

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Inspection**

Southern Health and Social Care Trust

Craigavon Area Hospital

08 July 2015

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1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

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

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

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

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

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

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

3.0 Inspection Summary

An unannounced inspection was undertaken to the Craigavon Area Hospital, on 8 July 2015. The inspection team was made up of three inspectors, three peer reviewers and an observer. 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 6 November 2014. 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.

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

- Ward 3 South, Surgical
- Ward 1 East, Gynae
- Ward 2 North, Respiratory

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 and practice in the following areas:

- There were informative staff and visitors notices boards and a range of audit scores displayed in 1 East and 2 North (Picture1).



Picture1: Good information boards

- In 1 East as part of the refurbishment, there is now a single room designated for women experiencing late miscarriage.

- Staff in 1 East have received update training on CJD.
- Inspectors found that further improvement was required in the Ward 3 South as three standards were minimally compliant. Improvement is required in the following standards; general environment, patient linen 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 Ward 3 South, **7** recommendations for Ward 1 East, **12** recommendations for Ward 2 North. A full list of recommendations is listed in Section 12.0.

As a result of the findings for Ward 3 South, a follow up inspection will be carried out within three months.

Inspectors noted the following recurring themes from previous inspections:

- Cleaning, clutter and maintenance of the clinical environment.

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	3 South	1 East	2 North
General environment	68	83	88
Patient linen	68	96	96
Waste	88	94	97
Sharps	86	85	92
Equipment	69	85	85
Hygiene factors	95	96	96
Hygiene practices	99	99	97
Average Score	82	91	93

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	3 South	1 East	2 North
Reception	87	N/A	N/A
Corridors, stairs lift	96	N/A	N/A
Public toilets	78	N/A	N/A
Ward/department - general (communal)	41	81	93
Patient bed area	67	86	90
Bathroom/washroom	50	86	N/A
Toilet	65	81	83
Clinical room/treatment room	66	80	81
Clean utility room	65	N/A	91
Dirty utility room	78	92	84
Domestic store	78	82	77
Kitchen	58	83	84
Equipment store	38	78	92
Isolation	83	82	94
General information	75	85	97
Average Score	68	83	88

The above table outlines the findings in relation to the general environment of the facilities inspected. Ward 3 South was minimally compliant and requires immediate action to bring this standard up to 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 in relation to chewing gum deposits around the entrance to the building and damaged paintwork. There was damage to the walls and the door of the public toilet and baby changing area. The taps on the hand wash sink, toilet tissue dispenser, toilet seat and the ceiling tiles were stained.

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

Ward 3 South

- Cleaning: walls, doors, floors, windows, display screens and air vents all required more detailed cleaning.

The computers on wheels at the nurses' station were covered in dust and had paper labels attached. In a bed bay, the floor was scuffed and there was dust and debris at the edges, skirting was stained and peeling away from the wall.

In the shower room there was a build-up of soap scum around the showerhead and grime around the joins of the handrail; the underside of the shower chair was stained. In the toilet, the walls and the toilet bowl were stained. In a side room, the underside of the toilet tissue and hand towel dispenser was stained, taps had a build-up of soap residue and lime-scale around the overflow outlet.

The horizontal surfaces in the treatment room were dusty, personal clothing was stored in the corner and an empty box on a dressing trolley was heavily stained. There were gaps in the recording of drug fridge temperatures.

Information posters on hand hygiene were not available at all clinical hand wash sinks. Posters on the management of an inoculation injury or the NPSA colour coding were not displayed for nursing staff.

- Similar maintenance and repair issues were identified throughout the ward. The flooring was in poor condition with tiles missing and bare concrete exposed. The trust advised a refurbishment programme was underway. Doors and frames were damaged, wood was exposed and paint chipped. The PVC wall panels in the shower had been poorly fitted with gaps between the panels and walls. The fittings on the underside of the sluice sink in the domestic store, were rusted.
- Clutter was an issue; beds were placed along the corridor leading to the ward and the central work area at the nurse's station was untidy. The ENT treatment room and large equipment store were cluttered and untidy, equipment and supplies were stored with no defined plan or pre-arranged order. The equipment store was being used for storing large items of patient equipment, charging of infusion pumps and the storage of consumables. It was also being used by staff as a tea room and cloakroom and contained a fridge, kettle and a microwave for staff use.
- Pharmaceutical items had been left out on the bench in the unlocked ENT room with extra pharmacy stock stored in the unlocked cupboard. Green bags of patients' medicines were observed in the clinical room on top of a pharmacy storage box. A trolley with boxes of medication sat in the middle of the clinical room. This room was unsupervised, unlocked and accessible.

Ward 1 East

- Cleaning was to a good standard. There was some staining to walls in the kitchen and a side room.

The damage and repair of the environment has had a negative impact on the scoring of this standard. Flooring was old and the grooves between the tiles exposed the concrete sub floor. Walls and doors were damaged with chipped and flaking paint and damaged plasterwork and wood surfaces.

- Information posters on the management of an inoculation injury or the NPSA colour coding were not displayed for nursing staff. Nursing cleaning schedules were well documented, but there were no daily schedules.

Ward 2 South

- Cleaning in general was to a good standard, some issues were identified in relation to dust and debris on floors under shelving and in high-density storage units in the clinical room. The toilet bowl and raised toilet seat in the en-suite required further cleaning.
- Maintenance and repair issues; damage was observed to the wood finish on doors and frames, some cracked plaster work, vertical blinds, and the skirting in the clinical room. The vinyl cover on an examination couch and a visitor's stool was split and the foam interior exposed. There was a stagnant smell in the kitchen; staff stated there was an ongoing problem with water drainage.
- There was little storage space for patient equipment; the store in the corridor was over filled making it difficult to access. Staff stated a store in the body of the ward would be lost due to refurbishment.
- In the clinical room, bottles of sodium bicarbonate were out of date. The treatment room in the corridor was open and accessible to the public, ampoules of lidocaine, and other bottles of chemicals were not stored in line with COSHH regulations (Picture2).



Picture 2: Medicines and chemicals accessible to the public

- Nursing cleaning schedules did not detail all equipment to be cleaned.

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	3 South	1 East	2 North
Storage of clean linen	50	92	92
Storage of used linen	86	100	100
Laundry facilities	N/A	N/A	N/A
Average Score	68	96	96

The above table outlines the findings in relation to the management of patient linen. Ward 3 South was minimally compliant. Wards 1 East and 2 North achieved compliance in this standard.

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

Ward 3 South

- The linen store was extremely cluttered (Picture 3). It was used to store items of patient equipment, with no definite plan or pre-arranged order. Items included a fold up bed, a raised toilet seat, patient personal items, patient washbasins, boxes of gloves and incontinence pads.



Picture 3: Cluttered linen store

- There was damage to walls, doors and skirting, a number of floor tiles were missing. One of the ceiling lights was not working. The paint finish on the linen skips was damaged.
- There was a hand wash sink in the linen room. There was a build-up of soap scum and lime-scale on the sink taps. The sink overflow was very dirty (black scum) and the underside supports of the sink were badly rusted.

Ward 1 East

- One of the light bulbs was flickering and there was paper and adhesive tape residue on the door.

Ward 2 North

- The linen store required tidying, linen bags were stored on the floor and a pillow on a freshly made up bed was stained.

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	3 South	1 East	2 North
Handling, segregation, storage, waste	88	94	97
Availability, use, storage of sharps	86	85	92

7.1 Management of Waste

The above table indicates that all wards were compliant in both standards. Issues identified for improvement in this section of the audit tool were:

Ward 3 South

- There were inappropriate items in the magpie box and purple-lidded burn bin. Some household and clinical waste bins were stained and required cleaning, some were rusted.

Ward 1 East

- There was paper waste in sharps boxes and splashes to the front of a clinical waste bin. A waste bag with contents was attached to a vital signs trolley.

Ward 2 North

- The exterior surface of the household and clinical waste bins in the clinical room was stained.

7.2 Management of Sharps

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

Ward 3 South

- The temporary closure mechanism of the sharps box in the treatment room was not deployed when not in use. The sharps tray in the clinical room was stained and another tray contained barcode labels for the high-density storage shelves.

Ward 1 East

- Sharps boxes were not labelled with locality and signature on assembly, some sharps trays were grubby, and there was adhesive tape residue present.

Ward 2 North

- A doctor failed to engage the temporary closure mechanism when returning a sharps box and tray. The tray was dirty and the doctor did not clean it following use.

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. 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	3 South	1 East	2 North
Patient equipment	69	85	85

The above table indicates that 1 East and 2 North were compliant in the decontamination of patient equipment, 3 South was minimally compliant.

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

Ward 3 South

- Inspectors note that for stored sterile items of equipment, there was no effective stock rotation system in place. Items of equipment with longer expiry dates were observed in front of items with shorter expiry dates. A 'foley' catheter with a 2012 expiry date was observed in the storage cupboards.
- A Health Care Assistant was unaware of the symbol that designates medical devices as single use.
- Inspectors observed the inner tube of a tracheostomy at a patient's bedside. The tube was immersed in water inside a denture cup. The packaging of these inner tubes highlights that they are for single use.
- A number of items of patient equipment required cleaning. A BP cuff on an observation trolley and an infusion pump were blood stained, there was earwax debris in the holding case of the tympanic thermometer on the observations trolley. A cardiac monitor and a cautery machine in the ENT treatment room were very dusty. In the ENT treatment room, inspectors observed a Zoellner sucker tip (used for fine suctioning during ENT procedures) lying on the floor. The tip was connected to the tubing of the suction machine and the unit contained the suction contents from the previous procedure (Picture 4).



Picture 4: Suction machine with content

- Several pieces of equipment required repair, the vinyl covering of a number of catheter stands in the dirty utility room were broken and chipped. The lift up work flap of the resuscitation trolley was damaged.

Ward 1 East

- Trigger tape was not used to identify clean equipment. As Ward 1 East equipment was shared with another ward, there needs to be a robust system in place to ensure equipment is cleaned after use.
- Stored equipment such as the crevices of IV pumps needed a more detail clean, the ECG machine and resuscitation trolley were dusty.
- The ambu bag on the resuscitation trolley was out of its original packaging. Some equipment had adhesive tape attached; bed pans and wash bowls were not stored inverted.

Ward 2 South

- Patient equipment, such as the ECG machine on the resuscitation trolley and equipment on it, dressing trolleys in the clinical room, computers on wheels and the docking station of the blood glucose machine were dusty. The end of the suction tubing on the suction machine on the resuscitation trolley and the nebulizer mask at a patient bedside were not covered. The mask at a patient's bedside was dirty and the ultra sound equipment in the treatment room was dusty and had a sticky residue.

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	3 South	1 East	2 North
Availability and cleanliness of wash hand basin and consumables	93	95	97
Availability of alcohol rub	94	100	100
Availability of PPE	100	93	93
Materials and equipment for cleaning	93	97	92
Average Score	95	96	96

The above table indicates that all wards were compliant in this standard. Some sections achieved full compliance. Staff are to be commended.

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

Ward 3 South

- There was a build-up of debris in the overflow of the clinical hand wash sink in the dirty utility room and in a bay. The clinical hand wash sink in side room 4 had an overflow, the hand wash sink in the clinical room was out of order; alcohol hand rub was not available in this room.
- A broken alcohol hand rub dispenser was observed on a shelf at the central ward workstation.
- Two prepared bottles of disinfectant solution were observed in the cabinet of the dirty utility room. The bottles did not have the date and time of preparation and were not held under locked conditions.

Ward 1 East

- There was lime scale on the tap in the admissions overflow room and the underside of the tap in the prep room was dirty.
- At the nurses' station, the wall mounted moisturizing dispenser was empty.
- In the dirty utility room, the crevices in the yellow mop bucket were dirty.

Ward 2 North

- The hand touch point on the liquid soap dispenser in the clinical room was dirty and the hand wash sink in the clinical room was stained.
- The chemical cupboard in the dirty utility room was unlocked and accessible.
- The dust pan, domestic trolley and vacuum cleaner required cleaning.

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	3 South	1 East	2 North
Effective hand hygiene procedures	100	100	93
Safe handling and disposal of sharps	100	100	100
Effective use of PPE	100	100	93
Correct use of isolation	N/A	N/A	N/A
Effective cleaning of ward	100	94	100
Staff uniform and work wear	97	100	97
Average Score	99	99	97

The above table indicates that all wards were compliant in this standard. Some sections achieved full compliance. Staff are to be commended.

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

Ward 3 South

- Changing facilities were not available for nursing staff.

Ward 1 East

- Not all nursing staff were knowledgeable on the NPSA colour coding guidelines.

Ward 2 North

- A Doctor failed to wash their hands following the removal of gloves, used their hand to lift the lid of a waste bin and did not remove gloves following patient activity.
- Changing facilities were not available for nursing staff.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- | | | |
|---------------|---|--|
| Mrs M Keating | - | Inspector, Infection Prevention/Hygiene Team |
| Mrs L Gawley | - | Inspector, Infection Prevention/Hygiene Team |
| Mr T Hughes | - | Inspector, Infection Prevention/Hygiene Team |

Peer Reviewers

- | | | |
|--------------|---|---|
| Ms J Munce | - | Complaints and Representations Manager |
| Ms C Goan | - | Corporate Improvement and Public Experience Manager |
| Mrs M Joyner | - | Peer reviewer, Belfast Trust |

Observer

- | | | |
|-----------------|---|------------------|
| Mrs P Galbraith | - | Inspector, RQIA. |
|-----------------|---|------------------|

Trust representatives attending the feedback session

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

- | | | |
|-----------------|---|--|
| Mr B Conway | - | Assistant Director, General Medicine |
| Ms A Carroll | - | Assistant Director, Functional Services |
| Ms A McVeigh | - | Assistant Director, Maternity and Women's Health |
| Ms B Cullen | - | Locality Support Services Manager |
| Ms K Carrol | - | Head of Service Haematology |
| Ms M Corrigan | - | Head of Service ENT, Urology and Outpatients |
| Ms T Reid | - | Head of Service |
| Ms J McGlade | - | Lead Nurse |
| Ms W Clarke | - | Lead Midwife |
| Ms S Kennedy | - | Ward Sister |
| Ms M Hamill | - | Ward Manager |
| Ms P Kingsworth | - | Acting Lead Midwife |
| Ms M Johnston | - | Senior Domestic Services, Manager |
| Mr G White | - | Domestic Services Manager |
| Mr G Prentice | - | Domestic Services Supervisor |
| Ms E Canavan | - | Domestic Services Supervisor |
| Mr D Roche | - | Estates |

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: 3 South

Standard 2: Environment

1. Staff should ensure a cleaning and maintenance programme is in place to ensure that all surfaces are clean and that damaged surfaces are repaired.
2. Staff should ensure drug fridge temperatures are recorded consistently.
3. Staff should ensure that hand hygiene posters are available at all clinical hand wash sinks and that a full range of information posters are available for staff to reference.
4. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
5. Staff should ensure Medications are held in line with the Medicines Management policy.

Standard 3: Linen

6. Staff should ensure the linen store is clean, in good repair, free from damage, clutter and inappropriate items.
7. Staff should ensure hand wash sinks are clean, in good repair and free from lime-scale. (linen store)

Standard 4: Waste and Sharps

8. Staff should ensure that waste receptacles are clean, free from damage and inappropriate items.
9. Staff should ensure the temporary closure mechanism is deployed when not in use, the box is clean and stored correctly.

Standard 5: Patient Equipment

10. Staff should ensure good stock rotation.
11. Staff should ensure staff are aware of the symbol for single use items, and that single use items are disposed of immediately after use.

12. 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.
13. Body waste receptacles should be emptied and cleaned immediately after use.

Standard 6: Hygiene Factors

14. Staff should ensure chemicals are stored in line with COSHH guidance.
15. Ward staff should ensure that hand wash sinks are clean and consumables are in good repair.

Standard 7: Hygiene Practices

16. Changing facilities should be available for nursing staff

Recommendations: Ward 1 East

Standard 2: Environment

1. Staff should ensure a cleaning and maintenance programme is in place to ensure that all surfaces are clean and that damaged surfaces are repaired.
2. Staff should ensure that a full range of information posters are available for staff to reference. Nursing cleaning schedule should include daily activity.

Standard 3: Linen

No recommendation, see recommendation 1 above.

Standard 4: Waste and Sharps

3. Staff should ensure sharps boxes are clean and free from inappropriate items.
4. Staff should ensure sharps boxes are labelled and signed and sharps trays are clean.

Standard 5: Patient Equipment

5. 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.

Standard 6: Hygiene Factors

6. Ward staff should ensure that hand wash sinks are clean, free from lime-scale and consumables replenished.

Standard 7: Hygiene Practices

7. All staff should be aware of the NPSA colour coding guidelines.

Recommendations: Ward 2 North

Standard 2: Environment

1. Staff should ensure a cleaning and maintenance programme is in place to ensure that all surfaces are clean and that damaged surfaces are repaired.
2. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
3. Staff should ensure medication and chemicals are held in line with guidance.
4. Staff should ensure nursing cleaning schedules detail all equipment to be cleaned.

Standard 3: Linen

5. Staff should ensure linen is clean and free from stains and stored correctly.

Standard 4: Waste and Sharps

6. Waste receptacles should be clean.
7. Staff should ensure the temporary closure mechanism on the sharps box is deployed when not in use.

Standard 5: Patient Equipment

8. Ward staff should ensure all 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 and consumables are clean.
10. Ward cleaning staff should ensure all domestic cleaning equipment is clean.

Standard 7: Hygiene Practices

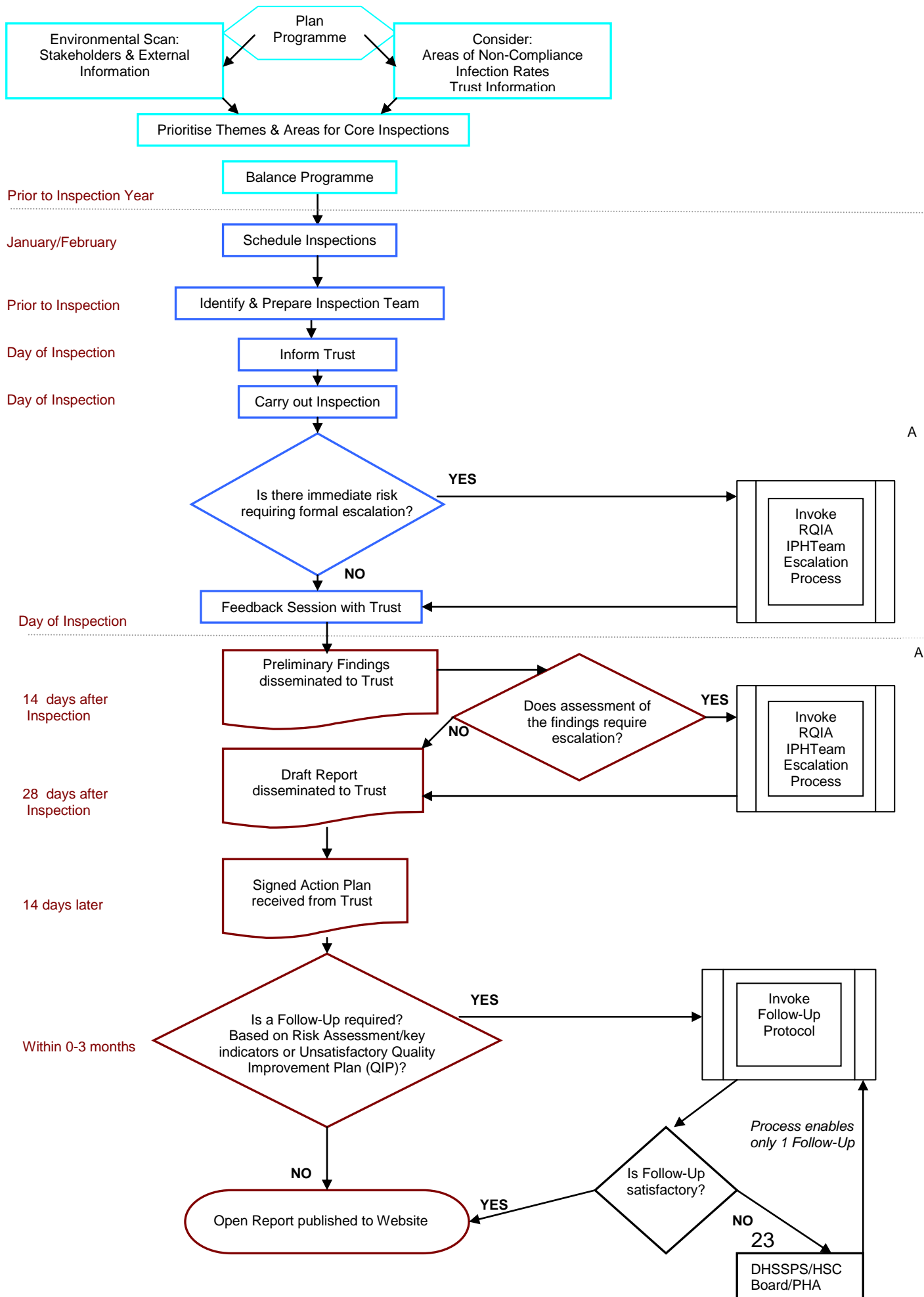
11. All staff should adhere to the trust's guidance on hand hygiene.
12. Changing facilities should be available for nursing staff.

13.0 Unannounced Inspection Flowchart

Plan Programme

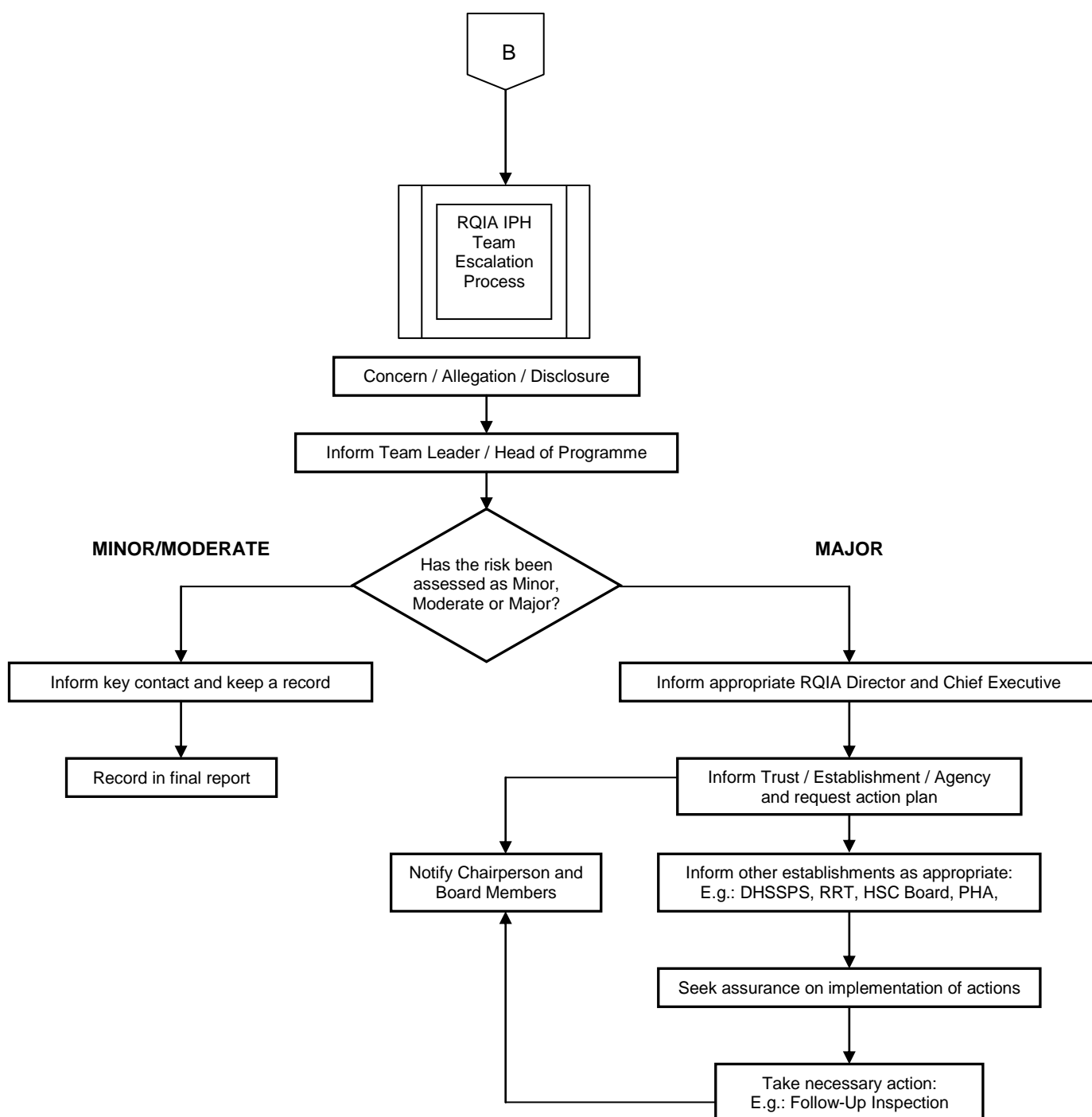
Episode of Inspection

Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan - Unannounced Inspection- Craigavon Area Hospital- 8 July 2015

Area: 3 South

	Recommendation	Responsible Department	Comments / Action Taken	Date to be Completed	Date Completed
Recommendation for General Public Areas Main Reception					
1	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	Estates	Fixtures & fittings are routinely reported to Estates for repair.	November 2015	
		Domestic Services	Cleaning issues addressed and work schedules reviewed.		12.08.2015
3 South: Standard 2: Environment					
1	Staff should ensure a cleaning and maintenance programme is in place to ensure that all surfaces are clean and that <u>damaged surfaces</u> are repaired.	Estates	Refurbishment of side rooms, repair/painting, ceilings and walls. Replacement flooring.		December 2015
		Domestic Services	Cleaning issues addressed and work schedules reviewed.		12.08.2015
2	Staff should ensure drug fridge temperatures are recorded consistently.	Nursing	Recording of fridge temperature reinforced, ongoing audit.		14.08.2015
3	Staff should ensure that hand hygiene posters are available at all clinical hand wash sinks and that a full range of information posters are available for staff to reference.	Nursing	Hand hygiene posters now displayed at all clinical hand wash sinks, NPSA colour coding posters now displayed for Nursing Staff.		14.08.2015 Complete

	Recommendation	Responsible Department	Comments / Action Taken	Date to be Completed	Date Completed
4	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Ward de-cluttered. Cupboards to be erected for storage.		December 2015
5	Staff should ensure Medications are held in line with Medicines Management policy	Nursing	There is an ongoing Nursing Project on all the Acute Wards both within Craigavon and Daisy Hill Hospitals where the Lead Nurses spend a period of time on each of the wards, firstly doing a baseline assessment and then working with the staff on that Ward to reinforce Nursing Care, improving the Patient Experience, Assessment of staff in their knowledge and ensuring Teamwork on the Wards. This project is known within the Trust as NEAT. Part of this project is ensuring that staff are aware and adhere to all policies and guidelines including the Medicines Management Policy. And this is measured through on-going weekly audits		Complete
Standard 3: Linen					
6	Staff should ensure linen is clean, in good repair, free from damage, clutter and inappropriate items.	Domestic	Cleaning issues addressed and work schedules reviewed.		12.08.2015
		Estates	Cupboard to be erected behind nurses station for linen storage.		December 2015
		Nursing	Linen store de-cluttered. Ad hoc linen check undertaken and recorded by		14.08.2015

	Recommendation	Responsible Department	Comments / Action Taken	Date to be Completed	Date Completed
			Nursing staff.		
7	Staff should ensure hand wash sinks are clean, in good repair and free from lime-scale. (linen store)	Domestic Estates	Cleaning issues addressed and work schedules reviewed. Fixtures & fittings reported to Estates for repair/replacement and followed up by the Ward Manager. Request submitted to remove sink from Linen Store		12.08.2015 December 2015
Standard 4: Waste and Sharps					
8	Staff should ensure that waste receptacles are clean, free from damage and inappropriate items.	Domestic Nursing	Cleaning issues addressed and work schedules reviewed. Waste segregation practices reinforced through both the NEAT project and on-going audits		12.08.2015 14.08.2015
9	Staff should ensure the temporary closure mechanism is deployed when not in use, the box is clean and stored correctly.	Nursing	Temporary closure deployment of sharps boxes when not in use, reinforced.		14.08.2015
Standard 5: Patient Equipment					
10	Staff should ensure good stock rotation.	Nursing	FIFO principle reinforced. Healthcare Assistant designated responsibility for stock rotation.		14.08.2015

	Recommendation	Responsible Department	Comments / Action Taken	Date to be Completed	Date Completed
11	Staff should ensure staff are aware of the symbol for single use items, and that single use items are disposed of Immediately after use.	Nursing	Importance of awareness of single use item symbol and manufacturer's instructions reinforced with staff. And the correct sterilisation of the inner tracheostomy tube which is single patient use has been reiterated and is included in staff training		14.08.2015
12	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	Equipment cleaned, repaired replaced. Reference A-Z Decontamination of Equipment and Medical Devices for Hospitals document.		14.08.2015 Ongoing
13	Body waste receptacles should be emptied and cleaned immediately after use.	Nursing	Clinical priority takes precedence while ensuring cleaning issues are addressed between patient use.		14.08.2015
Standard 6: Hygiene Factors					
14	Staff should ensure chemicals are stored in line with COSHH guidance.	Nursing	Chemicals are now stored in line with COSHH guidance.		14.08.2015
15	Ward staff should ensure that hand wash sinks are clean and consumables are in good repair.	Domestic Estates	Cleaning issues addressed and work schedules reviewed. Fixtures & fittings reported to Estates for repair/replacement and followed up by the Ward Manager.		12.08.2015 December 2015

	Recommendation	Responsible Department	Comments / Action Taken	Date to be Completed	Date Completed
Standard 7: Hygiene Practices					
16	Changing facilities should be available for nursing staff.	Nursing	Changing facilities on Basement level for male/female staff.		Complete

Area: Ward 1 East

Reference Number	Recommendations to	Designated department	Action required	Date for completion/ Timescale
Recommendation for General Public Areas Main Reception				
1	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	Estates Domestic	Fixtures & fittings are routinely reported to Estates for repair. Cleaning issues addressed & work schedules reviewed.	November 2015 12.08.2015
Standard 2: Environment				
1	Staff should ensure a cleaning and maintenance programme is in place to ensure that all surfaces are clean and that damaged surfaces are repaired.	Domestic Estates	Cleaning issues addressed and work schedules reviewed. Ongoing items for repair reported to Estates & followed up by the Ward Manager.	12.08.2015 November 2015
2	Staff should ensure that a full range of information posters are available for staff to reference. Nursing cleaning schedule should include daily activity.	Nursing	NPSA colour coding & Management of an Inoculation Injury, posters now displayed. Nursing cleaning schedules checked and recorded daily.	Complete
Standard 3: Linen				
	No recommendation, see recommendation 1 above.			
Standard 4: Waste and Sharps				
3	Staff should ensure sharps boxes are clean and free from inappropriate items.	Nursing	Sharps boxes now labelled with locality & signature, trays cleaned & tap residue removed.	Complete
Reference number	Recommendations to	Designated department	Action required	Date for completion/ Timescale

4	Staff should ensure sharps boxes are labelled and signed and sharps trays are clean.	Nursing	Sharps boxes now labelled with locality & signature, trays cleaned & tap residue removed.	Complete
Standard 5: Patient Equipment				
5	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	Staff advised at weekly safety briefing meeting, responsibility for daily check clearly defined, ongoing monitoring and IPC audits. Reference A-Z Decontamination of Equipment and Medical Devices for Hospitals document.	Complete
Standard 6: Hygiene Factors				
6	Ward staff should ensure that hand wash sinks are clean, free from lime-scale and consumables replenished.	Domestic Estates	Cleaning issues addressed and work schedules reviewed. Ongoing items for repair/replacement reported to Estates and followed up by the Ward Manager	12.08.2015
Standard 7: Hygiene Practices				
7	All staff should be aware of the NPSA colour coding guidelines.	Nursing	NPSA colour coding guidelines displayed and awareness reinforced.	Complete

Area: Ward 2 North

	Recommendation	Responsible Department	Comments / Action Taken	Date to be Completed	Date Completed
Recommendation for General Public Areas Main Reception					
1	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	Estates	Fixtures & fittings are routinely reported to Estates for repair	November 2015	
		Domestic Services	Cleaning issues addressed and work schedules reviewed		12.08.2015
2 North: Standard 2: Environment					
1	Staff should ensure a cleaning and maintenance programme is in place to ensure that all surfaces are clean and that <u>damaged surfaces</u> are repaired	Estates	Ongoing items for repair reported to Estates Department	November 2015	
		Domestic Services	Cleaning issues addressed and work schedules reviewed		12.08.2015
2	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	All storage reviewed, removal of clutter & re-siting of cupboard in Treatment room	November 2015	
3	Staff should ensure medication and chemicals are held in line with guidance.	Nursing	Products to be retained in allocated cupboards. Removal of clutter in Treatment room.	November 2015	
4	Staff should ensure Nursing cleaning schedules detail all equipment to be cleaned	Nursing	Cleaning schedule responsibilities reorganised.		12.08.2015



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