onwards
19.	Staff should ensure they have a readily available supply of PPE.	Nursing & Patient Experience	<p>There is a good supply of PPE readily available for use in each clinical area</p> <p>Staff reminded to speak to coordinators on duty if they require any equipment or materials to carry out tasks safely and effectively.</p>	<p>Dec 2014</p> <p>Completed will be raised at monthly staff briefs Jan 15 onwards</p>
Standard 7: Hygiene Practices				
20.	Staff should ensure they use the correct hand hygiene technique and comply with hand hygiene in line with the WHO 5 moments of care.	Nursing & Patient Experience	<p>Hand washing posters are available within department.</p> <p>Addressed at Infection Control ED session</p> <p>Staff reminded of hand washing before applying gloves and following removal of gloves. Yearly control of infection training carried out. PPE provided.</p>	<p>Dec 2014</p> <p>Jan/Feb 2015</p> <p>Daily In place annually. Next - April/May 2015</p>
21.	Staff should ensure they wear and dispose of PPE as appropriately.	Nursing & Patient Experience	<p>Addressed at next infection control ED session. Date to be arranged</p> <p>Staff reminded of hand washing before applying gloves and following removal of</p>	<p>Jan /Feb 2015</p> <p>Daily Annually</p>

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
22.	Staff should ensure cleaning schedules are completed consistently and that COSHH data sheets are available for staff.	Nursing	Nurse in charge responsible for ensuring cleaning schedules are signed daily/weekly Spot checks will be carried out	Dec 2014
		Patient Experience	Review of work schedules to be completed. COSHH data held in coordinators offices.	Jan 2015
23.	Staff should ensure they complete a certificate of decontamination before equipment is sent for repair.	Nursing	Book is available in department. Staff advised of use of this book at safety Briefs	Dec 2014
			Will also be addressed team meetings	Jan 2015
			Will be addressed in next Infection Control ED session	Jan/Feb 2015
24.	Staff should adhere to the trust dress code policy.	Nursing	Dress code is addressed regularly at staff meetings. Staff will be asked to ensure that dress code is adhered too.	Ongoing
		Patient Experience	Raised at next staff meetings Staff reminded of uniform policy, and the availability of replacement uniforms	Jan 2015 Reminders at team briefs monthly
25.	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.	Nursing	Plaster room is on both daily and weekly cleaning schedules.	Dec 2014

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
		Patient Experience	<p>New work surface which is cleanable has been applied</p> <p>Room decluttered. Will be monitored by ED Nursing Management</p> <p>Staff advised at safety briefs to ensure room is cleaned after each use.</p> <p>Review of work schedules for the department will reflect plaster room cleaning and frequencies.</p>	<p>Dec 2014</p> <p>Dec 2014</p> <p>Jan 2015</p>
Additional issues				
1.	It is recommended when de-facto detention is in place that the trust ensures that local detailed procedures are put in place to address de-facto detention.	Nursing	Patients are managed in such a way always to minimise the risk to themselves, others, and staff within the Department. Trust Policy including Vulnerable Adults, Safeguarding Children and Mental Health legislation guides and supports our practice. The fundamentals of care ie privacy, dignity and respect are core in our every day decision making to ensure that every person attending the Emergency Department receives the high standard of person centered care.	In place



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