

**The Regulation and Quality Improvement Authority**

**Infection Prevention/Hygiene  
Unannounced Inspection**

**Southern Health and Social Care Trust**

**Craigavon Area Hospital**

**6 November 2014**

## Contents

|      |   |    |
|------|---|----|
| 1.0  | Regulation and Quality Improvement Authority  | 1  |
| 2.0  | The Inspection Programme                      | 1  |
| 3.0  | Inspection Summary                            | 2  |
| 4.0  | Overall Compliance Rates                      | 4  |
| 5.0  | General Environment                           | 5  |
| 6.0  | Patient Linen                                 | 10 |
| 7.0  | Waste and Sharps                              | 11 |
| 8.0  | Patient Equipment                             | 13 |
| 9.0  | Hygiene Factors                               | 15 |
| 10.0 | Hygiene Practice                              | 17 |
| 11.0 | Key Personnel and Information                 | 19 |
| 12.0 | Summary of Recommendations                    | 20 |
| 13.0 | Unannounced Inspection Flowchart              | 25 |
| 14.0 | RQIA Hygiene Team Escalation Policy Flowchart | 26 |
| 15.0 | Quality Improvement Action Plan               | 27 |

## 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](http://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](http://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](http://www.rqia.org.uk).

### 3.0 Inspection Summary

An unannounced inspection was undertaken to the Craigavon Area Hospital, on 6 November 2014. The inspection team was made up of four inspectors and two peer reviewers. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Craigavon Area Hospital was previously inspected on 3 December 2013. The inspection found that overall two wards were compliant with the Regional Healthcare Hygiene and Cleanliness Standards. One ward was minimally compliant in three of the standards and required a follow up inspection. The follow up inspection took place on 18 February 2014. The inspection reports are available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

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

- Ward 1 South
- Ortho Trauma (Trauma)
- Emergency Department (ED)

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

Overall the inspection team found evidence that the Craigavon Area Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Inspectors observed good compliance with:

- In 1 South, hand hygiene and commode audit results and ward infection rates for October 2014 were very positive.
- Trauma is now admitting patients with fractures from Daisy Hill, rather than these patients transferring to the Royal Victoria Hospital (RVH).
- Trauma is a pilot ward for the trust Nursing Assessment and Accreditation System (NAAS) project.
- In ED, staff have received training for Ebola, testing of procedures is to be carried out in November 2014.
- In ED, staff have been working at improving the triage system for patients admitted by ambulance. This includes refurbishment of the new ambulatory area.
- The ED, maintained and improved compliance scores from previous inspections.

Inspectors found that further improvement was required in the following areas:

- In all wards, the environment section requires improvement to come up to a compliant standard. Issues identified were in relation to cleaning, maintenance, repair, and storage.
- In 1 South, improvement is required in the handling, segregation and storage of waste and the management of patient equipment.

The inspection of Craigavon Area Hospital, Southern Health and Social Care Trust resulted in **one** recommendation common to public areas, **16** recommendations for 1 South, **14** recommendations for Trauma and **15** recommendations for Emergency Department (ED). A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Cleaning, clutter and maintenance of the clinical environment.
- Staff knowledge on disinfectant dilution rate and NPSA colour coding guidance.
- Adherence to trust guidance on hand hygiene and use of personal protective equipment.

The SHSCT should ensure that sustained efforts are made to address recurring issues.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. (There will no longer 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 SHSCT and in particular all staff at the Craigavon Area 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      | 1 South   | Trauma    | ED        |
|----------------------|-----------|-----------|-----------|
| General environment  | 72        | 80        | 84        |
| Patient linen        | 97        | 96        | 88        |
| Waste                | 79        | 94        | 94        |
| Sharps               | 89        | 85        | 85        |
| Equipment            | 77        | 85        | 85        |
| Hygiene factors      | 95        | 95        | 95        |
| Hygiene practices    | 87        | 95        | 95        |
| <b>Average Score</b> | <b>85</b> | <b>90</b> | <b>89</b> |

## 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                  | 1 South   | Trauma    | ED        |
|--------------------------------------|-----------|-----------|-----------|
| Reception                            | N/A       | 86        | 86        |
| Corridors, stairs lift               | 88        | 72        | N/A       |
| Public toilets                       | N/A       | 80        | 93        |
| Ward/department - general (communal) | 52        | 80        | 82        |
| Patient bed area                     | 77        | 92        | 71        |
| Bathroom/washroom                    | 80        | 77        | N/A       |
| Toilet                               | 55        | 84        | 93        |
| Clinical room/treatment room         | 56        | 70        | 95        |
| Clean utility room                   | N/A       | 83        | 72        |
| Dirty utility room                   | 76        | 86        | 91        |
| Domestic store                       | 78        | 70        | 80        |
| Kitchen                              | 75        | 77        | 73        |
| Equipment store                      | 57        | 62        | 83        |
| Isolation                            | 79        | 96        | 88        |
| General information                  | 92        | 80        | 87        |
| <b>Average Score</b>                 | <b>72</b> | <b>80</b> | <b>84</b> |

The above table outlines the findings in relation to the general environment of the facilities inspected. Trauma and ED achieved partial compliance, while 1 South achieved minimal compliance in this standard. Overall greater attention is required in cleaning, maintenance and repair and in maximising the use of available storage space in areas that achieved minimal compliance.

A high standard of cleaning and well maintained public areas such as the reception, corridors and public toilets promote public confidence in the standards set by the hospital. Some maintenance, repair and cleaning issues were identified in these areas.

The emergency department had an entrance and reception area separate from the main hospital.

In the main hospital reception areas, cleaning, maintenance and repair was of a good standard.

However, in the public toilets and corridors, particularly leading to Trauma, some issues were identified; walls were damaged, stained or paint chipped, flooring was dusty at edges and there were finger marks on some internal windowpanes. A public telephone required cleaning; the surrounds had sticky labels present.

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

### **Issues common to wards**



Picture 1: Damaged door

- Maintenance and repair issues; damage was observed to the wood finish on doors and frames, wall paint work and plaster, ceiling tiles, skirting and floors (Picture 1). In some areas fixtures, fittings and surfaces were chipped and damaged; nurses station, sink panelling, shelving, laminate surfaces.
- Greater attention to detail is required when cleaning high, low and inaccessible surfaces. Dust and debris was observed in light fittings, cupboards or shelving wall trunking, windows, radiators, flooring or skirting. Limescale or debris was noted on taps.
- Drug fridges required improvements in cleaning and temperature checks were inconsistently recorded. In Trauma, there were occasions when the fridge temperature exceeded the recommended range; action taken was not recorded. In ED the drugs fridge was unlocked.
- Posters were either not always laminated or attached to surfaces with adhesive tape.

### **1 South**

The standard in relation to the general environment was minimally compliant. Some further issues were identified.

- Computer key boards and telephones were dirty, adhesive labels were present.



- At the patient bedside; chairs, lockers, the undercarriage of beds, bedside tables were dusty and/or damaged. The internal foam of a mattress inspected was stained and torn.
- In sanitary areas the shower fitting was damaged and stained, the underside of the shower chair and raised toilet seat was stained and the toilet bowl was stained, with rusted fittings. There was a build-up of grime at the base of sink taps and soap residue on the underside of the hand washing sink.
- In the treatment room felt notice boards had paper labels attached, blu tac residue was noted on the door and a seat was stained. Storage was insufficient for stock levels; boxes and packs of sterile water were stacked on the floor.
- Kitchen fixtures and fittings were old and worn. The dishwasher crevices were dirty, one fly screen was missing, another was torn.



Picture 2 - Cluttered store

- The equipment store was cluttered and untidy. Storage was insufficient for stock levels; equipment was stored on the floor. A photocopier, floor polisher and patient property bags were inappropriately stored in this room (Picture 2).

## Trauma

The Trauma ward is a 20 bed ward, which is presently undergoing building work to increase its capacity to 28 beds.

This will enhance fracture services within the Trust, by further facilitating the admission of patients with fractures from Daisy Hill hospital to Craigavon, rather than transferring them to the RVH for treatment and care.

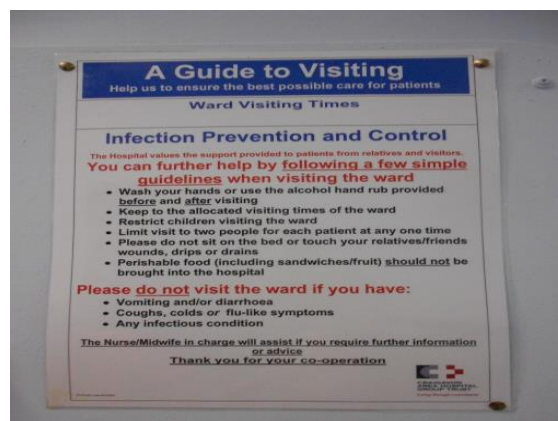
The standard in relation to the general environment was partially compliant. Some further issues were identified.

- In the domestic store, the tap had been removed from the equipment sink and drainer. The sink was due to be removed from the room. The sluice sink was stained and the frame was dirty.

- In the kitchen, the air vent and skylight required cleaning. A plastic cereal container was old and worn, the lid was taped together. The dishwasher was leaking and the inside of the microwave door was rusted. Staff advised that the microwave can be used to heat porridge, this is not temperature probed.
- There are three storage rooms within the ward. The rooms were cluttered, overstocked and disorganised.
- The ventilation in some rooms was inadequate; sanitary areas, small equipment store
- Cleaning schedules while available did not include stored equipment or outline all equipment used at ward level. There was no linen segregation or sharps inoculation poster available for staff to reference.

## Emergency Department

The ED was previously inspected on 3 December 2013 and 18 February 2014. Inspectors were pleased to note a maintained and improved compliance score from these inspections. Staff have received training for Ebola, testing of procedures is to be carried out in November 2014. General infection control guidance was available for patients and visitors (Picture 3)



Picture 3 – Guide to visiting

The standard in relation to the general environment was partially compliant. Some further issues were identified.

- In the resuscitation area some window blinds were missing, the slats of others were broken. There was adhesive tape residue on the work surface around the blood gas machine. An external mattress cover was stained and damaged, the internal foam was stained.
- The kitchen was untidy. Staff use this area to prepare staff toast, however had not tidied up after themselves. Surfaces required cleaning and crockery was left in the sink. Not all food products were stored in sealed airtight containers.
- Kitchen fixtures and fittings are old and worn, the hot water geyser was rusted and the drain cover missing.

The outside of the dishwasher was stained. The kitchen was not always locked, therefore easily accessible to the public

- The kitchen and staff office were very hot and difficult to work in.
- Due to the lack of storage facilities, equipment, patient tables, oxygen cylinders and beds are stored in corridors.

## 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          | 1 South   | Trauma    | ED        |
|------------------------|-----------|-----------|-----------|
| Storage of clean linen | 100       | 92        | 83        |
| Storage of used linen  | 93        | 100       | 93        |
| Laundry facilities     | N/A       | N/A       | N/A       |
| <b>Average Score</b>   | <b>97</b> | <b>96</b> | <b>88</b> |

The above table outlines the findings in relation to the management of patient linen. All wards achieved compliance in this standard.

### Issues common to wards

- In Trauma and ED, the floor required cleaning and there was minor damage to either walls or a ceiling tile.
- In Ward 1 South and ED, linen skip frames were either dusty or chipped.

### Emergency Department

- Bags, curtains and boxes of wipes were stored on the floor.
- There were some sticky labels on shelving.

## 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                      | 1 South | Trauma | ED |
|---------------------------------------|---------|--------|----|
| Handling, segregation, storage, waste | 79      | 94     | 94 |
| Availability, use, storage of sharps  | 89      | 85     | 85 |

### 7.1 Management of Waste

The above table indicates that Trauma and ED were compliant in the handling, segregation and storage of waste, while 1 South was partially compliant. All wards were compliant in the availability, use and storage of sharps.

Issues identified for improvement in this section of the audit tool were:

#### Issues common to wards

- In 1 South and ED, household waste bins were not always available.

#### 1 South

- The lid of a purple lidded burn bin was not secured; the lid was stained with blood.
- There was debris on the base of the household and clinical waste bins.
- The waste disposal hold was cluttered with pieces of equipment.

#### Trauma

- Household waste was disposed of into clinical waste, name badges were disposed of into a sharps box.
- A purple lidded burn bin, ready for disposal, was not tagged. The bin was heavy and overfilled.
- Waste bags were observed in the ward reception lobby.

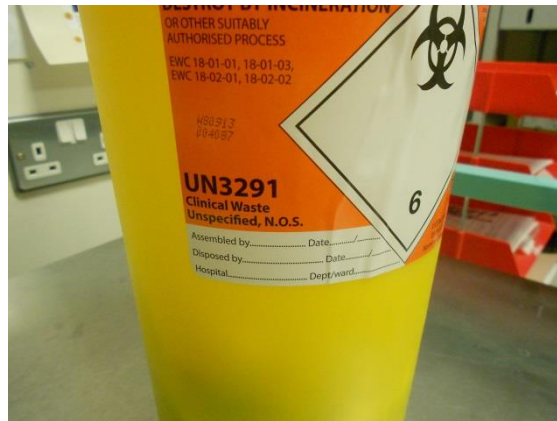
## Emergency Department

- The magpie box located in the kitchen was over flowing with medicine bottles.

## 7.2 Management of Sharps

Issues identified for improvement in this section of the audit tool were:

### Issues common to all wards



Picture 4 - Unlabelled sharps box

- Sharps boxes were not always assembled or used correctly; temporary closure mechanism not deployed, not signed or dated, not secured (Picture 4).
- In all wards sharps trays were either damp, grubby or blood stained.

## 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 | 1 South | Trauma | ED |
|-------------------|---------|--------|----|
| Patient equipment | 77      | 85     | 85 |

The above table indicates that Trauma and ED were compliant in the decontamination of patient equipment, 1 South was partially compliant.

Issues identified for improvement in this section of the audit tool were:

### Issues common to wards

- In all wards, staff were unaware of the symbol for single use equipment.
- In all wards, the ECG machine or lead required cleaning and the enamel coating was worn.
- In 1 South and Trauma, stored equipment, a commode and a wheelchair required cleaning and hoist frames were damaged or dusty.

### 1 South



Picture 5 - Dirty tympanic thermometer case

- A bedpan placed on top of the bedpan washer disinfectant had faecal contents present. A urinal placed on top of the bedpan washer disinfectant was stained with urine.

- Patient wash bowls were damp and not stored inverted.
- IV stands were stained with disinfectant residue; some IV pumps were stained in crevices.
- The lower shelf of a notes trolley was dusty.
- Some dressing trolleys were dusty.
- Paper tape was attached to the back of the resuscitation trolley.
- There was grime in the crevices of the blood pressure monitor.
- The case of the tympanic thermometer was heavily stained (Picture 5).

## **Trauma**

- Stored sterile gloves and face masks were out of date. This would indicate stock is not being properly rotated.
- There was no trigger tape on commodes to indicate they had been cleaned.
- The plastic coating on some catheter stands was worn.
- There was adhesive labels on the drugs trolleys.
- The frame of the notes trolley was worn.
- The frame of the phlebotomy trolleys and resuscitation trolley required cleaning.

## **Emergency Department**

- Trauma mattresses were stored on the floor in a store, the room was cluttered and the mattresses were obstructing access to supplies. A mattress storage unit was available but was empty. Staff advised inspectors that the mattresses were too long and did not fit into the unit. All of the mattresses were stained.
- The covers on trauma mattress were being damaged during the process of patient transfer. Mattresses could not be effectively cleaned, and are costly to repair or replace. Staff should investigate alternatives or how to minimize damage.
- IV stands required cleaning.
- ANTT trays were stained and required more detailed cleaning.
- The screen of the cardiac monitor was dusty.
- The blood glucose machine was dusty.
- In resuscitation, bags with oxygen masks and tubing were pierced on to flow meters behind the bed.



## 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   | 1 South   | Trauma    | ED        |
|---|-----------|-----------|-----------|
| Availability and cleanliness of wash hand basin and consumables | 97        | 96        | 97        |
| Availability of alcohol rub                                     | 97        | 100       | 100       |
| Availability of PPE   | 100       | 100       | 93        |
| Materials and equipment for cleaning                            | 84        | 82        | 90        |
| <b>Average Score</b>  | <b>95</b> | <b>95</b> | <b>95</b> |

The above table indicates that all wards were compliant in this standard, some sections achieved full compliance. In 1 South and Trauma further work is required in the section on materials and equipment for cleaning as partial compliance was achieved.

### Issues common to wards

- In all wards, chemicals were not store in line with COSHH guidance; not locked and secure.
- In all wards domestic cleaning equipment was store inappropriately on the floor or unattended in the ward.
- In 1 South and Trauma, domestic cleaning equipment required cleaning.

### 1 South

- The hand washing sink in the preparation room was stained.
- There was a buildup of soap residue on the underside of a soap dispenser in the dirty utility room.
- The alcohol dispenser at the entrance to the ward was empty.

### Trauma

- A large household waste bin blocked access to the hand washing sink at the entrance to the female bay A.
- A hand washing sink in Bay D was slow to drain.
- The hand towels in the dispenser in Bay D were difficult to access; they had been inserted into the dispenser upside down.
- Some domestic trolleys appeared old and worn.

## **Emergency Department**

- There was lime-scale on the taps of the hand wash sink in the clinical room.
- Disposable aprons were not available at the entrance to the isolation room.

## 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                    | 1 South   | Trauma    | ED        |
|--------------------------------------|-----------|-----------|-----------|
| Effective hand hygiene procedures    | 100       | 89        | 93        |
| Safe handling and disposal of sharps | 100       | 100       | 100       |
| Effective use of PPE                 | 78        | 100       | 88        |
| Correct use of isolation             | 94        | 100       | N/A       |
| Effective cleaning of ward           | 81        | 88        | 95        |
| Staff uniform and work wear          | 79        | 93        | 100       |
| <b>Average Score</b>                 | <b>87</b> | <b>95</b> | <b>95</b> |

The above table indicates that in all wards overall compliance was achieved in this standard. In 1 South work is required to improve partially compliant scores in sections on effective use of PPE, cleaning of ward and staff uniform and work wear.

Issues identified for improvement in this section of the audit tool were:

### Issues common to wards

- In 1 South and Trauma, nursing staff were not all aware of the NPSA colour coding.
- In 1 South and ED, some staff questioned were unsure of dilution rates for the disinfectants in use. In Trauma Actichlor Plus disinfectant had been reconstituted with hot water rather than lukewarm water.

### 1 South

- A phlebotomist carried out venepuncture without wearing an apron. Following completion of this task the phlebotomist documented in the patient notes before doffing PPE.
- A staff nurse came out of a side room wearing gloves and apron. The nurse documented in the patient records before returning to the side room while wearing the same PPE.
- In the care plan of a patient identified with an alert organism, clear instructions on isolation precautions were not recorded within the patients care plan. Although information on various infections was readily available for patients and visitors (Picture 6).



Picture 6 – Information leaflets for patients and visitors

- Hard copies of COSHH data sheets for domestic staff were not held at ward level.
- Three members of medical staff did not adhere to the trust uniform and hand hygiene guidance within the clinical environment: wore either a watch, stoned ring, stoned earrings, hair below collar length.

### **Trauma**

- External staff visiting the ward did not always decontaminate their hands on entering the clinical area.
- A doctor washed their hands without adhering to the 7 step technique. A physiotherapist carried out a 7 step hand washing technique, however then opened a waste bin lid with their hands.
- A nurse did not wash their hands prior to donning gloves.
- Changing facilities are not available for staff.

### **Emergency Department**

- One nurse did not decontaminate their hand before contact with a patient.
- A nurse was observed wearing gloves while carrying out multiple tasks.
- A member of domestic staff was wearing gloves while using the polisher and then damp dusting.

## 11.0 Key Personnel and Information

### Members of the RQIA inspection team

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

### Peer Reviewers

|                   |  |
|-------------------|--|
| Mrs G Smyth       | Quality & Training Manager Patient Experience,<br>South Eastern Health & Social Care Trust |
| Mr Seamus Trainor | Senior Manager, Belfast Health & Social Care Trust   |

### Observer

|                 |   |
|-----------------|---|
| Mrs K Symington | Board and Executive Support Manager<br>Corporate Services |
|-----------------|---|

### Trust representatives attending the feedback session

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

|                      |  |
|----------------------|--|
| Simon Gibson         | Assistant Director, MUSC                     |
| Alan Metcalfe        | Assistant Director, Estate Services          |
| Anita Carroll        | Assistant Director                           |
| Trudi Reid           | Head of Service                              |
| Kate Gorley          | Head of Service                              |
| Kathleen Mc Goldrick | Acting Head of Service, Elderly & Stroke     |
| Colin Clarke         | Lead Nurse, Infection Prevention and Control |
| Sandra Burns         | Lead Nurse, Acute                            |
| Susan Mayne          | Sister 1 South                               |
| Rhonda Hunter        | Sister, Trauma                               |
| Melanie Johnston     | Domestic Services, Manager                   |
| Elizabeth Rennie     | Infection Prevention and Control Nurse       |
| Elaine Campbell      | Sister                                       |
| Monica O'Neill       | Domestic Services                            |

## **12.0 Summary of Recommendations**

### **Recommendations for General Public Areas**

1. The trust should ensure that general public areas are clean and that the environment, fixtures and fittings are in a good state of repair.

### **Recommendations: 1 South**

#### **Standard 2: Environment**

1. A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced.
2. Drug fridges should be clean and temperature checks should be regularly recorded.
3. Information posters should be laminated and not attached to surfaces with adhesive tape. Notice boards should be easily cleaned.
4. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.

#### **Standard 3: Linen**

#### **Refer to Previous Recommendations**

#### **Standard 4: Waste and Sharps**

5. Waste receptacles should be available, clean and stored correctly.
6. Sharps boxes should be assembled and labelled correctly. When not in use the temporary closure mechanism should be deployed. Sharps trays should be clean and ready for use.

#### **Standard 5: Patient Equipment**

7. Ward staff should ensure their knowledge of equipment cleaning is up to date. All equipment should be clean, stored correctly and in a good state of repair.
8. Body waste receptacles should be emptied and cleaned immediately after use.

## **Standard 6: Hygiene Factors**

9. Ward staff should ensure chemicals are stored in line with COSHH guidance.
10. Ward staff should ensure that hand wash sinks and consumables are clean and adequately stocked.
11. Ward cleaning staff should ensure all domestic cleaning equipment is clean and stored correctly.

## **Standard 7: Hygiene Practices**

12. All staff should be aware of the NPSA colour coding and disinfectant dilution rates.
13. All staff should adhere to trust guidelines on hand hygiene and the use of PPE.
14. Clear instructions on isolation precautions should be recorded within the patients care plan.
15. Hard copies of COSHH data sheets for domestic staff should be available at ward level.
16. All staff should adhere to the trusts uniform guidance.

## **Recommendations: Ortho Trauma**

### **Standard 2: Environment**

1. A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced. All areas should be adequately ventilated.
2. Drug fridges should be clean and temperature checks should be regularly recorded. Where issues are identified with temperature ranges, action taken should be documented.
3. Food products should be stored in sealed airtight containers. Food products should not be reheated.
4. Information posters on linen segregation and sharps inoculation poster should be available. Posters should be laminated and not attached to surfaces with adhesive tape.
5. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.

6. Nursing cleaning schedules should detail all available equipment and outline staff responsibilities. The schedules should be audited by senior staff.

### **Standard 3: Linen**

#### **Refer to Previous Recommendations**

### **Standard 4: Waste and Sharps**

7. Waste receptacles should be used correctly, labelled and stored correctly.
8. Sharps boxes should be assembled and labelled correctly. When not in use the temporary closure mechanism should be deployed. Sharps trays should be clean and ready for use.

### **Standard 5: Patient Equipment**

9. Ward staff should ensure their knowledge of equipment cleaning is up to date. All equipment should be clean, stock rotated, stored correctly and in a good state of repair.

### **Standard 6: Hygiene Factors**

10. Ward staff should ensure chemicals are stored in line with COSHH guidance.
11. Ward staff should ensure that hand wash sinks and consumables are accessible and in a good state of repair.
12. Ward cleaning staff should ensure all domestic cleaning equipment is clean, stored securely and in good state of repair.

### **Standard 7: Hygiene Practices**

13. All staff should be aware of the NPSA colour coding and disinfectant reconstitution guidelines.
14. All staff should adhere to the trusts hand hygiene guidance.

## **Recommendations: Emergency Department**

### **Standard 2: Environment**

1. A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced. All areas should be adequately ventilated.



2. Drug fridges should be clean, locked and temperature checks should be regularly recorded.
3. Food products should be stored in sealed airtight containers. The kitchen should be inaccessible to the public.
4. Information posters should be laminated and not attached to surfaces with adhesive tape.
5. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.

### **Standard 3: Linen**

#### **Refer to Previous Recommendations**

### **Standard 4: Waste and Sharps**

6. Waste receptacles should be available, used correctly and emptied or changed when full.
7. Sharps boxes should be assembled and labelled correctly. When not in use the temporary closure mechanism should be deployed. Sharps trays should be clean and ready for use.

### **Standard 5: Patient Equipment**

8. Ward staff should ensure their knowledge of equipment cleaning is up to date. All equipment should be clean, stored correctly and in a good state of repair.
9. The trust should review alternatives to the easily damaged mattresses in use.

### **Standard 6: Hygiene Factors**

10. Ward staff should ensure chemicals are stored in line with COSHH guidance.
11. Ward staff should ensure that hand wash sink taps are clean.
12. Disposable aprons should be available at the entrance to the isolation room.
13. Ward cleaning staff should ensure all domestic cleaning equipment is stored securely.

## **Standard 7: Hygiene Practices**

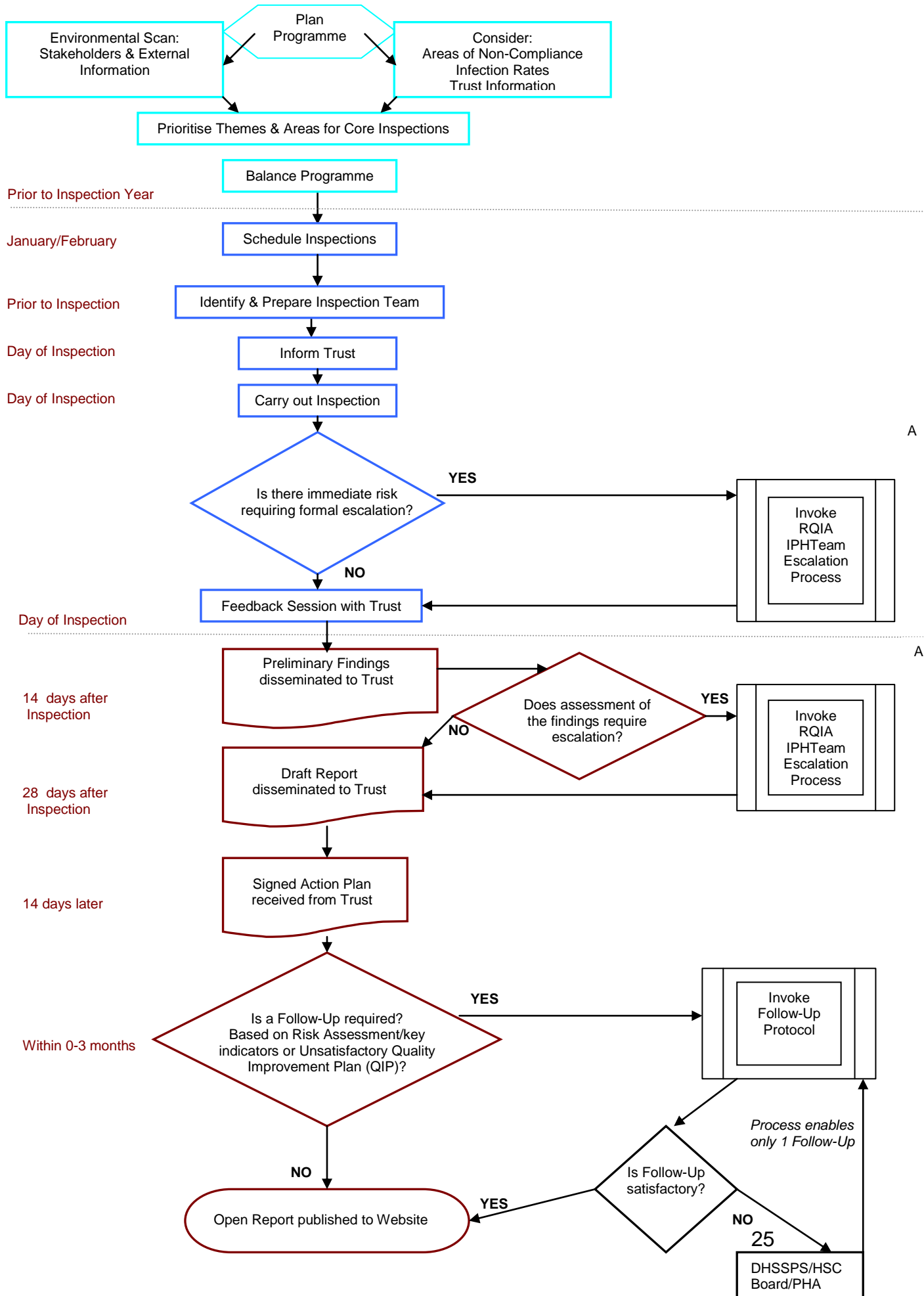
14. All staff should be aware of the disinfectant reconstitution guidelines dilution rates.
15. All staff should adhere to the trusts guidance on hand hygiene and the use of PPE.

## 13.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

Reporting & Re-Audit



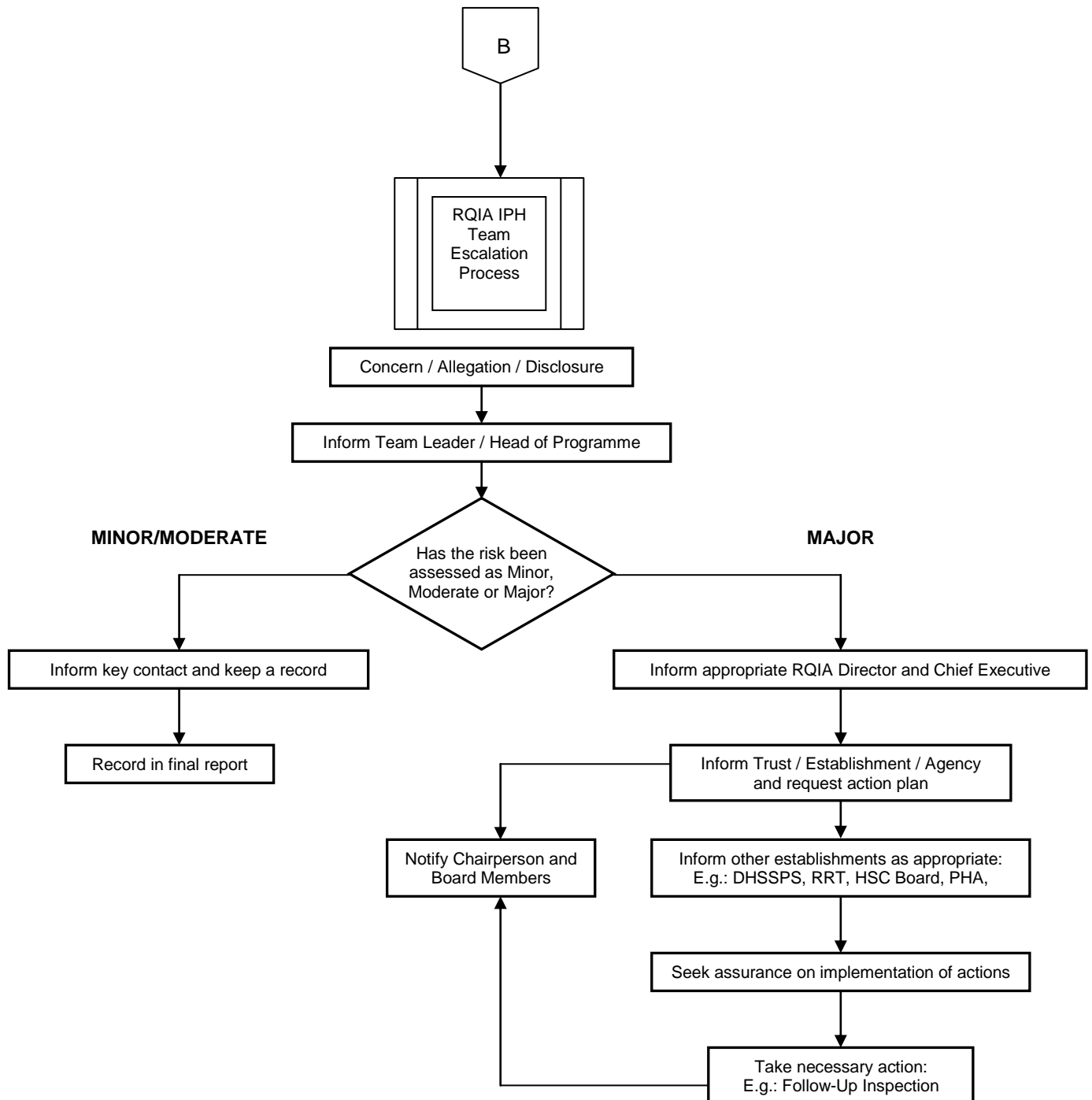
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## 14.0 Escalation Process

### RQIA Hygiene Team: Escalation Process



## 15.0 Quality Action Plan

| Reference number                                | Recommendations to Ward 1 South   | Designated department | Action required   | Date for completion/ timescale                   |
|---|---|-----------------------|---|--|
| <b>Recommendations for general public areas</b> |   |                       |   |  |
| 1.  | The trust should ensure that general public areas are clean and that the environment, fixtures and fittings are in a good state of repair.                                | Domestic<br>Estates   | Cleaning issues addressed and work schedules reviewed.<br>Ongoing items for repair, reported to estates | Complete<br><br>Complete with ongoing monitoring |
| <b>Recommendations for common issues</b>        |   |                       |   |  |
| <b>Standard 2: Environment</b>                  |   |                       |   |  |
| 1.  | A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced. | Domestic<br>Estates   | Cleaning issues addressed and work schedules reviewed.<br>Ongoing items for repair, reported to estates | Complete<br><br>Complete with ongoing monitoring |
| 2.  | Drug fridges should be clean and temperature checks should be regularly recorded.   | Nursing               | Cleaning and temperature recording for Drug fridge daily. Ward sister to audit regularly                | Complete with ongoing monitoring                 |
| 3.  | Information posters should be laminated and not attached to surfaces with adhesive tape. Notice boards should be easily cleaned.  | Nursing               | Ward sister to ensure that all notices and notice boards meet infection control standards.              | Complete   |
| 4.  | Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.  | Nursing               | All storage to be reviewed to ensure the most effective and effective use of same is determined.        | Complete   |

| Reference number                     | Recommendations to Ward 1 South  | Designated department | Action required   | Date for completion/ timescale   |
|--------------------------------------|--|-----------------------|---|----------------------------------|
| <b>Standard 3: Linen</b>             |  |                       |   |                                  |
|                                      | <b>Refer to Previous Recommendations</b>   |                       |   |                                  |
| <b>Standard 4: Waste and Sharps</b>  |  |                       |   |                                  |
| 5.                                   | Waste receptacles should be available, clean and stored correctly.   | Domestic              | Waste receptacles are available and cleaning issues addressed and work schedules reviewed.  | Complete                         |
| 6.                                   | Sharps boxes should be assembled and labelled correctly. When not in use the temporary closure mechanism should be deployed. Sharps trays should be clean and ready for use. | Nursing               | Ward sister to monitor the compliance of the Trusts guidelines on the correct assembly, labelling and disposal of sharps and sharps boxes. Awareness to be raised at the ward safety briefings.                         | Complete with ongoing monitoring |
| <b>Standard 5: Patient Equipment</b> |  |                       |   |                                  |
| 7.                                   | Ward staff should ensure their knowledge of equipment cleaning is up to date. All equipment should be clean, stored correctly and in a good state of repair                  | Nursing               | Ward sister to reinforce with staff the importance of maintaining the cleanliness, state of repair and storage of all equipment on the ward. Reporting and immediate removal of any equipment found to be out of order. | Complete with ongoing monitoring |
| 8.                                   | Body waste receptacles should be emptied and cleaned immediately after use.  | Nursing               | All nursing staff to be responsible for the safe and prompt disposal of all receptacles containing body waste.  | Complete with ongoing monitoring |

| Reference number                     | Recommendations to Ward 1 South  | Designated department | Action required   | Date for completion/ timescale   |
|--------------------------------------|--|-----------------------|---|----------------------------------|
| <b>Standard 6: Hygiene Factors</b>   |  |                       |   |                                  |
| 9.                                   | Ward staff should ensure chemicals are stored in line with COSHH guidance.                       | Nursing               | Ward sister to monitor the compliance of COSHH guidelines and address if necessary. COSHH guidance and data sheets to be available at ward level for staff to refer to.         | Complete and ongoing monitoring  |
| 10.                                  | Ward staff should ensure that hand wash sinks and consumables are clean and adequately stocked.  | Domestic              | Cleaning issues addressed and work schedules reviewed.  | Complete                         |
| 11.                                  | Ward cleaning staff should ensure all domestic cleaning equipment is clean and stored correctly. | Domestic              | Cleaning issues addressed and work schedules reviewed.  | Complete                         |
| <b>Standard 7: Hygiene Practices</b> |  |                       |   |                                  |
| 12.                                  | All staff should be aware of the NPSA colour coding and disinfectant dilution rates.             | Nursing               | Ward sister to update staff at ward safety briefings of the NPSA colour coding and disinfectant dilution rates.   | Complete with ongoing monitoring |
| 13.                                  | All staff should adhere to trust guidelines on hand hygiene and the use of PPE.                  | Nursing               | All staff are responsible for and must adhere to the hand hygiene and use of PPE. Ward audits carried out on a weekly basis. Non-compliance is addressed as and when it occurs. | Complete with ongoing monitoring |
| 14.                                  | Clear instructions on isolation precautions should be recorded within the patients care plan.    | Nursing               | Nursing staff are responsible for the clear communication of the patients infection status and any requirement for isolation.   | Complete with ongoing monitoring |

| Reference number | Recommendations to Ward 1 South  | Designated department | Action required  | Date for completion/ timescale   |
|------------------|--|-----------------------|--|----------------------------------|
| 15.              | Hard copies of COSHH data sheets for domestic staff should be available at ward level. | Domestic              | Domestic COSHH located in; <ul style="list-style-type: none"> <li>• Domestic Supervisors/Assistant Managers office, Lower Ground</li> <li>• Domestic Services Bulk Store, Lower Ground</li> <li>• Copy is available at the Nurses station</li> </ul> | Complete                         |
| 16.              | All staff should adhere to the trusts uniform guidance.                                | Nursing               | All staff will follow the Trusts dress code policy, monitoring of compliance by ward sister and addressed as required  | Complete with ongoing monitoring |



| Reference number               | Recommendations to Ortho Trauma  | Designated department | Action required  | Date for completion/ timescale   |
|--------------------------------|--|-----------------------|--|----------------------------------|
| <b>Standard 2: Environment</b> |  |                       |  |                                  |
| 1.                             | A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced. All areas should be adequately ventilated. | Domestic Estates      | Cleaning issues addressed and work schedules reviewed.<br>Fixtures and fittings are routinely reported to Estates for repair and followed up by the Ward Manager<br>Ventilation is being reviewed as part of the refurbishment to this ward. | Complete<br><br>March 2015       |
| 2.                             | Drug fridges should be clean and temperature checks should be regularly recorded. Where issues are identified with temperature ranges, action taken should be documented.  | Nursing               | Cleaning and temperature recording for Drug fridge daily. Ward sister to audit regularly   | Complete with ongoing monitoring |
| 3.                             | Food products should be stored in sealed airtight containers. Food products should not be reheated.  | Domestic              | Food containers replaced and staff reminded not to reheat food products.   | Complete                         |
| 4.                             | Information posters on linen segregation and sharps inoculation poster should be available. Posters should be laminated and not attached to surfaces with adhesive tape.   | Nursing               | Information posters on linen segregation and sharps inoculation posters have been made available. Ward sister to ensure that all notices and notice boards meet infection control standards.   | Complete with ongoing monitoring |
| 5.                             | Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.   | Nursing               | All storage to be reviewed to ensure the most effective and effective use of same is determined  | Complete                         |
| 6.                             | Nursing cleaning schedules should detail all available equipment and outline staff responsibilities. The schedules should be audited by senior staff.  | Nursing               | Ward sister to review the Nursing cleaning schedules to ensure they detail all available equipment and outline staff responsibilities. The schedules will be   | Complete with ongoing monitoring |

| Reference number                     | Recommendations to Ortho Trauma  | Designated department | Action required   | Date for completion/ timescale   |
|--------------------------------------|--|-----------------------|---|----------------------------------|
|                                      |  |                       | audited by senior staff.  |                                  |
| <b>Standard 3: Linen</b>             |  |                       |   |                                  |
|                                      | <b>Refer to Previous Recommendations</b>   |                       |   |                                  |
| <b>Standard 4: Waste and Sharps</b>  |  |                       |   |                                  |
| 7.                                   | Waste receptacles should be used correctly, labelled and stored correctly.   | Nursing               | Storage area for waste has been reviewed and bins are now correctly labelled  | Complete                         |
| 8.                                   | Sharps boxes should be assembled and labelled correctly. When not in use the temporary closure mechanism should be deployed. Sharps trays should be clean and ready for use. | Nursing               | Ward sister to monitor the compliance of the Trusts guidelines on the correct assembly, labelling and disposal of sharps and sharps boxes. Awareness to be raised at the ward safety briefings                          | Complete with ongoing monitoring |
| <b>Standard 5: Patient Equipment</b> |  |                       |   |                                  |
| 9.                                   | Ward staff should ensure their knowledge of equipment cleaning is up to date. All equipment should be clean, stock rotated, stored correctly and in a good state of repair.  | Nursing               | Ward sister to reinforce with staff the importance of maintaining the cleanliness, state of repair and storage of all equipment on the ward. Reporting and immediate removal of any equipment found to be out of order. | Complete with ongoing monitoring |

| Reference number                     | Recommendations to Ortho Trauma  | Designated department | Action required   | Date for completion/ timescale   |
|--------------------------------------|--|-----------------------|---|----------------------------------|
| <b>Standard 6: Hygiene Factors</b>   |  |                       |   |                                  |
| 10.                                  | Ward staff should ensure chemicals are stored in line with COSHH guidance.   | Domestic / Nursing    | Staff reminded to ensure all chemicals should be kept in a locked cupboard<br><br>Ward sister to monitor the compliance of COSHH guidelines and address if necessary. COSHH guidance and data sheets to be available at ward level for staff to refer to. | Complete with ongoing monitoring |
| 11.                                  | Ward staff should ensure that hand wash sinks and consumables are accessible and in a good state of repair.              | Domestic Estates      | Staff re-trained on replenishing consumables at wash hand sinks. Access and repair of sinks has been addressed.   | Complete                         |
| 12.                                  | Ward cleaning staff should ensure all domestic cleaning equipment is clean, stored securely and in good state of repair. | Domestic              | Cleaning issues addressed and work schedules reviewed.  | Complete                         |
| <b>Standard 7: Hygiene Practices</b> |  |                       |   |                                  |
| 13.                                  | All staff should be aware of the NPSA colour coding and disinfectant reconstitution guidelines.                          | Nursing               | Ward sister to update staff at ward safety briefings of the NPSA colour coding and disinfectant reconstitution guidelines.  | Complete                         |
| 14.                                  | All staff should adhere to the trusts hand hygiene guidance.   | Nursing               | All staff are responsible for and must adhere to the hand hygiene and use of PPE. Ward audits carried out on a weekly basis. Non-compliance is addressed as and when it occurs.   | Complete with ongoing monitoring |

| Reference number               | Recommendations to Emergency Department  | Designated department                | Action required   | Date for completion/ timescale   |
|--------------------------------|--|--------------------------------------|---|----------------------------------|
| <b>Standard 2: Environment</b> |  |                                      |   |                                  |
| 1.                             | A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced. All areas should be adequately ventilated. | Domestic<br><br>Estates /<br>Nursing | Cleaning issues addressed and work schedules reviewed.<br>Fixtures and fittings are routinely reported to Estates for repair and followed up by the Ward Manager<br>Ventilation to be reviewed and upgraded as required | Complete<br><br>March 2015       |
| 2.                             | Drug fridges should be clean, locked and temperature checks should be regularly recorded.  | Nursing                              | Cleaning and temperature recording for Drug fridge daily. Ward sister to audit regularly  | Complete with ongoing monitoring |
| 3.                             | Food products should be stored in sealed airtight containers. The kitchen should be inaccessible to the public.  | Domestic<br>Nursing                  | Food containers replaced.<br>Kitchen door to be kept locked   | 08/12/14<br>Ongoing monitoring   |
| 4.                             | Information posters should be laminated and not attached to surfaces with adhesive tape.   | Nursing                              | Ward sister to ensure that all notices and notice boards meet infection control standards.  | Complete                         |
| 5.                             | Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.   | Nursing                              | All storage to be reviewed to ensure the most effective and effective use of same is determined   | March 2015                       |
| <b>Standard 3: Linen</b>       |  |                                      |   |                                  |
|                                | <b>Refer to Previous Recommendations</b>   |                                      |   |                                  |

| Reference number                     | Recommendations to Emergency Department  | Designated department   | Action required   | Date for completion/ timescale   |
|--------------------------------------|--|-------------------------|---|----------------------------------|
| <b>Standard 4: Waste and Sharps</b>  |  |                         |   |                                  |
| 6.                                   | Waste receptacles should be available, used correctly and emptied or changed when full.  | Domestic                | Waste receptacles have been made available as required<br>Cleaning work schedules reviewed  | Complete                         |
| 7.                                   | Sharps boxes should be assembled and labelled correctly. When not in use the temporary closure mechanism should be deployed. Sharps trays should be clean and ready for use. | Nursing                 | Ward sister to monitor the compliance of the Trusts guidelines on the correct disposal of sharps. Awareness to be raised at the ward safety briefings.  | Complete with ongoing monitoring |
| <b>Standard 5: Patient Equipment</b> |  |                         |   |                                  |
| 8.                                   | Ward staff should ensure their knowledge of equipment cleaning is up to date. All equipment should be clean, stored correctly and in a good state of repair.                 | Nursing                 | Ward sister to reinforce with staff the importance of maintaining the cleanliness, state of repair and storage of all equipment on the ward. Reporting and immediate removal of any equipment found to be out of order. | Complete with ongoing monitoring |
| 9.                                   | The trust should review alternatives to the easily damaged mattresses in use.  | Nursing                 | Ongoing issue as this is a regional problem and there is only one supplier for ED trolleys in the UK.   | Ongoing issue                    |
| <b>Standard 6: Hygiene Factors</b>   |  |                         |   |                                  |
| 10.                                  | Ward staff should ensure chemicals are stored in line with COSHH guidance.   | Domestic<br><br>Nursing | Staff reminded to ensure all chemicals should be kept in a locked cupboard<br><br>Ward sister to monitor the compliance of COSHH guidelines and address if necessary. COSHH guidance and data                           | Complete with ongoing monitoring |

| Reference number                     | Recommendations to Emergency Department   | Designated department | Action required   | Date for completion/ timescale   |
|--------------------------------------|---|-----------------------|---|----------------------------------|
|                                      |   |                       | sheets to be available at ward level for staff to refer to.   |                                  |
| 11.                                  | Ward staff should ensure that hand wash sink taps are clean.                            | Domestic              | Cleaning issues addressed and work schedules reviewed.  | Complete                         |
| 12.                                  | Disposable aprons should be available at the entrance to the isolation room.            | Nursing               | Aprons will be stored at entrance to room as appropriate.   | Complete                         |
| 13.                                  | Ward cleaning staff should ensure all domestic cleaning equipment is stored securely.   | Domestic              | Staff spoken to regarding storing all cleaning equipment in their domestic store.   | Complete                         |
| <b>Standard 7: Hygiene Practices</b> |   |                       |   |                                  |
| 14.                                  | All staff should be aware of the disinfectant reconstitution guidelines dilution rates. | Nursing               | Ward sister to update staff at ward safety briefings of the disinfectant dilution rates.  | Complete                         |
| 15.                                  | All staff should adhere to the trusts guidance on hand hygiene and the use of PPE.      | Nursing               | All staff are responsible for and must adhere to the hand hygiene and use of PPE. Ward audits carried out on a weekly basis. Non-compliance is addressed as and when it occurs.<br>Additional training provided to nursing and medical staff for the application and doffing of PPE for E-bola cases. | Complete with ongoing monitoring |



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