

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Inspection
South Eastern Health and Social Care Trust**

Ulster Hospital

29 September 2015

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

Contents

1.0	Regulation and Quality Improvement Authority	2
2.0	The Inspection Programme	3
3.0	Inspection Summary	4
4.0	Overall Compliance Rates	6
5.0	Inspection Findings	7
6.0	Key Personnel and Information	13
7.0	Level of Compliance Tables	14
8.0	Quality Improvement Action Plan	17
9.0	Unannounced Inspection Flowchart	20
10.0	Escalation Process	21

1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

RQIA undertake a rolling programme of unannounced inspections 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.

Our inspections might result in one of the following:

- **recommendations:** made where significant change in practice or system has been identified and new or redirected resources are required. A recommendation can be for a clinical specific area or trust wide activity.
- **housekeeping points:** issues identified for local resolution that may be achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines.
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for patients.

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 focuses mainly on acute hospital settings. 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, are included 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 29 September 2015. The inspection team consisted of three inspectors from the infection prevention and hygiene team, three peer reviewers and an observer from RQIA. Details of the inspection team and trust representatives attending the feedback session can be found in Section 6.0.

The Ulster Hospital was previously inspected on 28 May 2015. This was a follow up unannounced inspection of the Emergency Department (ED) by the RQIA team. The ED achieved compliance in all but two of the Regional Healthcare Hygiene and Cleanliness Standards. This inspection report is available on the RQIA website www.rqia.org.uk.

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

- Maynard Sinclair (Paediatric Medical Ward)
- Ward 8 (Surgery)
- Ward 16 (Cardiology)

This 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 and was compliant in all of the standards.

The inspection of the Ulster Hospital, South Eastern Health and Social Care Trust resulted in **two** trust recommendations, **one** recommendation for Maynard Sinclair Ward, **three** recommendations for Ward 8 and **one** recommendation for Ward 16.

A full list of recommendations is listed in Section 7.0.

Inspectors observed the following good practice:

- Staff knowledge in relation to infection prevention and control was good.
- All wards within the Ulster Hospital carry out a range of infection prevention and control (IPC) clinical audits, which includes audits of commodes, hand hygiene and compliance with invasive device care bundles.
- There are scheduled leadership walk rounds, which provide an informal method for clinical coordinators to review IPC safety issues in wards and departments.
- During the inspection, staff continued with their work duties in a confident and competent manner.

- Several good initiatives were observed which included, 'Safe Hands', 'Hello my name is', and the availability of a manual handling pack for a collapsed patient (Picture 1).



Picture 1: Manual handling pack for a collapsed patient

Areas for further Improvement

- Cleaning, maintenance and repair within the Hospital public areas.
- The management of sharps within Maynard Sinclair ward.
- Cleaning practices and the management of patient linen in Ward 8.
- We observed that within the three wards inspected, there was poor compliance with the trust hand hygiene and dress code policy from medical staff.

Trust Recommendation

- 1. It is recommended that robust systems are in place to ensure that all staff adhere to the dress code and hand hygiene policies.**

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. (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

The final report and Quality Improvement Action Plan will be available on the RQIA website. When required reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency.

The RQIA inspection team would like to thank the South Eastern Health and Social Care Trust and in particular, all staff at the Ulster Hospital for their assistance during the inspection.

4.0 Overall compliance rates

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool. The audit tool is comprised of the following sections. The section on organisational systems and governance is reviewed on announced inspections.

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

The table below summarises the overall compliance levels achieved in each standard. Percentage scores can be allocated a level of compliance using the compliance categories below.

Level of Compliance

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

General Environment Standards	Public areas
Reception	78
Public toilets	84
Corridors, stairs, lift	81

Areas inspected	Maynard	Ward 8	Ward 16
General environment	88	77	87
Patient linen	95	76	100
Waste	91	89	97
Sharps	76	92	92
Equipment	90	85	88
Hygiene factors	97	94	97
Hygiene practices	93	87	95
Average Score	90	86	94

A more detailed breakdown of each table can be found in Section 10.

5.0 Inspection Findings

Public Areas (Entrance, reception, public toilets, corridors, stairs and lift)

Improvement is required in the standard of cleaning, maintenance and repair within the hospital public areas. The most notable areas include:

- Cigarette butts and chewing gum deposits littered the ground around the reception entrance.
- Damaged paint and plaster finish on the walls of the hospital reception and corridors.
- A build-up of dust, debris and grime at floor edges along corridors and at the entrance to the lifts (Picture 2).



Picture 2: A build-up of grime at floor edges at hospital lifts

Trust Recommendation

- 2. It is recommended that general public areas are kept clean and furnishings and fixings are in a good state of repair.**

Maynard Sinclair Ward

The ward was compliant in all but one standard. The ward achieved partial compliance in the standard of sharps management.

We found the ward to be generally clean and tidy although extra attention to detail is required in the cleaning of some horizontal surfaces. In general, the fabric of the ward was good however; we noted minor damages to some surfaces.

Staff were aware of their roles and responsibilities in relation to the storage of clean linen and the handling and storage of used linen. On some occasions, we observed that waste was not always segregated into the appropriate waste streams.

Patient equipment was generally clean and in a good state of repair although we did observe that the protective packaging of some items of equipment was damaged. We also observed that there was inconsistent recording of the ward medicines fridge temperatures.

A range of facilities was available so that staff can carry out hygiene practices effectively. We note that on most occasions, staff complied with good infection control practice in relation to the use of personal protective equipment and hand hygiene. We however observed that some medical staff did not always comply with the trust uniform policy.

Staff knowledge in IPC practice was generally good although an improvement is required for some staff in relation to knowledge of the NPSA colour coding system, management of an inoculation injury and disinfectant dilution rates.

Sharps Management

The ward achieved partial compliance in the standard of sharps management. We observed that the label details on some sharps boxes were not completed and the temporary closure mechanisms of some boxes were not deployed when not in use. Two integrated sharps trays were grubby and had adhesive tape attached and there was no sharps box on the resuscitation trolley.

Recommendation

- 1. It is recommended that systems are in place to ensure that staff comply with the trust policy in the management of sharps**

Housekeeping Points

- Minor damages to surfaces should be repaired.
- More detailed cleaning is required to horizontal surfaces.
- Waste should be segregated into the appropriate waste streams.
- Medicines fridge temperatures should be consistently recorded.
- Staff knowledge should be improved in relation to the NPSA colour coding system, management of an inoculation injury and disinfectant dilution rates
- The integrity of the protective packaging of sterile equipment should be maintained.

Ward 8

The ward was compliant in all but two standards. The ward achieved partial compliance in the standards of the general environment and management of patient linen.

Patient equipment was in a good state of repair and although most items were generally clean, some items require greater attention to detail. We also

observed that stored items of equipment were not on a scheduled cleaning programme.

On most occasions, we observed staff compliance with the safe segregation, handling, transport and disposal of waste and sharps. However, on some occasions waste was not always segregated into the appropriate waste streams. Some waste bins were grubby, and the temporary closure mechanism of some sharps boxes was not always deployed between uses.

A range of facilities was available so that staff can carry out hygiene practices effectively. We observed that the outlets of some of the clinical hand wash sinks were grubby and the number of sinks in patient bays was not in line with national guidance.

Good infection control practice was generally observed in relation to the use of personal protective equipment and hand hygiene. We observed that not all medical staff adhered to the dress code and hand hygiene policies.

A patient who had been identified with a history of an alert organism had not been isolated into a side room and there was no evidence of care planning to guide care practices.

Additional issue

Inspectors observed unsecured boxes of patients' notes along a ward corridor. Unauthorised personnel could easily access the patient information within these boxes.

General Environment

The ward achieved partial compliance in the general environment standard. The standard of cleaning within the ward needs to improve; we observed dust on many high and low horizontal surfaces including the undercarriage of patient beds. There was a build-up of dust and debris at floor edges and corners and the external windows were dirty. Air vents were very dusty. Equipment used for cleaning was very dusty.

We observed minor damage to walls, floors, doors and ceilings throughout the ward. The fixtures and fittings within the kitchen, the female toilet and the domestic sluice were old and worn and need replaced. The protective covering of a patient's chair was torn; the internal foam was exposed.

Recommendations

- 1. It is recommended that staff ensure that all surfaces are clean, free from dust, debris and stains. The standard of cleaning should be robustly audited.**

- 2. It is recommended that staff ensure that the ward is well-maintained and damaged furniture or fittings are repaired or replaced.**

Linen

Partial compliance was achieved in the management of patient linen. The standard of cleaning within the clean linen store was poor. We observed high levels of dust on both high and low horizontal surfaces (Picture 3). Although cleaning of this room was on a routine schedule this was not being implemented. Patient fans inappropriately stored within the store, were very dusty. It is important to ensure that the appropriate precautions are taken to ensure that contamination of clean linen does not occur, as this might lead to the transmission of microorganisms to patients; potentially causing infection.



Picture 3: Balls of fluff, dust and debris on the floor of the linen store

Recommendation

- 3. It is recommended that systems are in place to ensure that staff comply with trust policy/ best practice guidelines in the storage of clean linen.**

Housekeeping Points

- Waste should be segregated into the appropriate waste streams.
- Waste bins should be clean and the temporary closure mechanisms of sharps boxes should be deployed between use.
- Greater attention to detail is required in the cleaning of patient equipment.
- Stored items of equipment should be on a scheduled cleaning programme.
- Infection prevention and control precautions should be implemented for those patients identified with a suspected or confirmed alert organism. A care plan should be developed to guide infection prevention and control care practices.

- The confidentiality of patient information should be maintained at all times.

Ward 16

Staff were aware of their roles and responsibilities in relation to the storage of clean linen and the handling and storage of used linen. Staff should be commended for achieving full compliance with this standard.

On most occasions, we observed staff compliance with the safe segregation, handling, transport and disposal of waste and sharps. On some occasions however, sharps boxes contained inappropriate waste and the label details on a sharps box were not completed.

Patient equipment was generally clean and in a good state of repair. Only some items required greater attention to detail in cleaning. We also observed that some items of sterile equipment did not remain within their protective packaging until ready for use.

A range of facilities was available so that staff can carry out hygiene practices effectively. Sinks were clean and generally well maintained however; the number of clinical hand wash sinks in patient bays was not in line with national guidance.

Good IPC practice was generally observed in relation to the use of personal protective equipment and hand hygiene. We observed that not all medical staff adhered to the dress code and hand hygiene policies.

We found the ward to be generally clean and tidy although extra attention to detail is required in the cleaning of some horizontal surfaces. In general, the fabric of the ward was good with only some minor damage to surfaces.



Picture 4: Shower Cubicle Tray

The fabric of the washroom was a specific area of concern. The standalone shower cubicle is not fit for purpose and should be replaced. There was rust staining on the walls and around the joins. There had been a poor repair to the floor of the cubicle with a patch of vinyl. Around the edges of the vinyl patch and the plughole was brown staining.

Recommendation

- 1. It is recommended that the ward washroom is refurbished.**

Housekeeping Points:

- Greater attention to detail is required in the cleaning of patient equipment.
- Sterile equipment should remain in their protective packaging until ready for use.
- Label details on sharps boxes should be fully completed.
- Waste should be segregated into the appropriate waste streams.
- Minor damages to surfaces should be repaired.
- More detailed cleaning is required to some horizontal surfaces.

6.0 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
Mrs L Gawley	-	Inspector, Infection Prevention/Hygiene Team

Peer Reviewers

C Morgan	-	Ward Sister BHSC
L Williams	-	Ward Sister BHSC
R Knight	-	Domestic Services Manager NHSC

Trust representatives attending the feedback session

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

Linda Kelly	-	Assistant Director, Safe and effective Care
Conor Campbell	-	Safe and Effective Care Senior Manager
Jenny McMahon	-	Clinical Coordinator, Surgery
Teresa Munger	-	Clinical Manager Paediatrics
Helen Daley	-	Clinical Coordinator Surgery
Anthony Trimble	-	Head of Estates Operations, SEHSC
Kerry Adams	-	Acting Deputy Sister CCU
Cheryl McFarland	-	Deputy Ward Sister, Ward 8
Donna Boal	-	Ward Sister Assistant, Ward 8
Monica Merron	-	Infection Prevention and Control Lead
Caroline McCabe	-	Infection Prevention and Control Nurse
Janet Porter	-	Infection Prevention and Control Nurse
Jacci Wilson	-	Patient Experience Manager
Marie Hendrey	-	Patient Experience Manager
Sherene Dineley	-	Patient Experience, Quality and Training Officer
Gillian Smyth	-	Quality and Training Manager, Patient Experience

7.0 Level of Compliance Tables

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	Maynard Sinclair	Ward 8	Ward 16
Ward/department - general (communal)	85	78	78
Patient bed area	83	83	91
Bathroom/washroom	91	86	70
Toilet	93	60	93
Clinical room/treatment room	86	N/A	67
Clean utility room	92	N/A	94
Dirty utility room	83	80	80
Domestic store	85	67	97
Kitchen	81	61	92
Equipment store	94	81	88
Isolation	85	83	97
General information	93	86	92
Average Score	88	77	87

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	Maynard Sinclair	Ward 8	Ward 16
Storage of clean linen	90	52	100
Storage of used linen	100	100	100
Laundry facilities	N/A	N/A	N/A
Average Score	95	76	100

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	Maynard Sinclair	Ward 8	Ward 16
Handling, segregation, storage, waste	91	89	97
Availability, use, storage of sharps	76	92	92

Standard 5: 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	Maynard Sinclair	Ward 8	Ward 16
Patient equipment	90	85	88

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	Maynard Sinclair	Ward 8	Ward 16
Availability and cleanliness of wash hand basin and consumables	97	93	93
Availability of alcohol rub	97	97	100
Availability of PPE	100	93	100
Materials and equipment for cleaning	94	92	96
Average Score	97	94	97

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	Maynard Sinclair	Ward 8	Ward16
Effective hand hygiene procedures	100	89	89
Safe handling and disposal of sharps	92	100	100
Effective use of PPE	100	95	100
Correct use of isolation	94	61	N/A
Effective cleaning of ward	85	95	100
Staff uniform and work wear	87	84	88
Average Score	93	87	95

8.0 Quality Improvement Action Plan

Ref No.	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
1.	It is recommended that general public areas are kept clean and furnishings and fixings are in a good state of repair	Patient Experience, Estates & Nursing	<p>Upon identification of any cleaning required in public areas, the cleaning requirement item is reported to Patient Experience Team and appropriate response action taken. Routine checking arrangements in operation.</p> <p>Upon identification, any furniture or fittings deemed to be in need of repair / replacement / condemnation are 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 / action responsibilities in this regard.</p> <p>Monitoring arrangements are in place.</p> <p>The Trust is currently out to tender to redecorate UHD main front entrance area, all areas of Emergency Department and Ward 8. This work should be completed by end of March subject to access.</p>	<p>Arrangements in place pre-inspection</p> <p>Post-inspection reinforcement focus carried out</p> <p>Regular repeat monitoring in place</p> <p>Estimated completion 31.03.2016</p>
2.	It is recommended that robust systems are in place to ensure that all staff adhere to the dress code	Nursing and Patient Experience	<p>Dress Code Dress Code Policy is in place.</p> <p>Dress code is addressed regularly at staff meetings. Staff reminded of importance of adherence to dress code.</p>	<p>In place pre-inspection.</p> <p>Post-inspection</p>

Ref No.	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
	And hand hygiene policies		<p>Post inspection reinforcement carried out at staff meetings</p> <p>Staff reminded of uniform policy, and the availability of replacement uniforms.</p> <p>Staff to work to schedule and report issues to co-ordinators. Checking arrangements in place.</p> <p>Dress code is monitored daily by unit nursing management and patient experience management.</p> <p>Hand Hygiene Hand hygiene policy is in place.</p> <p>Hand washing posters are available within unit.</p> <p>Hand hygiene audits are completed weekly and action taken accordingly. Results are fed back to staff.</p> <p>Staff reminded of 7 step hand hygiene technique, the WHO moments of care and appropriate use of antibacterial solution.</p> <p>All Nursing Staff and Patient Experience Staff training is monitored and kept up-to-date.</p> <p>All items above are regularly monitored by unit nursing management and patient experience management as per their respective responsibilities.</p> <p>Infection Prevention and Control Team core business supports staff</p>	<p>reinforcement carried out</p> <p>Regular repeat monitoring in place</p> <p>In place pre-inspection</p> <p>Post-inspection reinforcement carried out</p> <p>Regular repeat monitoring in place</p>

Ref No.	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
			knowledge and performance regarding hand hygiene compliance.	

Ref No.	Recommendations - Maynard Sinclair Ward	Designated Department	Action required	Date for completion / timescale
Standard 4: Waste and Sharps				
1.	It is recommended that systems are in place to ensure that staff comply with the trust policy in the management of sharps	Nursing and Patient Experience	<p>Trust Sharps Management Policy is in place.</p> <p>Sharps management is standing item on safety brief agenda</p> <p>Added as standing item to staff meeting agenda</p> <p>Housekeepers have responsibility to ensure that sharps boxes do not build up.</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 ward nursing management and patient experience management as per their respective responsibilities.</p>	<p>In place pre-inspection. Daily monitoring</p> <p>Post-inspection reinforcement carried out</p> <p>Regular repeat monitoring</p>

Ref No	Recommendations - Ward 8	Designated Department	Action required	Date for completion / timescale
Standard 2: Environment				
1.	It is recommended that staff ensure that all surfaces are clean, free from dust, debris and stains. The standard of cleaning should be robustly audited.	Patient Experience Staff	<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>Monitoring/recording/action of findings by coordinators. Staff reminders to reinforce performance.</p> <p>Staff reminded to report items for repair / replacement immediately upon identification for appropriate action.</p> <p>Staff to work to schedule and report issues to co-ordinators. Robust audit arrangements in place.</p> <p>All items detailed above are in place as permanent feature.</p> <p>Cleaning schedule is in place and updated to reflect the linen store and equipment checks monthly and quarterly cleaning audits are carried out by patient experience staff.</p>	<p>In place pre-inspection</p> <p>Once daily</p> <p>In place weekly</p> <p>Post-inspection reinforcement carried out.</p> <p>Completed Dec 2015</p>
2.	It is recommended that staff ensure that the ward is well-maintained and damaged furniture or fittings are repaired or replaced.	Nursing and Patient Experience	<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>In place pre-inspection – daily focus</p> <p>In place pre-inspection and</p>

			House keepers are responsible for the follow up and replacement of damaged furniture / fittings	repeated regularly Arrangement in place
Standard 3: Linen				
3.	It is recommended that systems are in place to ensure that staff comply with trust policy/ best practice guidelines in the storage of clean linen.	Patient Experience Staff	Staff reminded of Trust policy regarding the handling and storage of clean linen. Monitored by unit nursing management, Signs to ensure staff aware of correct storage of clean linen. Patient experience staff to ensure linen cupboard is on cleaning schedule for the ward	In place pre-inspection. Post-inspection reinforcement carried out Regular repeat monitoring in place Completed Dec 2015

Reference number	Recommendations - Ward 16	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	It is recommended that the ward wash room is refurbished	Nursing and Estates.	Plans for ward wash room refurbishment have been drawn up and approved. The plans comply with RQIA recommendation.	Wash room refurbishment completion date is dependent upon release of funding

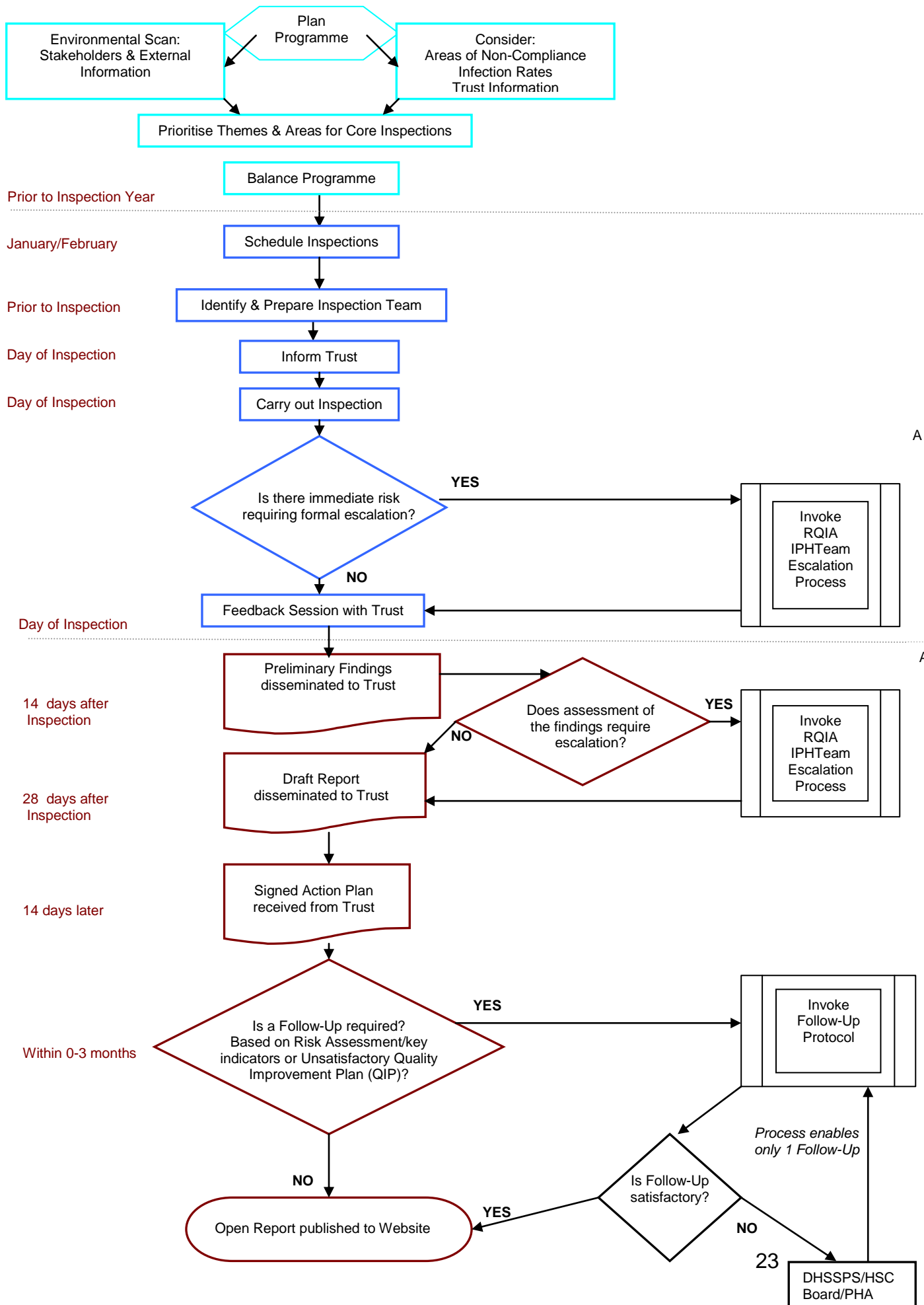
			Just to let you know we are currently out to tender to redecorate Main front entrance area, all areas of A&E, and ward 8. This work should be completed by end of March subject to access.	
--	--	--	--	--

9.0 Unannounced Inspection Flowchart

Plan Programme

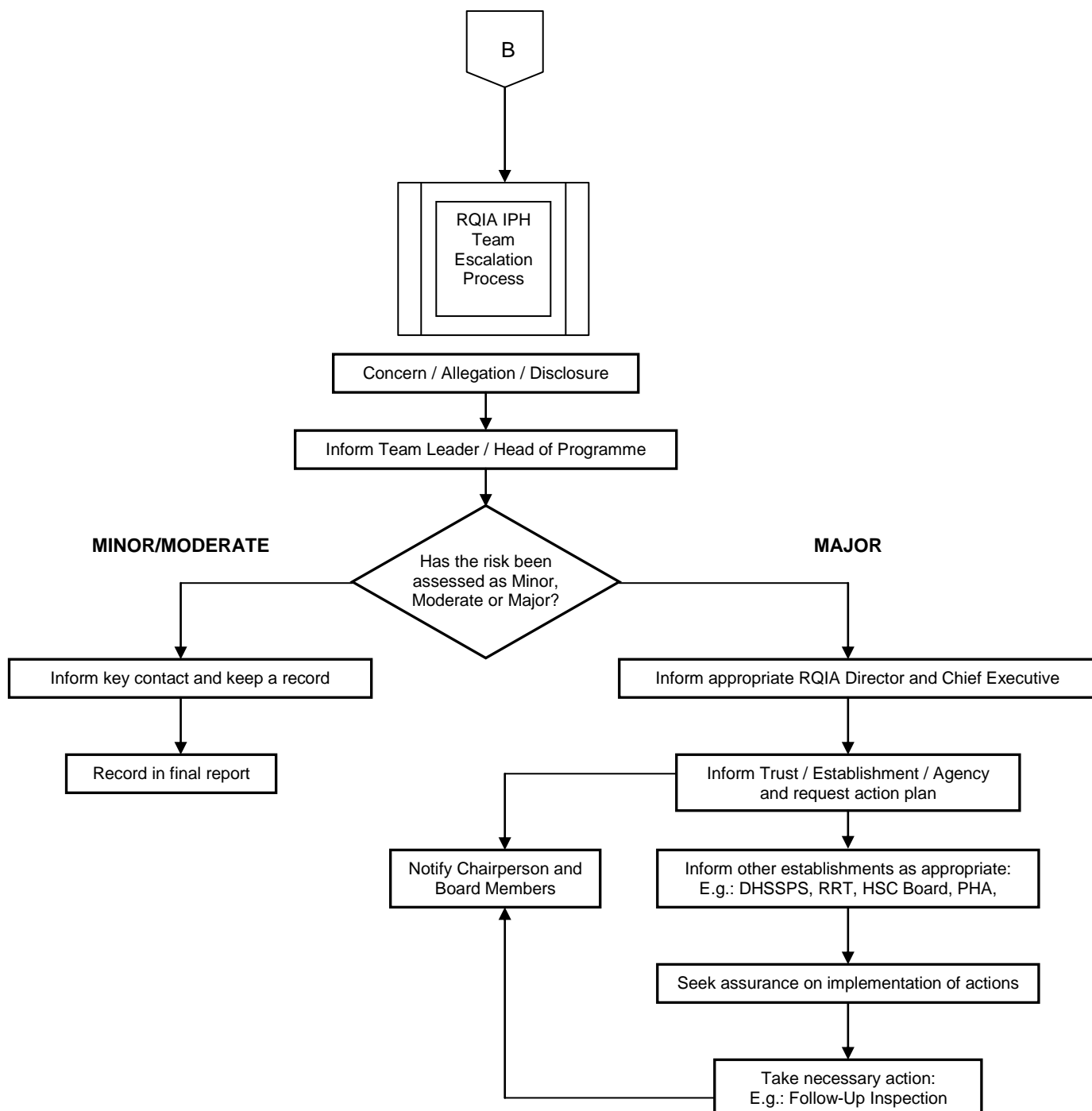
Episode of Inspection

Reporting & Re-Audit



10.0 Escalation Process

RQIA Hygiene Team: Escalation Process





The **Regulation** and
Quality Improvement
Authority

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

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