



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Follow up Inspection

Southern Health and
Social Care Trust

Craigavon Area Hospital

18 February 2014

Contents

1.0	Regulation and Quality Improvement Authority	1
2.0	Inspection Programme	2
3.0	Inspection Summary	3
4.0	Overall Compliance Rates	5
5.0	Standard 2 - General Environment	6
6.0	Standard 3 - Patient Linen	9
7.0	Standard 4 - Waste & Sharps	10
8.0	Standard 5 - Patient Equipment	12
9.0	Standard 6 - Hygiene Factors	14
10.0	Standard 7 - Hygiene Practices	16
11.0	Key Personnel & Information	18
12.0	Summary of Repeated Recommendations	19
13.0	Unannounced Inspection Flowchart	21
14.0	RQIA Hygiene Team Escalation Policy Flowchart	22
15.0	Quality Improvement Action Plan	23

1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

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

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

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

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

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

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

3.0 Inspection Summary

An unannounced follow up inspection was undertaken to the Craigavon Area Hospital, on the 18 February 2014. The Craigavon Area Hospital was previously inspected on 3 December 2013. The inspection identified issues of minimal compliance with three of the Regional Healthcare Hygiene and Cleanliness Standards in the Emergency Department (ED). Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The inspection report of that inspection is available on the RQIA website www.rqia.org.uk.

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

- 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.

Improvements and Developments since the Previous Inspection

The inspection team noted some improvement and found that 41 per cent of the preliminary findings raised at the previous inspection have been addressed. The majority of those still requiring action are in relation to sharps practice and the cleaning, maintenance and repair of the environment, fixtures and fittings and patient equipment.

Good practices observed by the inspection team:

- In the hospital main reception a new MacMillan information centre and quiet room is being developed
- Hand hygiene and commode audits are being carried out in the department
- Weekly safety briefing are carried out with emphasis on infection prevention and control
- Assistant Directors carry out regular walk rounds of the department

On the inspection of 3 December 2013, **20** recommendations were made in relation to Standards 2-7. Four have been addressed, **16** have been repeated and there are **2** new recommendations.

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 Southern Health and Social Care Trust (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.

Areas inspected	ED 3 December 2013	ED 18 February 2014
General environment	69	80
Patient linen	81	87
Waste	78	91
Sharps	63	76
Equipment	69	76
Hygiene factors	95	94
Hygiene practices	86	91
Average Score	77	85

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

5.0 Standard 2: General Environment

For organisations to comply with this standard they must provide an environment which is well maintained, visibly clean, free from dust and soilage. A clean, tidy and well maintained environment is an important foundation to promote patient, visitor and staff confidence and support other infection prevention and control measures.

General environment	ED 3 December 2013	ED 18 February 2014
Reception	86	84
Corridors, stairs lift	N/A	N/A
Public toilets	86	93
Ward/department - general (communal)	57	62
Patient bed area	53	75
Bathroom/washroom	33	67
Toilet	70	84
Clinical room/treatment room	89	97
Clean utility room	60	74
Dirty utility room	77	89
Domestic store	73	82
Kitchen	68	72
Equipment store	69	73
Isolation	67	83
General information	79	88
Average Score	69	80

The findings in the table above indicate that there has been some improvement in the general environment standard, with partial compliance achieved. However work is still required to further improve the cleaning, maintenance and repair of the environment.

At the entrance to the hospital, cigarette butts and chewing gum deposits still littered the ground. It is disappointing that the general public do not use the available bins to assist trust staff in maintaining a clean and tidy environment.

In the reception area, standards have generally been maintained however cleaning is still required to remove smudge marks and adhesive tape residue from the external windows and the glass panels on the revolving door. Cracked and missing ceiling tiles and public phones that required cleaning were again observed during the inspection. In the public toilet debris in a light fitting, a light not working and dust on a horizontal surface were noted.

In the main reception, inspectors noted that work has commenced to refurbish an unused area into a MacMillan information centre with quiet room; this will be a valuable addition to services available for patients and relatives.

Emergency Department

The standard of cleaning, maintenance and repair within the department at the 3 December 2013 inspection was poor and immediate attention was required to address the points identified.

Inspectors were informed that the trust is working on an action plan to address areas for maintenance and repair from the last inspection.

A number of repeated and new issues were observed:

- Maintenance and repair to the building fabric, fixtures and fittings. Wall plaster and paintwork was damaged and chipped. Damaged doors, formica work surfaces, flooring, skirting, dado rails, some furniture and ceilings were again observed throughout the department. A trolley mattress cover was torn and therefore not impervious to moisture. One trolley mattress foam inset was stained.
- In sanitary areas, damaged toilet fittings and service panels on hand washing sinks and toilets were noted. In the domestic store tap caps were missing.
- In the kitchen, fixtures and fittings were worn; the front panel of the dishwasher was stained and damaged. Dishwasher temperature checks are not routinely carried out to identify failures in the wash cycle. The kitchen has no ventilation and is extremely warm. New issues identified in the kitchen were the equipment sink and hot water geyser drainer required cleaning and there was no lid on consumable containers; tea, bread, jam, sugar.
- Storage facilities remain an issue throughout the department. Patient bedside trolleys and domestic trolleys were observed in corridors. Equipment and stationery were stored on the floor of the large equipment store and the small equipment store was cluttered. Improvement was noted in the use of storage in the Majors 1 high density units (Picture 1).



Picture 1: High density storage

- Areas where greater attention to cleaning is required include door touch points, removing tape residue from surfaces, the base of patient trolleys and surfaces, fixtures and fittings in the shower room. Inspectors noted that there was no longer an emergency pull cord in the shower room. The wall emergency button cannot be reached from the toilet. Another new issue identified was that the shower fixture was covered with an orange plastic bag. Staff were unaware of the schedule for running water in this area.
- Improvement was noted on the information available in the department. The 7 step hand hygiene poster was not available at two clinical hand wash sinks and equipment cleaning schedules, although improved; do not detail all equipment present. Repeated issues were gaps in recording on the schedules over the last month and staff using ticks rather than a signature to denote when cleaning was carried out. Validation spot checks were not recorded.
- Cleaning is carried out by Band 2, 3 and night staff. Inspectors were advised that the trust had received funding to ring fence a Band 2 on night duty for cleaning, this was being piloted at present. However all staff should be aware of their roles and responsibilities for the cleaning.

Additional Issues

- The drug cabinet in the room used for the eye clinic was unlocked; the key was present in the lock. This is a repeated issue.
- Inspectors identified ½ tablet on the floor of the Majors 1 clinical room. This was immediately identified to and actioned by nursing staff.
- Sister advised that while it is good to have new staff, there is considerable effort required to ensure they are all trained.

6.0 Standard 3: Patient Linen

For organisations to comply with this standard, patient linen should be clean, free of damage, handled safely and stored in a clean and tidy environment. The provision of an adequate laundry service is a fundamental requirement of direct patient care. Linen should be managed in accordance with HSG 95(18).

Patient linen	ED 3 December 2013	ED 18 February 2014
Storage of clean linen	75	91
Storage of used linen	86	82
Laundry facilities	N/A	N/A
Average Score	81	87

The above table outlines the findings in relation to the management of patient linen. The ED has achieved overall compliance, with significant improvement in the storage of clean linen.

Repeated and new issues were observed:

- The linen store was clutter free and linen was stored tidily on shelves (Picture 2). However dust and debris was again evident on skirting and there was paint chipping and damage to the door with exposed wood.



Picture 2: Tidy linen store

- Filled used linen bags are stored in a cage, located in a public accessible corridor at the back entrance to ED. Used linen bags during this inspection were more than 2/3 full.

7.0 Standard 4: Waste and Sharps

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

Waste and sharps	ED 3 December 2013	ED 18 February 2014
Handling, segregation, storage, waste	78	91
Availability, use, storage of sharps	63	76

The above table indicates that the ED has improved and achieved compliance in the handling, segregation and storage of waste. Improvement has been noted in the availability, use and storage of sharps however further work is required to achieve a compliant score.

7.1 Waste

Previous issues with the availability and cleanliness of waste bins have been addressed. However household waste and pharmacy waste continue to be disposed of into clinical waste bins or magpie boxes. Filled waste bags are stored in a large eurobin located in a public accessible corridor at the back entrance to ED. The lid of the eurobin was open and contents accessible when inspected.

7.2 Sharps

Inspectors noted that sharps boxes were assembled and labeled correctly. However blood spots were still observed on the lid of two sharps boxes in the resuscitation area, one sharps box did not have the temporary closure mechanism deployed and one sharps box was not appropriately secured. A further repeated issue was sharps trays requiring cleaning, with tape and blood spots present.

A new issue identified was a syringe plunger protruding from a sharps box in Majors 1(Picture 3).



Picture 3: Protruding plunger from sharps box

A trust representative advised that trust wide independent external audits are carried out on the availability, use and storage of sharps. The last audit was carried out on 15 February 2014.

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.

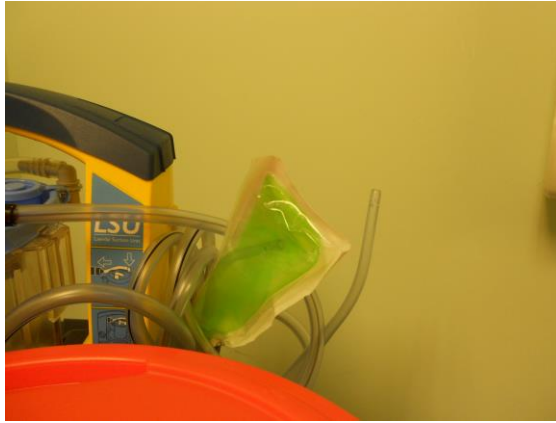
Patient equipment	ED 3 December 2013	ED 18 February 2014
Patient equipment	69	76

The above table indicates that the ED has improved in this standard. However further work and a concentrated effort by staff is required to achieve a compliant score.

Repeated and new issues were observed:

- Maintenance and repair of equipment. The frame of the ECG machine, eye clinic head visor, hoist and dressing trolley castors were damaged or rusted and unable to be effectively cleaned. A roll board cover was torn and therefore not impervious to moisture.
- Greater attention to detail is required for equipment cleaning. Issues repeated were the dusty base of the slit lamp, weighing scales, ECG machine, runners of a phlebotomy trolley and stained crevices in IV pumps. The frame of the resuscitation trolley required further cleaning and ECG/BP monitoring panels were stained as they were not dried off by staff after cleaning. The arterial blood gas machine was blood stained and trigger tape was not consistently in use on equipment. The symbol for single use was not known by a member of the nursing staff.
- Correct storage of equipment remains an issue. The protective packaging of single use oxygen masks was speared onto oxygen points behind bed spaces in the resuscitation area. Bedpans and urinals were stored in a cupboard in the dirty utility room in Majors 1 and the hoist was stored in the paediatric disabled toilet, with a sling insitu.

- New issues identified were the splashed front of the Respirationics machine, two stored stained bedpans and yanker suction catheters not all covered or in original packaging (Picture 4). In the Minors area, integral sharps trays were processed in the bedpan washer then stored in the bedpan rack. These trays required cleaning to remove tape residue.



Picture 4: Uncovered yanker suction catheter

9.0 Standard 6: Hygiene Factors

For organisations to comply with this standard they must ensure that a range of fixtures, fittings and equipment is available so that hygiene practices can be carried out effectively.

Hygiene factors	ED 3 December 2013	ED 18 February 2014
Availability and cleanliness of wash hand basin and consumables	91	90
Availability of alcohol rub	97	100
Availability of PPE	100	100
Materials and equipment for cleaning	90	87
Average Score	95	94

The above table indicates staff have maintained compliance in this standard. The availability of alcohol rub and materials and equipment for cleaning sections were fully compliant.

Repeated and new issues were observed:

- Clinical hand washing sinks and taps in some areas remained worn, damaged and not fit for purpose (Picture 5). Sink enamel was worn and damaged, plugs and an overflow were present and a vanity unit sink was in use rather than a clinical hand washing sink. There was a variation within the ED on the type of tap in use; sensor, elbow or wrist operated.



Picture 5: Sink with plug and overflow

- Greater attention to cleaning sink fixtures and fittings and domestic equipment is required.
- A new issue identified was cleaning chemicals not stored in a locked cupboard as per COSHH regulations and solution left unattended in a handheld bucket, on top of the domestic trolley.

10.0 Standard 7: Hygiene Practices

For organisations to comply with this standard they must ensure that healthcare hygiene practices are embedded into the delivery of care and related services.

Hygiene practices	ED 3 December 2013	ED 18 February 2014
Effective hand hygiene procedures	94	94
Safe handling and disposal of sharps	100	79
Effective use of PPE	78	100
Correct use of isolation	N/A	N/A
Effective cleaning of ward	59	89
Staff uniform and work wear	100	94
Average Score	86	91

The above table indicates staff have maintained and improved on the overall compliance in this standard. The section on effective use of PPE was fully compliant. It is encouraging to note that the effective cleaning of the ward section has moved from non-compliance to compliance. However inspectors are disappointed in the drop from compliance to partial compliance in the safe handling and disposal of sharps.

Repeated and new issues were observed:

- Hand hygiene was generally very good however some staff were observed opening bins with their hands rather than using the foot pedal. One nurse had stoned earrings and gel nails.
- In Resuscitation, two re-sheathed needles were observed and shown to sister. This is unsafe practice and has the potential to cause a sharps injury during the re-sheathing process. Paper mache inserts were being used inappropriately by staff inside integral sharps trays when carrying out procedures.
- Staff knowledge was very good. Repeated issues relate to staff awareness of the correct dilution rate of disinfectant to use in managing a blood and body fluid spill and the NPSA cleaning colour coding system.

Additional Issue

- Domestic staff advised that they have a limited supply of uniforms. There was a variance in the uniform worn by staff; yellow or blue pinstripe. Inspectors were advised that there is an issue with contracts and obtaining uniforms.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- Mrs S O'Connor - Inspector, Infection Prevention/Hygiene Team
- Mrs M Keating - Inspector, Infection Prevention/Hygiene Team

Trust representatives attending the feedback session

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

- Heather Trouton - AD Surgery and Elective Care
- Barry Conway - AD MUSC
- Simon Gibson - AD MUSC
- Seamus O'Reilly - AMD, ED
- Mary Burke - Head of MUSC
- Cathal Collins - Lead Infection Control Doctor
- Colin Clarke - Lead Nurse, Infection Prevention & Control
- Paul Smyth - Lead Nurse ED, MIU
- Cathie McIlroy - Head of AHPs
- Marian Campbell - Clinical Sister, ED
- Paul Sheridan - Charge Nurse, ED
- Melanie Johnston - Senior Domestic Services Manager
- Jackie Morgan - ASS BS Manager
- Kate Gorley - Locality Support Services Manager
- Rebecca Whiteside - Band 5 Nurse, ED

Apologies:

- Anita Carroll - AD C&CS
- Debbie Burns - Acting Director of Acute Services
- Sharon Holmes - Sister, ED

12.0 Summary of Repeated Recommendations

Recommendation for General Public Areas (Main reception, public toilets, corridors, stairs and lifts)

1. The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.

Emergency Department

Standard 2: Environment

1. The trust and staff should ensure that all surfaces, fixtures, fittings and furnishings are clean, free from dust and stains and in a good state of repair
2. Nursing cleaning schedules should be available to ensure patient equipment is cleaned. Schedules should be consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Staff should ensure that all patient mattresses are regularly and robustly inspected and included as part of the department mattress audit programme.
5. The availability of infection prevention and control reference posters within the department should be reviewed.

Standard 3: Linen

6. Staff should ensure that linen and waste awaiting collection is stored securely in an appropriately designated area away from public access. Bags should be no more than 2/3 full.

Standard 4: Waste and Sharps

7. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy and staff should ensure that temporary closure mechanisms on sharps boxes are deployed when not in use.
8. Staff should ensure that sharps boxes used for the collection/ disposal of waste are clean and are used correctly with no protruding sharps.

New

Standard 5: Patient Equipment

9. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.
10. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.
11. Ward staff should review the practice of breaching the protective packaging of single use equipment until required for use.

Standard 6: Hygiene Factors

12. Ward staff should ensure that hand wash sinks clean and in a good state of repair.
13. Ward cleaning staff should ensure all domestic cleaning equipment is clean.
14. Ward staff should ensure chemicals are stored in accordance with COSHH guidance.
15. Clinical hand wash sinks should be reviewed to comply with guidance; Health Building Note 00-09 (Infection Control in the Built Environment 2013, Best Practice Document).

Standard 7: Hygiene Practices

16. Staff should ensure they are knowledgeable on the disinfectant dilution rate for use in managing a blood and body fluid spill and the NPSA colour coding guidance.
17. Needles should not be re-sheathed. Safe practice in the handling and disposal of sharps should be re-enforced with staff. **New**

Additional Issues

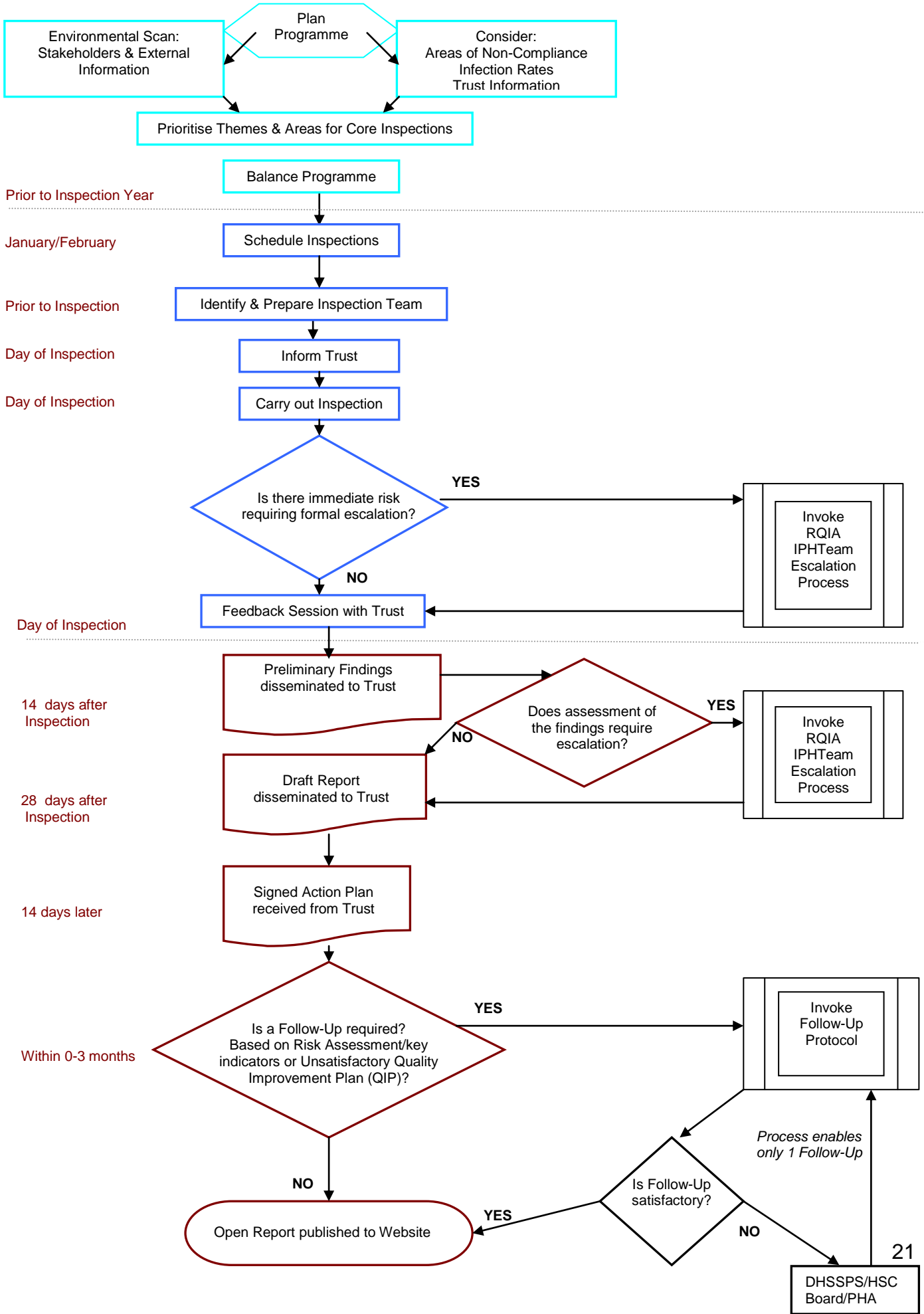
18. Staff should ensure medicines are stored in line with the trust medicines management guidance.

13.0 Unannounced Inspection Flowchart

Plan Programme

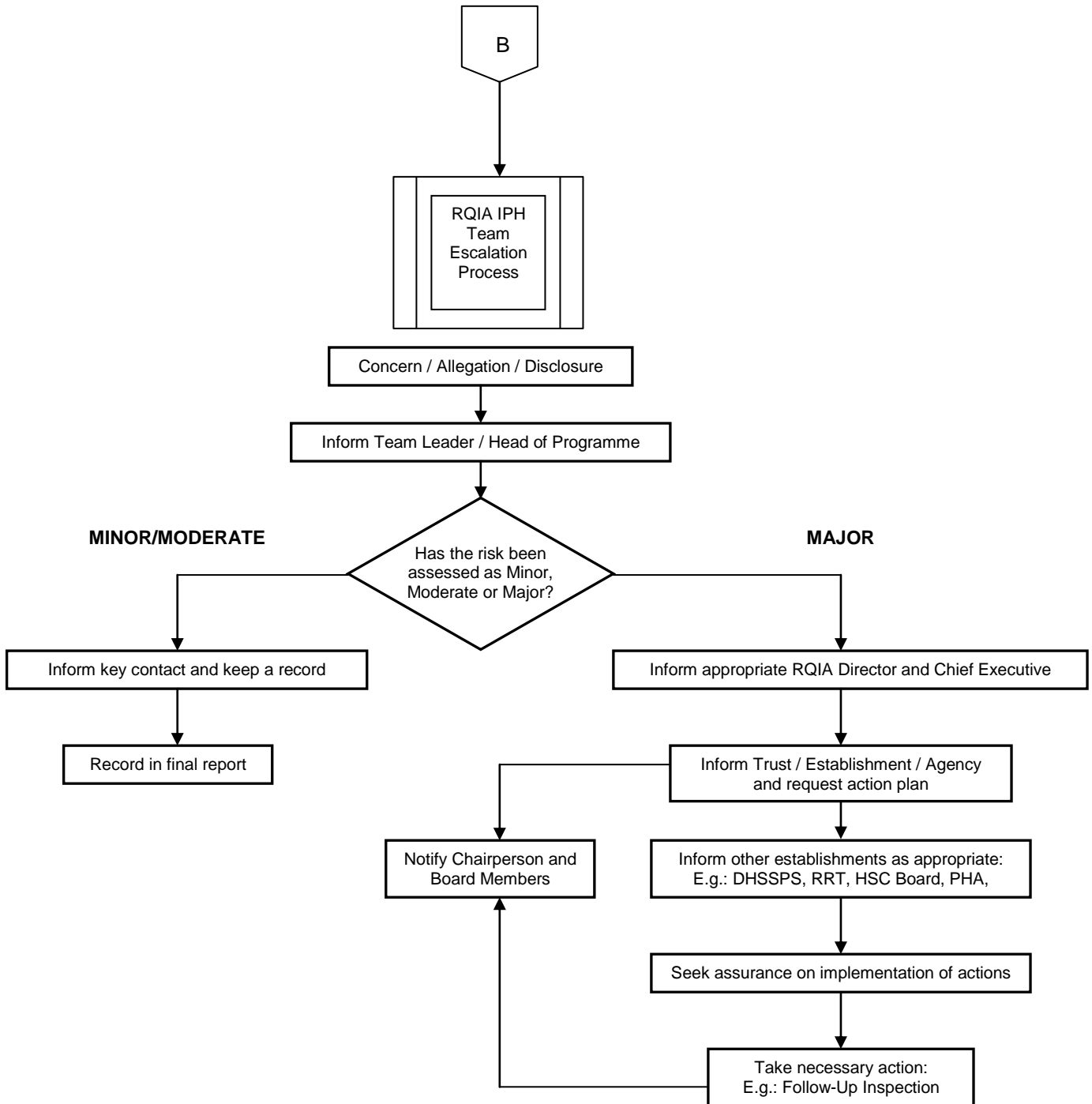
Episode of Inspection

Reporting & Re-Audit



14.0 RQIA Hygiene Team Escalation Policy Flowchart

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Emergency Department

	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	Lights in toilets have been cleaned and repaired The Trust are continuing with a programme to refurbish public areas (subject to funding)	23-Mar-14	28-Mar-14 On-going programme
		Domestic Services	Cleaning issues addressed and work schedules reviewed. Coffee bar area seating replaced and Macmillan completed.	23-Mar-14	28-Mar-14
		Emergency Department : Standard 2: Environment			
1	The trust and staff should ensure that all surfaces, fixtures, fittings and furnishings are clean, free from dust and stains and in a good state of repair.	Estates	The walls in this area have been painted. Doors have been repaired, fitted with protective strips and repainted. Fixtures and fittings have been repaired or replaced as necessary. However, as this is a high traffic area an on-going maintenance and repair programme will continue with a monthly check being carried out by Estates	23/03/2014 On-going	On-going
		Domestic Services	Cleaning issues addressed and work schedules reviewed.	23-Mar-14	28-Mar-14
		Nursing	Cleaning schedules reviewed and updated. Feedback from RQIA shared with staff. Weekly environmental audits in place to monitor progress	28-Mar-14	On-going Monitoring

2	Nursing cleaning schedules should be available to ensure patient equipment is cleaned. Schedules should be consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	The use of dedicated band 2 and 3 staff to complete cleaning tasks is working well. All nursing staff have been reminded that need to be responsible for ensuring cleaning is up to standard. Schedules are being monitored and audited by ward sister and lead Nurse	28-Mar-14	On-going monitoring
3	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Storage has been reviewed. Minor Store room to be reconfigured with 4 High Density Units for stationary store opposite eye clinic these are due for delivery 28th March 2014.	28th March 2014	28-Mar-14
4	Staff should ensure that all patient mattresses are regularly and robustly inspected and included as part of the department mattress audit programme.	Nursing	New mattresses requisitioned January 2014 these now delivered. Audit to be completed weekly	01-Mar-14	On-going
5	The availability of infection prevention and control reference posters within the department should be reviewed.	Nursing	Extra disinfectant dilution posters erected in all sluice for staff guidance		
			Leaflet rack ordered. Leaflets are in store ED sisters office	26th March 2014	26th March 2014
		IPCN	New posters have been put in have throughout the department	26-Mar-14	Completed
Standard 3: Linen					
6	Staff should ensure that linen and waste awaiting collection is stored securely in an appropriately designated area away from public access. Bags should be no more than 2/3 full.	Nursing	Staff have been reminded not to over fill Laundry Bag. Space for storage of waste and dirty linen has been revisited with Estates department and proposals are currently being costed, so a final location for this area can be provided.	18-Feb-14	On-going

Standard 4: Waste and Sharps					
7	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy and staff should ensure that temporary closure mechanisms on sharps boxes are deployed when not in use.	Nursing	Trust guidelines disposable waste shared with staff and extra colour posters erected for guidance. Temporary closure sharps boxes reinforced at safety briefings, and with posters	18-Feb-14	18-Feb-14
		IPCN	20 staff attended sharps training sessions which have been provided for ED staff, Additional session are to follow.	26-Mar-14	On-going
8	Staff should ensure that sharps boxes used for the collection/disposal of waste are clean and are used correctly with no protruding sharps. New	Nursing/ ICPN	20 staff attended sharps training sessions which have been provided for ED staff. Additional sessions are arranged.	26-Mar-14	On-going
Standard 5: Patient Equipment					
9	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	Staff have been informed of the new cleaning schedules at safety briefings The new cleaning schedules have been audited. The new schedules will be discussed at Band 6 ED sisters meeting weekly until embedded Any equipment damaged has been identified for repair or replacement. All equipment added to cleaning checklists.	18-Feb-14	On-going
10	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing	Trigger tape is now being used in the department	18-Feb-14	18-Feb-14
11	Ward staff should review the practice of breaching the protective packaging of single use equipment until required for use.	Nursing	Staff reminded not breach packaging and symbol for single use equipment highlighted safety briefings and IPCN reinforce as part of weekly ongoing training sessions	22-Feb-14	On-going

Standard 6: Hygiene Factors					
12	Ward staff should ensure that hand wash sinks clean and in a good state of repair.	Estates	1 sink in Majors sluice has been replaced and 2 other sinks have been identified, these will be replaced to comply with guidance; Health Building Note 00-09 (Infection Control in the Built Environment 2013, Best Practice Document). Staff in ED have been briefed on the changes	28-Mar-14	30/04/2014
		Domestic Services	Cleaning issues addressed and work schedules reviewed and shared with domestic and nursing staff	23-Mar-14	28-Mar-14
13	Ward cleaning staff should ensure all domestic cleaning equipment is clean.	Domestic Services	Cleaning issues addressed and work schedules reviewed and shared with domestic and nursing staff	23-Mar-14	28/03/2014
14	Ward staff should ensure chemicals are stored in accordance with COSHH guidance.	Domestic Services/ Nursing	A COSHH cupboard is now in place in the sluice room	23-Mar-14	26-Mar-14
			Domestic and Nursing staff are reminded to store chemicals in accordance with COSHH guidance.	23-Mar-14	28-Mar-14
		Nursing	Data sheets held in sister's office		Complete
15	Clinical hand wash sinks should be reviewed to comply with guidance; Health Building Note 00-09 (Infection Control in the Built Environment 2013, Best Practice Document).	Estates	1 sink in Majors sluice has been replaced and 2 other sinks have been identified, these will be replaced to comply with guidance; Health Building Note 00-09 (Infection Control in the Built Environment 2013, Best Practice Document).	28-Mar-14	30-Apr-14

Standard 7: Hygiene Practices					
16	Staff should ensure they are knowledgeable on the disinfectant dilution rate for use in managing a blood and body fluid spill and the NPSA colour coding guidance.	Nursing	Staff updated at safety briefings		On-going
		IPCN	Poster in place to remind staff of dilution rates	26-Mar-14	26-Mar-14
			IPCN training is on-going and includes training on the dilution rate and NPSA colour coding guidance	Commenced Jan-14	On-going
17	Needles should not be re-sheathed. Safe practice in the handling and disposal of sharps should be re-enforced with staff. New	Nursing	Staff reminded not re-sheath needles. Safe practice in the handling and disposal of sharps is highlighted at weekly safety briefings	Commenced Jan-14	On-going
		IPCN	20 staff have completed IPCN training that includes training on the Safe practice in the handling and disposal of sharps. Additional session are arranged.	Commenced Jan-14	On-going
Additional Issues					
18	Staff should ensure medicines are stored in line with the trust medicines management guidance.	Nursing	All staff trained in safe storage and handling medications. Spot checks by lead nurse and ward manager carried out. New cupboards to be installed in. lock now on cupboard in eye cubicle		28-Mar-14



The **Regulation** and
Quality Improvement
Authority

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

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