



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Ulster Hospital

8 October 2013

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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 the 8 October 2013. 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.

The Ulster Hospital was last inspected on the 19 October 2012. This was an unannounced inspection; four wards were inspected by the RQIA team.

The results of the inspection showed minimal compliance within standards 2-7 of the Regional Healthcare Hygiene and Cleanliness Standards in three of the wards inspected. In line with the follow up process, a follow up unannounced inspection was undertaken on the 10 January 2013. Overall compliance was achieved in the wards inspected. The inspection reports of those 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 6
- Ward 9
- Ward 17
- Ward 21

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. However it is concerning that there has been little improvement in the overall compliance levels achieved by the hospital since the last inspection.

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. The inspection team was informed that in the meantime capital bids for refurbishment projects such as updating day rooms, showers facilities, new suction system for Wards 10 and 1, and the removal of old sinks have been submitted to the commissioners for approval.

Inspectors observed good compliance with:

- All four wards were compliant in the Waste standard and Hygiene Factors standard. In the Hygiene Practices standard Wards 6, 9, and 17 were compliant and Ward 21 was partially compliant.

- All wards carry out audits in relation to care bundles and hand hygiene.

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.

- Wards 6, 17 and 21 were minimally compliant in relation to the General Environment standard.
- Wards 17 and 21 were minimally compliant in the Patient Equipment Standard.
- Ward 2, was minimally compliant in the safe handling and disposal of sharps.

The inspection of Ulster Hospital, South Eastern Health and Social Care Trust, resulted in **1** general recommendation, **14** common recommendations, **9** recommendations for Ward 6, **6** recommendations for 9, **14** recommendations for 17 and **15** recommendations for 21. A full list of recommendations is listed in Section 12.0.

As a result of the findings for Wards 17 and 21 a follow up inspection will be carried out within three months.

Inspectors noted the following recurring themes from previous inspections:

The 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. However Ward 21 is located in a more modern refurbished Care of the Elderly Unit and was minimally compliant in eight of the sections in the General Environment standard. It was particularly disappointing to note the reception area for the unit, which has been highlighted on previous inspections in need of immediate and sustained attention, still has the same on-going issues of clutter and cleaning.

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

The South Eastern Health and Social Care Trust should ensure that sustained efforts are made to address recurring issues.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. (There is no longer a need to return this as an action plan). (The findings are available on request from RQIA Infection Prevention and Hygiene Team).

The final report and Quality Improvement Action Plan will be available on the RQIA website. When required, reports and action plans will be subject to

performance management by the Health and Social Care Board and the Public Health Agency.

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

4.0 Overall compliance rates

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

The audit tool is comprised of the following sections:

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

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

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

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

Areas inspected	Ward 6	Ward 9	Ward 17	Ward 21
General environment	65	84	74	71
Patient linen	79	83	77	80
Waste	89	89	90	88
Sharps	83	82	84	68
Equipment	78	82	74	74
Hygiene factors	93	93	88	88
Hygiene practices	92	89	87	79
Average Score	83	86	82	78

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 6	Ward 9	Ward 17	Ward 21
Reception	N/A	83	N/A	41
Corridors, stairs lift	68	N/A	61	78
Public toilets (Male)	N/A	82	N/A	75
Ward/department - general (communal)	73	91	68	81
Patient bed area	59	90	71	85
Bathroom/washroom	51	86	86	57
Toilet	74	87	90	87
Clinical room/treatment room	N/A	59	N/A	69
Clean utility room	55	82	73	65
Dirty utility room	72	89	74	67
Domestic store	54	80	71	63
Kitchen	71	87	70	73
Equipment store	48	N/A	64	62
Isolation	67	91	81	84
General information	86	87	78	81
Average Score	65	84	74	71

The findings in the table above are of concern and improvement is required. Greater attention is required in cleaning, maintenance and repair and in maximising the use of available storage space.

Reception areas

At the Main hospital building, the outside approach areas were clean and free from debris with the exception of the flowerbed which was littered with cigarette butts. The reception area was general clean and tidy, more attention is required in to remove dust on bundles of leaflets on the reception desk, and the frame of the IT information centre. Paper and debris pushed into the metal frame work of the chairs should be removed.

Additional cleaning in the public toilets to the radiator, air vent, toilet brush stand and glass door panels is required. The waste bin was badly rusted and the plaster work behind the bin was damaged.

In the corridors leading to wards damage was noted to walls, doors and some flooring, surfaces were dusty and debris was noted on floors and ledges.

The Care of the Elderly Unit main reception and foyer were cluttered with a large clinical and household waste bin, large portable linen store, x-ray machine and wheelchairs. Surfaces were dusty and the floor required cleaning. Walls were scuffed and plasterwork damaged. There was debris in light fittings and some of the light bulbs were not working. Windows required cleaning and the metal frame of the front door was chipped. In the public toilet the hand wash sink, floor, air vent and door required cleaning. The paper hand towel dispenser was empty, while excess paper hand towels were stored on the windowsill.

The entrance fire door to Ward 21/22 was extensively damaged; there was a gap between the doors, the wooden edging was missing in places and part of the door had been repaired with heavy duty tape.

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

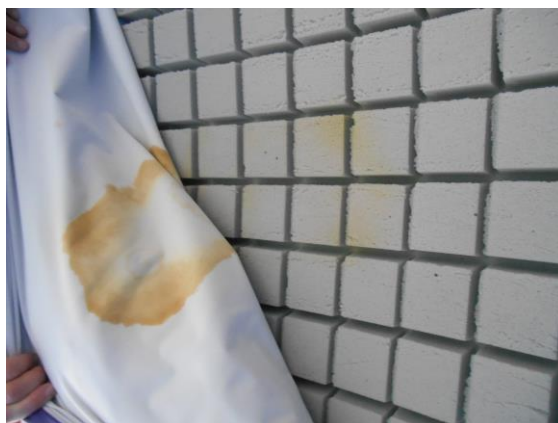
Common Issues

- There was damage to paint work and plaster on walls and the finishes on furnishings which included shelving, cupboards, desks and patient lockers and chairs.
- Windows required cleaning; in the main building paintwork on window frames was damaged. In Ward 21, new windows had been installed three weeks prior to inspection. The plastic coating protecting the windows had not been removed and the plaster work or sills around the windows finished.
- In wards 6, 17, and 21, there were minimal compliance scores in relation to the clean utility room, dirty utility room, domestic store, kitchen and equipment store. Greater attention to cleaning is required in relation to high and low surfaces, floors and air vents. Fittings and fixtures were worn, and the wood finish on the doors was damaged and exposed. Rooms lacked storage and were cluttered making it difficult to access the room for cleaning. There were similar issues in the clean utility room and domestic store of Ward 9, but to a lesser degree.
- Bed space privacy screens were not dated in Wards 6, 9 and 17.
- Nursing cleaning schedules did not detail all equipment, staff roles and responsibilities.
- The NPSA colour coding poster for nursing staff to reference was not available in Wards 6, 9 and 17.

Ward 6

The standard of maintenance and cleaning within this ward was poor and immediate attention is required to address the many issues identified. Eleven of the twelve sections were minimally complaint. Overall the standard was minimally compliant; all areas within the ward require immediate attention. The key issues identified in addition to those outlined in the section common to all wards for improvement were:

- A vacant bed space had been prepared for a new admission, however on inspection the following was observed. The underside of the bedside table was heavily stained, and food debris was in the drawer of the locker. The bedside chair, the bed rails and interior of the bedside lamp were stained, the bed frame was dusty. The mattress was examined and the inside of the mattress cover and the internal form were stained (Picture 1). The pillow was stained, the pillow protective cover was not intact and the pillow case was damaged. Part of the laminate finish of the locker was missing and the wood finish on the arms of the chair was worn.



Picture 1: Heavily stained mattress interior

- The male shower room and toilet required more detailed cleaning. The floor and skirting of the shower and the underside of the shower chair were stained; the anti-slip mat was both stained and damaged. The grouting between tiles in the shower cubicle was discoloured and stained. There was damage to the wood surface on the entrance door and sanitary fitting were damaged, worn and required cleaning.
- The ward does not have a clinical room. In the clean utility room, some lotions were stored in an unlocked cupboard, some were out of date. Dressing trolleys and the interior of the medicine fridge required cleaning.
- Patient food items were stored on the work bench of the dirty utility room, the macerator was stained and the paint finish was peeling.

- In the kitchen the paint finish on the microwave and toaster was damaged and both required cleaning.

Ward 9

An overall partial compliant score was achieved in the environment section of the audit tool. The main area that requires most attention was the clinical work station. The key issues identified for improvement were:

- The clinical work space was located in the middle of the ward; the area was a very busy and shared with clerical, medical and nursing staff (Picture 2). One of the cupboard doors was hanging down and could not be closed, the kick board on the base unit was detached and lying on the floor. The floor was dirty, part of the vinyl flooring was missing and there was debris under the cupboard. There was no dedicated hand wash sink and insufficient clinical work space to carry out clinical practice undisturbed. There were also cleaning issues in relation to blood stains on the wall, and dust on top of the sloping top on the cupboards.



Picture 2: View of clinical work space

Ward 17

The standard of maintenance and cleaning within this ward was poor and immediate attention is required to address the many issues identified. Seven of the twelve sections were minimally complaint. Overall the standard was minimally compliant. All areas within the ward require immediate attention. The key issues identified in addition to those outlined in the section common to all wards for improvement were:

- At the nurses' station/preparation area the flooring was lifting in places. The floor tiles in the shower room were cracked or damaged and the shower cubical door was broken and stored against the wall. In the male toilet the skirting was peeling away from the wall and the bottom surface of the cubicle door had split and was scraping along the floor.

The skirting and floor in the dirty utility room was damaged under the bedpan cupboard and around the macerator.

- More detailed cleaning was required in sanitary areas, the raised toilet seat in the shower room and the floor at both toilet bowls were stained. There were also stains on the macerator in the dirty utility room. In the domestic store, the hand wash sink, taps and sluice were dirty. Some equipment in the kitchen was dirty, the door and bottom surface of the fridge, the kettle and the small plastic spoon container.
- Information: there was no contact precaution sign on the door of a patient who had a known infection; this was put up during the inspection. There was no poster on the management of an inoculation injury and adhesive tape had been used to fix some posters to surfaces.

Ward 21

The standard of maintenance and cleaning within this ward was poor and immediate attention is required to address the many issues identified. Seven of the twelve sections were minimally compliant. Overall the standard was minimally compliant. All areas within the ward require immediate attention. The key issues identified in addition to those outlined in the section common to all wards for improvement were:

- Several maintenance issues were identified; light bulbs at the nurses' station, assisted shower room, pharmacy room, clean utility room, dirty utility room and kitchen, were not working. Wall surfaces around windows were unfinished. Door handles were missing from three lockers in bay 3 and from the locker in room 2. The sealant around the shower had mould present and in one toilet the handrail was missing. In the pharmacy, clean utility room and joint store, the vertical blinds were broken. The fire door safety strip was missing in the clean utility room. Some of the cupboard doors in the kitchen did not close correctly.
- Additional cleaning issues were as follows, chairs at the nurses' station and the patient's bed area including side room 2, were stained. In bed areas, the undercarriage of the beds, and patient bedside fans were dusty. The bedrail in side room 2 was faecally stained.

In sanitary areas the inside of the toilet in the assisted shower and female toilet was stained. In the female toilet the rim of the toilet seat and the cushion on a blue shower seat was stained. The underside of the raised toilet seat in the assisted shower was faecally stained and the underside of the wall mounted shower chair was dirty. Sink taps required cleaning. The base of the shower curtain was moulded and the hinge of the shower door was dirty. In the dirty utility room patients' wash bowls were unturned on the wet draining surface and a bed pan

was on the floor. (Picture 3) The equipment sink required cleaning, the front of the bedpan washer and disinfectant jugs were also stained



Picture 3: Patients wash bowls on drainer

The floors in the pharmacy, clean utility, dirty utility, ward store, joint store and equipment store all required cleaning. There were issues in the kitchen such as door handles on units, the front of the dishwasher, inside of cupboards, inside of microwave, food trolleys and work surfaces all required cleaning.

- The area around the nurses' station was cluttered with equipment; phlebotomy trolley, portable ECG and doctor's computer station. In bays, patients' property was stored in bags on patient lockers. In the isolation room patient's property was stored in a hold all on the locker and in bags on the bedside chair. The pharmacy room had stock on the floor and the window sill, the work surface was cluttered with paper work and equipment. In the shower room, a towel and two slipper bedpans were on the floor behind the door. The clean utility room also had stock on top of cupboards, on the floor and window sill. The storage cupboards in the dirty utility room were underutilised; patients' property was not in bags and was stored on the work surface. The equipment store has insufficient storage space for the equipment or stock, the room was used to store patient clothing.

The joint store was cluttered with boxes of stock and equipment, the use of the room should be reviewed as it appears to be used by staff as a staff tea room. Hand bags were stored in the high density shelving along with cleaning equipment.

- There were communal wash products in the shower room and female toilet.
- In the kitchen food was not stored in containers.
- Temperature records were not completed consistently for the drugs or kitchen fridges.

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 6	Ward 9	Ward 17	Ward 21
Storage of clean linen	74	66	65	77
Storage of dirty linen	83	100	88	82
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	79	83	77	80

The above table outlines the findings in relation to the management of patient linen. All wards achieved an overall partial compliance in the management of patient linen however Wards 6, 9 and 17 were minimally compliant in relation to the storage of clean linen. Immediate action is required to bring this standard to compliance.

Staff demonstrated good knowledge on the handling of clean and used linen.

Common issues

Storage of clean linen

- The fabric of linen stores was poor, with damage to either walls, doors or shelves.
- In wards 6, 9, and 17 the stores were shared spaces. All stores were cluttered and untidy with pillows, bags or stores on the floor.
- Floors and skirting were dusty.

Storage of used linen

Ward 6

- Some linen skip frames were chipped and dusty.

Ward 17

- Some linen skip frames were chipped and dusty.

Ward 21

- Linen bags were more than 2/3 full; some of the re-usable bags were worn or torn. The door to the disposal hold was open and accessible.

7.0 Standard 4: Waste and Sharps

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

Waste and sharps	Ward 6	Ward 9	Ward 17	Ward 21
Handling, segregation, storage, waste	89	89	90	88
Availability, use, storage of sharps	83	82	84	68

7.1 Management of Waste

The above table indicates that all wards achieved compliance in handling, segregation, storage of waste and all wards.

Ward 6

- Household waste bins in the dirty utility and male toilet were rusting, there was no household or clinical waste bin at the clinical sink at the hand wash sink in the corridor.

Ward 9

- There was inappropriate disposal of waste in sharps boxes and the purple lidded burn box was overflowing. An orange lidded burn box for free flowing fluids was not available.

Ward 17

- There was inappropriate disposal of waste in the clinical waste bin and household and clinical waste bins were damaged.
- The waste disposal area was unlocked and accessible. The yellow euro bin which holds clinical waste was unlocked. Cardboard boxes were lying on the floor.

Ward 21

- Pharmacy waste was disposed of incorrectly in the sharps boxes and magpie box in the kitchen. Household waste was observed in the clinical waste bins.
- In the pharmacy room the lid of the purple lidded burn box was not insitu and the household and clinical waste bins were overflowing.
- The waste disposal area was unlocked and accessible.

7.2 Management of Sharps

The above table indicates that Wards 6, 9 and 17 were partially compliant and Ward 21 minimal compliant and required immediate action to bring this stands to compliance. The issue identified for improvement in this section of the audit tool was:

Ward 6

- The temporary closure mechanism was not deployed on a sharps box.
- A number of sharps trays were grubby and stained, a sharps container was inside a stack of sharps trays and close to falling over.

Ward 9

- The temporary closure mechanism was not deployed on any of the sharps boxes at the clinical area in the centre of the ward, the sharps tray had adhesive tape residue.
- The sharps box on the drugs trolley was not signed or dated, the sharps box on the resuscitation trolley was dusty.
- A purple lidded burn box was removed for disposal, the lid was not locked and the box was not tagged.

Ward 17

- The temporary closure mechanism was not deployed on a sharps box at the nurses' station or on the resuscitation, the box on the resuscitation trolley had been used and was dated April 2013. One of the sharps boxes had a small blood stain.
- There was a blood stain on a sharps tray, another was grubby.

Ward 21

- Sharps boxes in the medicine room, on the phlebotomy trolley or in the waste disposal area were not labelled; date, locality or staff signature.
- Sharps trays in the medicine room and on the phlebotomy trolley were dirty one had a blood stain.
- The sharps box on the resuscitation trolley was overfilled therefore not changed regularly.

8.0 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	Ward 6	Ward 9	Ward 17	Ward 21
Patient equipment	78	82	74	74

The above table indicates that wards 6 and 9 were partially compliant but wards 17 and 21 were only minimally compliant in this standard and required immediate action to bring this stand to compliance. The issue identified for improvement in this section of the audit tool was:

Ward 6

- Some equipment required cleaning, ANTT trays, notes trolley, stethoscope ear pieces, and blood glucose monitoring box. Adhesive tape residue / paper labels were noted on the resuscitation trolley and blood glucose trolley.
- The underside of a commode identified with trigger tape as clean had a blood stain.
- Out of date sterile items were noted on the resuscitation trolley.
- Stored patient equipment was dusty and trigger tape, used to identify that the equipment had been cleaned, was not in use.

Ward 9

- Some equipment required cleaning. The resuscitation trolley and equipment on it was dusty, the drugs trolley was stained, paper labels were attached with adhesive tape and the underside of a cleaned commode was stained. The phlebotomist trolley located by the nurses' work station was very dusty and stained. The hoist, standing aid and case of the blood glucose machine were dusty. The patient observation trolley was dirty, cleaning wipes were not available on the observation trolleys.

- There was damage to the drugs trolley, observation trolley and catheter stands.
- The clean linen trolley stored in the main corridor, contained linen and communal products; the trolley was uncovered.

Ward 17

- Some equipment required cleaning; the ECG machine, drugs trolley, resuscitation trolley, and suction machines in the bed bays were all dusty. Patient's wash bowls were not stored inverted. The blood glucose monitor box was stained. An IV pump in use was blood stained and micropore tape was wrapped around the pump.
- There was inconsistent use of trigger tape to show equipment was clean.
- Not all staff were aware of the symbol for single use items.
- Staff gave different answers for when to replace empty suction canisters, in bay 2 a canister was more than half filled with black coloured bodily fluid (Picture 4).
- A suction catheter not in use was hanging exposed behind a patient's bed.
- The ice machine was stained and damaged.



Picture 4: Used suction canister.

Ward 21

- Patient equipment required cleaning; the underside of three commodes was faecally stained, one had trigger tape indicating it had been cleaned. IV stands were stained and the frames of the portable ECG and phlebotomy were dusty. Oxygen saturation probes, genius

thermometer case, ice machine and ANTT trays were dirty. The observation trolleys monitor and base required cleaning and the blood glucose monitor was blood stained. The occupational therapy chair required cleaning, (Picture 5) there was mould on the underside of the seat and the back straps were old, worn and badly discoloured.

- Nebuliser chambers/mask and oxygen masks were stored hanging uncovered behind patients beds.
- Stored patient equipment was dusty; there was no trigger tape to indicate if it had been cleaned.
- Bedpans and urinal were old and worn, the plastic coating on catheter and urinal stands was damaged. IV stands in use were worn and the plastic cover on the cardiac monitor was split.



Picture 5: Old worn and dirty occupational therapy chair

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 6	Ward 9	Ward 17	Ward 21
Availability and cleanliness of wash hand basin and consumables	94	94	89	87
Availability of alcohol rub	96	92	100	97
Availability of PPE	100	100	87	100
Materials and equipment for cleaning	82	87	74	69
Average Score	93	93	88	88

The above table indicates that the unit achieved good compliance in this standard. However, in Wards 17 and 21, the sections on material for cleaning were minimally compliant staff need to action the issues identified below.

Common issues

- In Ward 6, the hand wash sink in the male toilet was cracked. In Ward 9 the wood surround at clinical hand wash sinks was blown and the number of sinks did not meet HBN 04-01. Soap and hand towel dispensers were broken in Ward 17, in Ward 21, the hand wash sink in one bay had an overflow, in another bay the enamel finish on a hand wash sink was worn.
- Disinfectant chemicals were stored in unlocked cupboards in Wards 6, 17 and 21.
- Cleaning equipment required cleaning, such as vacuum cleaners, floor polishers, used floor pads, buckets and long handled dust pans.
- Cleaning equipment was damaged or poorly repaired, mop handles were taped at the end and vacuum cleaner hoses had been repaired with industrial tape. There were no issues in Ward 17.

Ward 6

- The liquid soap and towel dispenser in the corridor was empty.
- A deck scrubber was stored in the male shower room.

Ward 9

- In both the domestic store and dirty utility room, mops were observed sitting in water, the mop heads were dirty.

Ward 17

- In bay 2 the hand towel dispenser was empty, not all dispensers were enclosed.
- PPE, was stored in the dirty utility room, staff were observed donning gloves and apron in the room and then leaving the room to carry out tasks.

Ward 21

- The liquid soap dispensers in bays 1, 2 and medicine room required cleaning.
- A mop bucket with cleaning solution was observed in the domestic store not in use.

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 6	Ward 9	Ward 17	Ward 21
Effective hand hygiene procedures	79	100	100	70
Safe handling and disposal of sharps	100	100	93	86
Effective use of PPE	100	88	89	94
Correct use of isolation	100	N/A	81	N/A
Effective cleaning of ward	75	76	65	55
Staff uniform and work wear	96	81	96	87
Average Score	92	89	87	79

The table indicated good compliance in most areas, however several issues were identified where there needs to be improvement; effective hand hygiene for Ward 21 and effective cleaning for all wards.

Common issues

- Nursing staff on Wards 9, 17 and 21 were unaware of the NPSA colour coding system.
- Nursing staff on Wards 9, 17 and 21 were not aware of the correct dilution rates for the removal of a blood or body spill.
- Staff in wards 9 and 21 did not comply with the trust dress code policy.
- Changing facilities were not available for staff. (Except ward 21).

Ward 6

- Seven members of medical staff on entering the ward did not take the opportunity to decontaminate hands with alcohol hand rub.

Ward 9

- A member of domestic staff stated they do not wear a plastic apron when involved in cleaning of sanitary areas.
- Some staff were observed wearing PPE when not necessary.

- Staff were using Haz-tabs but quoted dilution rates for Actichlor Plus, there was only advice on Actichlor Plus.
- COSHH data sheets were not available for nursing staff.

Ward 17

- A member of the domestic staff was not sure how to manage a needle stick injury.
- There was no care pathway for the patient with an alert organism. Staff added this documentation to the notes during the inspection.
- An assessment and decisions for the on-going need for all IPC precautions were insufficiently documented in the care plan.
- A physiotherapist did not don PPE before entering a room used for isolation purposes and when leaving the room, propped open the door.
- There was no evidence that a single patient use BP cuff or a dedicated near patient testing unit was in use for the patient nursed in isolation. Staff questioned stated that a disposable cuff would be in use however one was not available in the room when checked.
- Only alcohol wipes were available for routine decontamination of equipment.
- Actichlor plus dilution rate chart was not posted for staff to reference. A poster on Haz Tabs was displayed on the wall in the dirty utility room. This has a different dilution rate from Actichlor plus yet staff questioned stated they would refer to this chart for guidance.

Ward 21

- Hand hygiene was not performed by staff prior to donning gloves, a doctor did not wash their hands after removing gloves.
- A nurse quoted a 5 or 6 hand washing technique, staff did not carry out a seven step hand washing technique when using alcohol rub.
- A re-sheathed needle was observed detached from a syringe in a sharps box.
- The phlebotomist wore one glove when carrying out venepuncture.
- Routine cleaning of equipment was not carried out; equipment was dusty.

- A member of staff was diluting Actichlor Plus disinfectant tablets with hot rather than tepid water, the solution was made up in a stained plastic jug.
- Staff were unfamiliar with the practice to use a certificate of decontamination before equipment is serviced/repaired.

Additional issues

Ward 9

- A paper mache receiver was observed in the main toilet area on top of a household waste bin. The bowl contained a patient's urine sample. The bowl was observed before the lunch period and on checking at 2.30pm it had not been removed. Staff removed the bowl immediately when the issue was highlighted by inspectors.

Ward 17

- A RGN was observed disposing of a glass of drinking water into a hand washing sink.
- The ward had been advised they would be employing a housekeeper in August. This had not occurred. At the feedback a trust representative advised that this position would be filled in the immediate future.
- The compliance score for PVC insertion in October was 43%; PVC on-going was 57%. At the feedback, the IPC team were unaware of this score and stated the issue would be addressed.

Ward 21

- A doctor was observed administering medication to a patient via a cannula without first cleaning the cannula hub. The doctor did not clean the ANTT tray in use, after the procedure.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- Mrs L Gawley - Inspector, Infection Prevention/Hygiene Team
- Mrs M Keating - Inspector, Infection Prevention/Hygiene Team
- Mr T Hughes - Inspector, Infection Prevention/Hygiene Team
- Mrs S O'Connor - Inspector Infection Prevention/Hygiene Team

Peer Reviewers

- Ms G Mulholland - Inspector RQIA
- Ms M Johnston - Support Services Manager, Western Trust
- Ms S Gormley - Domestic Services Manager, Southern Trust
- Ms R McFarland - Ward Sister, ICU, Belfast Trust

Trust representatives attending the feedback session

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

- Ms H Daley - Clinical Co-ordinator Surgery
- Ms J Mc Mahon - Clinical Co-ordinator Surgery
- Ms E Edwards - Sister Ward 6
- Mr A Trimble - Estates Operations
- Mr P Johnston - Infection Control Nurse
- Ms L Kelly - Assistant Director Safe and Effective Care
- Ms J Reid - Infection Control Nurse
- Ms N Kelly - Sister Ward 9
- Ms J Maxwell - Deputy Sister 17
- Ms J Wilson - Patient Experience Manager
- Ms G Smyth - Quality and Training Manager Patient Experience
- Ms J Norrie - Infection Control Nurse
- Mr R Donovan - Clinical Co-ordinator Manager
- Mr C Campbell - Safe and Effective Care Manager

Apologies:

12.0 Summary of Recommendations

Recommendations for general public areas

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

Recommendations for common issues

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
3. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
4. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
5. NPSA colour coding posters should be displayed for nursing staff to reference. Ward 6, 9 and 17.
6. Bed privacy screens should be dated on hanging.

Standard 3: Linen

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

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

9. Ward staff should ensure that hand wash sinks, accessories and consumables are clean, in a good state of repair and the provision of clinical hand wash sinks comply with guidance as per HBN 04-01.
10. Ward cleaning staff should ensure all cleaning equipment is clean, in good state of repair and stored correctly.

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

Standard 7: Hygiene Practices

12. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment. (Wards 9, 17 and 21).
13. Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages. (Wards 9, 17 and 21).
14. Changing facilities should be available for all staff (Ward 6, 9 and 17).

Recommendations: Ward 6

Standard 2: Environment

1. Specific additional cleaning issues highlighted in the report are actioned
2. Staff should ensure mattress audit are carried out frequently and the process is documented.
3. Staff should ensure medicines are managed in line with the medicine management policy.
4. Patient food should be stored in an appropriate area.

Standard 4: Waste and Sharps

5. Staff should ensure waste bins are in good repair and located at all hand washing sink
6. Staff should ensure that temporary closure mechanisms are deployed between uses.
7. Integral sharps trays and ANTT trays should be routinely cleaned after use.

Standard 5: Patient Equipment

8. Ward staff should ensure sterile equipment is in date.

Standard 7: Hygiene Practices

9. Medical staff should ensure they decontaminate their hands on entering the ward.

Recommendations: Ward 9

Standard 2: Environment

1. The trust should review the clinical work space area to ensure safe clinical practice.

Standard 4: Waste and Sharps

2. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
3. Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between use.

Standard 7: Hygiene Practices

4. Staff should wear PPE appropriately.
5. COSHH data sheets should be available for nursing staff.

Additional Issues

6. Staff should ensure urine samples are managed in a timely manner.

Recommendations: Ward 17

Standard 2: Environment

1. Specific additional cleaning issues highlighted in the report are actioned.
2. Infection prevention and control information should be displayed.

Standard 4: Waste and Sharps

3. Staff should ensure that waste awaiting collection on the ward is stored securely.
4. Staff that temporary closure mechanisms are deployed between use and boxes changed in line with policy.
5. Integral sharps trays and ANTT trays should be routinely cleaned after use.

Standard 5: Patient Equipment

6. Staff should know the symbol for single use items.

7. Nursing staff should replace suction equipment as per trust guidance.

Standard 6: Hygiene Factors

8. Nursing staff should review the use of PPE stored in the dirty utility room.

Standard 7: Hygiene Practices

9. Ward staff should ensure that care pathways for patients with an alert organism are fully completed.
10. Where possible, single use equipment should be used when a patient has a known infection.
11. Staff should have alternative products available for cleaning patient equipment.

Additional Issues

12. Staff should not dispose of fluids in hand wash sinks.
13. The trust should review the progress of the vacant housekeeper post.
14. The ward manager and IPC staff should review the low PVC insertion scores and take appropriate action.

Recommendations: Ward 21

Standard 2: Environment

1. Specific additional cleaning issues highlighted in the report are actioned.
2. Specific additional maintenance issues highlighted in the report are actioned.
3. Staff should ensure each patient has their own wash products.
4. Staff should ensure food is stored in containers.
5. Staff should ensure temperature records are maintained consistently.

Standard 3: Linen

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

Standard 4: Waste and Sharps

7. Staff should ensure that waste awaiting collection on the ward is stored securely.
8. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
9. Staff should ensure that temporary closure mechanisms are deployed between uses and boxes changed in line with policy.
10. Integral sharps trays and ANTT trays should be routinely cleaned after use.

Standard 7: Hygiene Practices

11. Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.
12. Staff should ensure that needles are not re-sheathed as per trust policy.
13. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
14. Staff should be aware of the practice to certify equipment before decontamination.

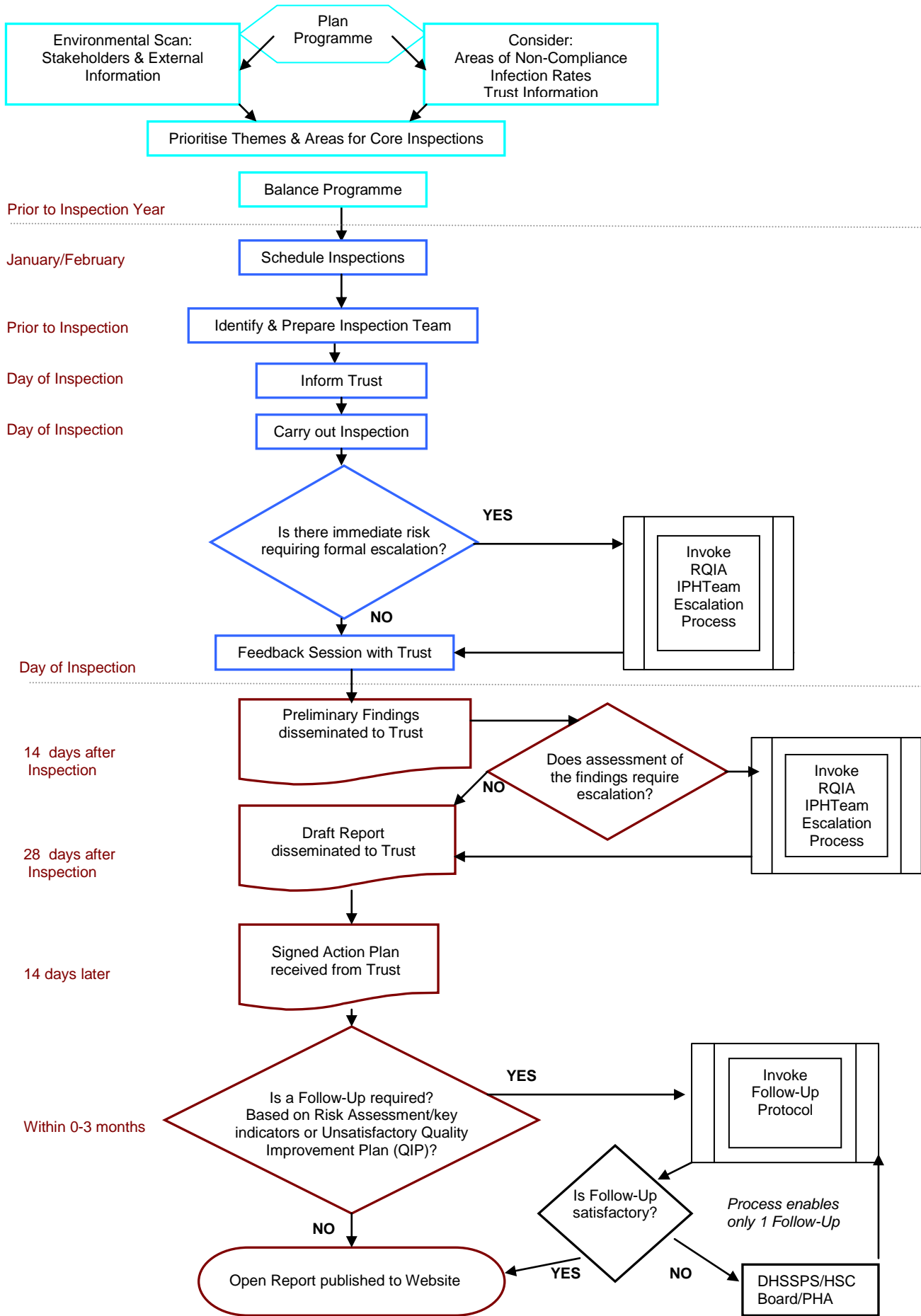
Additional issues

15. Medical staff should be reminded of all the steps required in the ANTT process.

13.0 Unannounced Inspection Flowchart

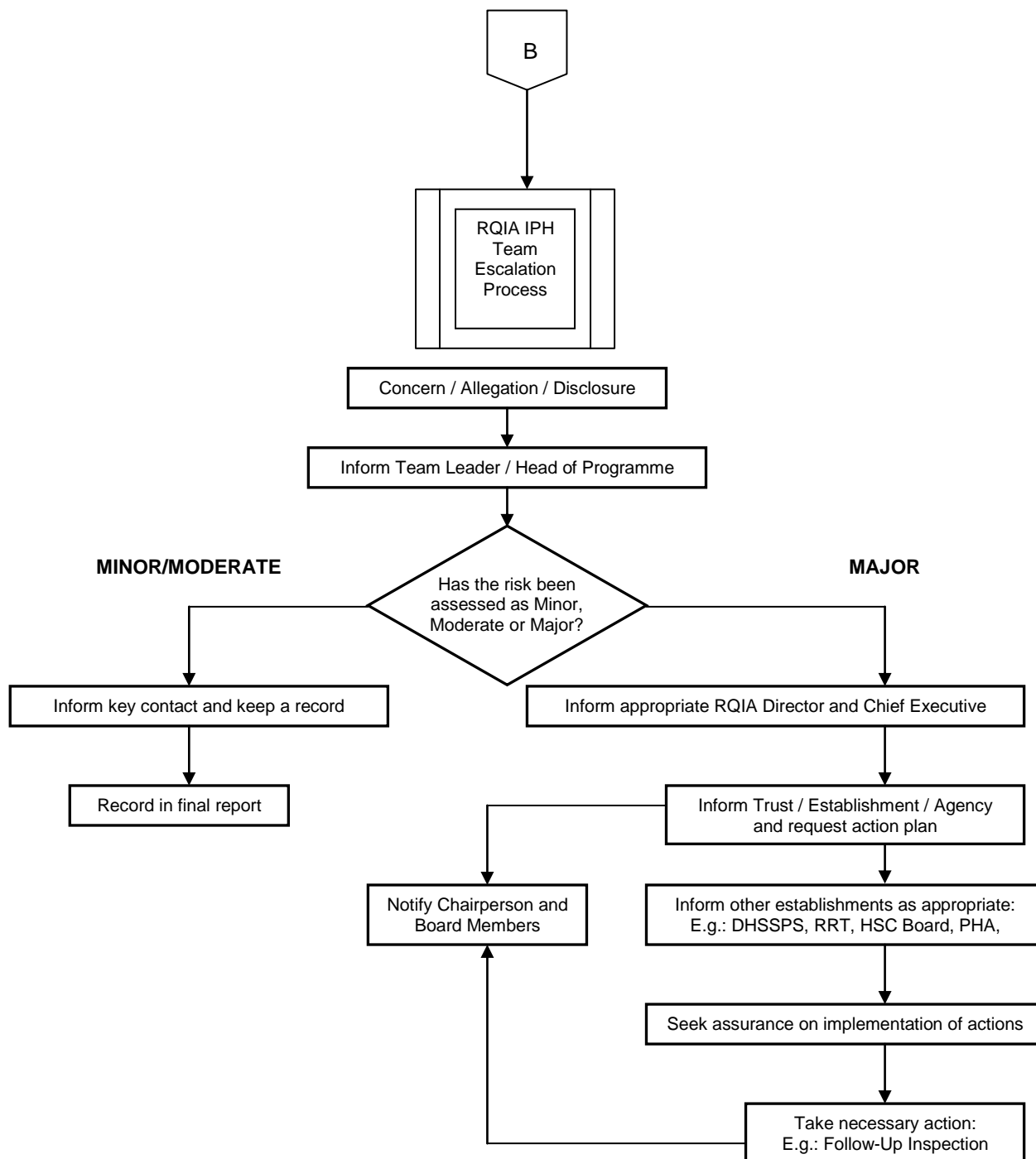
Plan Programme

Episode of Inspection



14.0 RQIA Hygiene Team Escalation Policy Flowchart

RQIA Hygiene Team: Escalation Process



Reference number	Recommendations Common to the four Wards	Designated department	Action required	Date for completion/ timescale
		Nursing and Patient Experience	<p>monitor in accordance with assessed risk and guidelines. A system of escalation is in situ to highlight areas results from audits.</p> <p>Cleaning schedules are reviewed regularly in response to audit results and part of the performance management process and governed through the environmental cleanliness steering committee. Reports are regularly tabled at Trust Board. There is a very proactive Environmental Cleanliness Steering Group in the Trust where detailed discussion is undertaken.</p> <p>The Trust operates and monitors a Hygiene and Cleanliness Checklist Programme that seeks to ensure high standards of quality regarding staff learning, knowledge and performance in relation to all hygiene and cleanliness issues including all those arising from experience of RQIA inspections. Issues requiring improvement are raised and discussed at staff meetings to support reduction of recurrence.</p>	Completed and continuing
2.	A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates	<p>A programme of internal audits is currently carried out by Estates to identify estate priority area for action – in addition an annual programme for environmental repair work is in place.</p> <p>Backtraq system is in place to report and actions are ongoing on a daily basis.</p>	Completed and continuing
3.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff	Nursing	The Trust has latest nursing cleaning schedules in place Trustwide in accordance with risk and good practice guidelines. An extensive audit programme is	Completed and continuing

Reference number	Recommendations Common to the four Wards	Designated department	Action required	Date for completion/ timescale
	responsibilities. The schedules should be robustly audited by senior staff.		in place to monitor in accordance with assessed risk. A system of escalation is in situ to highlight items for action identified through audit. Cleaning schedules are reviewed regularly in response to audit results and part of the performance management process and governed through the Environmental Cleanliness Steering Committee. The Trust continues to progressively develop a harmonised system of informing and recording the decontamination process for equipment used in the care environment in clinical areas. This is being progressed through clinical areas and is a standing priority area of work.	
4.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Patient Experience	As per Trust Environmental Cleanliness strategy, staff are encouraged to ensure a clutter-free environment and audit activity monitors compliance.	Completed and continuing
5.	NPSA colour coding posters should be displayed for nursing staff to reference. Ward 6, 9 and 17.	Nursing	The Trust has developed a hygiene and cleanliness information guide. The guide directs staff as to all key hygiene and cleanliness information that should be present in clinical areas, the location at which the information should be positioned and the source from which information may be accessed. Posters accessed and displayed immediately in Wards 6, 9 and 17.	Completed and continuing Completed
6.	Bed privacy screens should be dated on hanging.	Patient Experience	The Trust has a policy in place for management of bed privacy screens which includes requirement to date when hung. Audit arrangements are in place to monitor compliance.	Completed and continuing

Reference number	Recommendations Common to the four Wards	Designated department	Action required	Date for completion/ timescale
			Patient Experience managers have reinforced to staff the message to ensure compliance at all times.	Completed and continuing
Standard 3: Linen				
7.	<p>Staff should ensure that linen store rooms are:</p> <p>(a) clean, tidy</p> <p>(b) free from inappropriate items</p> <p>(c) fixtures and fittings are maintained in a good state of repair.</p>	Nursing	<p>All linen is delivered to the door of the ward in an uncovered trolley or hamper by laundry staff who place it in the linen store.</p> <p>The Infection Control Manual has a section pertaining to laundry and states: <i>Clean linen must be protected from moisture and contaminants during transportation and stored in a clean, dry area to maintain its clean state.</i> Current linen management arrangements place responsibility with Ward Sister / Nursing for maintenance of the linen cupboards.</p> <p>The linen store is included in cleaning schedules.</p> <p>Storage and cleaning arrangements have been highlighted accordingly and regular monitoring will continue.</p> <p>A programme of internal audits is currently carried out by Estates to identify estate priority area for action – in addition an annual programme for environmental repair work is in place.</p> <p>Backtraq system is in place to report and actions are ongoing on a daily basis.</p> <p>The Trust operates a range of Infection Prevention and</p>	<p>Completed and continuing</p> <p>Completed and continuing</p> <p>Completed and continuing</p> <p>Completed and continuing</p>

Reference number	Recommendations Common to the four Wards	Designated department	Action required	Date for completion/ timescale
			Control audits and conducts regular visits to monitor implementation of policies and procedures on a continuing basis.	
Standard 5: Patient Equipment				
8.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing and Patient Experience	The Trust has a policy on the management, cleaning and storage of equipment. Internal audit programme is in place to monitor level of compliance and areas. The Trust is completing development and introduction of standardised documentation.	Completed and continuing
Standard 6: Hygiene Factors				
9.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean, in a good state of repair and the provision of clinical hand wash sinks comply with guidance as per HBN 04-01.	Nursing, Patient Experience and Estates	A programme of environmental audits is currently carried out to identify priority areas for repair – in addition a programme for environmental cleanliness audits would monitor compliance with standards and identify required action to address. Transfer to new ward block will eliminate issues re: provision of clinical hand wash sinks.	Completed and continuing 2016
10.	Ward cleaning staff should ensure all cleaning equipment is clean, in good state of repair and stored correctly.	Nursing and Patient Experience	The Trust has a policy on the management, cleaning and storage of cleaning equipment. Internal audit programme is in place to monitor level of compliance and areas. The Trust is completing development and introduction of standardised documentation.	Completed and continuing

Reference number	Recommendations Common to the four Wards	Designated department	Action required	Date for completion/ timescale
11.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Nursing and Patient Experience	The Trust has a policy on the management of products in line with COSHH regulation. Internal audit programme is in place to monitor level of compliance and areas. COSHH guidance is included in the Trust hygiene and cleanliness information guide.	Completed and continuing
Standard 7: Hygiene Practices				
12.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment. (Wards 9, 17 and 21).	IPC, Nursing and Patient Experience	<p>The Trust operates a range of infection, prevention and control policies and addresses training, awareness, compliance and improvement on an ongoing basis with comprehensive audit, measurement and reporting arrangements in place. Good practice is supported in a live day-to-day way through monitoring, teaching and ensuring appropriate practice by IPC direct visits to clinical areas.</p> <p>NPSA colour coding guidance is displayed in all clinical areas. Management have reinforced to staff the message to ensure robust individual level of knowledge (including UHS Ward 9, 17 and 21).</p> <p>A staff hygiene and cleanliness self-assessment tool has been designed to support knowledge and includes NPSA colour-coding. To be launched as e-learning tool and pocket-sized booklet.</p>	<p>Completed and continuing</p> <p>Completed and continuing</p>
13.	Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages. (Wards 9, 17 and 21).	IPC, Nursing and Patient Experience	The Trust operates a range of infection, prevention and control policies and addresses training, awareness, compliance and improvement on an ongoing basis with comprehensive audit, measurement and reporting arrangements in place. Good practice is supported in a live day-to-day way through monitoring, teaching and	Completed and continuing

Reference number	Recommendations Common to the four Wards	Designated department	Action required	Date for completion/ timescale
			<p>ensuring appropriate practice by IPC direct visits to clinical areas.</p> <p>This area has been repeatedly highlighted to staff through newsletters and staff meetings. This forms part of Trust training and Trust policy and will be audited as part of internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews (including the use of COSHH data sheets. The provision of disinfectants through BSO is being reviewed at present and a new contract will address current product choices and mixing issues. Meantime all areas have access to dilution charts and IPC Team continues to review knowledge and practice.</p> <p>Dilution rate guidance is displayed in all clinical areas. Management have reinforced to staff the message to ensure robust individual level of knowledge (including UHD Ward 9, 17 and 21).</p> <p>A staff hygiene and cleanliness self-assessment tool has been designed to support knowledge and includes NPSA colour-coding. To be launched as e-learning tool and pocket-sized booklet.</p>	<p>Completed and continuing</p> <p>Completed and continuing</p>
14.	Changing facilities should be available for all staff (Ward 6, 9 and 17).	Nursing	<p>Addressed in Trust infection prevention and control mandatory training. Staff advised re: expected standards and to cover uniform going to / from work (to include UHD Wards 6, 9 and 17).</p> <p>Transfer to new ward block will eliminate issues re: provision of staff changing facilities.</p>	<p>Completed and continuing</p> <p>2016</p>

Area: Ward 6

Reference number	Recommendations to Ward 6	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Specific additional cleaning issues highlighted in the report are actioned	Nursing	Draft decontamination schedules are currently being finalised.	31.01.14
2.	Staff should ensure mattress audit are carried out frequently and the process is documented.	Nursing	Independent audit performed by company - no issues highlighted. Spot checks performed following patient discharge	Completed Dec 2013
3.	Staff should ensure medicines are managed in line with the medicine management policy.	Nursing	Review of medicine storage undertaken, items removed. Staff reminded to comply with requirements of medicines management policy.	08.10.13 08.10.13
4.	Patient food should be stored in an appropriate area.	Nursing	Items removed. Highlighted to team	08.10.13
Standard 4: Waste and Sharps				
5.	Staff should ensure waste bins are in good repair and located at all hand washing sink	Nursing	Bins are located at all sinks. Staff advised that repairs to be reported for action immediately upon identification of issue.	13.10.13
6.	Staff that temporary closure mechanisms are deployed between uses.	Nursing	Highlighted to team. On-going monitoring by ward sister	08.10.13
7.	Integral sharps trays and ANTT trays should be routinely cleaned after use.	Nursing	Trays checked and cleaned, highlighted to team. Ongoing monitoring by ward mgr	08.10.13

Reference number	Recommendations to Ward 6	Designated department	Action required	Date for completion/ timescale
Standard 5: Patient Equipment				
8.	Ward staff should ensure sterile equipment is in date.	Nursing	Out of date item removed and replaced. Staff advised of importance of continuing compliance.	08.10.13
Standard 7: Hygiene Practices				
9.	Medical staff should ensure they decontaminate their hands on entering the ward.	Medical staff	Highlighted to medical staff. Monitoring in place.	08.10.13

Area: Ward 9

Reference number	Recommendations to Ward 9	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	The trust should review the clinical work space area to ensure safe clinical practice.	Nursing	Review of clinical work space area and follow-up action to be completed.	08.01.14
Standard 4: Waste and Sharps				
2.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	Staff reminded of Trust policy and importance of correct waste disposal. Monitoring arrangement in place.	Completed and continuing Completed and continuing
3.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use and that temporary closure mechanisms are deployed between use.	Nursing	Staff reminded of importance of dating, signing and temporary closure processes. Monitoring arrangement in place.	Completed and continuing Completed and continuing
Standard 7: Hygiene Practices				
4.	Staff should wear PPE appropriately.	Nursing	Staff spoken to regarding adherence to Trust policy. Monitoring arrangement in place.	Completed and continuing Completed and continuing

Reference number	Recommendations to Ward 9	Designated department	Action required	Date for completion/ timescale
5.	COSHH data sheets should be available for nursing staff.	Nursing	COSHH data sheets made available.	Completed
Additional Issues				
6.	Staff should ensure urine samples are managed in a timely manner.	Nursing	Staff spoken to regarding appropriate management of urine samples – to include timeliness.	Completed and continuing

Area: Ward 17

Reference number	Recommendations to Ward 17	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Specific additional cleaning issues highlighted in the report are actioned.	Nursing	All issues reported and most resolved such as light diffusers and ward fans etc. cleaned.	14.01.14
2.	Infection prevention and control information should be displayed.	Nursing	Patient/Visitor IPC information now available at entrance to ward	Completed Nov 13
Standard 4: Waste and Sharps				
3.	Staff should ensure that waste awaiting collection on the ward is stored securely.	Nursing	All ward staff immediately reminded of importance in keeping shared waste collection area locked at all times	Completed
4.	Staff that temporary closure mechanisms are deployed between use and boxes changed in line with policy.	Nursing	All ward nursing staff advised of importance of compliant use of temporary closure mechanisms and changing of boxes. All other non-ward based staff encouraged to adhere to these requirements. Monitoring arrangements in place.	Completed Completed and continuing
5.	Integral sharps trays and ANTT trays should be routinely cleaned after use.	Nursing	All ward nursing staff advised of importance of compliant use of temporary closure mechanisms and changing of boxes. All other non-ward based staff encouraged to adhere to these requirements. Monitoring arrangements in place.	Completed Completed and continuing

Reference number	Recommendations to Ward 17	Designated department	Action required	Date for completion/ timescale
Standard 5: Patient Equipment				
6.	Staff should know the symbol for single use items.	Nursing	All staff immediately reminded re: symbol for single use items. Monitoring arrangement in place.	Completed Completed and continuing
7.	Nursing staff should replace suction equipment as per trust guidance.	Nursing	All suction equipment has now been replaced in the ward. Staff familiar with Trust policy and importance of compliance.	Completed Completed and continuing
Standard 6: Hygiene Factors				
8.	Nursing staff should review the use of PPE stored in the dirty utility room.	Nursing	PPE dispensers are being sourced for positioning outside each bay. Staff made aware that PPE in the sluice can only be used in the sluice.	31.01.14 Completed and continuing
Standard 7: Hygiene Practices				
9.	Ward staff should ensure that care pathways for patients with an alert organism are fully completed.	Nursing	All staff reminded of how to access internet for pathways. All staff reminded of importance of robust care pathway documentation.	Completed Completed and continuing

Reference number	Recommendations to Ward 17	Designated department	Action required	Date for completion/ timescale
10.	Where possible, single use equipment should be used when a patient has a known infection.	Nursing	Staff reminded that single use equipment is to be used in all cases of infection. Compliant as per equipment availability.	Completed and continuing
11.	Staff should have alternative products available for cleaning patient equipment.	Nursing	General detergent wipes now on order	Completed and continuing
Additional Issues				
12.	Staff should not dispose of fluids in hand wash sinks.	Nursing	All staff made aware that hand wash sinks are for hand washing only	Completed
13.	The trust should review the progress of the vacant housekeeper post.	Nursing	Post currently remains vacant. Steps in progress to recruit Band 3 housekeeper.	31.03.14
14.	The ward manager and IPC staff should review the low PVC insertion scores and take appropriate action.	Nursing	Improvement focus on PVC insertion has resulted in improvement. Weekly audits have improved since inspection	Completed and continuing

Area: Ward 21

Reference number	Recommendations to Ward 21	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Specific additional cleaning issues highlighted in the report are actioned.	Nursing and Patient Experience	<p>Action plan shared with relevant team and responsibilities discussed</p> <p>Most issues have now resolved.</p> <p>Internal re-audit completed Dec 2013; Outstanding actions such as main reception reported to patient experience supervisors.</p> <p>Increased vigilance & reporting in place On-going monitoring of outstanding areas</p>	<p>Completed</p> <p>Advanced progress and continuing</p> <p>Completed</p> <p>Completed / continuing</p>
2.	Specific additional maintenance issues highlighted in the report are actioned.	Estates and Patient Experience	All issues reported. However specific areas remain outstanding i.e. Ward repaint. Job reference numbers obtained and completion awaited	Progress made – to complete all actions asap and by not later than 31.03.2014
3.	Staff should ensure each patient has their own wash products.	Nursing	Staff made aware of responsibility in doing so. Relatives of patients informed on admission.	Completed / continuing
4.	Staff should ensure food is stored in containers.	Nursing	All staff made aware of food storage responsibilities.	Completed / continuing

Reference number	Recommendations to Ward 21	Designated department	Action required	Date for completion/ timescale
			Food safety awareness training delivered to all staff Daily monitoring of food storage and labelling	Completed Completed / continuing
5.	Staff should ensure temperature records are maintained consistently.	Nursing	Issue highlighted to all staff. Twice daily monitoring of ward drug fridge. Daily monitoring of staff fridge	Completed Completed / continuing Completed / continuing
Standard 3: Linen				
6.	Staff should ensure that linen skips are not overfilled as per trust guidance.	Nursing	All staff aware of responsibilities in adherence to Trust guidance. Daily monitoring by deputy sister; poor compliance challenged	Completed Completed / continuing
Standard 4: Waste and Sharps				
7.	Staff should ensure that waste awaiting collection on the ward is stored securely.	Nursing	Staff reminded of trust policy and importance of correct and secure waste storage. Monitoring in place	Completed / continuing Completed / continuing

Reference number	Recommendations to Ward 21	Designated department	Action required	Date for completion/ timescale
8.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	Staff reminded of trust policy and the importance of correct waste disposal. Monitoring arrangement in place	Completed Completed / continuing
9.	Staff should ensure that temporary closure mechanisms are deployed between uses and boxes changed in line with policy.	Nursing	All staff aware of responsibilities re: temporary closures and changing of boxes as per Trust policy. Staff reminded of trust policy and the importance of correct waste disposal Monitoring arrangement in place	Completed Completed Completed / continuing
10.	Integral sharps trays and ANTT trays should be routinely cleaned after use.	Nursing	All staff aware of responsibilities in doing so including junior medical and phlebotomy staff Monitoring arrangement in place.	Completed Completed / continuing
Standard 7: Hygiene Practices				
11.	Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.	Nursing	All staff aware of responsibilities in doing so – to include compliance and challenge Training identified for those staff non-compliant with 7-step technique Monitoring arrangement in place	Completed Completed / continuing Completed / continuing

Reference number	Recommendations to Ward 21	Designated department	Action required	Date for completion/ timescale
12.	Staff should ensure that needles are not re-sheathed as per trust policy.	Nursing	Staff reminded of trust policy. Increased vigilance now in place. Monitoring arrangement in place.	Completed Completed / continuing Completed / continuing
13.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing	Staff reminded re: NPSA colour coding guidance and knowledge of same monitored. Advice and monitoring of compliance for OOH Nursing staff	Completed / continuing
14.	Staff should be aware of the practice to certify equipment before decontamination.	Nursing	All staff aware of responsibilities in doing so. Monitoring arrangement in place	Complete Completed / continuing
Additional Issues				
15.	Medical staff should be reminded of all the steps required in the ANTT process.	Medical staff	Issue highlighted at the COE medical directorate meeting. Increased and robust monitoring arrangements within the ward. Non- compliance challenged and reported to Senior medical staff	Completed Completed / continuing Completed / continuing



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