



The **Regulation** and  
**Quality Improvement**  
Authority

**The Regulation and Quality Improvement Authority**

**RQIA**

**Infection Prevention / Hygiene  
Unannounced Inspection**

**Altnagelvin Hospital**

**18 February 2015**

**Assurance, Challenge and Improvement in Health and Social Care**

**[www.rqia.org.uk](http://www.rqia.org.uk)**

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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](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 Altnagelvin Hospital on the 18 February 2015. The inspection team was made up of four RQIA inspectors, a peer reviewer and an RQIA Lay Assessor as an observer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.

Altnagelvin Hospital was previously inspected on the 11 November 2013. This was an unannounced inspection; three wards were inspected by the RQIA team. All three wards achieved overall compliance in the Regional Healthcare Hygiene and Cleanliness Standards. This inspection report is 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 40
- 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 Altnagelvin Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Good practices observed by the inspection team:

- The ED was compliant in four of the seven standards; Ward 40 was compliant in six of the standards.
- The ED is undergoing refurbishment, inspectors observed that staff are continuing to meet hygiene standards and protect patient privacy and dignity while this work is progressing.
- In Ward 40, there is dementia friendly patient signage on toilet doors. Toilet seats are red for use by the dementia patient. (Picture 1). The ward has been restructured to separate Stroke and Elderly care areas.



Picture 1: Red toilet seat

- In the ED there is no cleaning service available between midnight and 7.30am, this is currently under review and a pilot is being carried out.
- There were prominent notices in the hospital reception to guide the public in their role in infection prevention and control. (Picture 2 )



Picture 2: Infection Prevention and Control notice for visitors and public

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

- Ward 40 was minimally compliant in the sharps standard. Action is required to bring this standard to a compliant level.
- The ED was partially compliant in three of the standards, linen, sharps and hygiene practices; action is required to bring these standards to a compliant level.

The inspection of Altnagelvin Hospital, Western Health and Social Care Trust, resulted in 1 general recommendation, 17 recommendations for Ward 40 and 16 recommendations for ED. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Staff compliance with trust policies in the following areas: sharps and hand hygiene.
- Inconsistent recording of drug fridge temperatures.

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

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

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

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

The RQIA inspection team would like to thank the Western Health and Social Care Trust and in particular all staff at the Altnagelvin 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	Ward 40	ED
General environment	88	89
Patient linen	98	84
Waste	95	89
Sharps	71	79
Equipment	86	91
Hygiene factors	91	98
Hygiene practices	90	83
<b>Average Score</b>	<b>88</b>	<b>88</b>

**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	Ward 40	ED
Reception	77	90
Corridors, stairs lift	82	N/A
Public toilets	88	96
Ward/department - general (communal)	92	N/A
Patient bed area	91	90
Bathroom/washroom	N/A	N/A
Toilet	95	97
Clinical room/treatment room	N/A	76
Clean utility room	71	94
Dirty utility room	98	77
Domestic store	95	98
Kitchen	90	97
Equipment store	87	N/A
Isolation	92	N/A
General information	85	76
<b>Average Score</b>	<b>88</b>	<b>89</b>

The findings in the table above indicate that cleaning and maintenance within Ward 40 and the ED were of a high standard.

The main entrance was free of litter. Although worn, the reception area, the corridor leading to the ward and public toilets, were clean and well maintained. Minor cleaning issues were identified around the floor area where the vending machine was located and dust was observed on some high surfaces. The skirting and the door of the female public toilet was paint chipped; some minor scuff marks were observed on walls. A light bulb in reception was out of order and the vinyl floor covering in the stair well was cracked and dusty. Excess toilet rolls were stored on the cistern and floor of the toilets.

The ED department was undergoing modification work, as a result the main entrance to the ED had been closed and a temporary entrance was in use. The temporary entrance appeared neglected; weeds and moss were growing between the ground and walls. The area was littered with cigarette butts even though a bin has been supplied. The metal door to the unit was very heavy and difficult to open; a warning cone was stopping the door from opening fully.

The temporary waiting area was generally clean and tidy. There was only one public toilet for the area, excess toilet rolls were on the windowsill and there were holes in the walls where dispensers had been removed and the plaster work not repaired.

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

#### **Ward 40**

- Overall there was a good standard of cleaning; surfaces were free from dust, debris and stains. There was however some exceptions within the clinical room that required further attention. Greater attention to cleaning was required in relation to inaccessible flooring, the inside of the high density storage units and the inside of the drugs fridge. In a sanitary area, the underside of a shower chair and raised toilet seat required cleaning. The domestic sluice sink and hand wash sink in the kitchen also required cleaning.
- Damage was noted to the laminate finishes on shelving in the clean utility room, there was minor wall damage in a shower room, the kitchen and domestic store.
- The equipment and clean utility stores were cluttered; boxes of equipment were stored on the floor and the windowsill was used for storage.



Picture 3: Cluttered clean utility room

- There was inconsistent recording of the drug fridge temperatures.
- Regular mattress audits were not carried out, the internal mattress foam of a bed inspected was stained, and therefore the cover was not impervious to moisture.
- Cleaning schedules while available were not up to date. They also did not detail all areas, equipment and staff responsibilities.

#### **ED**

- Overall there was a good standard of cleaning; surfaces were free from dust, debris and stains. Some minor cleaning issues included; the high density storage unit at the clinical area in minors was dusty inside and

stained on the outside around touch points. The inside of the drugs fridge was stained.

- In Minors, there was damage to the vinyl flooring, repairs had been made with industrial tape, the floor skirting had also detached in places and the unit for holding paper forms was damaged. In the plaster room, the door to the room did not close fully and a medical gas point on the wall was broken.
- There was inconsistent recording of the drug fridge temperatures.
- The clinical work space in Minors and the dirty utility room in Majors were cluttered. This may have been due to the refurbishment work, this should be reviewed when the work is completed.
- Cleaning schedules while available were not up to date. They also did not detail all areas, equipment and staff responsibilities. Posters on the NPSA colour coding of cleaning equipment and the management of an inoculation injury were not available; there was also no up to date clinical waste segregation poster. Some posters were attached with adhesive tape.

## 6.0 Standard 3: Patient Linen

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

Patient linen	Ward 40	ED
Storage of clean linen	96	67
Storage of used linen	100	100
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>98</b>	<b>84</b>

The above table outlines the findings in relation to the management of patient linen. Ward 40 achieved compliance in both sections. ED was minimally compliant in relation to the storage of clean linen and requires immediate action. ED was fully compliant in the storage of used linen.

Issue identified were:

Ward 40

- The floor of the linen cupboard required cleaning

ED

- There were linen bags on the floor of the linen store, the floor was very dusty. There was damage to the door and the laminate finish on the shelves.

## 7.0 Standard 4: Waste and Sharps

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

Waste and sharps	Ward 40	ED
Handling, segregation, storage, waste	95	89
Availability, use, storage of sharps	71	79

### 7.1 Management of Waste

The above table indicates that Ward 40 and ED achieved compliance in handling, segregation and storage of waste.

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

#### Ward 40

- Waste was not disposed of in line with trust policy. Pharmacy waste was noted in the sharps box on the resuscitation trolley and in a magpie box.

#### ED

- Waste was not disposed of in line with trust policy. There was inappropriate waste in sharps boxes, clinical waste bins and purple lidded burn bins.

### 7.2 Management of Sharps

The above table indicates that Ward 40 was minimally compliant in the availability, use, and storage of sharps, the ED was partially compliant. Action is required to address the issues highlighted below.

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

## **Ward 40**

- Sharps boxes were not labelled correctly, temporary closure mechanisms were not in place, or secured. The sharps box on the resuscitation trolley had been used and not changed.
- Sharps trays while available, were not compatible with the sharps boxes in use. There were no ANTT trays available.

## **ED**

- A sharps box had protruding sharps. Temporary closures mechanisms on sharps boxes were not in place, boxes were not secured. The sharps box on the resuscitation trolley had been used and not changed.
- Some sharps trays had tape residue attached.

## 8.0 Standard 5.0: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated. The Northern Ireland Regional Infection Prevention and Control Manual, states that all staff that have specific responsibilities for cleaning of equipment must be familiar with the agents to be used and the procedures involved. COSHH regulations must be adhered to when using chemical disinfectants.

Any ward, department or facility which has a specialised item of equipment should produce a decontamination protocol for that item. This should be in keeping with the principles of disinfection and the manufacturer's instructions.

Patient equipment	Ward 40	ED
Patient equipment	86	91

The above table indicates that both Ward 40 and ED achieved compliance in this standard.

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

### Ward 40

- A bottle of IV potassium chloride and glucose was out of date; 01/2015. This would suggest stock rotation is not fully adhered to. This was identified to the ward manager.
- The frames of the lysis, resuscitation and blood trolleys were cracked and had adhesive tape and sticky labels attached.
- The base of two IV stands was stained. The glucometer docking station base was dusty.
- A patient's nebulizer was hanging on the oxygen point behind the bed, not stored covered and labelled.

### ED

- Some pieces of patient equipment were dusty and were stained with sticky tape residue. The top of the resuscitation trolley was dusty; some single use tubing in its packaging was stuck to the side of the trolley with tape. Cleaned bedpans were not stored inverted, several were damp. In the resuscitation area there was a large wooden screen; the paint finish was worn.
- IV trays were not in use for ANTT practice.
- There was an attached exposed yanker suction catheter in a bed space.

## 9.0 Standard 6: Hygiene Factors

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

Hygiene factors	Ward 40	ED
Availability and cleanliness of wash hand basin and consumables	99	99
Availability of alcohol rub	85	97
Availability of PPE	86	100
Materials and equipment for cleaning	93	94
<b>Average Score</b>	<b>91</b>	<b>98</b>

The above table indicates that all wards achieved compliance in this standard; A few issues have been identified that require further attention:

### Ward 40

- Some dispensers required filling, a few were dusty. There was no alcohol rub in the dispenser in the IPC station outside the kitchen and at the waste area. The alcohol rub and apron dispensers at the kitchen were dusty.
- The COSHH cupboard in the domestic store was open, the store was also open.
- Not all nursing staff were aware of the correct disinfectant dilution rate for routine cleaning.



## ED

- Access to the clinical hand wash sink in the dirty utility room was obstructed by a commode. (Picture 4).



Picture 4: Access to hand wash sink obstructed by a commode

- Cleaning and disinfection products were not stored under locked conditions in the dirty utility room and domestic store. The domestic trolley and filled bucket were left unattended in the Minors area.

## 10.0 Standard 7: Hygiene Practices

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

Hygiene practices	Ward 40	ED
Effective hand hygiene procedures	91	82
Safe handling and disposal of sharps	85	92
Effective use of PPE	94	73
Correct use of isolation	94	N/A
Effective cleaning of ward	80	85
Staff uniform and work wear	93	82
<b>Average Score</b>	<b>90</b>	<b>83</b>

The table indicated compliance with this standard in ward 40. Overall ED was partially compliant; the section on effective use of PPE was minimally compliant. Immediate action is required to bring these sections to a compliant level. Issues identified include:

### Ward 40

#### 7.1 Effective hand hygiene procedures undertaken by staff.

- A doctor did not follow the 7 steps of the clinical hand hygiene process when decontaminating hands using alcohol hand rub.
- A bottle of IV paracetamol was disposed of into the magpie box, a green needle was insitu.
- Domestic staff were unsure of the immediate action to take in the event of an inoculation injury.
- A phlebotomist did not don gloves before entering an isolation room.
- There were inconsistencies in the completion of a care pathway for a patient with alert organisms.
- Nursing staff were not aware of the correct disinfectant dilution rate for cleaning blood or body fluid spillages or of the NPSA colour coding guidance.
- Some staff did not comply with the trust dress code policy.

### ED

#### 7.1 Effective hand hygiene procedures undertaken by staff.

- Staff were not consistent in all seven steps of the hand hygiene process; two doctors only completed two of the steps. One RN completed only six steps.
- A sharps box contained a re-sheathed needle.

- Inspectors noted some staff did not effectively use PPE. A doctor wore the same gloves while in and out of cubicles, using the computer and gathering patient equipment. The doctor then carried out a procedure on a patient and failed to wash their hands when the gloves were removed.
- An RN was observed disposing of used linen, the nurse had gloves on but no apron, the linen was touching the nurse's uniform.
- A HCA did not wear gloves or an apron when cleaning.
- Information posters for dilution rates were not displayed for nursing staff, nursing staff questioned were not aware of the NPSA colour coding guidance.
- A range of staff was not compliant with the trust's dress code and hand hygiene policy. Four doctors were wearing wrist watches, another was wearing a stoned ring.

## 11.0 Key Personnel and Information

### Members of the RQIA inspection team

- Mrs M Keating - Inspector, Infection Prevention/Hygiene Team
- Mrs S O'Connor - Inspector, Infection Prevention/Hygiene Team
- Mr J Mc Auley - Inspector, Residential Care Team
- Ms G Mulholland - RQIA, Estates Support Office
- Ms S Baird - Peer Reviewer, North West Independent Hospital

### Trust representatives attending the feedback session

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

- Ms A Witherow - Assistant Director of Nursing
- Ms J Houlahan - Head of Services/Lead Nurse
- Mr J P Mc Ginley - Ward Manager Ward 40
- Mr R Jackson - Manager Emergency Department
- Ms S Gormley - Senior Support Services Manager
- Ms C Robinson - Infection Prevention and Control Nurse

### Apologies

- Ms F Hughes - Head of Infection Prevention and Control

## **12.0 Summary of Recommendations**

### **Recommendation for General Public Areas**

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

### **Recommendations: Ward 40**

#### **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. The environment should be free from clutter.
2. Staff should ensure the temperature records for the drugs fridge are recorded daily.
3. Staff should ensure mattress audits are carried out at regular set intervals.
4. Nursing cleaning schedules should be consistently recorded and should detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.

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

**See recommendation 1 in the environment standard.**

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

5. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
6. Staff should ensure that sharps bins are labelled correctly; temporary closure mechanisms are deployed when sharps bins are not in use and changed according to policy.
7. Staff should ensure sharps trays and boxes should be compatible, ANTT trays should be available.

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

8. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair. All stock should be rotated to ensure that all items are within expiry date.
9. Ward staff should ensure that patient's nebulizers, when not in use at the patient's bedside, are covered.

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

10. Ward staff should ensure dispensers are filled and clean.

11. Ward staff should ensure chemicals are stored in accordance with COSHH guidance.
12. Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and body fluid spillages.

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

13. All staff should follow the 7 step for the hand hygiene process
14. All staff should ensure they comply with the trust dress code policy.
15. Ward staff should ensure that IPC care plans are fully and robustly completed.
16. Staff should be aware of how to manage a needle stick / inoculation injury.
17. Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task.

### **Recommendations: ED**

#### **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. The environment should be free from clutter.
2. Staff should ensure the temperature records for the drugs fridge are recorded daily.
3. Nursing cleaning schedules should be consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff. NPSA colour coding guidelines should be displayed for nursing staff.

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

**See recommendation 1 in the environment standard.**

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

4. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
5. Ward staff should ensure that sharps containers are free from protruding sharps and have not been filled above fill line, temporary closure mechanisms are deployed when sharps bins are not in use and changed according to policy.
6. Staff should ensure that integral sharps trays are routinely cleaned after use.

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

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

8. Staff should ensure single use patient equipment remains in its packaging until ready for use.

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

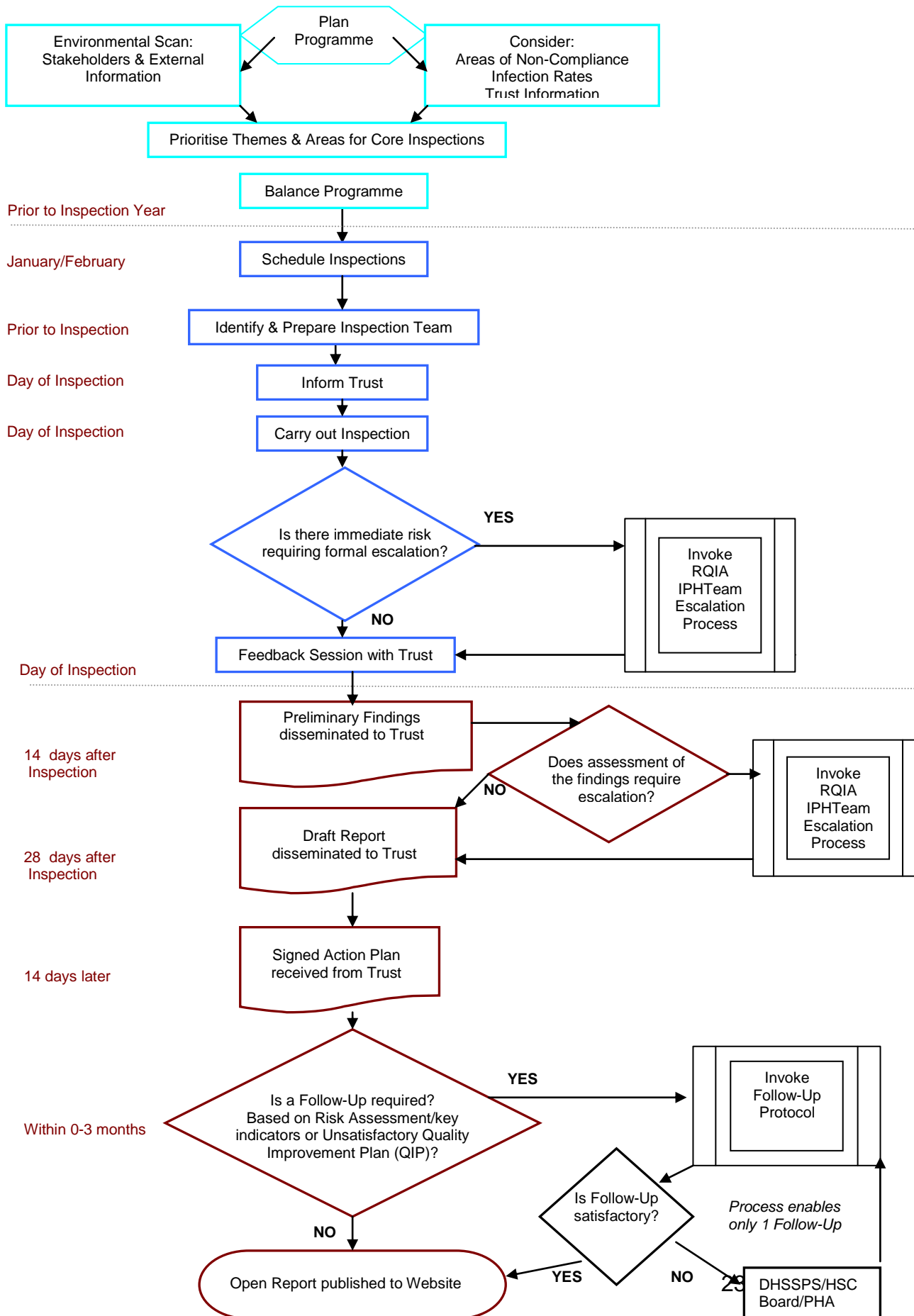
9. Staff should ensure clinical hand wash sinks are accessible.
10. Ward staff should ensure chemicals are stored in line with COSHH guidance.

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

11. All staff should ensure they comply with all seven steps of the hand hygiene process in line with the WHO 5 moments for hand hygiene.
12. Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task.
13. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
14. All staff should ensure they comply with the trust dress code policy.
15. Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.
16. All staff should ensure they comply with the trust dress code policy.

# 13.0 Unannounced Inspection Flowchart

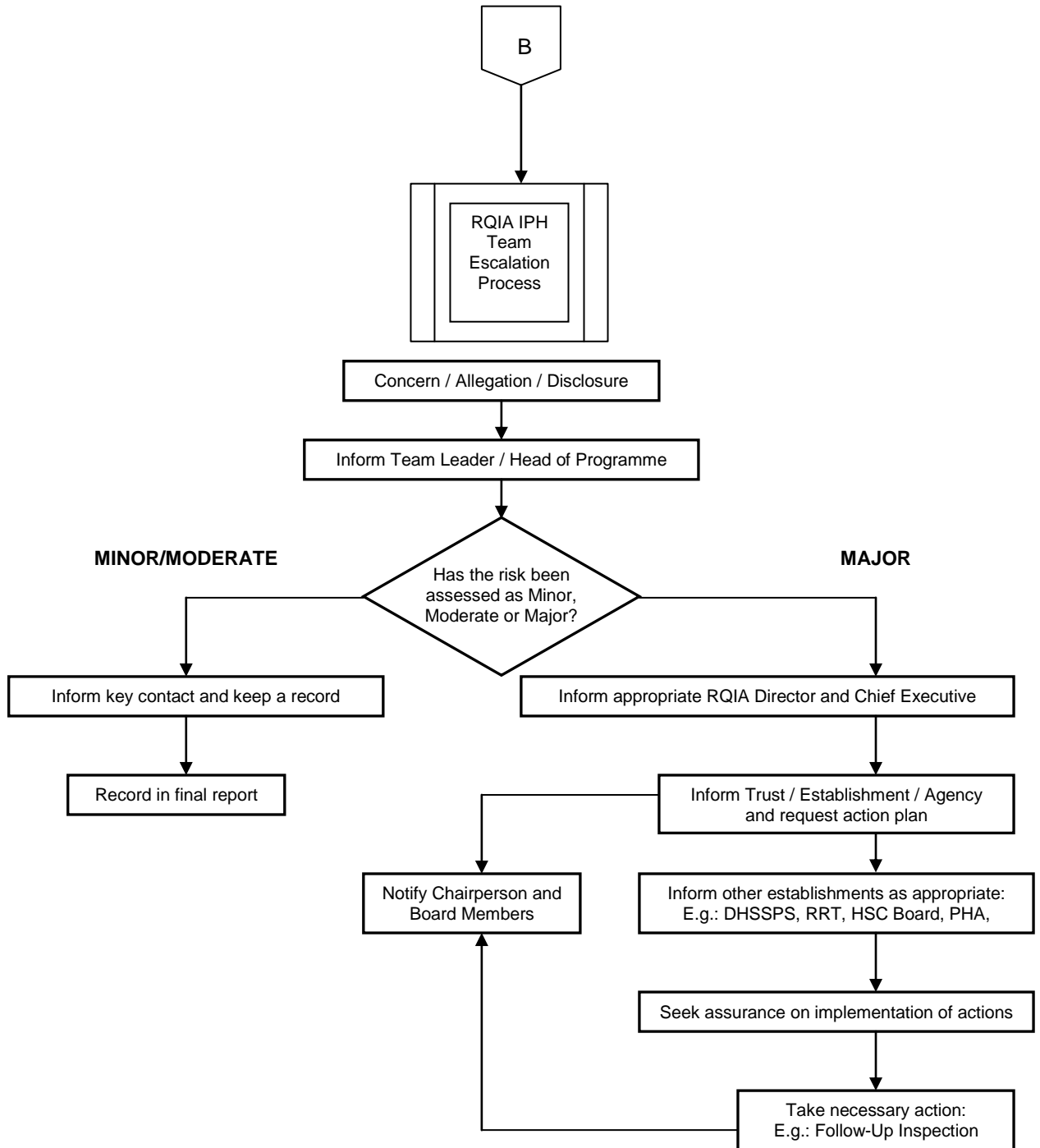
**Plan Programme**  
**Episode of Inspection**  
**Reporting & Re-Audit**





# 14.0 RQIA Hygiene Team Escalation Policy Flowchart

## RQIA Hygiene Team: Escalation Process



## 15.0 Quality Improvement Action Plan

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
<b>Recommendation for General Public Areas</b>				
1.	The trust should ensure that general public areas are clean and in a good state of repair.	<b>Support Services</b>	Meeting with support services staff to address issues raised	<b>24/3/15</b>
<b>Recommendations: Ward 40 Standard 2: Environment</b>				
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. The environment should be free from clutter.	<b>Support services</b>	Meeting with support services staff to address issues raised	<b>24/3/15</b>
2.	Staff should ensure the temperature records for the drugs fridge are recorded daily.	<b>Ward Manager</b>	This is now part of the Nurse In Charge's Daily responsibilities. It was commenced on the 1 <sup>st</sup> March 2015. A formal schedule is currently being prepared for all Nurse In Charge Duties. To be completed by 24/4/15 and formally commenced on 5 <sup>th</sup> May.	<b>24 April 2015</b>
3.	Staff should ensure mattress audits are carried out at regular set intervals.	<b>Ward Manager /Lead Nurse</b>	Mattress Audits are now part of the revised formal audit schedule issued by the Lead Nurse in 2015. The previous audit schedule devised solely by the Ward Manager had not included regular mattress audits. This has now been corrected. First Mattress audit to be commenced April 2015.	<b>actioned</b>

4.	Nursing cleaning schedules should be consistently recorded and should detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	<b>Ward Manager Lead Nurse</b>	The cleaning schedules will be completed by 24/4/15. The redevelopment work within Ward 40 is now complete and this is what caused the delay in writing the new schedules. The new schedules will be recorded daily as being completed and filed appropriately. To commence 5 <sup>th</sup> May 2015.	<b>24 April 2015</b>
<b>Standard 3: Linen</b>				
	<b>See recommendation 1 in the environment standard.</b>			
<b>Standard 4: Waste and Sharps</b>				
5.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	<b>Ward manager /Support services</b>	Meeting with ss staff to address issues raised  To be discussed at Staff Meeting on 14/04/15. Minutes will be shared with all staff via the communication book on 23/4/15  To be discussed with Support Services at next Sisters meeting on 30/4/15.	<b>24/3/15</b>

6.	Staff should ensure that sharps bins are labelled correctly; temporary closure mechanisms are deployed when sharps bins are not in use and changed according to policy.	<b>Ward manager</b>	To be discussed at Staff meeting on 14/04/15. Minutes will be shared as above. Checking of Sharps boxes and their temporary closure to become part of the revised daily cleaning schedules within Ward 40. As above, cleaning schedules to be completed by 24/04/15 and formally commenced on 5 <sup>th</sup> May 2015. Guidance on good practices with sharps boxes is now available in laminated form in the clean utility room as of 1 <sup>st</sup> march 2015.	<b>May 2015</b>
7.	Staff should ensure sharps trays and boxes should be compatible, ANTT trays should be available.	<b>Ward manager</b>	Compatible sharps trays are now being ordered 15/04/15 ANTT trays are available now as of 1 <sup>st</sup> march 2015.	<b>Actioned</b>
<b>Standard 5: Patient Equipment</b>				
8.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair. All stock should be rotated to ensure that all items are within expiry date.	<b>Ward manager</b>	The equipment store is to be included in the new cleaning schedules that will be completed by 24/04/15 and formally commenced on 5 <sup>th</sup> May 2015  Ward 40 has no pharmacy support. Advice will be sought from the lead pharmacist on the Altnagelvin site regarding this issue. This is to be sought on 16/04/15.	<b>May 2015</b>

9.	Ward staff should ensure that patients' nebulizers when not in use at the patient's bedside are covered.	<b>Ward manager</b>	To be discussed at Staff Meeting on 14/4/15 and actioned from 5 <sup>th</sup> May 2015. All units to be covered with a clear plastic bag, labelled and changed every 24 hrs.	<b>May 2015</b>
<b>Standard 6: Hygiene Factors</b>				
10.	Ward staff should ensure dispensers are filled and clean.	<b>Support services</b>	Meeting with ss staff to address issues raised	<b>24/3/15</b>
11.	Ward staff should ensure chemicals are stored in accordance with COSHH guidance.	<b>Support services/nursing</b>	Keys have now been ordered  This has been actioned by SS from 1 <sup>st</sup> April 2015 and Ward 40 Nursing staff has a key to access the locked cupboard.	<b>31/3/15</b>
12.	Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and body fluid spillages.	<b>Ward manager</b>	To be discussed at staff meeting on 14/4/15 and shared with all staff as above.  A new Hygiene folder will be developed within Ward 40 to give all staff access to Hygiene factors within Ward 40. This will be done in conjunction with Lead Nurse and Support services. This will be achieved by 1 <sup>st</sup> July 2015.	<b>July 2015</b>
<b>Standard 7: Hygiene Practices</b>				

13.	All staff should follow the 7 step for the hand hygiene process	<b>IP&amp;C/Ward Manager</b>	<p>The hand hygiene guidelines are available on the Trust intranet. Posters are displayed throughout the Trust to remind staff how to decontaminate their hands and the 5 moments for HH. Correct practice is taught at both Trust IPC Induction and Mandatory Training sessions. Independent audits of practice are completed on an ad hoc basis as agreed at the Trust surveillance sub group.</p> <p>Ongoing alternate month Hand Hygiene Audits show good compliance from Base Staff on Ward 40. Service Improvement work with Infection Prevention and Control highlighted a concern with visiting staff to the Ward. Ward Manager to re-inforce 7 step to all staff present in Ward 40.</p>	<b>actioned and on going</b>
14.	All staff should ensure they comply with the trust dress code policy.	<b>Ward manager</b>	Staff reminded about the dress code policy and spot checks to be undertaken on a regular basis. However, It is unclear what the actual non-compliance was. These will be undertaken whilst doing Hand Hygiene Audits. The next audit is due April 2015.	<b>April 2015</b>

15.	Ward staff should ensure that IPC care plans are fully and robustly completed.	<b>Ward manager</b>	The Nurse in Charge will be responsible for checking the IPC care plans twice daily to ensure on-going compliance. To commence 5 <sup>th</sup> May 2015. The care plans are now kept at the patient bedside to assist with a focus on compliance. .	<b>May 2015</b>
16.	Staff should be aware of how to manage a needle stick / inoculation injury.	<b>Ward manager</b>	To be reinforced to Nursing Staff at the Staff Meeting on 14/4/15. Laminated advice is available in the clean utility on how to deal with a needle stick injury. A copy of the policy on dealing with needle stick injuries has been shared with all staff as of 15/04/15. The issue is to be discussed withSS at the next Sisters meeting on 30 <sup>th</sup> April.	<b>April 2015</b>
17.	Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task.	<b>Ward manager</b>	Recent Service Improvement Work with the IPC Team showed no concerns with ward 40 staff in relation to PPE and their appropriate use. IP&C staff attended our staff meeting on 14/04/15 to debrief staff following the Service Improvement work.  The general issue will be raised at the staff meeting on 14/4/15 and shared as previously discussed via the communication book on 15/04/15.	<b>actioned and on-going</b>

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
<b>Recommendation for General Public Areas</b>				
1.	The trust should ensure that general public areas are clean and in a good state of repair.	<b>Support Services</b>	Meeting with SS staff and address issues from this report	<b>29/3/15</b>
<b>Recommendations: ED: Standard 2: Environment</b>				
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. The environment should be free from clutter.	<b>Support services</b>	Daily monitoring and auctioning of issues arising.	<b>Ongoing</b>
2.	Staff should ensure the temperature records for the drugs fridge are recorded daily.	<b>Ward manager</b>	Actioned with ongoing monitoring	<b>Feb/March2015</b>
3.	Nursing cleaning schedules should be consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff. NPSA colour coding guidelines should be displayed for nursing staff.	<b>Ward manager</b>	Cleaning schedules consistently recorded Ongoing monitoring	<b>Feb 2015</b>
<b>Standard 3: Linen</b>				
	See recommendation 1 in the environment standard.		Partial completion due to ongoing work	<b>End of refurb</b>
<b>Standard 4: Waste and Sharps</b>				
4.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	<b>Ward manager /support services</b>	Staff education ongoing monitoring	<b>March2015</b>
5.	Ward staff should ensure that sharps containers are free from protruding sharps and have not been filled above fill line, temporary closure mechanisms are deployed when sharps bins are not in use and changed according to policy.	<b>Ward manager</b>	Staff Education ongoing monitoring	<b>Feb 2015</b>



6.	Staff should ensure that integral sharps trays are routinely cleaned after use.	Ward manager	Daily cleaning schedule staff awareness/ANTT training ongoing	<b>Feb/ongoing 2015</b>
<b>Standard 5: Patient Equipment</b>				
7.	Ward staff should ensure that patient equipment is clean and in a good state of repair and stored correctly.	<b>Ward manager</b>	Cleaning schedule and policies reinforces to staff	<b>Feb 2015</b>
8.	Staff should ensure single use patient equipment remains in its packaging until ready for use.	<b>Ward manager</b>	Staff awareness	<b>Feb 2015</b>
<b>Standard 6: Hygiene Factors</b>				
9.	Staff should ensure clinical hand wash sinks are accessible.	<b>Ward manager/lead nurse</b>	Sink accessible in all areas	<b>Feb 2015</b>
10.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	<b>Ward manager/support services</b>	Staff awareness ongoing monitoring	<b>Feb 2015</b>
<b>Standard 7: Hygiene Practices</b>				
11.	All staff should ensure they comply with all seven steps of the hand hygiene process in line with the WHO 5 moments for hand hygiene.	<b>IP&amp;C / Ward Manager</b>	Ongoing monitoring and monthly audits	<b>Feb 2015</b>
12.	Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task.	<b>Ward manager</b>	Staff awareness and monitoring	<b>Feb 2015</b>
13.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	<b>Ward manager</b>	NIPSA colour coding guidance sought	<b>Feb/March 2015</b>
14.	All staff should ensure they comply with the trust dress code policy.	<b>Ward manager /lead nurse</b>	Policy reinforced to staff	<b>Feb/March 2015</b>
15.	Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.	<b>Ward manager</b>	Staff education undertaken	<b>March 2015</b>

16.	All staff should ensure they comply with the trust dress code policy.	<b>Repeated number 14</b>	<b>at</b>	Ongoing monitoring and policy reinforced to staff	<b>Feb/march 2015</b>
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