



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Altnagelvin Hospital

11 November 2013

Contents

1.0	Regulation and Quality Improvement Authority	1
2.0	The Inspection Programme	2
3.0	Inspection Summary	3
4.0	Overall Compliance Rates	6
5.0	General Environment	7
6.0	Patient Linen	11
7.0	Waste and Sharps	12
8.0	Patient Equipment	14
9.0	Hygiene Factors	16
10.0	Hygiene Practice	18
11.0	Key Personnel and Information	20
12.0	Summary of Recommendations	22
13.0	Unannounced Inspection Flowchart	28
14.0	RQIA Hygiene Team Escalation Policy Flowchart	29
15.0	Quality Improvement Action Plan	30

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 Altnagelvin Hospital on the 11 November 2013. The inspection team was made up of four RQIA inspectors and two peer reviewers. 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 27 March 2013. This was an unannounced inspection; two wards were inspected by the RQIA team. Both wards achieved compliance in all but one of the Regional Healthcare Hygiene and Cleanliness Standards. This inspection report 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 areas were inspected:

- Ward 1
- Ward 7
- Ward 44

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:

- Ward 1 was compliant in all seven standards
- Infection Control stations located throughout Wards 1 and 44 were prominent and eye-catching for staff and visitors (Picture 1)



Picture 1: Infection Control Station

- There was a brevity of Infection and Prevention and Control (IPC) information/ posters throughout the wards for staff to reference

DRAFT

- Posters to guide staff on the decontamination of commodes, beds and mattresses were available
- Wards had IPC audit results clearly displayed for public viewing
- A project for safe aseptic no-touch technique (ANTT) practices was commenced in September in Ward 1

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

- Ward 7 achieved partial compliance in the environment standard. Action is required to bring this standard to a compliant level
- Ward 44 achieved an overall compliant score however achieved partial compliance in standards on the management of waste and patient equipment. Action is required to bring these standards to a compliant level
- Wards 1 and 44 achieved partial compliance in effective hand hygiene procedures

The inspection of Altnagelvin Hospital, Western Health and Social Care Trust, resulted in 17 recommendations for Ward 1, 21 recommendations for Ward 7 and 19 recommendations for Ward 44. 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: waste, sharps and hand hygiene
- Cleaning and maintenance of the clinical environment
- Cleaning, maintenance and repair of patient equipment
- Staff knowledge relating to disinfectant dilution rates for the cleaning of blood and body fluids
- Inconsistent recording of records in the following areas: cleaning schedules, fridge temperatures, care plans

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).

DRAFT

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 1	Ward 7	Ward 44
General environment	92	80	94
Patient linen	100	97	85
Waste	91	92	84
Sharps	91	94	86
Equipment	90	92	79
Hygiene factors	97	95	98
Hygiene practices	90	95	88
Average Score	93	92	88

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 1	Ward 7	Ward 44
Reception	N/A	N/A	87
Corridors, stairs lift	90	86	100
Public toilets	N/A	78	96
Ward/department - general (communal)	97	75	90
Patient bed area	92	81	96
Bathroom/washroom	91	78	88
Toilet	92	86	100
Clinical room/treatment room	85	76	N/A
Clean utility room	N/A	N/A	87
Dirty utility room	82	78	95
Domestic store	95	74	100
Kitchen	90	82	96
Equipment store	96	82	97
Isolation	97	86	95
General information	91	76	93
Average Score	92	80	94

The findings in the table above indicate that cleaning and maintenance within Wards 1 and 44 were of a high standard. Ward 1 has recently undergone a recent refurbishment and Ward 44 is located within the new building of Altnagelvin Hospital; minimal damage to the fabric of these wards was observed. There has been no recent refurbishment of Ward 7 and maintenance and cleaning issues identified have contributed to a comparative lower score. A sustained effort is required to bring the environmental score of Ward 7 to a compliant level.

The entrance and reception area is the first aspect of a hospital building that most users encounter; the aim is to instil a reassuring and welcoming sense of calm, safety and cleanliness. A high standard of cleanliness in these public areas promotes public confidence in the cleaning standards set by the hospital.

The main hospital entrance of Altnagelvin Hospital was clean and free from debris with the exception of a small number of cigarette butts and chewing gum deposits. The reception area was generally clean and tidy however further attention is required to remove the build-up of dust between the

DRAFT

automatic doors and glass panelling. Seating located in the lobby area between the automatic doors was damaged and the carpet was worn (Picture 2).



Picture 2: Worn carpet at Hospital entrance

Both the male and female public toilets at the reception, appeared clean, fresh smelling and were maintained in a good state of repair. A number of maintenance issues were identified in the public toilet located outside Ward 7. Issues include: cracked toilet bowl, split skirting, discoloured sealant behind the hand wash sink and tarnished sink taps.

The corridor leading to Ward 44 within the new building was clean and well maintained (Picture 3). Some minor maintenance and cleaning issues were identified along corridors leading to Wards 1 and 7.



Picture 3: Clean and well maintained corridor

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

Common Ward Issues

- The inspection team observed that in most instances regular cleaning mechanisms were in place to prevent the build-up of dust and debris however greater attention to detail is required when cleaning high and

DRAFT

low horizontal surfaces. The most notable issues include: dust and stains on walls, floors, windows, air vents and cupboards.

- Although there was some minor maintenance issues within Wards 1 and 44 the most notable issues occurred within Ward 7. Issues include: damage to the finish of doors and frames, paint work and plaster and furnishings such as shelving, cupboards, desks, chairs and patient bed rails.
- In both Wards 1 and 44, the inspection team were unable to observe linen segregation posters and there was also no cleaning schedules in use. In Ward 7, there were no leaflets for patients and visitors on hand hygiene, MRSA, *Clostridium difficile* and on general infections.

Ward 1

An overall compliant score was achieved in the environment section of the audit tool. Maintenance and cleaning within this ward was of a high standard and staff should be commended for this notable performance.

A few issues have been identified that require further attention:

- Within the dirty utility room, there was no bedpan rack available, the sluice hopper was stained, adhesive tape was on the outside of the bedpan washer/ disinfectant and a stored yellow mop bucket was dusty.
- High density storage units in the treatment room and equipment stores were stained and dusty and there was adhesive residue on unit doors.

Ward 7

An overall partial compliant score was achieved in the environment section of the audit tool for Ward 7. A number of areas throughout the ward have achieved a sub-optimal score; sustained effort is required in cleaning and maintenance to bring these scores to a compliant level. Issues identified include:

- Walls in the ward corridors, patient bed area, an isolation room, clinical room and the domestic store had chipped flaking paint. Flooring in a washroom was heavily scored and there were cracks in the terrazzo flooring in the clinical room and the equipment store. Doors and frames throughout the ward were damaged to bare wood.
- Sanitary ware was old and in need of repair or replacement. Taps in the washroom and kitchen were stained with limescale and continually dripping, the hot water tap in the domestic sluice was slow to run water and a patient shower was out of order.

DRAFT

- Bedrails and bedside trolleys were paint chipped; two armchairs had holes on their vinyl surface and were no longer impervious to moisture. The veneer of a work surface was damaged and window blinds in patient bed areas were missing or broken.

Ward 44

An overall compliant score was achieved in the environment section of the audit tool. Maintenance and cleaning within this ward was of an excellent standard and staff should be commended for this notable performance.

A few issues have been identified that require further attention:

- Throughout the ward bedrails were chipped, the headboard of a bed in a side room was damaged and the lower frame of the bed was dusty. The notice board in the clean utility room was of a felt material and therefore could not be adequately decontaminated. Electrical equipment around the nurses' station was dusty.

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	Ward1	Ward 7	Ward 44
Storage of clean linen	100	100	91
Storage of used linen	100	94	78
Laundry facilities	N/A	N/A	N/A
Average Score	100	97	85

The above table outlines the findings in relation to the management of patient linen. All wards achieved overall compliance in the management of patient linen with Ward 1 achieving full compliance in the storage of clean and used linen. Staff of Ward 1 should be commended for this excellent performance.

Common Ward Issues

No common ward issues identified.

Ward 1

No issues identified.

Ward 7

- A red linen bag on the linen skip was torn.

Ward 44

- Non linen items were stored in the linen room; umbrella, rollator and a ladder.
- A used linen bag was over two thirds full and the paintwork of the linen skip was chipped.

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 1	Ward 7	Ward 44
Handling, segregation, storage, waste	91	92	84
Availability, use, storage of sharps	91	94	86

7.1 Management of Waste

The above table indicates that Wards 1 and 7 achieved compliance in handling, segregation and storage of waste however Ward 44 achieved partial compliance. Action is required to bring this standard to compliance. All wards achieved compliance in the availability, use, and storage of sharps. Issues identified for improvement in this section of the audit tool were:

Common Ward Issues

- In all three wards inspected, waste had been disposed of into an inappropriate waste stream. In Wards 1 and 44, household waste had been disposed of into clinical waste bins, pharmaceutical waste had been disposed of into magpie boxes in Wards 1 and 7. In Ward 7, empty IV bags and giving sets were disposed of into a purple lidded burn bin.
- In Ward 1, a bin in the dirty utility room was stained and a number of household and clinical bins throughout the ward were rusted. Rust was also a feature of a household waste bin in Ward 7. In Ward 44 household and clinical waste bin labels were worn.

Ward 1

- No further issues identified.

Ward 7

- The euro bins in the disposal hold were unlocked.

Ward 44

- The circular top of the purple lidded pharmaceutical waste bin was not in place and the lid of an orange lidded sharps bin was covered in fluid.

7.2 Management of Sharps

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

Common Ward Issues

- In Wards 1 and 44, the temporary closure mechanisms were not always deployed when sharps bins were not in use.
- There were blood spots on an impregnated sharps tray in Ward 44 and a sharps trays in Ward 7 had micropore tape attached.

Ward 1

The sharps box on the drugs trolley had protruding sharps (Picture 4).



Picture 4: Protruding sharps from sharps container in Ward 1

Ward 7

- No further issues identified.

Ward 44

- The sharps bins on the resuscitation trolley had contents present. The box had not been emptied according to trust policy.

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 1	Ward 7	Ward 44
Patient equipment	90	92	79

The above table indicates that both Wards 1 and 7 achieved compliance in this standard however Ward 44 achieved partial compliance. Immediate action is required by the staff of Ward 44 to address the issues identified.

Issues common to all wards

- Greater attention to detail is needed in the cleaning and maintenance of shared patient equipment. Some items were dusty, stained, damaged and not stored appropriately.
- The resuscitation trolley in Ward 1 was dusty and handles were missing from a drawer. The top surface of the trolley in ward 7 was cracked and cluttered with stock and the suction machine on the trolley in Ward 44 was dusty.
- The medicine fridge located in the clinical room in Ward 1 was stained and the temperature record documentation did not have guidance on the appropriate temperature ranges. There were inconsistencies in the recording of the medicine temperature in Ward 7 and dishwasher temperature checks in the kitchen within Ward 44 were not routinely carried out and recorded on a daily basis.
- Nursing staff in Wards 1 and 7 were unaware of the symbol for items dedicated for single use.
- Three Aseptic Non-Touch Technique (ANTT) trays in Ward 1 were stained and a tray in Ward 44 was stained with adhesive residue.

Ward 1

- The ends of suction catheter tubing behind a patient's bed were exposed.

Ward 7

- There were two bags of 'out of date' intravenous fluids stored in the clinical room.

Ward 44

- In the dirty utility room, it was observed that the inside surface of the sluice hopper, the inside surface of the bedpan washer/disinfector, three bedpans and the underside of two commodes was stained with faecal material (Picture 5).



Picture 5: Faecal staining on the underside of a commode in Ward 44

- Items of equipment were stained; notes trolley, medicine trolley, lower shelf and shelving runners of some dressing trolleys; some runners were damaged.

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 1	Ward 7	Ward 44
Availability and cleanliness of wash hand basin and consumables	97	93	97
Availability of alcohol rub	100	100	100
Availability of PPE	93	93	100
Materials and equipment for cleaning	98	92	94
Average Score	97	95	98

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

Common issues to all four wards

- Staff should ensure that sinks and taps are clean, well maintained and accessible. In Ward 1, access to clinical hand wash sinks in a patient bay and the treatment room was blocked. The hand wash sink in a patient bay area was slow to empty and the point of use filter on the clinical hand wash tap in the dirty utility room was overdue for replacement. In Ward 7, the number of sinks in a 6 bedded bay did not comply with guidance in HBN 04-01, where a ratio of 1:4 is recommended. In Ward 44, the nozzle of taps on clinical hand wash stations in a patient bay were stained with limescale.
- In all three wards inspected, chemicals were not stored as per COSHH guidance. In Ward 1, cleaning chemicals were observed on a shelf in an unlocked domestic store. In Ward 7, the cupboards containing cleaning chemicals in the dirty utility room and domestic store were unlocked. In Ward 44, actichlor plus solution which had been prepared in a spray bottle was observed on a work bench in an unlocked dirty utility room.
- Attention to detail is required to ensure that cleaning equipment used in the general cleaning of the wards is clean and fit for purpose. In Ward 7, a static mop head was dirty and the yellow hazard cones were dusty. In Ward 44, a mop bucket stored in the domestic store was damp and dusty in crevices.

DRAFT

- In Ward 1, face protection was not available on the resuscitation trolley and in Ward 7, size small gloves were not available in the PPE dispenser in the dirty utility room.

Ward 1

No further issues identified.

Ward 7

- In a patient bay, the front surface of a liquid soap dispenser was grubby and there was no hand moisturiser supplied for staff use.

Ward 44

No further issues identified.

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 1	Ward 7	Ward 44
Effective hand hygiene procedures	80	100	76
Safe handling and disposal of sharps	100	100	86
Effective use of PPE	94	100	81
Correct use of isolation	93	86	100
Effective cleaning of ward	82	86	90
Staff uniform and work wear	90	97	97
Average Score	90	95	88

The table indicated compliance with this standard in all three wards. Ward 7 achieved compliance in all sections of this standard however sections of this standard in Ward 1 and 44 achieved partial compliance. Immediate action is required to bring these sections to a compliant level. Issues identified include:

Common Ward Issues

- In Ward 44, some members of nursing staff did not follow the 7 steps of the clinical hand hygiene process when decontaminating hands using alcohol hand rub. Some staff did not decontaminate hands after touching the patient's environment in accordance with the World Health Organisation (WHO) 5 Moments for hand hygiene. Also in Ward 44 and Ward 1, members of the nursing staff donned PPE unnecessarily early and not immediately before carrying out a planned task.
- Not all staff members complied with the trust or Regional Dress Code policy. In Ward 1, two members of the medical team were observed not 'bare below the elbow'; one also wore a stoned ring and the other a necklace. In both Wards 7 and 44, staff members wore dangling ear rings.
- A sustained effort is required to improve staff knowledge in the principles and process of infection prevention and control. Members of staff in all three wards inspected were unaware of the correct disinfectant dilution rate for the management of blood and body fluids. In Ward 7, a member of nursing staff was unaware of the procedure to follow when removing a blood spill.

DRAFT

- In Wards 7 and 44, members of nursing staff were unaware of the NPSA colour coding system; in Ward 44; a staff nurse was unaware of the correct procedure to follow on sustaining a needle stick injury. In Ward 1, members of nursing staff were unaware of the number of steps in a clinical hand wash process.
- There was inconsistent recording of IPC interventions within patient care records. In Ward 7, there was no care plan available in the notes for a patient who was identified with an alert organism and in Ward 1 care plan documentation for a patient that was under contact precautions was limited.

Ward 1

No further issues identified.

Ward 7

- There was no availability of size small gloves in the dispenser in the dirty utility room

Ward 44

No further issues identified.

Additional issues

Ward 1

- The linen store throughout the day of the inspection had not been replenished with linen. The ward sister had informed the inspection team that this had been an on-going issue on Mondays.

Ward 7

- Oxygen signage was not displayed on the door of the treatment room to alert staff of stored cylinders.
- Electrical cables along the wall at high level were not encased in the dirty utility room, domestic store and the equipment store.

Ward 44

- The inspection team observed that the privacy screens around a patient's bed were too short and did not adequately protect the patient's dignity and privacy.

11.0 Key Personnel and Information

Members of the RQIA inspection team

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

Trust representatives attending the feedback session

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

Ms M Lennon	-	Sister Ward 1
Ms J Sweeney	-	Sister Ward 7
Ms K Phelan	-	Nursing Services Manager
Ms Y Black	-	Support Services
Ms S Gormley	-	SSNGR
Mr P McDonald	-	Assistant Service Manager
Ms W Cross	-	Lead Nurse Governance and Performance
Ms F Hughes	-	Head of Infection Prevention and Control
Ms H McGilloway	-	Sister Ward 44
Ms M Brown	-	Service Manager
Ms P Mc Sorley	-	DCD Surgery
Ms D Brennan	-	Assistant Director Emergency Care and Medicine

12.0 Summary of Recommendations

Recommendation for General Public Areas

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

Recommendations: Ward 1

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.

Standard 3: Linen

No Recommendations.

Standard 4: Waste and Sharps

3. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
4. Staff should ensure that receptacles used for the collection/ disposal of waste are clean, well maintained and fit for purpose.
5. Ward staff should ensure that sharps containers are free from protruding sharps and have not been filled above fill line.
6. Staff should ensure that temporary closure mechanisms are deployed when sharps bins are not in use.

Standard 5: Patient Equipment

7. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.
8. Ward staff should ensure that suction tubing ends when not in use at the patient's bedside, are covered.
9. Ward staff should be aware of the symbol for single use equipment.

Standard 6: Hygiene Factors

10. Ward staff should ensure that hand wash sinks are accessible well maintained and point of use filters are replaced as per trust policy
11. Ward staff should ensure chemicals are stored in accordance with COSHH guidance.
12. Staff should ensure that face protection is available on the resuscitation trolley

Standard 7: Hygiene Practices

13. Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.
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. Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task

Additional Issues

17. Trust staff should ensure that the ward has an adequate supply of linen to satisfy the needs of patients.

Recommendations: Ward 7

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. Ward staff should consistently record temperature checks for the patient fridge
3. The availability and accessibility of IPC information should be reviewed for patients and visitors.

Standard 3: Linen

4. Staff should ensure that linen bags are in a good state of repair and fit for purpose.

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 receptacles used for the collection/ disposal of waste are clean, well maintained and secure.
7. Staff should ensure that integral sharps trays are routinely cleaned after use.

Standard 5: Patient Equipment

8. Ward staff should ensure that patient equipment is clean and in a good state of repair.
9. Ward staff should be aware of the symbol for single use equipment.
10. All stock should be rotated to ensure that all items are within expiry date

Standard 6: Hygiene Factors

11. The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.
12. Ward staff should ensure chemicals are stored in line with COSHH guidance.

13. Ward staff should ensure that accessories and consumables to assist with hand hygiene are clean, accessible and in a good state of repair.
14. Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.

Standard 7: Hygiene Practices

15. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
16. All staff should ensure they comply with the trust dress code policy.
17. 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.
18. Ward staff should ensure that IPC care plans are fully and robustly completed.
19. Ward staff should ensure that there is an appropriate range of personal protective equipment available for staff to utilise

Additional Issues

20. Ward staff should ensure that oxygen signage is clearly displayed on the door of rooms that stores oxygen cylinders.
21. Trust staff should ensure that electrical cables in clinical ward areas are appropriately encased.

Recommendations: Ward 44

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, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
3. Staff should ensure that dishwasher temperature checks are recorded on a daily basis.

Standard 3: Linen

4. Staff should ensure that linen store rooms are clean, tidy, and free of inappropriate items and surfaces are maintained in a good state of repair.
5. Staff should ensure that linen skips are not overfilled in accordance with trust guidance.

Standard 4: Waste and Sharps

6. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
7. Staff should ensure that receptacles used for the collection/ disposal of waste are clean, appropriately maintained and labelled.
8. Sharps boxes on the resuscitation trolley should be changed in accordance with local policy.

Standard 5: Patient Equipment

9. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.
10. Staff should ensure that ANTT trays are routinely cleaned after use.

Standard 6: Hygiene Factors

11. Ward staff should ensure chemicals are stored in line with COSHH guidance and the dilutions of disinfectant chemicals are prepared in accordance with manufacturer's instructions and in accordance with trust policy.
12. 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
13. Ward staff should ensure that hand wash sinks are clean.
14. Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.

Standard 7: Hygiene Practices

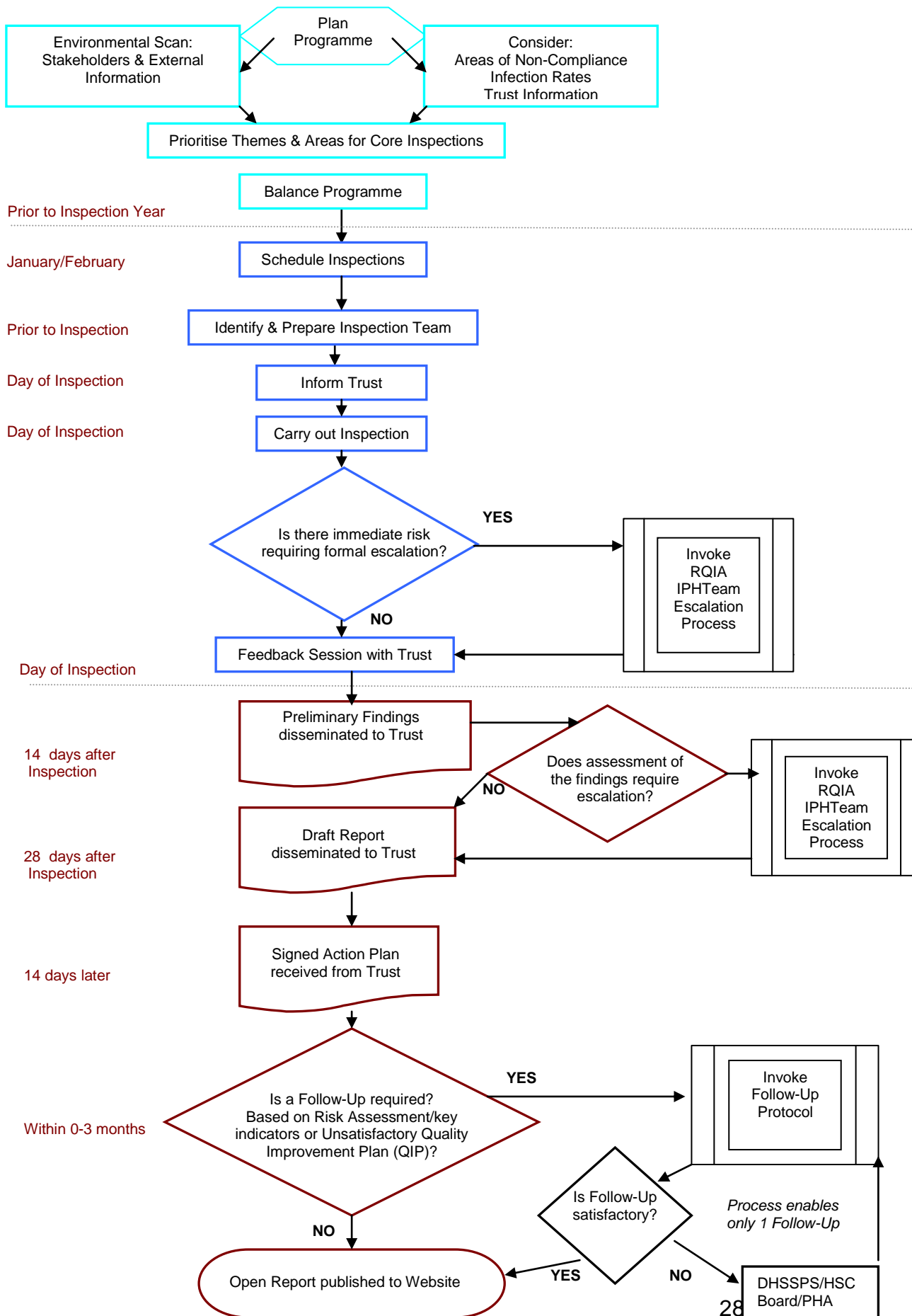
15. Ward staff must comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.
16. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
17. Ward staff must be aware of how to manage a needle stick injury/ inoculation injury contamination injury.
18. Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task

Additional Issues

19. Ward staff must ensure that the dignity of patients is protected at all times.

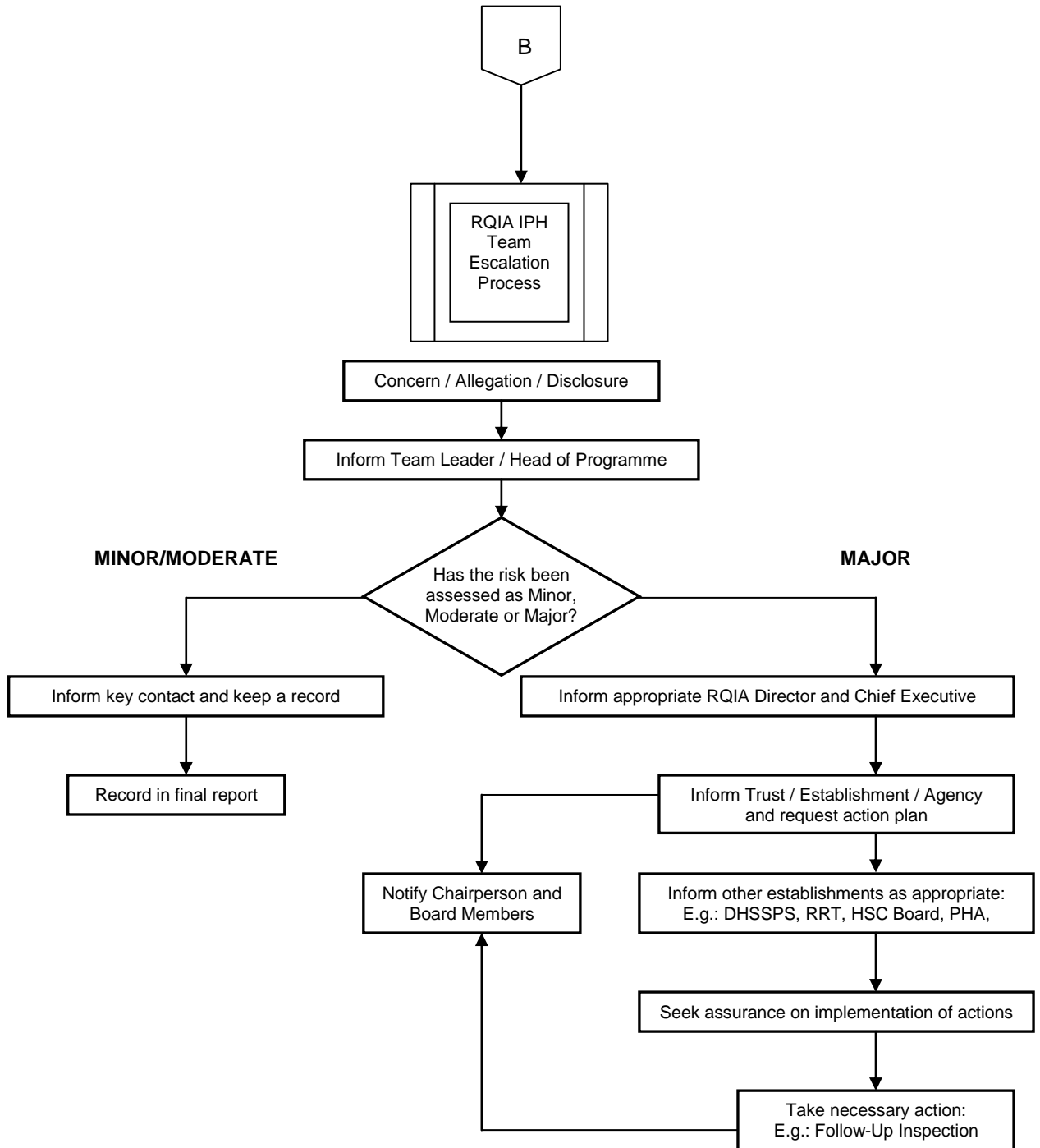
13.0 Unannounced Inspection Flowchart

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
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.		The area has been cleaned and a review undertaken of the fixtures and fittings is on-going with a view to replace or repair as appropriate within current financial climate	

Area: Ward 1

Ref number	Recommendations to Ward 1	Designated Department	Action required	Date for completion / timescale
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.	Support Services, Estates, Nursing	Actioned. The external windows were dirty. Twice yearly clean. There was green residue in the over flow of the hand wash sink in the kitchen. Estates will try and remove the residue. Actioned. Nurses reminded that it is their responsibility to report equipment faults and repairs required to Estates. Regular cleaning schedules in place. Compliance monitored by Domestic Supervisor and Ward Manager	Completed 28.11.13 On-going Completed 28.11.13

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	Actioned. Regular cleaning schedules have been implemented (daily and weekly) that identify equipment and staff responsibilities. Compliance is monitored by Ward Manager.	Completed 28.11.13
Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
3.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	Actioned. Nurses reminded of Trust Waste Management Policy at Daily Patient Safety Brief. Compliance monitored by Ward Manager	Completed 28.11.13
4.	Staff should ensure that receptacles used for the collection/ disposal of waste are clean, well maintained and fit for purpose.	Support Services, Nursing	Actioned. Nursing staff made aware at Daily Patient Safety Brief. Compliance monitored by Ward Manager and regular environmental audit.	Completed 28.11.13
5.	Ward staff should ensure that sharps containers are free from protruding sharps and have not been filled above fill line.	Nursing	Actioned. Nurses made aware of Trust Sharps Policy at Daily Patient Safety Brief. Compliance monitored by Ward Manager	Completed 28.11.13
6.	Staff should ensure that temporary closure mechanisms are deployed when sharps bins are not in use.	Nursing	Actioned. Nurses made aware of Trust Sharps Policy and that closures must be deployed when sharps bins are not in use at Daily Patient Safety Brief. Ward Manager will check compliance on a daily basis and regular environmental audit.	Completed 28.11.13

Standard 5: Patient Equipment				
7.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	Actioned. Nurses reminded that it is their responsibility to ensure equipment is clean, to report equipment faults and repairs required to Estates. Ward Manager and ward Equipment Controller monitoring compliance.	Completed 28.11.13
8.	Ward staff should ensure that suction tubing ends when not in use at the patient's bedside, are covered.	Nursing	Actioned. Suction catheters replaced and nursing staff made aware at Daily Patient Safety Brief. Ward Manager monitoring compliance	Completed 28.11.13
9.	Ward staff should be aware of the symbol for single use equipment.	Nursing	Actioned. Nursing staff made aware of the symbol for single use items at Daily Patient Safety Brief.	Completed 28.11.13
Standard 6: Hygiene Factors				
10.	Ward staff should ensure that hand wash sinks are accessible and point of use filters are replaced as per trust policy	Nursing, Estates	Actioned. Filters replaced. Ward staff made aware that hand wash sinks should be accessible. Filters are checked monthly (and dated) by estates to ensure compliance.	Completed 28.11.13
11.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Support Services	Chemicals to be stored in COSHH cabinet. Change all locks in the COSHH cabinets to a common key. Actioned by Estates. Checked at weekly quality check and compliance monitored by Domestic Supervisor.	Completed 28.11.13

12.	Staff should ensure that face protection is available on the resuscitation trolley	Nursing	Actioned. Face protection now on resuscitation trolley. Checked daily as part of resuscitation check list.	Completed 28.11.13
Standard 7: Hygiene Practices				
13.	Ward staff should be aware of the correct dilution rate of trust disinfectant products and the procedure to follow when managing blood and bodily fluid spillages.	Nursing	Actioned. Nurses reminded of correct dilution rates and that posters are available on the ward with this information. Compliance monitored by Ward Manager.	Completed 28.11.13
14.	All staff should ensure they comply with the trust dress code policy.	Medical Staff	Actioned. Medical staff made aware of bare below the elbow policy. Medical staff advised of "bare below the elbow" trust policy and memo sent out by Medical Director to all medical staff. Compliance monitored by Ward Manager and at monthly hand hygiene audits.	Completed 28.11.13
15.	Ward staff should ensure that IPC care plans are fully and robustly completed.	Nursing	Actioned. Nursing staff made aware that must complete care plans. Audits of care plans in place.	Completed 28.11.13
16.	Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task	Nursing	Actioned. Nurse spoken to and told to make herself aware of the infection control policy. ANTT training provided.	Completed 28.11.13

Additional Issues				
17.	Trust staff should ensure that the ward has an adequate supply of linen to satisfy the needs of patients.	Nursing	Actioned. This is a problem on a Monday morning only. Laundry has been contacted and has agreed to deliver laundry at an earlier time on a Monday morning.	Completed 28.11.13

Area: Ward 7

Reference number	Recommendations to Ward 7	Designated Department	Action required	Date for completion / timescale
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.	Sister Ward 7/ Estates/ Support Services	Cleaning schedules in place. Repairs requested from estates on the 04.12.13. Discussion with Estates Manager on-going re: requirements. Ward Sister will monitor compliance weekly. Ward environmental cleaning audits are quarterly.	March '14
2.	Ward staff should consistently record temperature checks for the patient fridge.	Sister Ward 7	Discussed at daily Safety Briefing and compliance monitored by Ward Sister.	Nov '13 – On-going
3.	The availability and accessibility of IPC information should be reviewed for patients and visitors.	Sister Ward 7	IP&C leaflets obtained from IP&C. Appropriate storage area identified and staff made aware of same at daily Safety Briefing meetings. Appropriate leaflets now available.	Nov '13 – On-going
Standard 3: Linen				
4.	Staff should ensure that linen bags are in a good state of repair and fit for purpose.	Sister Ward 7	Torn linen bags removed from circulation. Same checked daily and remedial action taken immediately if necessary.	Nov '13 – on-going
Standard 4: Waste and Sharps				
5.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Sister Ward 7	Disposal of waste discussed at daily safety briefing for 2 months & compliance monitored by Ward Sister.	Jan '14 and on going

6.	Staff should ensure that receptacles used for the collection/ disposal of waste are clean, well maintained, fit for purpose and secure.	Sister Ward 7	Laminated sign displayed in clinical areas to remind staff. Discussed at daily Safety Briefing. Compliance monitored.	Nov '13 – on-going
7.	Staff should ensure that integral sharps trays are routinely cleaned after use.	Sister Ward 7	All staff who use integral sharps trays have been reminded re: cleaning. Daily monitoring established for compliance.	Nov '13 – on-going
Standard 5: Patient Equipment				
8.	Ward staff should ensure that patient equipment is clean and in a good state of repair.	Sister Ward 7	Cleaning schedules (daily & weekly) established and monitored by Sister to ensure compliance.	Nov '13 – on-going
9.	All stock should be rotated to ensure that all items are within expiry date	Sister Ward 7	All stock checked as part of weekly cleaning schedules.	Nov '13 – on-going
10.	Ward staff should be aware of the symbol for single use equipment.	Sister Ward 7	All staff will be made aware of this symbol at Safety Briefing.	End of Jan '14 and on-going
Standard 6: Hygiene Factors				
11.	The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.	Lead Nurse /Sister Ward 7	Trust is aware of guidance but due to patient flow pressures is unable to reduce beds at this time. Assistant Director of Surgery & Anaesthetics aware. Alcohol gel is provided at every bed and hand hygiene is monitored monthly by Lead Nurse.	On-going
12.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Sister Ward 7/Support Services	Discussed at Safety Briefing. All staff aware and compliance monitored by Ward Sister.	Dec '13

13.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean, accessible and in a good state of repair.	Sister Ward 7 /Estates/ Support Services	Daily cleaning schedules discussed with Support Services. Repair issues discussed with Estates Services. Requirements on-going.	March '14
14.	Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.	Support Services/Estates	Cleaning rota discussed with Support Services, who will monitor compliance.	Nov '13
Standard 7: Hygiene Practices				
15.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Sister Ward 7	NPSA colour coding guidance displayed in Sluice Room for nursing staff and discussed at daily safety briefing.	Nov '13
16.	All staff should ensure they comply with the trust dress code policy.	Sister Ward 7/Support Services	Dress Code Policy discussed at daily safety briefing & specific dress issues addressed as appropriate.	Nov '13
17.	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.	Sister Ward 7	Dilution rates displayed in prominent location for nursing staff and all staff re-issued with pocket cards detailing dilution rates.	Nov '13
18.	Ward staff should ensure that IPC care plans are fully and robustly completed.	Sister Ward 7	Highlighted & discussed at daily safety briefing. Record keeping audited quarterly by Lead Nurse.	On-going
19.	Ward staff should ensure that there is an appropriate range of personal protective equipment available for staff to utilise	Sister Ward 7	All PPE holders have full range of PPE (small/med/large)	Dec '13
Additional Issues				
20.	Ward staff should ensure that oxygen signage is clearly displayed on the door of room that stores oxygen cylinders.	Sister Ward 7	Signage applied to doors.	Dec '13

21.	Trust staff should ensure that electrical cables in clinical ward areas are appropriately encased.	Sister Ward 7 / Estates	Sister requested Estates to inspect electrical cables highlighted during RQIA inspection. Electrical Operation & Maintenance Manager has indicated that the cables meet all electrical safety standards and will not be changed.	Nov '13
-----	--	-------------------------	--	---------

Area: Ward 44

Reference number	Recommendations to Ward 44	Designated department	Action required	Date for completion/ timescale
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.	Support Services/ Estates & Nursing	Cleaning services actioned Job requests in place & being actioned by estates. Highlighted to all nursing staff at daily safety briefing and compliance monitored by ward sister.	Completed/on-going 9/1/14
2.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	All Staff made aware at daily safety briefing and compliance monitored by ward sister	Commenced immediately 11/11/13
3.	Staff should ensure that dishwasher temperature checks are recorded on a daily basis.	Estates/ Support Services	Dishwasher serviced by estates monthly and daily temperature check carried out by support services.	Commenced/ on-going 9/1/14
Standard 3: Linen				
4.	Staff should ensure that linen store rooms are clean, tidy, free of inappropriate items and fixtures and fittings are maintained in a good state of repair.	Nursing	Linen segregation posters now available. Linen room free of inappropriate items.	Completed immediately 11/11/13
5.	Staff should ensure that linen skips are not overfilled in accordance with trust guidance.	Nursing	All staff informed and compliance monitored by ward sister.	Immediately 11/11/13
Standard 4: Waste and Sharps				
6.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	All staff made aware and compliance monitored by ward sister.	Immediately 11/11/13

Reference number	Recommendations to Ward 44	Designated department	Action required	Date for completion/ timescale
7.	Staff should ensure that receptacles used for the collection/ disposal of waste are clean, appropriately maintained and labelled.	Nursing	All staff made aware and compliance monitored by ward sister.	Completed Immediately 11/11/13
8.	Sharps boxes on the resuscitation trolley should be changed in accordance with local policy.	Nursing	All staff made aware and compliance monitored by ward sister.	Completed immediately 11/11/13
Standard 5: Patient Equipment				
9.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	All staff made aware of the need to clean equipment and report faulty broken equipment to estates as per trust protocol compliance monitored by ward sister.	Immediately 11/11/13/ On-going
10.	Staff should ensure that ANTT trays are routinely cleaned after use.	Nursing	All staff made aware and compliance monitored by ward sister.	Immediately 11/11/13
Standard 6: Hygiene Factors				
11.	Ward staff should ensure chemicals are stored in line with COSHH guidance. Staff should also ensure that the dilution of disinfectant chemicals are prepared as per manufacturer's instructions and trust policy.	Nursing/ Support Services	Cosh cupboard now locked. Domestic stores in all area are not locked. All staff made aware of correct dilution rates. compliance monitored by ward sister.	Immediately/ 11/11/13 On-going
12.	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	Nursing	All staff made aware of correct dilution rates. Posters now in the sluice room and this is included in the daily safety briefing and compliance monitored by ward sister.	Immediately 11/11/13
13.	Ward staff should ensure that hand wash sinks are clean	Support Services	Actioned and lime scale removed from tap.	Immediately 11/11/13

Reference number	Recommendations to Ward 44	Designated department	Action required	Date for completion/ timescale
14.	Ward cleaning staff should ensure all cleaning equipment is clean and in good state of repair.	Support Services	This was highlighted on the audit and addressed at the time. Monitored by ward sister.	Completed 11/11/13/on-going
Standard 7: Hygiene Practices				
15.	Ward staff must comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.	Nursing/ Support Services/ Estates	All staff made aware of correct procedure immediately. Monthly hand hygiene ward and validation audits carried out.	Completed 11/11/13/on-going
16.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing	All staff made aware at daily safety briefing and compliance monitored by ward sister.	Completed 11/11/13
17.	Ward staff must be aware of how to manage a needle stick injury/ inoculation injury contamination injury.	Nursing	All staff made aware of correct procedure at daily safety briefing and compliance monitored by ward sister.	Completed 11/11/13 immediately
18.	Ward staff should ensure that personal protective equipment is donned in a timely manner as per planned task	Nursing	All staff made aware of correct procedure at daily safety briefing and compliance monitored by ward sister.	Completed 11/11/13 immediately
Additional Issues				
19.	Ward staff must ensure that the dignity of patients is protected at all times.	Nursing	Disposable screens now available	Immediately 11/11/13



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