



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Inspection**

Western Health and Social Care Trust

South West Acute Hospital

15 August 2014

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1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

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

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

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

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

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

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

3.0 Inspection Summary

An unannounced inspection was undertaken to the South West Acute Hospital, on the 15 August, 2014. The inspection team was made up of three inspectors and one peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The South West Acute Hospital was previously inspected on 13 November 2012. The unannounced inspection showed overall compliance in two wards with the Regional Healthcare Hygiene and Cleanliness Standards. The inspection report of that inspection is available on the RQIA website www.rqia.org.uk.

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

- Ward 3 – Medical
- Ward 9 – Surgical

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

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

Inspectors observed good compliance:

- Both wards were compliant in all seven standards and all staff should be commended.
- Both wards carry out audits in relation to care bundles and hand hygiene.
- In Ward 9 hand hygiene audits are peer reviewed.

The inspection of South West Acute Hospital, Western Health and Social Care Trust resulted in **2** general recommendations, **13** recommendations for Ward 3 and **14** recommendations for Ward 9. A full list of recommendations is listed in Section 12.0.

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

The final report and Quality Improvement Action Plan will be available on the RQIA website. When required, reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency.

The RQIA inspection team would like to thank the WHSCT and in particular all staff at the South West Acute Hospital for their assistance during the inspection.

4.0 Overall compliance rates

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool.

The audit tool is comprised of the following sections:

- Organisational Systems and Governance
- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

The section on organisational systems and governance is reviewed on announced inspections.

Table 1 below summarises the overall compliance levels achieved. Percentage scores can be allocated a level of compliance using the compliance categories below.

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

Areas inspected	Ward 3	Ward 9
General environment	92	95
Patient linen	98	100
Waste	98	93
Sharps	100	85
Equipment	90	90
Hygiene factors	98	97
Hygiene practices	94	89
Average Score	96	93

5.0 Standard 2: General Environment

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

General environment	Ward 3	Ward 9
Reception	N/A	89
Corridors, stairs lift	96	87
Public toilets	89	95
Ward/department - general (communal)	87	97
Patient bed area	98	N/A
Bathroom/washroom	86	N/A
Toilet (visitor)	N/A	94
Clinical room/treatment room	98	91
Clean utility room	89	97
Dirty utility room	98	100
Domestic store	85	92
Kitchen	86	100
Equipment store	86	100
Isolation	100	99
General information	97	92
Average Score	92	95

The above table outlines the findings in relation to the general environment of the facilities inspected. Both wards were compliant in all sections; one section in Ward 3 and three sections in Ward 9 achieved a full compliance score. Cleaning was to a high standard and staff should be commended.



Picture 1: Clean tidy reception

The external area around the main entrance was clean, tidy and free from litter. The main reception area and corridors leading to wards were light, spacious and generally clean (Picture 1). There were some minor cleaning issues in relation to dust on surfaces and the external windows were dirty.

Inspectors were aware that signage to wards has been an ongoing problem for the hospital since it opened two years ago. Several initiatives to improve the signage have been carried out. Inspectors found signage to the wards confusing. Signposts to the wards did not indicate that wards may be on different floors. Overhead signage was small and could be missed. At the joint lobby to Wards 2 and 9 only Ward 2 was sign posted. The overhead signage had a piece of paper with the number 2 written on it (Picture 2) there was no reference to Ward 9. Directly outside Ward 39, the wall mounted sign was blocked by the opened ward door.

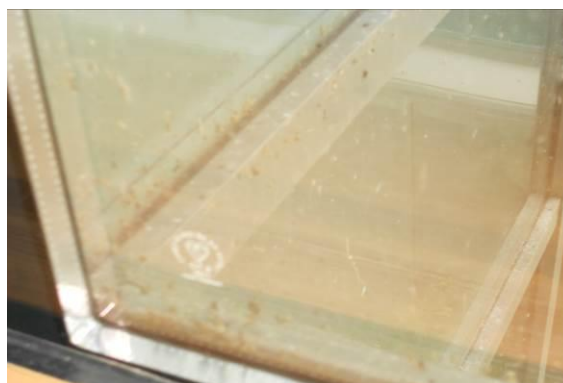


Picture 2: Poor signage

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

Issues common to both wards

- Cleaning was of a good standard; however more attention to detail was required when cleaning high and low horizontal surfaces as there was dust and debris on shelving, windowsills and inaccessible flooring or skirting.
- External windows were dirty and dusty (Picture 3).
- In the domestic stores the combined janitorial hand wash sink and sluice required cleaning.
- There was some damage to surfaces. The doors of the domestic store in Ward 3 and the clinical room of Ward 9 were damaged at bin height. In the kitchen of Ward 3 the veneer strip on a cupboard was missing.
- There were gaps in the nursing cleaning schedules.



Picture 3: Dirty windows

Ward 3

- Some of the sanitary fixtures and surfaces in the public toilet and bathroom were dusty or stained. The bathroom which was outside the ward was being used as a store for bariatric equipment (Picture 4).
- In the kitchen the hand wash sink was splashed and the equipment sink was tarnished. The castors of the food trolley were dusty and there was debris on the base of the fridge.
- In the equipment store two mattresses and boxes of supplies were on the floor. Boxes of supplies were also stored on the floor of the consumables store.



Picture 4: Bathroom used as a store

Ward 9

- A linen segregation poster was not available for staff to reference.
- In the clinical room the drugs fridge required cleaning, staff did not carry out and record temperature readings consistently for the drugs fridge.

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 3	Ward 9
Storage of clean linen	95	100
Storage of used linen	100	100
Laundry facilities	N/A	N/A
Average Score	98	100

The above table outlines the findings in relation to the management of patient linen. Ward 9 was fully compliant; Ward 3 achieved compliance in this standard.

Linen was clean, free from damage and stored appropriately in a designated store. Staff practices in relation to the handling and disposal of used linen was good.

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

Ward 3

- There was dust on the floor under the shelving and hard to access areas.

Ward 9

No issues were identified.

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 3	Ward 9
Handling, segregation, storage, waste	98	93
Availability, use, storage of sharps	100	85

The above table indicates that both wards were compliant in the standard on waste. Ward 3 was fully compliant in the section in relation to sharps and are to be commended. Ward 9 achieved a compliance score.

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

7.1 Management of Waste

Issues common to both wards

- Household waste was observed in clinical waste bins.

Ward 3

No further issues identified.

Ward 9

- In the clinical room the lid of the orange lidded burn bin was blood stained and the bin contained pharmacy waste.
- In the clinical room paperwork was attached to a purple lidded burn bin for transfer to pharmacy, however the bin lid had not been locked nor had the bin been security tagged.

7.2 Management of Sharps

Ward 3

No issues identified.

Ward 9

- The lid of a sharps box was blood stained and two sharps trays required further cleaning.
- The sharps box on the resuscitation trolley was not secured; the box had been used and was dated 03 September 2013. This was changed immediately by staff.
- The door of the clinical room was open, sharps boxes were not secure.

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 3	Ward 9
Patient equipment	90	90

The above table indicates that both wards achieved compliance in this standard. Staff were aware of their roles, responsibilities and practice in ensuring patient equipment was clean and appropriately decontaminated.

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

Issues common to both wards

- Items of patient equipment required cleaning. For example, in Ward 3, the base of IV stand, ECG machine on the resuscitation trolley, the base of glucose monitoring charging hub and patient hoist were stained or dusty. In Ward 9 the trolley used for taking bloods had a large blood stain. The resuscitation trolley and equipment on it was dusty. Inspectors checked equipment with trigger tape to indicate equipment had been cleaned and found the underside of two commodes and a stored IV pump were stained.

Ward 3

- Not all nursing staff were aware of the symbol for single use equipment.

Ward 9

No further issues.

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 3	Ward 9
Availability and cleanliness of wash hand basin and consumables	100	97
Availability of alcohol rub	97	93
Availability of PPE	100	100
Materials and equipment for cleaning	96	96
Average Score	98	97

The above table indicates both wards achieved compliance in this standard. Ward 3 was fully compliant in availability and cleanliness of hand wash basin and consumables. Both wards were fully compliant in the section on availability of PPE.

The inspection found that dedicated, accessible hand hygiene facilities were located near to the point of care in accordance with local and national guidance. Hand hygiene facilities were in a good state of repair, free from any inappropriate items and conformed to HBN 04-01, all were visibly clean. A range of personnel protective equipment was available on the ward and was stored appropriately away from the risk of contamination.

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

Issues common to both wards

- Mop buckets were stained and required further cleaning. The floor polisher in Ward 3 and the domestic cleaning trolley in Ward 9 were dusty.

Ward 3

- The alcohol dispenser at the entrance to the ward did not have sufficient content for the next two uses.

Ward 9

- The underside of a paper towel dispenser in the dirty utility room was dirty.
- The nozzles of taps in the clinical room and the dirty utility room were dirty.

- The alcohol rub dispenser outside room five was empty and the alcohol dispenser at the entrance to the ward was broken.

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 3	Ward 9
Effective hand hygiene procedures	100	100
Safe handling and disposal of sharps	100	77
Effective use of PPE	100	94
Correct use of isolation	90	89
Effective cleaning of ward	80	86
Staff uniform and work wear	93	93
Average Score	94	89

The above table indicates an overall good compliance in this standard. Ward 3 achieved three fully compliant sections. Ward 9 achieved one fully compliant section. However both wards had a partially compliant section which requires action; Ward 3 effective cleaning, Ward 9 safe handling and disposal of sharps.

Inspectors found that effective hand hygiene was undertaken by staff. This is vital as the single most important way of preventing the spread of infection. In Ward 3 inspectors observed that sharps were disposed of safely and that staff were fully compliant in the use of PPE.

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

Issues common to both wards

- Some staff did not comply with the trust dress code policy.
- Not all nursing staff were aware of the dilution rates for the disinfectants in use or when not to use an alcohol based disinfectant.

Ward 3

- The care pathway for MRSA was maintained in the patients notes but nursing staff did not always refer to the care pathway in the daily evaluation records.
- Hands were not always decontaminated (outside the room) when gloves were removed.
- Not all nursing staff were knowledgeable on the NPSA colour coding system.

Ward 9

- Two re-sheathed needles were observed in sharps boxes.
- A syringe and needle had been disconnected for disposal after use.
- A member of catering staff did not change his gloves between tasks.
- The care plan for a patient with a known infection was not in place.

11.0 Key Personnel and Information

Members of the RQIA inspection 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 G Mulholland - RQIA, Estates Support Officer

Trust representatives attending the feedback session

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

- Mr J Lusby - Deputy Chief Executive Western Health and Social Care Trust
- Ms M Melley - Assistant Nursing Services Manager
- Ms M McGoldrick - Support Services Housekeeping manager
- Ms A Maclean - Support Services Manager
- Ms M Magown - Support Services Site Manager
- Ms R Jones - Ward 9 Acting Manager
- Ms C Roberts - Ward 3 Staff Nurse
- Mr S McDonald - Assistant Nursing Services Manager
- Ms C Robertson - Infection Control Nurse
- Ms W Cross - Nursing Governance
- Ms K Crossan - Assistant Director of Surgery and Anaesthetics

12.0 Summary of Recommendations

Recommendations for General Public Areas

1. The trust should ensure that general public areas are clean and free from dust.
2. The trust should continue to improve the signage in the hospital

Recommendations Ward 3

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust and damage
2. Nursing cleaning schedules should be consistently recorded.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.

Standard 3: Linen

See recommendation 2.

Standard 4: Waste and Sharps

4. Staff should ensure waste is disposed of into the correct waste stream according to trust policy.

Standard 5: Patient Equipment

5. Ward staff should ensure that patient equipment is clean.
6. Nursing staff should be aware of the symbol for single use items

Standard 6: Hygiene Factors

7. Ward cleaning staff should ensure all cleaning equipment is clean.
8. Staff should ensure alcohol dispensers are filled and ready for use.

Standard 7: Hygiene Practices

9. Nursing staff should be knowledgeable on dilution rates for disinfectants and their use.

10. Ward staff should ensure that daily evaluation sheets are completed in care pathways
11. All staff should ensure they comply with the trust dress code policy.
12. Staff should ensure hands are decontaminated when gloves are removed
13. Nursing staff should be knowledgeable on the NPSA colour coding system

Recommendations: Ward 9

Standard 2: Environment

1. Staff should ensure that all surfaces are clean, free from dust and damage
2. Nursing cleaning schedules should be consistently recorded.
3. A linen segregation poster should be available
4. Staff should ensure that records of temperature checks for drugs fridges are completed daily.

Standard 3: Linen

No further recommendations

Standard 4: Waste and Sharps

5. Staff should ensure they comply with the trust's waste and management of sharps policy, and that all equipment is clean

Standard 5: Patient Equipment

6. Ward staff should ensure that patient equipment is clean.

Standard 6: Hygiene Factors

7. Staff should ensure dispensers are clean, filled and free from damage.
8. Staff should ensure the underside of taps are clean
9. Ward cleaning staff should ensure all cleaning equipment is clean.

Standard 7: Hygiene Practices

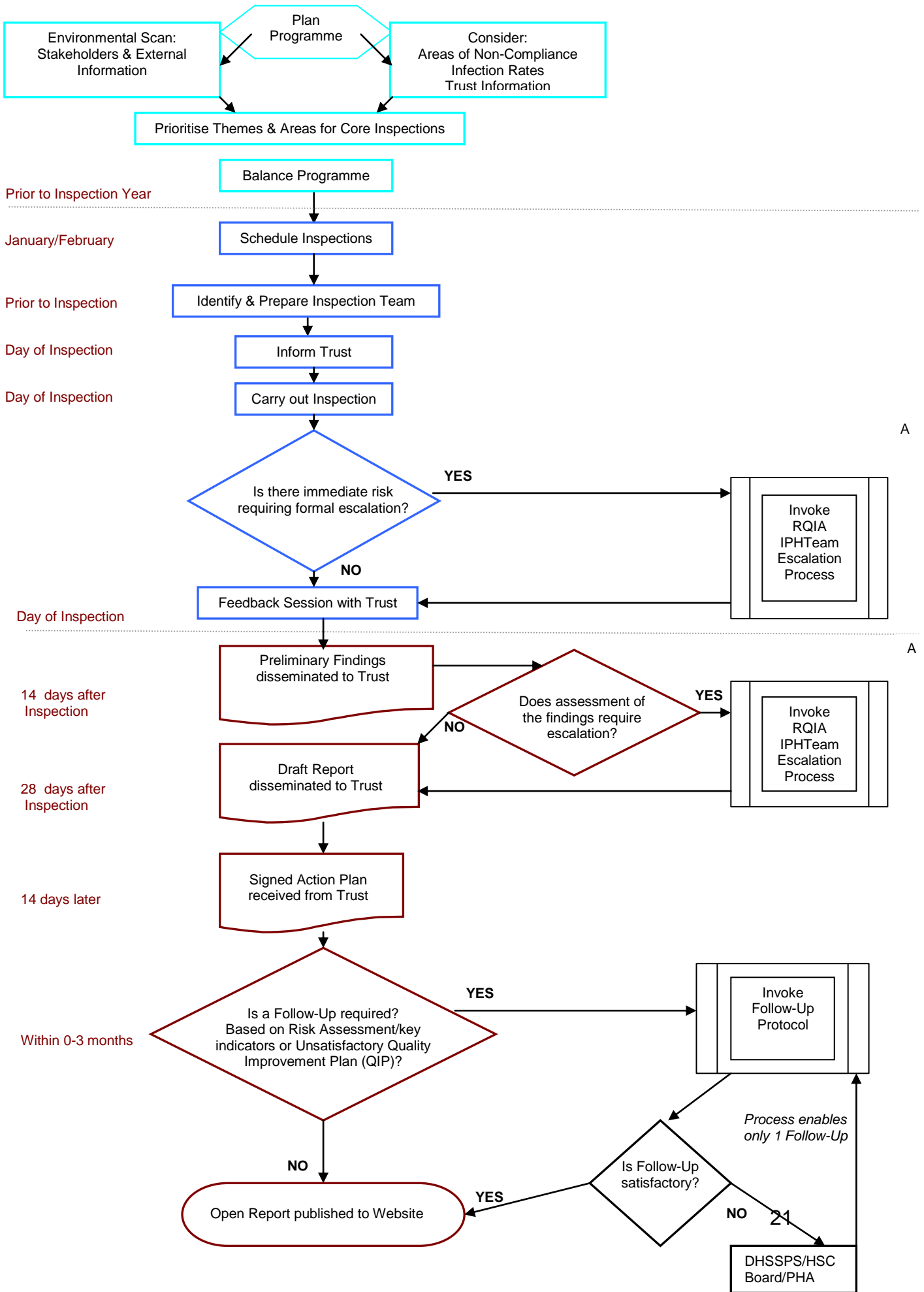
10. Nursing staff should be knowledgeable on dilution rates for disinfectants and their use.
11. Staff should ensure that a care pathway is in place for patient with a known infection
12. Staff should ensure gloves are changed between tasks and that hands are decontaminated following the removal of glove
13. All staff should ensure they comply with the trust dress code policy.
14. Staff should ensure that needles are not re-sheathed as per trust policy.

13.0 Unannounced Inspection Flowchart

Plan Programme

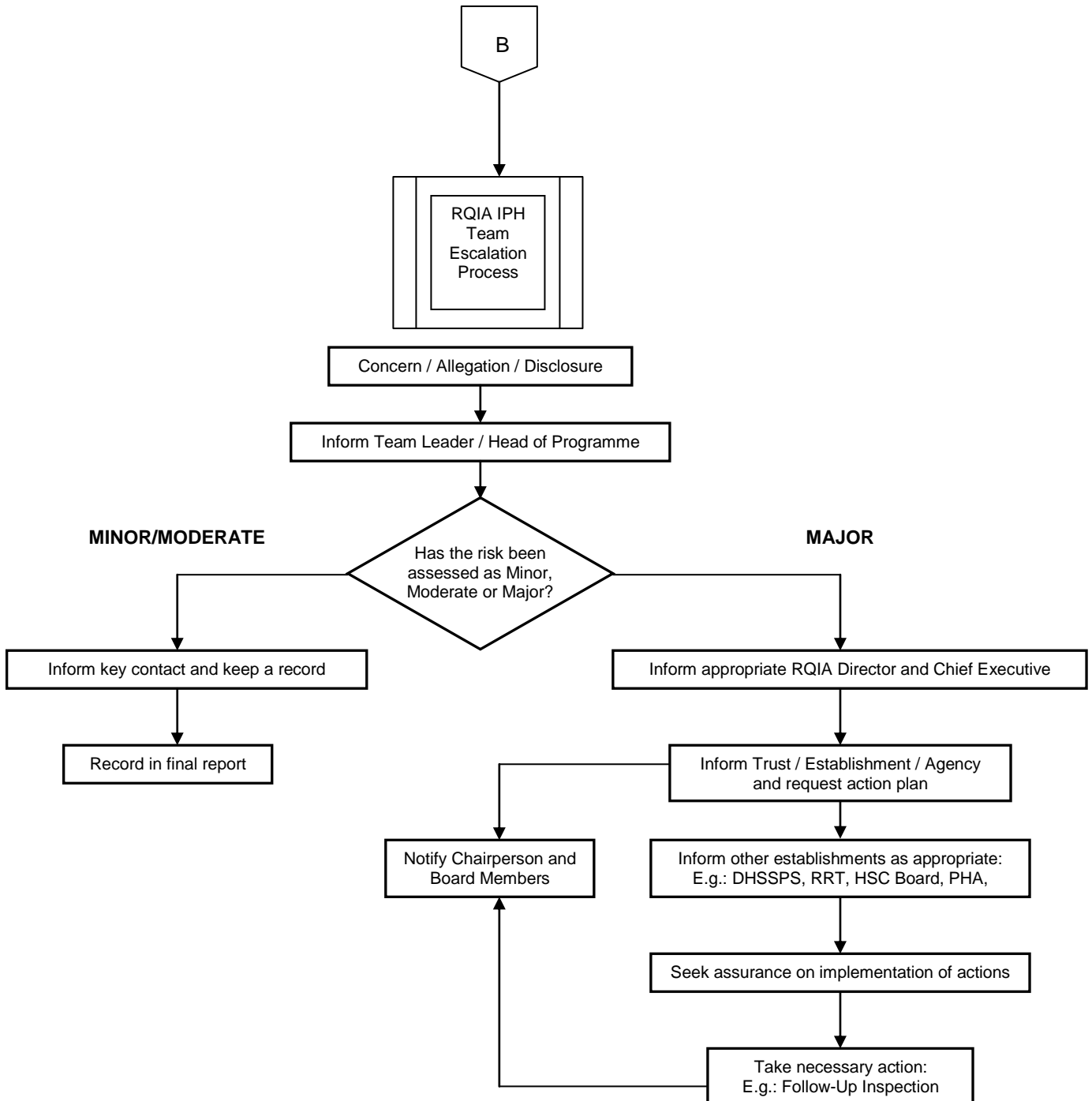
Episode of Inspection

Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Area: Ward 3

Reference number	Recommendations Ward 3	Designated department	Action required	Date for completion/ timescale
Recommendations for general public areas				
1.	The trust should ensure that general public areas are clean and free from dust.	Support Services	The public areas were reviewed and cleaned. These areas are included in a cleaning plan.	Completed & ongoing
2.	The trust should continue to improve the signage in the hospital	Corporate Management	Signage is under discussion and will be reviewed and actioned as appropriate	February 2015
Recommendations for common issues				
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean, free from dust and damage	Support Services / Nursing	Areas identified as requiring cleaning have been actioned. All staff has been advised of the need to report damaged surfaces as per Trust policy.	Completed & ongoing
2.	Nursing cleaning schedules should be consistently recorded.	Nursing	Nursing staff had been advised of the requirement to ensure their cleaning schedules are updated regularly.	Completed & ongoing
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Ward staff had been reminded of the need to keep stock levels as low as possible and to keep the environment clutter free.	Completed & ongoing
Standard 3: Linen				
	See recommendation 2.			

Reference number	Recommendations Ward 3	Designated department	Action required	Date for completion/ timescale
Standard 4: Waste and Sharps				
4.	Staff should ensure waste is disposed of into the correct waste stream according to trust policy.	Nursing	Staff had been reminded of the correct process for waste disposal.	Completed & ongoing
Standard 5: Patient Equipment				
5.	Ward staff should ensure that patient equipment is clean.	Nursing	Staff had been reminded of the need to ensure patient equipment is clean. Patient equipment is included in cleaning schedule.	Completed & ongoing
6.	Nursing staff should be aware of the symbol for single use items	Nursing	Staff had been reminded of the correct symbol for single use items through ward safety briefs.	Completed & ongoing
Standard 6: Hygiene Factors				
7.	Ward cleaning staff should ensure all cleaning equipment is clean.	Support Services	Staff had been reminded of the importance of keeping their equipment clean and this is part of the cleaning checks.	Completed & ongoing
8.	Staff should ensure alcohol dispensers are filled and ready for use.	Nursing	Staff had been reminded to keep alcohol dispensers filled and ready for use.	Completed & ongoing
Standard 7: Hygiene Practices				
9	Nursing staff should be knowledgeable on dilution rates for disinfectants and their use	Nursing	Staff had been reminded of the correct dilution rates. Posters are now in place which advise on dilution rates.	Completed & ongoing
10	Ward staff should ensure that daily evaluation sheets are completed in care pathways	Nursing	A record keeping project is on-going within the Trust and this standard of practice has been reinforced.	Completed & ongoing

Reference number	Recommendations Ward 3	Designated department	Action required	Date for completion/ timescale
11	All staff should ensure they comply with the trust dress code policy.	All Staff	Staff had been reminded of the Trust Dress Code Policy. This is being raised at divisional meetings to ensure compliance.	Completed & ongoing
12	Staff should ensure hands are decontaminated when gloves are removed	Nursing	Staff had been reminded of the correct process for hand decontamination when wearing gloves. Trust policy has been reinforced.	Completed
13	Nursing staff should be knowledgeable on the NPSA colour coding system	Nursing	All staff now knowledgeable about NPSA colour coding and Trust decontamination guidelines. Discussed at daily safety briefing.	Completed

Area: Ward 9

Reference number	Recommendations: Ward 9	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean, free from dust and damage	Nursing Support services	Staff have been reminded of the need to keep surfaces clean and free from	Completed
2.	Nursing cleaning schedules should be consistently recorded.	Nursing	Nursing staff have been reminded of the need to ensure cleaning schedules are followed and completed accurately	Completed
3.	A linen segregation poster should be available	nursing	Poster now available	Completed
4.	Staff should ensure that records of temperature checks for drugs fridges are completed daily	nursing	Staff have been reminded that the fridge temperature needs to be record daily and this is now established	Completed and on-going
Standard 3: Linen				
	No further recommendations			
Standard 4: Waste and Sharps				
5.	Staff should ensure they comply with the trust's waste and management of sharps policy, and that all equipment is clean	Nursing	Staff have been reminded of the correct process for disposal of sharps and to ensure that all equipment is cleaned to the required standard as per the Trust policy	Completed and on-going
Standard 5: Patient Equipment				
6.	Ward staff should ensure that patient equipment is clean.	Nursing	Staff have been reminded of the need to ensure patient equipment is clean and	Completed and on-going

Reference number	Recommendations: Ward 9	Designated department	Action required	Date for completion/ timescale
	.		decontaminated according to trust policy This is tested through the environmental cleanliness audits	
Standard 6: Hygiene Factors				
7.	Staff should ensure dispensers are clean, filled and free from damage.	Nursing	Staff had been reminded to keep alcohol dispensers filled and ready for use. Damaged dispensers have been replaced	Completed and on-going
8.	Staff should ensure the underside of taps are clean	Support Services	Taps cleaned and on cleaning schedule	On-going
9.	Ward cleaning staff should ensure all cleaning equipment is clean.	Support Staff	Staff have been reminded of the need to ensure their cleaning equipment is clean and fit for purpose and to include this in cleaning schedules	On-going
Standard 7: Hygiene Practices				
10.	Nursing staff should be knowledgeable on dilution rates for disinfectants and there use.	Nursing	Poster with dilution rates are available for staff to ensure they dilute solutions correctly	Completed and On-going
11.	Staff should ensure that a care pathway is in place for patient with a known infection	Nursing	Staff have been reminded to ensure they completed and adhere to the care pathways for patients with specific infections	Completed and On-going
12.	Staff should ensure gloves are changed between tasks and that hands are decontaminated following the removal of glove	Nursing Medial staff	All staff have been reminded of the requirement to ensure they adhere to the Trust policy on use of gloves and the correct hand hygiene standard to follow. Compliance will be monitored through hand hygiene audits	Completed and on-going
13.	All staff should ensure they comply with the trust dress code policy.	Nursing	Staff have been reminded of the correct dress code policy and to adhere to this	Completed and on-going

Reference number	Recommendations: Ward 9	Designated department	Action required	Date for completion/ timescale
14.	Staff should ensure that needles are not re-sheathed as per trust policy	Nursing Medical staff	Staff have been reminded of the correct methodology in relation to disposal of sharps and in particular not to re-sheath needles	Completed and on-going



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