

The Regulation and Quality Improvement Authority

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

South Eastern Health and Social Care Trust

Ulster Hospital

28 May 2015

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1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

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

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

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

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

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

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

3.0 Inspection Summary

An unannounced follow up inspection was undertaken to the Ulster Hospital, on 28 May 2015. The inspection team was made up of two 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:

- Emergency Department (ED)

The ED at the Ulster Hospital had been previously inspected on 21 October 2014 (Inspection 1) and on 20 January 2015 (Inspection 2).

Inspection 1 (21 October 2014)

The ED was minimally compliant in four standards, Environment, Sharps, Patient Equipment and Hygiene Practices, and achieved an overall minimally compliant score. As a result the ED required a follow up inspection.

Inspection 2 (20 January 2015)

The ED was minimally compliant in two standards, Patient Equipment and Hygiene Practices, and achieved an overall partial compliant score. Minimal improvement had been noted in the cleanliness of patient equipment however compliance with hygiene practices had regressed since the first inspection.

It is acknowledged that during both inspections, the ED was experiencing high volumes of patient throughput, however effective hand hygiene practices and the management of patient equipment are core measures, to assist in preventing the transmission of pathogens associated with healthcare infection. These standard precautions must be used at all times by all healthcare personnel when working with patients and clients.

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. A decision was made by the RQIA executive team that a third inspection of the ED would be required.

The inspection reports 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.

Following the inspection of the ED on the 21 January 2015, 20 recommendations were made, eight have been addressed, 12 have been repeated and there are five new recommendations. A full list of recommendations is listed in Section 12.0.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. (There will no longer 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 ED 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	ED 21 October 2014	ED 20 January 2015	ED 28 May 2015
General environment	69	84	87
Patient linen	79	81	84
Waste	93	89	89
Sharps	46	81	82
Patient Equipment	55	64	86
Hygiene factors	90	91	93
Hygiene practices	70	63	89
Average Score	72	79	87

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	ED October 2014	ED January 2015	ED 28 May 2015
Reception	57	79	80
Corridors, stairs lift	N/A	N/A	N/A
Public toilets	61	90	95
Ward/department - general (communal)	18	60	82
Patient bed area	74	89	89
Bathroom/washroom	65	97	97
Toilet	73	87	79
Clinical room/treatment room	43	84	86
Clean utility room	N/A	N/A	N/A
Dirty utility room	68	80	79
Domestic store	55	82	76
Kitchen	67	88	85
Equipment store	65	81	93
Isolation	79	N/A	96
General information	56	93	96
Average Score	69	84	87

The above table outlines the findings in relation to the general environment of the facilities inspected. The ED has now achieved a compliant score in this standard.

Within the ED reception and public toilets, the standard of cleaning and maintenance has improved, however some issues remain. Cigarette butts and chewing gum deposits were observed around the entrance, the mouthpiece of the public telephone was dirty and the sink taps in the male toilet required further attention to detail. Repairs are still required to chipped paint work, wall damage and to the unsealed surfaces of the reception desk. The vinyl cover of a chair in the waiting area had split and was no longer impervious to moisture.

Emergency Department (ED)

Throughout the department, the standard of cleaning had improved. Most surfaces were free from stains, dust and debris; however some cleaning issues still remained and have been repeated from the previous inspections.

In the domestic sluice, the sluice hopper was stained and skirting and shelving were dusty. The toilet bowl, the underside of a raised toilet seat and a toilet tissue dispenser were stained in the disabled toilet. The skirting was peeling from the wall in the dirty utility room, dust and grime was gathering in the gaps. The base of both the medicine fridge and the high density storage unit in the clinical room was dusty with debris present.

Damage from wear and tear continued to impact negatively on the department. Inspectors observed damage to floors, walls and doors. Efforts have been made to address a number of maintenance issues. In the previous inspections, damaged floors throughout the ED presented a trip hazard to staff, patients and visitors. New flooring has now been laid (Picture 2) where previously temporary repairs were made with industrial tape (Picture 1).



Picture 1: Damaged floor
(Previous Inspections)



Picture 2: Repaired Floor

Throughout the department, doors and frames continued to have chipped paintwork and exposed wood. The damaged door of a patient cubicle in the Rapid Assessment and Treatment Unit (RATU) (Picture 3), highlighted within both previous inspections due to its poor condition, has now been replaced (Picture 4).



Picture 3: Damaged Door
(Previous Inspections)



Picture 4: Newly Fitted Door

New enclosed storage cupboards have been fitted within the plaster room. This improvement has reduced clutter within the room and protected equipment from splashing from plaster. The cleanliness of the plaster room was highlighted on the previous inspections and this still remains an issue. Even though cleaning carried out by nursing staff is validated within cleaning schedules on a daily basis, inspectors observed a build-up of plaster splashes and stains, most notably on items of the care environment and patient equipment.

The ED is still considerably pressured for storage space; items of patient equipment continued to be stored along corridors. Inspectors however acknowledge that staff have made a real effort to de-clutter the patient environment, reduce stock levels and maximise space. Throughout the department, equipment was stored in a more defined order.

The male changing room within the department was in a poor state of repair. The hand wash sink and urinal were leaking, the shower curtain did not prevent water from flooding onto the floor and staff lockers were badly rusted.

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	ED October 2014	ED January 2015	ED 28 May 2015
Storage of clean linen	76	76	79
Storage of dirty linen	82	86	88
Laundry facilities	N/A	N/A	N/A
Average Score	79	81	84

The above table outlines the findings in relation to the management of patient linen. The ED remains partially compliant in the storage of clean linen and compliant in the storage of used linen. Issues identified were:

- Space constraints continued to impact on the storage of clean linen. The capacity of the linen store was not sufficient to meet the laundry requirements for the ED. Non linen items were observed stored on shelving of the linen store and as with the previous inspection, clean linen bags were observed on the floor. Covered linen trolleys were used to store the over flow of linen. The base of a trolley was rusted (Picture 5)



Picture 5: Rusty Linen trolley

- The issue of over filling used linen bags continued to be noted and loose items of used linen were observed at the base of the large used linen collection trolley.

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	ED October 2014	ED January 2015	ED 28 May 2015
Handling, segregation, storage, waste	93	89	89
Availability, use, storage of sharps	46	81	82

The above table indicates that the ED maintained compliance in the standard on waste, however little improvement has been noted in the management of sharps from the previous inspection.

7.1 Management of Waste

- 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, again not all bins were secured.
- The disposal of waste into inappropriate waste streams continues to remain an issue. Pharmacy vials were observed in a magpie box and a pharmaceutical burn bin contained forceps and scissors.
- New household and clinical waste bins had been procured by the department. Extra attention to detail is required when cleaning the soft closure lid rims.

7.2 Management of Sharps

Inspectors have again observed issues identified from the previous inspections:

- Four integrated sharps trays were stained, three of the trays were blood stained
- Sharps boxes were observed stacked, not secured and with temporary closure mechanisms not deployed when not in use (Picture 6).



Picture 6: Stacked, unsecured sharps boxes

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	ED October 2014	ED January 2015	ED 28 May 2015
Patient equipment	55	64	86

Improvement was noted in the cleaning of patient equipment. Compliance with this standard has now been achieved.

- The improvement in the cleaning of patient equipment has been synonymous with improvement in the completion of the equipment cleaning schedules. The use of trigger tape to identify equipment as clean was used on a more consistent basis. Inspectors observed improvement in the cleaning of bedpans, IV stands and pumps, the resuscitation trolley with associated resuscitation equipment and clinical observation trolleys.
- Nursing staff when questioned were knowledgeable of the symbol that designates items of equipment as single use. The management of 'single use' or 'single patient use' items of equipment within ED has improved from the previous inspections. Single use equipment remained within their protective packaging prior to use and 'single patient use' equipment was covered when not in use.
- Although a majority of previously identified issues had been addressed, attention to detail is still required when cleaning blood glucose monitors, ultrasound machines, the portable nebuliser, phlebotomy and patient notes trolley and wash bowls. The equipment cleaning schedule should be reviewed to itemise all items of equipment.
- The fabric cover of two patient trolley mattresses was torn, with exposed foam (Picture 7). The inner foam of these mattresses was no longer impervious to moisture and could not effectively be decontaminated between patient uses, which present an infection risk.

A makeshift repair of the mattresses had been made with medical tape. Mattress audits to monitor and record the condition of mattresses within the unit were not being carried out routinely. The last mattress audit was carried out in September 2014.



Picture 7: Torn Trolley Mattress

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	ED October 2014	ED January 2015	ED 28 May 2015
Availability and cleanliness of wash hand basin and consumables	94	96	93
Availability of alcohol rub	100	97	93
Availability of PPE	86	87	93
Materials and equipment for cleaning	80	85	90
Average Score	90	91	93

The above table indicates continued compliance in this standard. Issues identified for improvement were:

- A hairline crack was observed in the enamel of the clinical hand wash sink in the dirty utility room and the clinical hand wash sink in the adult resuscitation bay was scored.
- Inspectors observed tea/ coffee stains in the clinical hand wash sink in RATU; clinical hand washing sinks should only be used for the purposes of hand hygiene.
- Limescale was noted around the aerator of the sensor taps in the dirty utility room and the clinical room in the major's area.
- A filled disinfectant solution bottle in the dirty utility room was not secured in a locked area, in line with COSHH regulations. The bottle had no top to prevent the solution from degrading. This issue had been identified on the previous inspection.
- Some Cleaning equipment, required more detailed cleaning in crevices, the frames of both cleaning trolleys were broken. Similar issues had been identified from the previous inspections.

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	ED October 2014	ED January 2015	ED 28 May 2015
Effective hand hygiene procedures	73	63	90
Safe handling and disposal of sharps	73	86	100
Effective use of PPE	65	35	83
Correct use of isolation	N/A	84	N/A
Effective cleaning of ward	50	55	95
Staff uniform and work wear	88	55	76
Average Score	70	63	89

Serious concerns had been identified on both previous inspections to the ED in relation to compliance with hygiene practices. Compliance with this standard has now been achieved during this inspection

ED

- Inspectors observed 22 opportunities for hand hygiene throughout the course of the inspection. In line with the WHO 5 moments for hand hygiene, inspectors observed that three RNs did not decontaminate their hands following contact with patients' surroundings, one nurse did not decontaminate their hands before contact with a patient and another did not decontaminate their hand before a clean/aseptic procedure. It was also observed that a member of both nursing and medical staff did not decontaminate hands after the removal of gloves.
- Hand hygiene compliance scores throughout June 2015 ranged from 62.5% to 86%. Ongoing improvement work is required.
- Staff compliance with the trust dress code policy within the ED continues to be an issue. For example, wearing jewellery, unsuitable footwear and long hair not tied up off the collar.

Other Issues

- At lunchtime, a patient in a trolley bed was observed trying to balance a meal tray on their lap. The patient was poorly positioned to enjoy his meal and a bedside table had not been provided.

11.0 Key Personnel and Information

Members of the RQIA inspection team

Mr T Hughes	- Inspector, Infection Prevention/Hygiene Team
Mrs M Keating	- Inspector, Infection Prevention/Hygiene Team
Ms R Finn	Peer Reviewer (IPCN BHSCT)

Trust representatives attending the feedback session

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

Ms N Patterson	Director of Nursing
Ms L Kelly	Assistant Director Nursing, Safe and effective Care
Ms K McIlveen	Assistant Director, Medicine
Mr J Thompson	Assistant Director Patient Experience
Mr C Campbell	Governance and Patient Involvement Manager
Mr N Collum	Consultant in Emergency Medicine
Ms L Lowry	Clinical Co-ordinator, Medicine
Ms R McLaughlin	ED Sister
Ms J Fleck	ED Sister
Ms M Merron	IPC Lead
Ms J Reid	IPCN
Mr A Trimble	Head of Estates Operations
Ms G Smyth	Quality and Training Manager Patient Experience
Ms S Dineley	Quality and Training Officer Patient Experience
Ms M Hendry	Patient Experience Manager

12.0 Summary of Recommendations

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust, stains and lime-scale. Repeated
2. Staff should ensure that damaged furniture or fittings are repaired or replaced. Repeated
3. Staff should maintain a programme of de-cluttering.
4. Staff should ensure the plaster room is routinely cleaned. Nursing cleaning schedules should only be completed when the plaster room has been adequately cleaned. Repeated

Standard 3: Linen

5. Staff should ensure that linen stores are not used to store inappropriate items and that staff do not overfill bags of used linen. Linen trolleys should be well maintained. Repeated

Standard 4: Waste and Sharps

6. Staff should ensure that the large euro waste bins positioned at the back of the ED are secured to prevent unauthorised access. Repeated
7. Staff should ensure sharps boxes are secure, boxes and receptacles are clean and temporary closure mechanisms are deployed when not in use. Repeated
8. Staff should ensure waste is segregated into appropriate waste streams.

Standard 5: Patient Equipment

9. Staff should ensure that equipment is clean and in good state of repair. Repeated
10. Patient mattress audits should be carried out routinely.

Standard 6: Hygiene Factors

11. Staff should ensure clinical hand wash sinks are clean and in good repair. Repeated

12. Staff should ensure that clinical hand wash sinks are only used for the purposes of hand hygiene.
13. Staff should ensure chemicals are stored in line with COSHH guidance.
Repeated
14. Staff should ensure equipment used for cleaning is clean and in good repair. Repeated

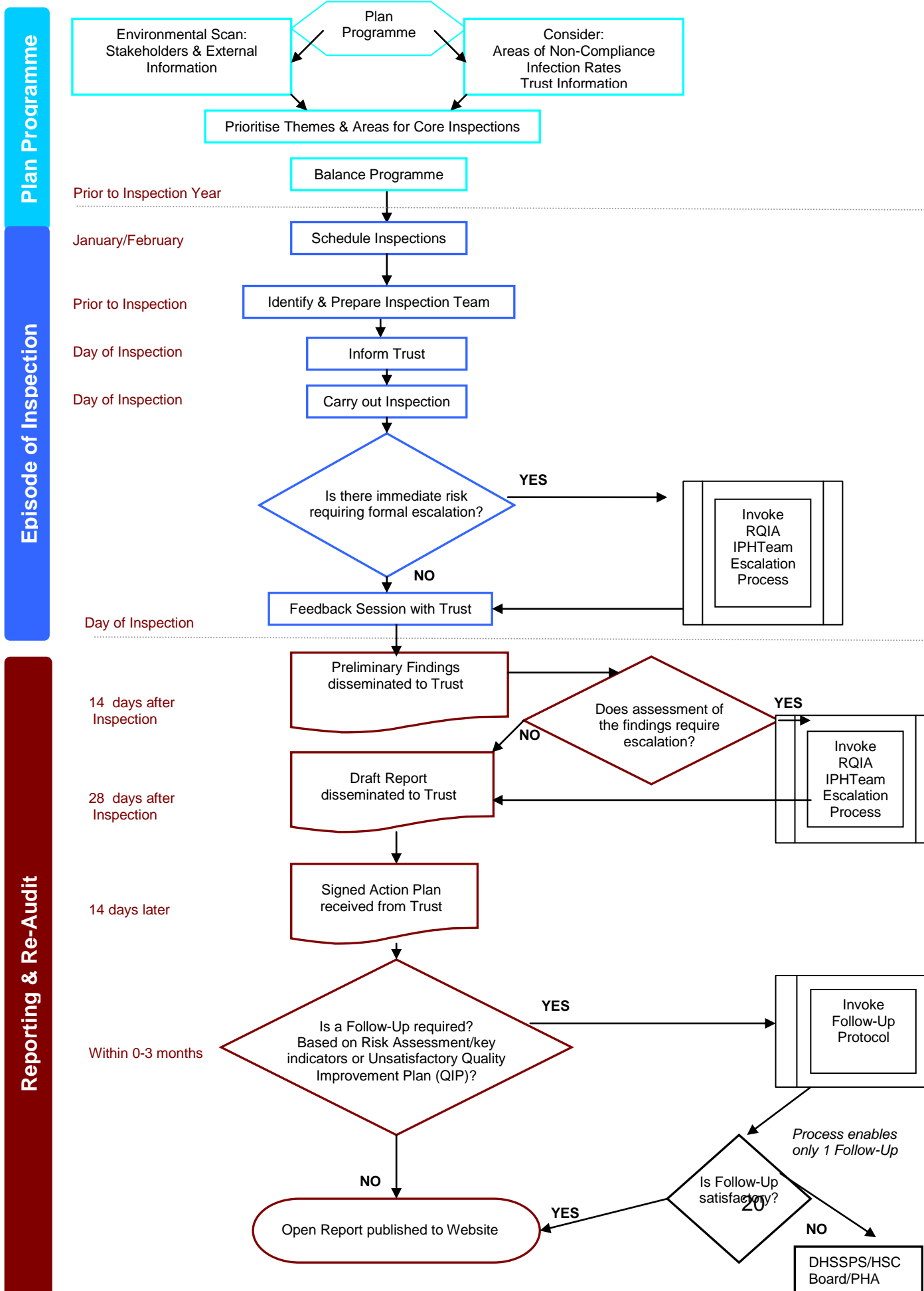
Standard 7: Hygiene Practices

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 adhere to the trust dress code policy. Repeated

Additional Recommendation

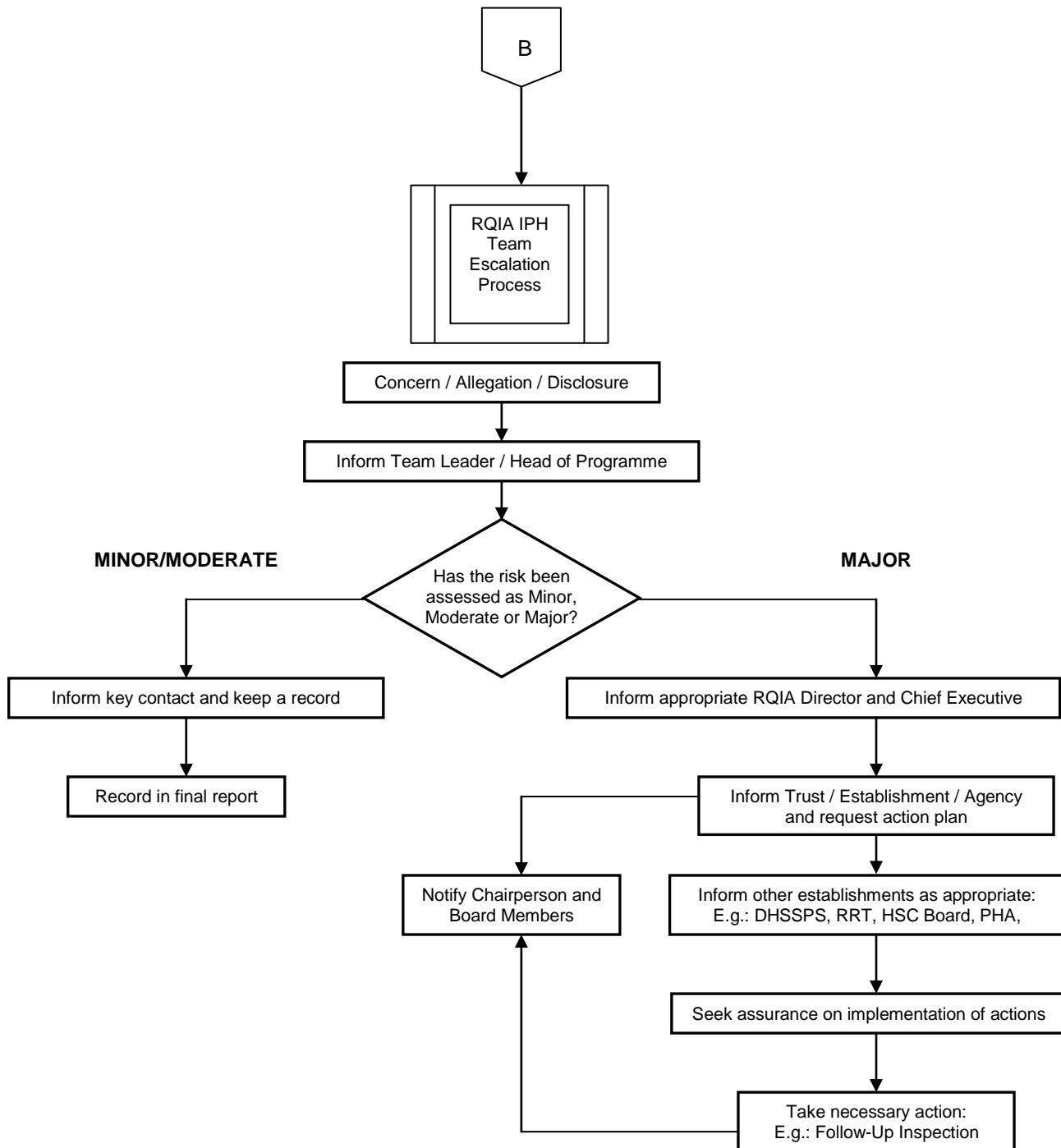
17. It is recommended that patient meal tables are readily available and used during mealtimes

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendations Common 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.</p> <p>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. Staff reminders to reinforce performance,</p> <p>All items detailed above are in place as permanent feature.</p>	<p>In place pre-inspection</p> <p>Once daily</p> <p>JC</p> <p>In place – weekly</p> <p>Post-inspection reinforcement carried out.</p>
2.	Staff should ensure that damaged furniture or fittings are repaired or replaced. Repeated	<p>Nursing</p> <p>Estates</p>	<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.</p> <p>House keepers are responsible for the follow up and replacement of damaged furniture / fittings</p>	<p>In place pre-inspection – daily focus.</p> <p>In place pre-inspection and repeated regularly</p>

			<p>ED focus is included within Trust Estates Programme of Work for commencement upon completion of funding arrangements.</p> <p>The planned programme is anticipated as: Oct 2015 – Tendering process initiated</p> <p>Nov 2015 - Tender awarded</p> <p>Dec 2015 / Jan 2016 - Programme commencement</p> <p>Mar 2016 – Programme completion</p> <p>The scope of the work will include floor repairs / redecoration and wall protection. Internal doors will be reviewed for damage and may also include repairs and protection.</p>	As detailed
3.	Staff should maintain a programme of de-cluttering	Nursing	<p>Storage in department is limited.</p> <p>Initial de cluttering 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. Staff continue to ensure de cluttering takes place weekly.</p>	<p>Dec 2014 Initial de clutter exercise undertaken.</p> <p>Weekly de clutter management in place.</p>
4.	Staff should ensure the plaster room is routinely cleaned. Nursing cleaning schedules should only be completed when the plaster room has been adequately cleaned. Repeated	Nursing	<p>Plaster room is on both daily and weekly cleaning schedules.</p> <p>New work surface which is cleanable has been applied Room de cluttered. Monitored by ED Nursing Management</p> <p>Staff advised at safety briefs to ensure room is cleaned after each use.</p> <p>Staff advised to complete nursing cleaning schedules only</p>	<p>Improvement focus during Dec 2014. Continued regular reinforcement in place. Monitoring by ED Nursing</p>

			after plaster room has been adequately cleaned New storage units fitted in room. Remains on cleaning schedule	Management. June 2015
Standard 3: Linen				
5.	Staff should ensure that linen stores are not used to store inappropriate items and that staff do not overfill bags of used linen. Linen trolleys should be well maintained. Repeated	Nursing	Covers have been sourced by Laundry to store linen on cages outside the clinical area. [For resus/majors area]. Small supply of linen in RATU area. Laundry to supply cover for trail. All other linen is stored in the linen cupboard in ambulatory care area Monitored by housekeeper throughout the day. Staff reminded at safety briefs and staff meeting to ensure bags are not overfilled and emptied regularly. Staff reminded not to store inappropriate items in linen bags. All items detailed above are regularly monitored by ED nursing management,	Dec 2014 [for cages] Daily monitoring. Regular reminders to staff. Post-inspection reinforcement carried out.
Standard 4: Waste and Sharps				
6.	Staff should ensure that the large euro waste bins positioned at the back of the ED are secured to prevent unauthorised access. Repeated	Nursing and Patient Experience	Staff reminded not to overfill euro bins. Staff reminded to lock euro bins. Staff reminded to ensure that there is no public access to euro bins. Euro bin monitoring in place. Facilities management / Patient experience staff are responsible for items to bins in this area and have key access to bins. Staff reminded to ensure that euro bins are locked, euro bin storage area is secured from unauthorised access.	Staff reminded and regular repeat focus applied. Regular monitoring in place. Post-inspection reinforcement carried out.

			<p>Check carried out by service co-ordinator on 25.06.2015 – all found to be locked.</p> <p>Request for area to have fencing erected as part of risk assessment for clinical euro bins – requested July 2015.</p> <p>All items above are regularly monitored by ED nursing management and patient experience management as per their respective responsibilities.</p>	Sep 2015
7.	Staff should ensure sharps boxes are secure, boxes and receptacles are clean and temporary closure mechanisms are deployed when not in use. Repeated	Nursing and Patient Experience	<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.</p> <p>Kept as standing item on safety brief agenda</p> <p>Added as standing item to 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>Nursing and patient experience staff continue to be reminded as per respective responsibilities at safety briefs / staff meetings re: compliance with temporary closure mechanisms, securing of sharps boxes and cleaning of receptacles / boxes.</p> <p>Audit arrangements in place and repeated regularly.</p> <p>All items above are regularly monitored by ED nursing management and patient experience management as per their respective responsibilities.</p>	<p>Dec 2014</p> <p>Jan 2015</p> <p>In place pre-inspection. Daily monitoring.</p> <p>Jan 2015 and repeated regularly.</p> <p>Post-inspection reinforcement carried out.</p> <p>Jan 2015</p> <p>Regular repeat monitoring.</p>

8.	Staff should ensure waste is segregated into appropriate waste streams	Nursing and Patient Experience	<p>Posters re waste segregation are present and positioned appropriately in dept.</p> <p>Hygiene and Cleanliness Information Guide recently introduced to ensure that all items are present, located suitably and with information as to how to access any information found to be absent during checking.</p> <p>Staff reminded to ensure waste is segregated into appropriate waste streams.</p> <p>Hygiene and Cleanliness Practice Guide recently introduced to support staff knowledge / practice.</p>	<p>Regular repeat monitoring in place.</p> <p>Post-inspection reinforcement carried out.</p>
Standard 5: Patient Equipment				
9.	Staff should ensure that equipment is clean and in good state of repair. Repeated	Nursing	<p>All equipment is either on daily or weekly cleaning schedules.</p> <p>Staff reminded and 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>Items above are regularly monitored by ED nursing management.</p>	<p>Jan 2015</p> <p>Daily / weekly monitoring in place.</p> <p>Post-inspection reinforcement carried out.</p>
10.	Patient mattress audits should be carried out routinely	Nursing and IPC	<p>Trust operates annual mattress audit programme.</p> <p>The Trust will amend its mattress audit policy to reflect July 2015 agreement that a quarterly audit will take place. The quarterly audit will take place on all wards on the same day to assure against movement of mattresses from one clinical area to another.</p>	<p>In place pre-inspection</p> <p>Sep 2015</p>

			Spare mattresses kept in ED and changed as required. Mattress audit to take place quarterly with housekeeper and infection control staff. First of these due September 2015	Sept 2015
Standard 6: Hygiene Factors				
11.	Staff should ensure clinical hand wash sinks are clean and in good repair. Repeated	Nursing	<p>Raised at team meetings/safety briefs</p> <p>It is the responsibility of the Nurse in Charge of the clinical area to ensure that clinical hand wash sinks are clean and in good repair,</p> <p>Items above are regularly monitored by ED nursing management.</p>	<p>Jan 2015</p> <p>Regular repeat monitoring in place.</p> <p>Post-inspection reinforcement carried out.</p>
12.	Staff should ensure that clinical hand wash sinks are only used for the purposes of hand hygiene	Nursing	<p>Raised at team meetings/safety briefs</p> <p>It is the responsibility of the Nurse in Charge of the clinical area to ensure that clinical hand wash sinks are clean and in good repair,</p> <p>Items above are regularly monitored by ED nursing management.</p>	<p>Jan 2015</p> <p>Regular repeat monitoring in place.</p> <p>Post-inspection reinforcement carried out.</p>
13.	Staff should ensure chemicals are stored in line with COSHH guidance. Repeated	Nursing & Patient Experience	<p>Addressed at ED Infection control session</p> <p>Hygiene and Cleanliness Information Guide recently introduced and includes COSHH focus.</p>	<p>Feb / Mar 2015</p> <p>Improvement tools introduced</p>

			<p>Hygiene and Cleanliness Practice Guide recently introduced to support staff knowledge / practice.</p> <p>All items above are regularly monitored by ED nursing management and patient experience management as per their respective responsibilities.</p>	<p>2015.</p> <p>Regular repeat monitoring in place.</p> <p>Post-inspection reinforcement carried out.</p>
14.	<p>Staff should ensure equipment used for cleaning is clean and in good repair.</p> <p>Repeated</p>	Nursing & Patient Experience	<p>Staff reminded that equipment used for cleaning is always clean and in good repair. Monitoring arrangement in place.</p> <p>Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure.</p> <p>All items above are regularly monitored by ED nursing management and patient experience management as per their respective responsibilities.</p>	<p>Jan 2015</p> <p>In place pre-inspection. Post inspection reinforcement carried out.</p> <p>Daily focus.</p>
Standard 7: Hygiene Practices				
15.	<p>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</p>	Nursing & Patient Experience	<p>Hand washing posters are available within department.</p> <p>Addressed at Infection Control ED session Hand hygiene audits are completed weekly and action is taken accordingly. Results are fed back to staff.</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>Feb / Mar 2015</p> <p>Weekly audit Daily.</p> <p>In place annually.</p> <p>April/May 2015</p> <p>Regular repeat monitoring in</p>

			All items above are regularly monitored by ED nursing management and patient experience management as per their respective responsibilities.	place. Post-inspection reinforcement carried out.
16.	Staff should adhere to the trust dress code policy. Repeated	Nursing and Patient Experience	<p>Dress code is addressed regularly at staff meetings. Staff reminded of importance of adherence to dress code.</p> <p>Post inspection reinforcement carried out at staff meetings</p> <p>Staff reminded of uniform policy, and the availability of replacement uniforms</p> <p>Dress code is monitored daily by ED nursing management and patient experience management.</p>	<p>Ongoing</p> <p>Jan 2015</p> <p>Reminders at team briefs monthly</p> <p>Daily monitoring</p> <p>Post-inspection reinforcement carried out.</p>
Additional Recommendation				
17.	It is recommended that patient meal tables are readily available and used during mealtimes	Nursing	<p>There are bed tables in both observation ward and ambulatory areas. Due to the nature of ED environment it is not possible to have bed tables. There are small lap trays with legs that are available in Department. Patient experience managers ensure that staff giving out meals make use of these. Staff reminded to ensure patient positioned comfortably for meal and lap tray in position as appropriate.</p> <p>All items above are regularly monitored by ED nursing management and patient experience management as per their respective responsibilities.</p>	<p>Arrangements in place pre-inspection. Post-inspection reinforcement carried out. Regular repeated monitoring in place.</p>



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