



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection
Northern Health and Social Care Trust

Causeway Hospital

13 June 2013

Contents

1.0	Regulation and Quality Improvement Authority	2
2.0	The Inspection Programme	3
3.0	Inspection Summary	4
4.0	Overall Compliance Rates	7
5.0	General Environment	8
6.0	Patient Linen	12
7.0	Waste and Sharps	13
8.0	Patient Equipment	16
9.0	Hygiene Factors	17
10.0	Hygiene Practice	18
11.0	Key Personnel and Information	19
12.0	Summary of Recommendations	20
13.0	Unannounced Inspection Flowchart	23
14.0	RQIA Hygiene Team Escalation Policy Flowchart	24
15.0	Quality Improvement Action Plan	25

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 Causeway Hospital on the 13 June 2013. The inspection team was made up of three inspectors from the infection prevention and hygiene team and a member of RQIA's project management team. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Causeway Hospital was previously inspected on the 14 June 2012. 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 (Medical)
- Ward 2 (Surgical)

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

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

Inspectors observed:

Medical Ward 1 was compliant in six of the seven standards. The exception was the environment standard which was partially compliant.

Surgical Ward 2 was compliant in five of the seven standards. The ward was partially compliant in the standards on waste and sharps management.

Inspectors observed the following areas of good practice:



- The hospital has been innovative in their use of hand hygiene signage for the public

Picture 1: Lift Doors with signage for hand hygiene

- The trust has devised a guidance poster for staff in the use of adhesive indicator notes to identify that equipment has been cleaned
- In Medical Ward 1, plastic wall protectors have been installed behind alcohol hand sanitizers to protect walls from drip stains

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

- In both wards improvement is required in the environment standard. Issues which required more attention were, cleaning, clutter and maintenance and repair.
- Immediate improvement is needed in relation to staff hand hygiene practices and use of personal protective equipment
- Surgical Ward 2 was partially compliant in standards on waste and sharps management. Immediate improvement is required to achieve compliance.

The inspection of the Causeway Hospital, Northern Health and Social Care Trust, resulted in 8 recommendations for both Wards, 7 recommendations for Medical Ward 1 and 9 recommendations for Surgical Ward 2. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Inconsistent compliance with trust policies in the following areas: waste, sharps, hand hygiene and the regional dress code policy
- Cleaning and clutter of the clinical environment and maintenance and repair of patient equipment.
- Non - adherence to COSHH guidance for the storage of chemicals
- Inconsistency in staff knowledge relating to the single use symbol and inconsistency in documentation of patient records.

The Northern 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. (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 Northern Health and Social Care Trust and in particular all staff at the Causeway 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	Medical 1	Surgical 2
General environment	82	85
Patient linen	100	97
Waste	97	84
Sharps	95	76
Equipment	90	85
Hygiene factors	95	93
Hygiene practices	90	91
Average Score	93	87

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	Medical 1	Surgical 2
Reception	83	N/A
Corridors, stairs lift	89	N/A
Public toilets	85	N/A
Ward/department - general (communal)	79	89
Patient bed area	86	81
Bathroom/washroom	83	86
Toilet	N/A	93
Clinical room/treatment room	90	80
Clean utility room	96	80
Dirty utility room	89	82
Domestic store	90	80
Kitchen	91	98
Equipment store	82	68
Isolation	93	92
General information	93	89
Average Score	82	85

The findings in the table above indicate that the general environment and cleaning of wards was of a reasonable standard. Greater attention is required in cleaning, maintenance and repair and in maximising the use of available storage space.

In the main reception, corridors and stairs leading to the wards, greater effort is required in relation to the cleaning of low level surfaces and the cleaning of internal and external windows which were heavily stained at the time of the inspection. Maintenance issues in these areas include: damage to flooring and laminate surfaces. Extra attention to detail is required to low level cleaning in both male and female public toilets. There was also plaster damage noted to the wall in the female toilet and there was staining to a number of ceiling tiles and a mirror in the male toilet.

The key environmental issues for improvement that are common to both wards include:

- Greater attention to the cleaning of the environment. Notably, dust and debris at floor edges and corners, heavily stained internal and external windows and dusty computer equipment at nurse's stations. Particular attention also needs to be paid to sanitary areas as it is noted from both wards that toilet seats were stained.
- Damage to doors, door frames, skirting, walls and various items of patient equipment. The protective impermeable coverings of some chairs have split and are no longer impervious to moisture
- Clutter, especially in ward store rooms and treatment rooms. The level of storage capacity does not satisfy the current levels of stock and equipment, this has resulted in these areas being cluttered and untidy. (Picture 2). A cluttered and untidy environment can impede effective cleaning processes.
- Pharmaceutical fridges within the clean utility rooms were unlocked and easily accessible.



Picture 2: Cluttered store room

Medical Ward 1

An overall partially compliant score was achieved in the environment section of the audit tool. Areas within Medical Ward 1 that require most attention include the ward communal areas, patients' bed area and the equipment store. The key issues identified for improvement in this section of the audit tool were:

- Cleaning of sanitary areas, including fixtures and fittings. The cleaning of dusty lower drawers in the high density storage unit in the equipment store and removing limescale from the taps in the kitchen
- Maintenance and repair of damaged paintwork, plaster work and surfaces. In the patient bay area the paintwork was bubbling and flaking on the lower level of the walls around the bay shower room,

possibly caused by water ingress. In the ensuite facility of an isolation room there was damage to the wall plaster, caused by the removal of a piece of equipment. Damage was noted to the laminate finish on the nurses' station. For effective cleaning surfaces should be free from damage and impervious to moisture.

- Availability of the National Patient Safety Agency (NPSA) colour coding guidelines for nursing staff. A range of information for staff, patients and visitors were available however this poster was not displayed for nursing staff.

Additional Issues

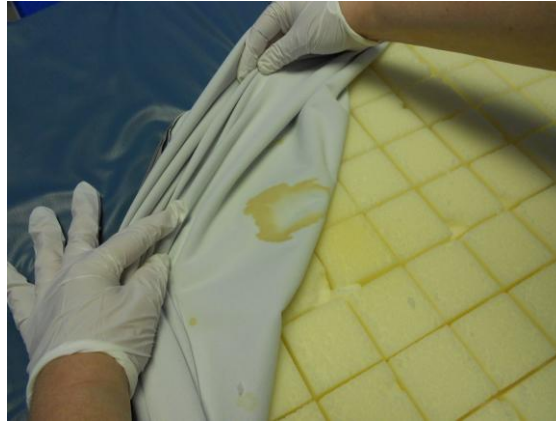
- Currently Bay 3 is configured for six patients but was holding seven patients at the time of the inspection. The additional patient in the bay did not have a locker for their personal belongings, access to a nurse call system or the use of privacy screens. It was noted that a chair was being used as a make shift table for drinks.

Surgical Ward 2

An overall compliant score was achieved in the environment section of the audit tool for surgical Ward 2. Areas specifically within the ward that require most attention include the equipment store and the clinical room. The key issues identified for improvement in this section of the audit tool were:

- Cleaning of hand washing sinks, fixtures and fittings in the wash room, treatment room and the dirty utility room
- Not all posters were laminated; some were attached to surfaces with adhesive tape. Paper labels were used on shelving in the equipment store. The information on the ward notice board had not been updated since 2012.
- Not all surfaces were impermeable to moisture and able to be effectively cleaned. The cover of the examination couch in the treatment room was split and on inspection of a mattress in a patient bed area, the interior of the mattress was stained and there was visible damage to the internal foam. (Picture 3)
- A number of maintenance issues were identified within the designated equipment store. These include: wall damage, cord hanging from a ceiling air vent, ceiling bulb was not working and the store also contained a sink and toilet which had been left insitu from the room's previous designated use. After discussion with trust representatives

the inspection team were informed that the toilet and sink are to be removed and the room is to be fully converted to a store room. It is also noted that incontinence pads had been removed from their protective packaging.



Picture 3: Stained mattress cover

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	Medical 1	Surgical 2
Storage of clean linen	100	100
Storage of used linen	100	94
Laundry facilities	N/A	N/A
Average Score	100	97

The above table outlines the findings in relation to the management of patient linen. Both wards achieved overall compliance in the management of patient linen. Medical Ward 1 achieved full compliance in all sections of the audit. Surgical Ward 2 achieved full compliance in the storage of clean linen. The key issues identified for improvement in this section of the audit tool were:

Issues common to both wards

- No common issues identified

Medical Ward 1

- No issues identified

Surgical Ward 2

- Full laundry bags were stored outside a bay in the ward corridor

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	Medical 1	Surgical 2
Handling, segregation, storage, waste	97	84
Availability, use, storage of sharps	92	76
Average Score	95	79

7.1 Management of Waste

The scores achieved in the above table indicate that Medical Ward 1 achieved good compliance in relation to the handling and storage of waste. Surgical Ward 2 achieved partial compliance, improvement is required. The key issues identified for improvement in this section of the audit tool were:

Issues common to both wards

- Pharmaceutical waste was not disposed of into the designated waste streams.



Picture 4: Pharmaceutical waste in magpie box

Medical Ward 1

- A number of clinical waste bins throughout the ward were not labelled with the appropriate waste category label

Surgical Ward 2

- The lid of a burn bin was stained; there was no documentation on the label to identify the person that assembled the bin.
- There was no available clinical waste bin in the clean utility room, a clinical waste bag was being used in a bin that was designated for mixed recycling



Picture 5: Clinical waste bag in mixed recycling bin

- The disposal hold, was unlocked, there were no lids present on the large waste containers

7.2 Management of Sharps

Sharps boxes must be labelled and signed on assembly and disposal. Identification of the origin of sharps waste in the event of spillage or injury to staff is vital this also assists in the immediate risk assessment process following a sharps injury.

The scores achieved in the above table indicate that Medical Ward 1 achieved good compliance in relation to the management of sharps however Surgical Ward 2 achieved partial compliance which indicates improvement is required. The key issues identified for improvement in this section of the audit tool are:

Issues common to both wards

- Not all sharps boxes were labelled and signed on assembly

Medical Ward 1

- The sharps trays in use did not securely fit the sharps boxes that were available. Trust representatives informed the inspection team that there is a regional issue in the procurement of all small sharps boxes

Surgical Ward 2

- Inspectors noted that the temporary closure mechanism on the sharps boxes were not always deployed when the sharps box was not in use
- Sharps trays in the clean utility were not routinely cleaned after use

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	Medical 1	Surgical 2
Patient equipment	90	85

The table above outlines that both wards achieved compliance in this standard. The key issues identified for improvement in this section of the audit tool were:

Issues common to both wards

- The resuscitation trolleys appeared cluttered. Surfaces and equipment on top of the trolley were dusty. Glucometers required cleaning; dusty in Medical Ward 1, blood stained in Surgical Ward 2
- There was damage to items of patient equipment from general usage and natural 'wear and tear'.

Medical Ward 1

- When questioned, three members of the nursing staff were not aware of the single use symbol
- The resuscitation trolley checking schedule was inconsistently recorded by staff

Surgical Ward 2

- Trigger tape was not consistently used on stored equipment to denote that equipment had been cleaned.

Additional Issue

- The nebulizer chamber at a patient's bedside had medication insitu which had not been administered

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	Medical 1	Surgical 2
Availability and cleanliness of wash hand basin and consumables	97	93
Availability of alcohol rub	100	100
Availability of PPE	87	92
Materials and equipment for cleaning	97	87
Average Score	95	93

The scores achieved in the table indicate good compliance in relation to this standard, with the section on availability of alcohol rub achieving full compliance. The key issues identified for improvement in this section of the audit tool were:

Issues common to both wards

- A number of dedicated accessible hand hygiene facilities at the point of care did not comply with HBN 04-01
- Disinfectant chemicals were not stored in a locked cupboard in line with COSHH guidance. Chemicals were stored on a work top in unlocked dirty utility rooms

Medical Ward 1

No further issues

Surgical Ward 2

- A plug was present on a hand washing sink in the treatment room. Damage was noted to some tap fittings and towels dispensers.
- Materials used in the general cleaning of the ward were not stored appropriately. A dirty mop head was stored on the floor of the domestic store, a yellow mop bucket stored in the dirty utility room was not inverted and the lids of containers of alcohol wipes were open, drying out the cloths and therefore making them ineffective.

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	Medical 1	Surgical 2
Effective hand hygiene procedures	76	86
Safe handling and disposal of sharps	100	92
Effective use of PPE	87	100
Correct use of isolation	84	89
Effective cleaning of ward	95	84
Staff uniform and work wear	100	93
Average Score	90	91

The scores achieved in the table indicated an overall compliance in relation to hygiene practices; immediate improvement is required particularly in effective hand hygiene procedures in Medical Ward 1. The key issues identified for improvement in this section of the audit tool were:

Issues common to both wards

- The notes of patients nursed under contact precautions were inconsistently documented.

Medical Ward 1

- On three occasions, hand hygiene was not performed in accordance with the WHO 5 moments for hand hygiene.
- A patient that had been placed under contact precautions was assisted to mobilise by a physiotherapist. The physiotherapist wore gloves but no apron which is not in line with trust guidance.

Surgical Ward 2

- Nursing staff were not aware of the NPSA colour coding guidance for cleaning equipment and had no practice experience in the use or reconstituting the trust's currently used disinfectant product
- A nurse was observed wearing dangling stoned earrings, another nurse was observed wearing a stoned wedding band. This does not conform to the trust dress code policy.

11.0 Key Personnel and Information

Members of the RQIA inspection team

Mr T Hughes	-	Inspector, Infection Prevention/Hygiene Team
Mrs S O'Connor	-	Inspector, Infection Prevention/Hygiene Team
Mrs L Gawley	-	Inspector, Infection Prevention/Hygiene Team
Mr D Philpot	-	Project Manager

Trust representatives attending the feedback session

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

Ms M Larkin	-	Ward Sister, Medical Ward 1
Ms D Butler	-	Senior Staff Nurse, Surgical Unit
Ms M Bermingham	-	Assistant Director, Corporate and Support Services
Ms L Millar	-	General Manager, Surgery
Ms D Hanna	-	General Manager, Medicine
Ms V Davidson	-	Interim General Manager C+D Services
Ms E Herald	-	Acting lead Nurse
Mr B McKay	-	Building Estates Officer
Ms F Turtle	-	Senior Infection Prevention and Control Nurse
Ms M Cairns	-	Infection Prevention and Control Nurse
Ms D Reid	-	Domestic Services Manager
Ms C Cupples	-	Domestic Supervisor

Apologies

Ms O MacLeod	-	Director of Nursing and User Experience
--------------	---	---

12.0 Summary of Recommendations

Recommendations common to both wards

Standard 2: Environment

1. Ward staff should ensure that surfaces are clean and free from dust and stains.
2. A maintenance programme should be in place for minor damage to doors, walls, skirting, stained ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
3. Clutter should be removed from the treatment rooms and equipment stores.

Standard 3: Linen

No common recommendations

Standard 4: Waste and Sharps

4. Ward staff should be aware of and comply with trust policy on the management of waste and sharps to ensure safe and appropriate practice is in place.

Standard 5: Patient Equipment

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

Standard 6: Hygiene Factors

6. The provision of hand wash sinks should be in line with HBN 04-01 guidance.
7. Ward staff should ensure chemicals are stored in line with COSHH guidance.

Standard 7: Hygiene Practices

8. Ward staff should ensure that all patient records are completed appropriately.

Recommendations: Medical Ward 1

Standard 2: Environment

1. A poster on the NPSA colour coding guidelines should be displayed for nursing staff
2. To maintain dignity, privacy and safety, all patients should have access to appropriate bed side furnishings and the nurse call system

Standard 3: Linen

No recommendations.

Standard 4: Waste and Sharps

3. All waste bins should be labelled to identify the appropriate waste category
4. Sharps bins should fit securely into integral sharps trays

Standard 5: Patient Equipment

5. Ward staff should be aware of the symbol for single use equipment

Standard 6: Hygiene Factors

No further recommendations.

Standard 7: Hygiene Practices

6. Ward staff must carry out hand decontamination in line with WHO guidance.
7. Ward staff should use personal protective equipment appropriately.

Recommendations: Surgical Ward 2

Standard 2: Environment

1. All posters should be laminated for cleaning purposes. The use of tape and labels on equipment should be avoided as this impedes effective cleaning.

Standard 3: Linen

2. Ward staff should ensure that bags of used, soiled or infected linen is stored in a secure area, away from public access, whilst awaiting collection

Standard 4: Waste and Sharps

3. Ward staff should ensure that integral sharps trays are cleaned after use.
4. Temporary closure mechanisms should be deployed when sharps bins are not in use

Standard 5: Patient Equipment

5. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned
6. The administration of medicines should comply with the DHSSPS guidance on the 'Use and Control of Medicines'.

Standard 6: Hygiene Factors

7. Staff should ensure that equipment used for ward cleaning, is clean, fit for purpose and stored appropriately

Standard 7: Hygiene Practices

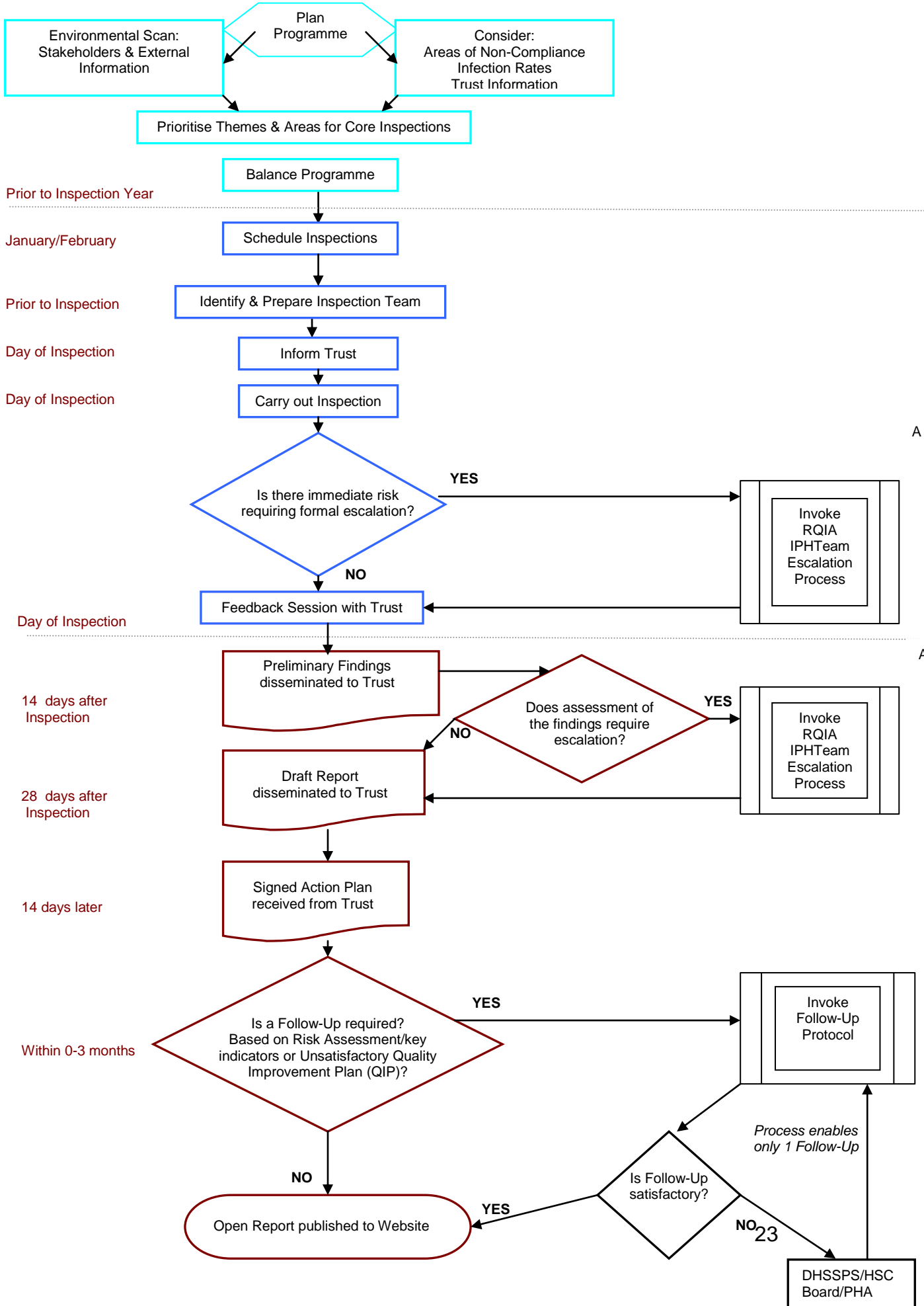
8. The trust should ensure that nursing staff are trained in the reconstitution and use of the trusts recommended disinfectant product. Nursing staff should be aware of the NPSA colour coding guidelines for environmental cleaning equipment
9. Ward staff should be familiar with and adhere to the regional dress code policy

13.0 Unannounced Inspection Flowchart

Plan Programme

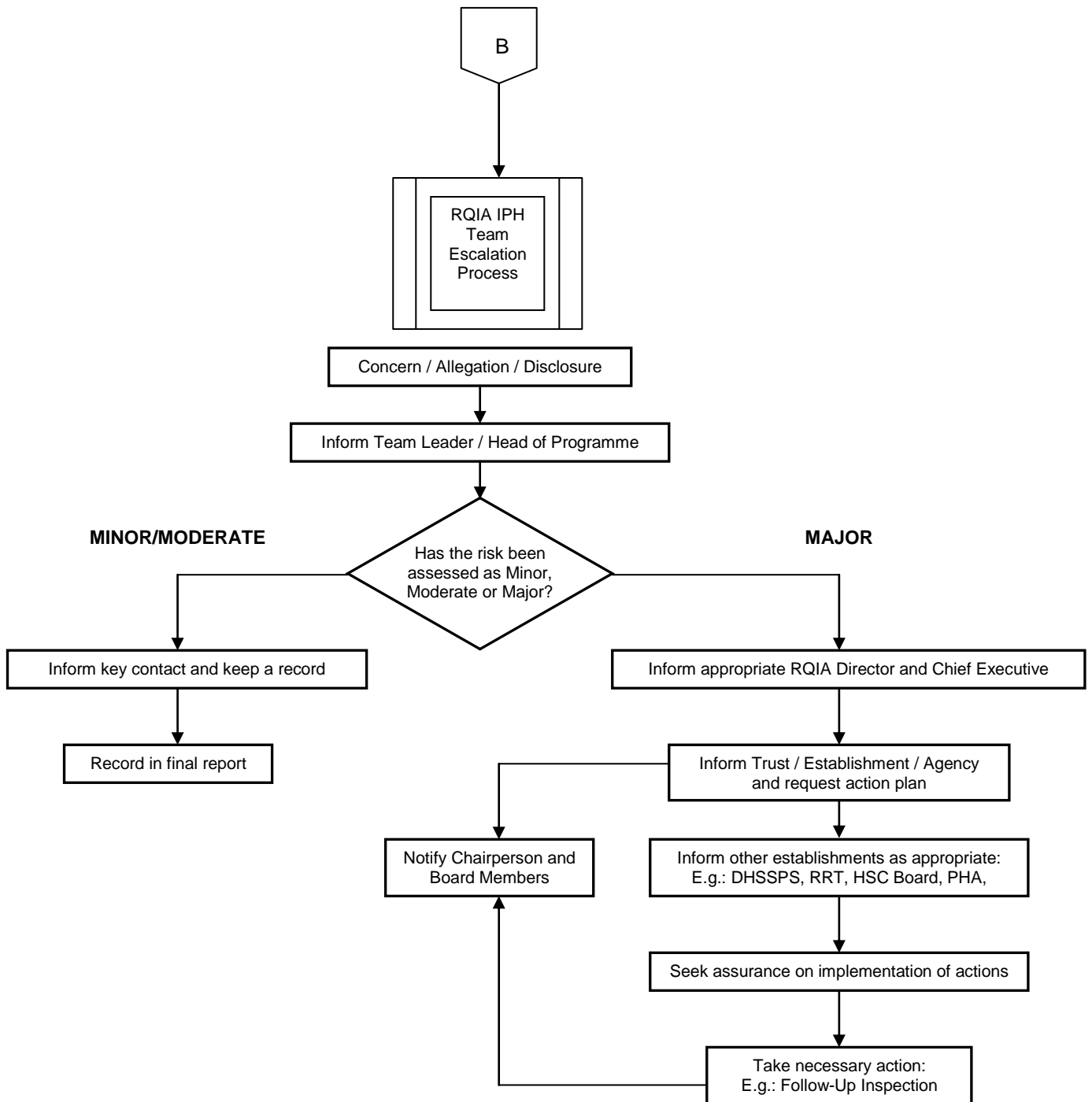
Episode of Inspection

Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Reference number	Recommendations Common to both Wards	Designated department	Action/ Required	Date for completion/ timescale
1	Ward staff should ensure that surfaces are clean and free from dust and stains.	Domestic services	Surfaces should be clean and dust and stain free. Surfaces cleaned and supervisors completing daily checks Supervisors will more effectively check cleaning standards when they are out on the daily Observational Checks and when completing monthly audits	Completed. Ongoing
2	A maintenance programme should be in place for minor damage to doors, walls, skirting, stained ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates Nursing	Repairs completed as reported to estates helpline. Leadership audits completed monthly, issues identified and repaired Ward managers to identify damage furniture and arrange repair or replacement – replacement furniture has been ordered to replace condemned items	Ongoing October 2013
3	Clutter should be removed from the treatment rooms and equipment stores.	Nursing and domestic services	Treatments rooms and stores decluttered. Minor works required to convert room for further storage space	November 2013
4	Ward staff should be aware of and comply with trust policy on the management of waste and sharps to ensure safe and appropriate practice is in place.	All nursing and medical staff	Staff reminded of safe and appropriate practice. Training provided as required Audits completed to provided assurance of safe and appropriate practice	Immediate

5	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing and domestic services	Areas identified in report actioned. Audits to ensure compliance Domestic Supervisors to more effectively check condition and cleanliness of equipment when out on the daily Observational Checks, and when completing monthly audits.	Immediate
6	The provision of hand wash sinks should be in line with HBN 04-01 guidance.	Estates	Current provision of wash sinks in line with recommendations at time of hospital build. Upgrade to current recommendation will only be completed if area requires renovation	No planned work
7	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Nursing and domestic services	Large container for disinfectant chemical too large to be stored in COSHH cupboard. Key pad locks ordered for both areas	October 2013
8	Ward staff should ensure that all patient records are completed appropriately.	Nursing	Nursing records to be completed appropriately. Audit completed monthly to provide assurance of compliance	Immediate

Reference number	Recommendations Medical Ward 1	Designated department	Action/ Required	Date for completion/ timescale
1	A poster on the NPSA colour coding guidelines should be displayed for nursing staff	Nursing and Domestic services	Poster now displayed	completed
2	To maintain dignity, privacy and safety, all patients should have access to appropriate bed side furnishings and the nurse call system	Nursing	Extra equipment ordered for bed space, waiting delivery of same	October 2013
3	All waste bins should be labelled to identify the appropriate waste category	Nursing and domestic	Waste bins now labelled to identify the appropriate waste category	completed
4	Sharps bins should fit securely into integral sharps trays	Nursing	Correct size of sharps boxes now obtained ensuring that they now fit securely into integral sharps trays	completed
5	Ward staff should be aware of the symbol for single use equipment	Nursing	Training provided at staff meetings and during safety briefings for nursing staff. Poster of symbol displayed in ward	completed
6	Ward staff must carry out hand decontamination in line with WHO guidance.	Nursing and other healthcare professionals	All staff to carry out hand decontamination in line with WHO guidance. Weekly audits completed by ward staff and independent unannounced audits completed by the infection control and prevention team	ongoing
7	Ward staff should use personal protective equipment appropriately.	All health professionals	Addressed with individual staff member. Independent audits completed by infection control team routinely to assess management of practice	Immediate ongoing

Reference number	Recommendations Surgical Ward 2	Designated department	Action/ Required	Date for completion/ timescale
1	All posters should be laminated for cleaning purposes. The use of tape and labels on equipment should be avoided as this impedes effective cleaning.	Nursing	Posters now laminated. Tape removed from equipment to ensure effective cleaning	Completed
2	Ward staff should ensure that bags of used, soiled or infected linen is stored in a secure area, away from public access, whilst awaiting collection	Nursing	Used linen transferred to disposal room to await collection	Completed
3	Ward staff should ensure that integral sharps trays are cleaned after use.	Nursing and medical staff	Addressed with staff at safety briefings and staff meetings. Random checks completed by ward manager and lead nurse to assure compliance with standard	Completed ongoing
4	Temporary closure mechanisms should be deployed when sharps bins are not in use	Nursing and medical staff	Addressed with staff at safety briefings and staff meetings. Random checks completed by ward manager and lead nurse to assure compliance with standard	Completed ongoing
5	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned	Nursing staff and other health professionals	Trigger tape is now used consistently, in accordance with infection control team recommendations, on stored equipment to denote that equipment has been cleaned.	Completed
6	The administration of medicines should comply with the DHSSPS guidance on the 'Use and Control of Medicines'.	Nursing staff	Issue addressed immediately when identified at RQIA audit. Highlighted at safety briefings	Completed

7	Staff should ensure that equipment used for ward cleaning, is clean, fit for purpose and stored appropriately	Nursing and Domestic	<p>Issues addressed at time of RQIA audit. Random checks completed by ward manager and domestic supervisory staff</p> <p>Domestic Supervisors to more effectively check the condition and cleanliness of cleaning equipment when out on the daily Observational Checks and completing monthly audits.</p>	<p>Completed</p> <p>On going</p>
8	The trust should ensure that nursing staff are trained in the reconstitution and use of the trusts recommended disinfectant product. Nursing staff should be aware of the NPSA colour coding guidelines for environmental cleaning equipment	Nursing	<p>Cascade training provided for nursing staff and record of training maintained</p> <p>Poster of NPSA colour coding guidelines for environmental cleaning equipment displayed and addressed at safety briefings</p>	<p>October 2013</p> <p>Completed</p>
9	Ward staff should be familiar with and adhere to the regional dress code policy	Nursing	Addressed with individual staff members concerned at time of RQIA audit. Ward manager and senior staff to monitor to assure compliance with standard	Completed



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