



The **Regulation** and
Quality Improvement
Authority

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

Lagan Valley Hospital

22 January 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 Lagan Valley Hospital on the 22 January 2014. The inspection team was made up of two inspectors. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Lagan Valley Hospital was previously inspected on the 14 September 2011. This was an unannounced inspection; three wards were inspected by the RQIA team. The results of the inspection showed that in all three wards there was compliance in all but one of the Regional Healthcare Hygiene and Cleanliness standards. The inspection reports of those inspections are available on the RQIA website www.rqia.org.uk.

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

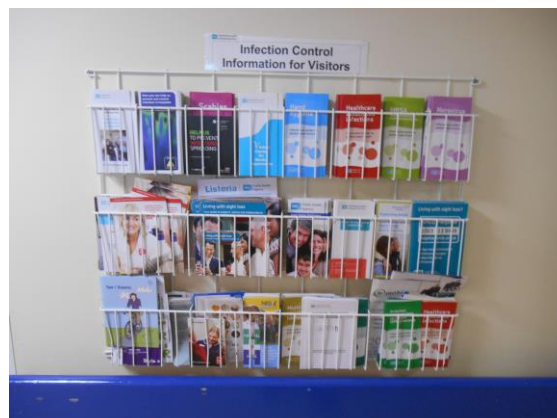
- Ward 14 – Medical/Stroke

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

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

Inspectors observed that two of the seven standards of the Regional Healthcare Hygiene and Cleanliness Standards were compliant. Four of the standards were partially compliant and one standard was minimally compliant.

Inspectors observed the following areas of good practice:



Picture 1: Patient information leaflets

- There was good information and leaflets displayed for patients (Picture 1)
- The ward has been painted in dementia patient friendly colours
- The newly appointed infection prevention and control link nurse displayed good knowledge
- The trust is developing a framework to roll out learning from RQIA inspections to all wards within the trust

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

- Standards and sections which are not compliant require immediate action to bring them up to a compliant level
- Particular attention should be given to improve the environment standard which was non-compliant overall

The inspection of the Lagan Valley Hospital, South Eastern Health and Social Care Trust, resulted in **24** recommendations for Ward 14.

A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- More attention to improving environmental cleaning, clutter, maintenance and repair
- Incorrect segregation or storage of waste and sharps
- The availability of hand washing sinks
- The cleanliness of domestic equipment

The South Eastern 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 South Eastern Health and Social Care Trust and in particular all staff at the Lagan Valley 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.

Ward	Ward 14
Environment	75
Patient Linen	77
Waste	82
Sharps	82
Equipment	78
Hygiene Factors	93
Hygiene Practices	90
Total	82

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.

Environment	Ward 14
Reception	64
Corridors, stairs lift	70
Public toilets	N/A
Ward/department – general (communal)	77
Patient bed area	90
Bathroom/washroom	84
Toilet	77
Clinical room/treatment room	67
Clean utility room	N/A
Dirty utility room	73
Domestic store	64
Kitchen	73
Equipment store	57
Isolation	95
General information	84
Total	75

The findings in the table above indicate that the general environment and cleaning in Ward 14 required immediate action for the ward to achieve compliance.

A high standard of cleaning and well maintained public areas such as the reception, corridors and stairs promote public confidence in the standards set by the hospital. Maintenance, repair and cleaning issues were identified in these areas.

The main entrance reception, corridors and stairwell leading to the ward required more attention to detail in relation to the cleaning of cigarette butts on the ground outside the reception entrance, dust on skirting, floor carpet, edges and corners, lights, windows and high and low horizontal surfaces. There was chipped paintwork on skirting, wall damage outside the psychiatric ward entrance and damage to Ward 14 entrance door. The main entrance reception and underneath the stairwell was cluttered with equipment, storage trolleys, unused linen bags and a large box. There was no waste bin in the reception for the disposal of waste; rubbish was observed on a table.

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

Within the environment section of the audit tool inspectors found immediate action is required in relation to the minimally compliant sections within this standard.

Areas within the ward that required most attention are the clinical room, dirty utility room, domestic store, equipment store and kitchen. The key findings in respect of the general environment are detailed in the following points.

- Common cleaning issues throughout the ward were cleaning external windows, flooring, especially corners and edges, horizontal surfaces, cupboards and air vents.



Picture 2: Cluttered clinical work surface

- There were insufficient storage facilities throughout the ward. Patient areas, clinical rooms, equipment store and shelving throughout the ward were cluttered with equipment and supplies (Picture 2). A cluttered environment, with inaccessible areas and storage on the floor, impedes effective cleaning.
- Damage was observed to wooden surfaces, dado rails, doors, formica on mailbox storage units and unsecure shelving. The enamel on the domestic sluice sink was chipped and the wooden strip was worn. Cork and fabric notice boards were present in the clinical room and kitchen. For effective cleaning, surfaces should be free from damage and impervious to moisture.
- In the shower room the window lock was broken and the sill was cracked. The shower door crevices required cleaning and a communal bar of soap was present. There was no shower curtain present and the disabled pull cord was tied up. In the toilet, beside the nurses' station, there was no ventilation and a strong smell of urine was present. There was no toilet roll holder and the toilet brush was stained. The raised toilet seat was screwed to the floor and unable to be cleaned underneath. The inside of the raised toilet seat was worn.

- Bedrails were chipped and some formica bed ends were old and worn. Bedside privacy curtains were not long enough to fully enclose the patient's bed. Two curtains were hung overlapped on the curtain rail; however gaps were noted in these curtains.
- In the domestic store there was no dedicated hand washing sink or consumables. In the dirty utility room there was no bedpan rack. Inspectors noted that bedpans were wet when removed from the bedpan washer.
- The hand washing and equipment sink in the kitchen and the sluice sink in the domestic store required cleaning. The caps were missing from taps in the kitchen equipment sink. In the clinical room the fridge was old, worn and the front was damaged. In the kitchen decanted coffee was not stored in a sealed container.
- Hand hygiene posters were not displayed at all hand wash sinks and not all posters were laminated. There was no National Patient Safety Agency (NPSA) cleaning colour coded poster displayed for nursing staff to reference. Nursing cleaning schedules were not completed.

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).

Linen	Ward 14
Storage of clean linen	74
Handling and storage of used linen	80
Laundry facilities	N/A
Total	77

The above table outlines the findings in relation to the management of patient linen. Ward 14 achieved minimal compliance in relation to the storage of clean linen and partial compliance in the management of used patient linen.

The issues identified for improvement were:

- Clean linen was stored cluttered on shelving. Curtains were over spilling from shelving onto the floor
- There was inappropriate storage of a ladder, outdoor coats and patient property in the store
- The clean linen store skirting, especially inaccessible areas required cleaning
- A blood stained towel was inappropriately disposed of into the used linen stream rather than into an alginate bag
- Used linen bags were more than 2/3 full
- The large linen storage skip required cleaning

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.

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.

Waste and sharps	Ward 14
Handling, segregation, storage, waste	82
Availability, use, storage of sharps	82

The above table indicates that Ward 14 achieved partial compliance in the handling, segregation and storage of waste and in the availability, use, and storage of sharps. Issues identified for improvement in this section of the audit tool were:

7.1 Management of Waste

- Gloves and a medicine cup were disposed of into a house waste bin
- The lid of the purple lidded burn bin was stained
- The lid of the house hold waste bin in bay B was rusted and broken. The underside of house hold waste bin lid in bays D and A were stained
- In the dirty utility room the underside of the clinical waste bin was rusted. The lids of the clinical waste bins in bay B, D and A required cleaning. The waste label on the clinical waste bin in the dirty utility room and in bay A was peeling

7.2 Management of Sharps



Picture 3: Sharps box with unsecure lid and re-sheathed needles

- The lid of two sharps boxes in the treatment were not attached securely (Picture 3)
- One sharps box was not labeled correctly; locality, date, signature
- Two sharps trays were stained with hibiscrub

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 14
Patient equipment	78

The table above outlines that Ward 14 was partially compliant in this standard and requires immediate action. The key issues identified for improvement in this section of the audit tool were:

- Stocks on IV fluid bags were not rotated – bags dated 2014 were found under bags dated 2015
- One staff member was not aware of the symbol for single use
- Equipment was old, worn and damaged; bedpans, catheter stands, commode, IV stands, drugs trolley, linen trolley and manual handling equipment
- Patient wash bowls were stored wet and stacked in the dirty utility room. An old unused commode basin was stored inside the bowls
- The drugs trolley was stained with orange liquid. The shelf on both trolleys was cluttered. A stored fan was dusty and metal IV trays were stained and had equipment present which had not been put away after use. The ice machine scoop was stored in an unsealed container and there was food debris in the edges of a wheelchair frame
- There was no signage on the treatment room door to denote the storage of oxygen
- Staff advised that there is no routine cleaning regime for medicine round tabards

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 14
Availability and cleanliness of WHB and consumables	93
Availability of alcohol rub	97
Availability of PPE	100
Materials and equipment for cleaning	80
Total	93

The above table indicates that Ward 14 achieved overall compliance in this standard. However the section on materials and cleaning equipment was partially compliant.

The key issues identified for improvement in this section of the audit tool were:

- The ratio 1:6 of hand washing sinks in bed bays was not in line with local/national guidelines. There was no clinical hand washing sink in the treatment room or dirty utility room
- Some consumable dispensers were damaged or required cleaning. There was no hand pump moisturiser available
- Cleaning solutions in the dirty utility room were not stored securely in line with COSHH regulations
- A clean mop head was stored on top of a dirty mop bucket, a used mop head attached to a mop shaft was stored in a bucket of dirty water.
- Domestic equipment was old, worn or required cleaning; domestic trolley, mop buckets, mop head, burnisher and vacuum cleaner (Picture 4)



Picture 4: Dirty vacuum cleaner

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 14
Effective hand hygiene procedures	90
Safe handling and disposal of sharps	78
Effective use of PPE	95
Correct use of isolation	N/A
Effective cleaning of ward	88
Staff uniform and work wear	100
Total	90

The table indicated overall compliance with this standard. However the section on safe handling and disposal of sharps was partially compliant.

The key issues identified for improvement in this section of the audit tool were:



Picture 5: Alcohol gel dispenser

- Alcohol gel dispensers were available throughout the ward (Picture 5). However one staff member did not carry out the 7 step hand hygiene technique when using alcohol gel. One staff member did not decontaminate their hands before serving meals.
- Three needles were re-sheathed in sharps boxes in the treatment room. Inspectors noted that there was solution in the syringe covers to indicate that these had been used.
- A member of staff was observed completing an activity with a patient. While the staff member removed gloves and carried out hand washing

they did not remove their apron before getting a urinal for the same patient.

- A Haz-tab, rather than an Actichlor Plus disinfectant dilution poster was present in the dirty utility room for nursing staff.
- Nursing staff were unfamiliar with the NPSA cleaning colour coded system in use.

Additional Issues

- Tubs of wipes were observed in the patient toilets. During inspection these were open and have the potential to dry out and become contaminated, if toilet seats are not put down before flushing.
- Inspectors were advised that there is no ward pharmacist. This can have an impact and cause delayed patient discharge.
- The ward has an escalation bed which is located in the corner of the communal patient dining area. This position is not ideal and has implications for maintaining patient privacy and dignity, especially during mealtimes.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- Mrs S O'Connor - Inspector, Infection Prevention/Hygiene Team
- Mr T Hughes - Inspector, Infection Prevention/Hygiene Team

Trust representatives attending the feedback session

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

- Ms B McDowell - Anderson - Clinical Manager, Lagan Valley, Downe & OPD
- Ms J Clarke - Senior Manager, Patient Experience
- Mr R Gray - Charge Nurse, CCU
- Ms J Cairns - Sister, Ward 14
- Mr C Campbell - Safe & Effective Care Manager
- Mr J Robinson - Estates Officer
- Ms J Porter - Infection Prevention & Control Nurse
- Ms M Dryden - Patient Experience Manager
- Ms G Kennedy - Staff Nurse, Ward 14
- Ms N McConnell - Staff Nurse, Ward 14

12.0 Summary of Recommendations

Recommendations

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains.
2. A maintenance programme should be in place for damaged surfaces, fixtures and fittings. Damaged equipment should be replaced and hand washing sinks and consumables installed as required.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Shower privacy curtains and call bells should be present and accessible in the shower room.
5. Nursing cleaning schedules should be completed.
6. Information posters on hand hygiene should be displayed at all hand washing sinks. Posters on the NPSA colour coded guidelines should be available for nursing staff.

Standard 3: Linen

7. Staff should ensure that the linen store room is clean, tidy and free from inappropriate items.
8. Staff should ensure that used linen is segregated into the correct linen stream and stored in linen bags no more than 2/3 full.

Standard 4: Waste and Sharps

9. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
10. Staff should ensure that waste bins are clean and in a good repair.
11. Staff should ensure that sharps boxes are assembled and labelled correctly.

Standard 5: Patient Equipment

12. All equipment should be clean, stored correctly and in a good state of repair. Staff should be aware of their roles and responsibilities in relation to equipment cleaning.

13. Staff should ensure stock rotation is carried out.
14. Signage should be in place on the treatment room door to denote the storage of oxygen.

Standard 6: Hygiene Factors

15. The ratio of clinical hand washing sinks should be in line with local/national guidance. Dedicated hand washing sinks should be available in the treatment room and dirty utility room.
16. Staff should ensure that hand hygiene consumables are clean and in a good state of repair. Hand moisturiser should be available for staff to use.
17. Domestic staff should ensure all cleaning equipment is clean, stored correctly and in a good state of repair.

Standard 7: Hygiene Practices

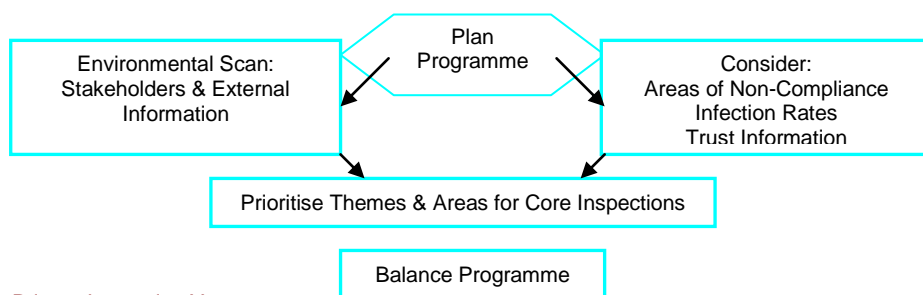
18. Ward staff should ensure they comply with the 7-step hand hygiene technique in line with the WHO 5 moments for hand hygiene.
19. Needles should not be re-sheathed.
20. Staff should ensure PPE is removed on completion of a task.
21. An Actichlor Plus disinfectant dilution poster should be in place in the dirty utility room. Wipes should be stored with their lids closed to prevent contamination.
22. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.

Additional Issues

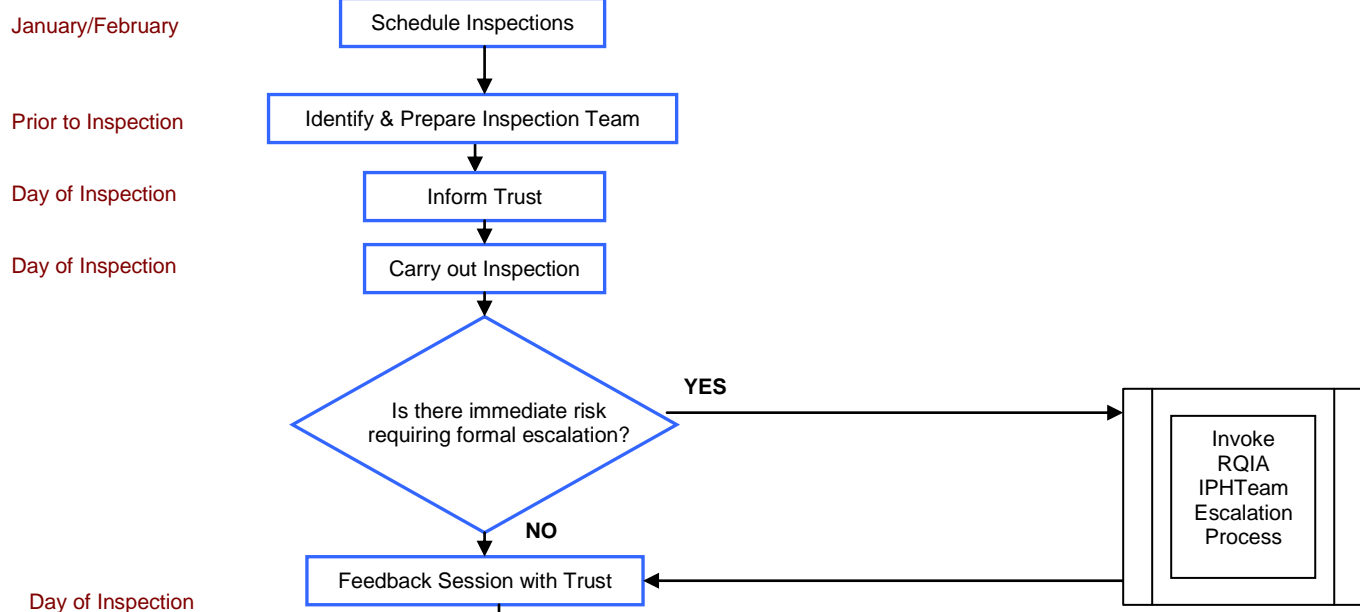
23. The need for a ward pharmacist to assist with patient discharges should be reviewed.
24. The position and use of an escalation bed should be reviewed to ensure patients privacy and dignity is maintained at all times.

13.0 Unannounced Inspection Flowchart

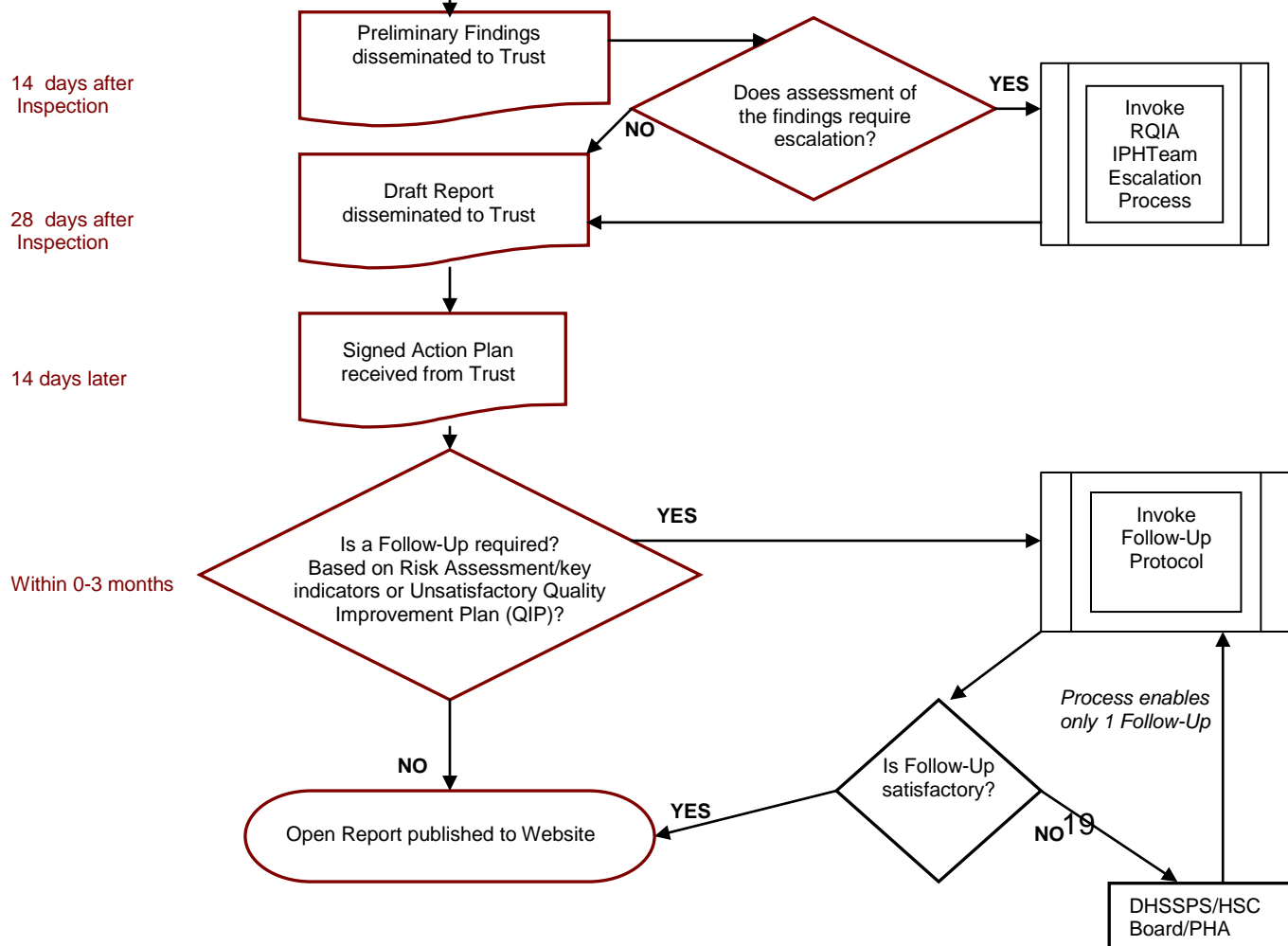
Plan Programme



Episode of Inspection

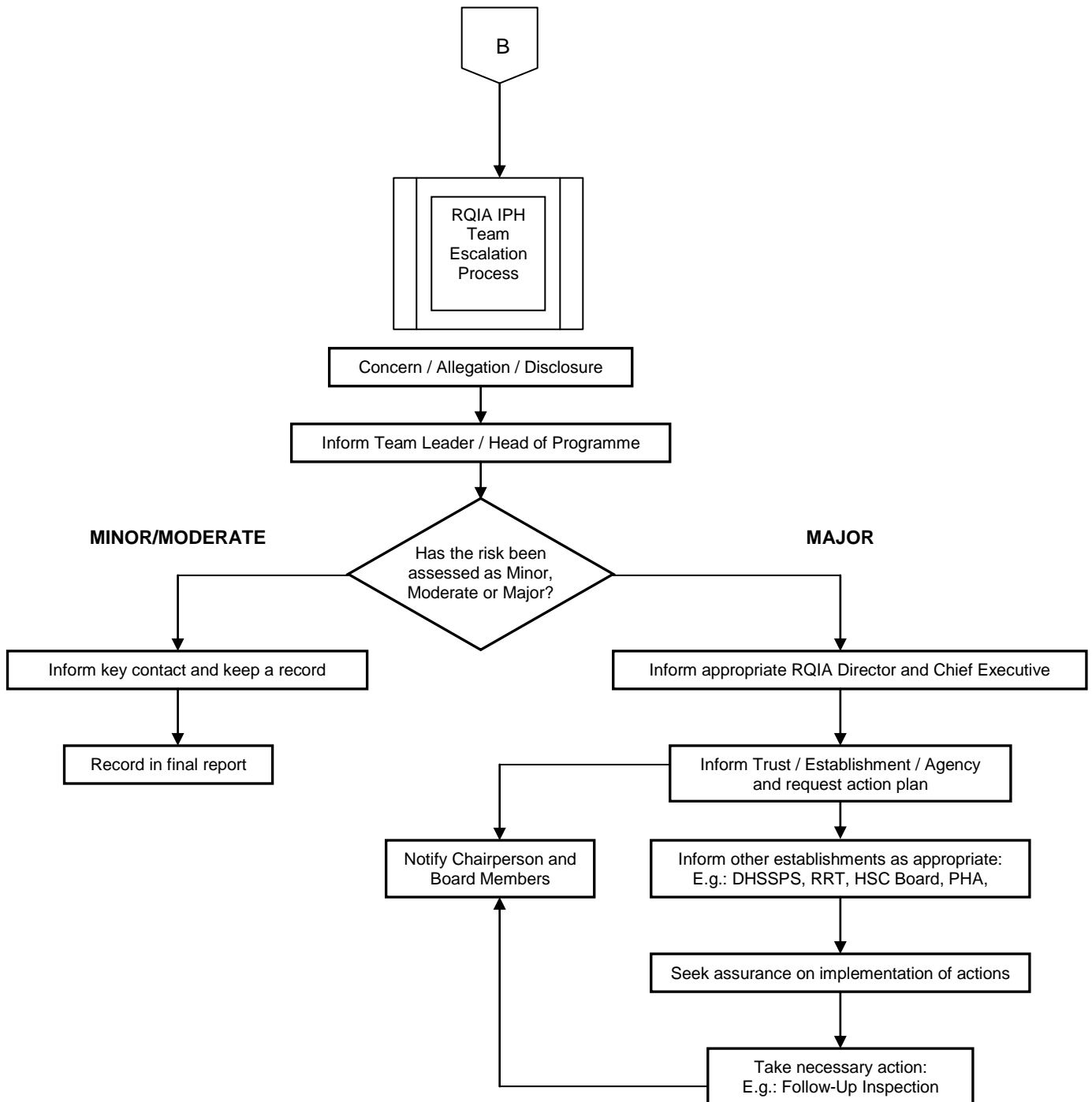


Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Lagan Valley Hospital

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1	Staff should ensure that all surfaces are clean and free from dust, dirt and stains.	Nursing Patient Experience	<p><i>LVH Ward 14</i> <i>All areas have been cleaned to the required standard and regular supervision will ensure that the standard is maintained.</i></p> <p><i>Main reception</i> <i>The ward manager has reported all Estates issues and has a job number and expected completion timescale for each item reported.</i></p> <p><i>All dusty surfaces have been cleaned.</i></p> <p><i>Discussion has taken place with Patient Experience Manager regarding scheduling, cleaning and monitoring to ensure that a suitable frequency of cleaning and robust monitoring is in place to ensure a suitably-maintained environment.</i></p> <p><i>Discussed at staff meeting and staff advised to report cleaning issues upon identification for immediate address.</i></p> <p><i>Ward staff advised to minimise clutter – with access to cleaning highlighted.</i></p> <p><i>Hygiene and cleanliness to feature as standing item at ward staff meetings.</i></p> <p>Trust General Comment The Trust has environmental cleaning schedules in place in accordance with risk and best practice guidelines. An extensive audit programme is in place to monitor in accordance with assessed risk and guidelines. A system of escalation is in situ to highlight areas results from audits.</p>	Immediate response plus improved monitoring / reporting by Nursing and effective cleaning schedule to be maintained by Patient Experience Team.

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
				<p>Cleaning schedules are reviewed regularly in response to audit results and part of the performance management process and governed through the environmental cleanliness steering committee. Reports are regularly tabled at Trust Board. There is a very proactive Environmental Cleanliness Steering Group in the Trust where detailed discussion is undertaken.</p> <p>The Trust operates and monitors a Hygiene and Cleanliness Checklist Programme that seeks to ensure high standards of quality regarding staff learning, knowledge and performance in relation to all hygiene and cleanliness issues including all those arising from experience of RQIA inspections. Issues requiring improvement are raised and discussed at staff meetings to support reduction of recurrence.</p>	
2	A maintenance programme should be in place for damaged surfaces, fixtures and fittings. Damaged equipment should be replaced and hand washing sinks and consumables installed as required.	Nursing, Pt Exp and Estates		<p><i>LVH Ward 14 –</i> <i>Ward staff advised to report maintenance issues, upon identification, to Estates for early appropriate response (to record job number and expected completion date). Maintenance to feature as discussion item at ward staff meetings.</i></p> <p><i>A review of hand washing sinks will take place during April 2014.</i></p> <p><i>Ward staff have been advised to regularly check consumables in order to maintain effective replenishment process.</i></p> <p><i>Ward staff advised to maintain consumable stock at appropriate level to ensure servicing of replenishment requirements.</i></p> <p>Trust General Comment A programme of internal audits is currently carried out by Estates to identify estate priority area for action – in addition an annual programme for environmental repair work is in place.</p>	<p>Immediate reporting of all maintenance issues for Estates response (job number and expected date of completion per item).</p> <p>A review will take place to assess position regarding hand washing sinks (April 2014)</p>

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
				Backtraq (Estates electronic job reporting system) system is in place to report and actions are ongoing on a daily basis. A programme of environmental audits is currently carried out to identify priority areas for repair – in addition a programme for environmental cleanliness audits would monitor compliance with standards and identify required action to address.	with actions identified to be completed within minimum timeframe (tbc). Management of consumables to be addressed through daily monitoring and address at ward staff meetings.
3	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Patient Experience		<i>LVH Ward 14</i> <i>Staff have been reminded to ensure that storage and de-clutter is managed to a high standard as a continuing priority.</i> <i>Regular monitoring and reinforcement arrangements are now in place.</i> <i>Staff were advised regarding the importance of maintaining an effective storage / declutter programme.</i> <i>A review of storage arrangements has taken place and action taken to improve storage use (locations and levels).</i> <i>Daily monitoring takes place in order to work towards an embedded culture of</i>	Staff advised immediately to address storage / clutter issues. Daily monitoring in place to embed improved approach / compliance.

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
			maintaining well-organised storage and vigilant clutter-free policy.		
			Trust General Comment As per Trust Environmental Cleanliness strategy, staff are encouraged to ensure a clutter-free environment and audit activity monitors compliance.		
4	Shower privacy curtains and call bells should be present and accessible in the shower room.	Nursing and Patient Experience	<i>LVH Ward 14</i> <i>There is no need for shower curtains. Almost all patients require assistance. Shower curtain would be a hindrance. If patient can self-shower, patient uses shower and door is kept closed. There is only one patient using the shower facility at any time.</i> <i>Shower unit is enclosed and should not bring about a splash / slip risk.</i> <i>No action taken to date. A review will take place w/c 07.04.2014 for assessment of shower room (to incorporate consideration of RQIA comments) with actions identified raised for early completion.</i> Trust General Comment The Trust operates a system of environmental audits within its environmental strategy which encourages staff to identify and report such issues for action.		No action taken. Review w/c 07.04.2014 to take place with early completion of identified actions (31.05.2014.)
5	Nursing cleaning schedules should be completed.	Nursing	<i>LVH Ward 14</i> <i>Staff have been advised to maintain complete documentation of cleaning schedules on a continuing basis.</i> <i>Monitoring arrangements are in place to manage compliance.</i> <i>The importance of maintaining high-quality performance cleaning and documentation has been discussed with staff individually and as a group.</i> <i>Senior nursing staff will monitor closely to ensure that all staff deliver on this</i>		Immediate address of issue by ward manager, Plan in place to monitor, challenge and improve performance to

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
			<p><i>requirement.</i></p> <p><i>Non-compliance will be challenged and staff worked with closely to ensure consistent compliant performance / documentation.</i></p> <p><i>Ward Manager to reinforce at ward staff meetings.</i></p> <p>Trust General Comment The Trust has latest nursing cleaning schedules in place Trustwide in accordance with risk and good practice guidelines. An extensive audit programme is in place to monitor in accordance with assessed risk. A system of escalation is in situ to highlight items for action identified through audit.</p> <p>Cleaning schedules are reviewed regularly in response to audit results and part of the performance management process and governed through the Environmental Cleanliness Steering Committee. The Trust continues to progressively develop a harmonised system of informing and recording the decontamination process for equipment used in the care environment in clinical areas. This is being progressed through clinical areas and is a standing priority area of work.</p>		accelerate embedded high standards of practice.
6	Information posters on hand hygiene should be displayed at all hand washing sinks. Posters on the NPSA colour coded guidelines should be available for nursing staff.	Nursing	<p><i>LVH Ward 14</i></p> <p><i>Posters accessed and displayed immediately.</i></p> <p><i>Ward Manager reminded staff of importance of knowledge of and adherence to hand hygiene and NPSA colour-coding guidance.</i></p> <p>Trust General Comment The Trust has developed a hygiene and cleanliness information guide. The guide directs staff as to all key hygiene and cleanliness information that should be present in clinical areas, the location at which the information should be positioned and the source from which information may be accessed.</p>		Actioned immediately.

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 3: Linen				
7	Staff should ensure that the linen store room is clean, tidy and free from inappropriate items.	Nursing	<p><i>LVH Ward 14</i> <i>Storage and cleaning arrangements have been highlighted to LVH Ward 14 staff accordingly and regular monitoring will support continual quality improvement and compliance.</i></p> <p><i>Staff advised to contact domestic supervisor for action as required. Ward Manager has discussed proper storage processes and has reinforced the need to have appropriate items only stored in the linen store.</i></p> <p><i>Ward Manager has discussed with staff regarding appropriate storage levels and placement in linen store and has highlighted the importance of not in order hampering cleaning access.</i></p> <p><i>Local monitoring (to include audit, daily checks and implementation of hygiene and cleanliness checklist) will take place to support improved compliance and the issue will be promoted daily and at staff meetings.</i></p> <p>Trust General Comment All linen is delivered to the door of the ward in an uncovered trolley or hamper by laundry staff who place it in the linen store.</p> <p>Trust General Comment The Infection Control Manual has a section pertaining to laundry and states: <i>Clean linen must be protected from moisture and contaminants during transportation and stored in a clean, dry area to maintain its clean state.</i> Current linen management arrangements place responsibility with Ward Sister / Nursing for maintenance of the linen cupboards.</p> <p>The linen store is included in cleaning schedules.</p>	<p>Ward Manager has promoted compliance to staff.</p> <p>Formal monitoring arrangement is in place.</p> <p>Regular focus at staff meeting.</p>

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
			The Trust operates a range of Infection Prevention and Control audits and conducts regular visits to monitor implementation of policies and procedures on a continuing basis.		
8	Staff should ensure that used linen is segregated into the correct linen stream and stored in linen bags no more than 2/3 full.	Nursing and IPC	<i>LVH Ward 14</i> <i>Appropriate management of used linen (to include segregation and fill levels) has been highlighted to staff.</i> <i>Monitoring arrangements are in place. IPC audit findings and daily ward management observations will be highlighted to staff on a daily basis and focused upon at ward staff meetings.</i> Trust General Comment The Trust operates a range of Infection Prevention and Control audits and conducts regular visits to monitor implementation of policies and procedures on a continuing basis.		Reinforcement message communicated to staff. Monitoring with response to non-compliance is in place.
Standard 4: Waste and Sharps					
9	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing and IPC	<i>LVH Ward 14</i> <i>Staff have been advised regarding compliance with waste management processes.</i> <i>Ward Manager has communicated correct waste disposal processes and importance of adherence to Trust policy. Daily checks by ward nursing management will take place to monitor compliance. Non-compliance is met with immediate challenge and highlighting at ward staff meetings.</i> <i>Ward staff will use the Trust Hygiene and Cleanliness Self Assessment Tool to identify and remedy knowledge gaps and to reinforce existing knowledge to improve practice.</i>		Compliance instruction issued to staff without delay. Arrangements in place to support improved staff knowledge and monitoring of practice.

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
			<p><i>The regional waste management guidance has been made accessible to ward staff.</i></p> <p>Trust General Comment The Trust has a clear policy on management of waste and disposal of sharps and periodic audits are scheduled to monitor compliance and inform improvement action. The IPC Team seeks the supplier of our current sharps boxes undertake a trustwide policy to identify overall performance and each ward receives the report on their audit finding and this is discussed at the IPC link meeting and is included in the Infection Prevention and Control link staff half-day educational session. Training is also provided after audit to respond to any issues identified.</p> <p>The Trust' RQIA Hygiene and Cleanliness Group has scrutinised policy to ensure that instruction and practice matches to the specifications of the new regional waste management guidance.</p>		
10	Staff should ensure that waste bins are clean and in a good repair.	Nursing and IPC	<p><i>LVH Ward 14 has replaced damaged and rusted bin and will continue to monitor.</i></p> <p>Trust General Comment The Trust has a clear policy on management of waste and disposal of sharps and periodic audits are scheduled to monitor compliance and inform improvement action.</p>		<p>Bin replaced without delay.</p> <p>Staff advised to report any item for repair / replacement immediately upon identification.</p>
11	Staff should ensure that sharps boxes are assembled and labelled correctly.	Nursing and Patient Experience	<p><i>LVH Ward 14 Staff have been reminded of appropriate sharps box assembly and labelling as per Trust policy.</i></p>		Staff advised re: compliant assembly and labelling.

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
			<p><i>Ward 14 monitoring arrangements in place include IPC audits, implementation of hygiene and cleanliness checklist and direct observation.</i></p> <p><i>Sharps management included in daily checking and highlighted at ward staff meetings.</i></p> <p>Trust General Comment The Trust has a clear policy on management of waste and disposal of sharps and periodic audits are scheduled to monitor compliance and inform improvement action.</p> <p>The Hygiene and Cleanliness Checklist Programme supports continuing staff learning and knowledge regarding correct handling and disposal of waste and sharps.</p>		Monitoring and reinforcement arrangements in place.
Standard 5: Patient Equipment					
12	All equipment should be clean, stored correctly and in a good state of repair. Staff should be aware of their roles and responsibilities in relation to equipment cleaning.	Nursing and Patient Experience	<p><i>LVH Ward 14 staff have been reminded of roles and responsibilities in relation to equipment cleaning.</i></p> <p><i>The importance of effective equipment cleaning has been raised individually with staff and highlighted at ward staff meetings.</i></p> <p><i>Staff have been reminded of appropriate storage of equipment,</i></p> <p><i>Staff have been advised to report repair items for action immediately upon identification.</i></p> <p><i>Monitoring is in place. IPC audits ward management checks and implementation of hygiene and cleanliness checklist support monitoring arrangements.</i></p>		Ward management has addressed promotion re: staff knowledge / compliance, monitoring arrangements are in place and related feedback / reinforcement is addressed

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
			<p><i>Knee blocks have been ordered for the rotunda,</i></p> <p><i>Steps have been taken to manage resolution of chipped surfaces of equipment.</i></p> <p>Trust General Comment The Trust has a policy on the management, cleaning and storage of equipment. Internal audit programme is in place to monitor level of compliance and areas. The Trust is completing development and introduction of standardised documentation.</p>		through staff meetings.
13	Staff should ensure stock rotation is carried out.	Nursing and Patient Experience	<p><i>LVH Ward 14 staff have been reminded to carry out regular stock rotation.</i></p> <p><i>Ward Manager monitors and reinforces instruction.</i></p> <p>Trust General Comment The Trust has a policy on the management, cleaning and storage of equipment. Internal audit programme is in place to monitor level of compliance and areas. The Trust is completing development and introduction of standardised documentation.</p>		Actioned and reinforcement communication issued by ward manager.
14	Signage should be in place on the treatment room door to denote the storage of oxygen.	Nursing	<p><i>LVH Ward 14 Manager has completed placement of oxygen storage notice.</i></p> <p>Trust General Comment The Trust has a policy on the management, cleaning and storage of equipment. Internal audit programme is in place to monitor level of compliance and areas.</p>		Jan 2014 completion.

Ref number	Recommendations	Designated department	Action required	Date for completion/ timescale
Standard 6: Hygiene Factors				
15	The ratio of clinical hand washing sinks should be in line with local/national guidance. Dedicated hand washing sinks should be available in the treatment room and dirty utility room.		<p><i>LVH Ward 14</i> <i>Due to the LVH Ward 14 having 6-bedded bays, the 1 to 4 ratio will not be met at present. It is planned that the ward will relocate during 2014 and compliance will be incorporated into the relocation plan. Should the relocation plan not proceed, a resolution to this issue at the current venue will be explored, planned and actioned.</i></p> <p><i>Timeframe – Planned ward relocation is expected to complete by December 2014. Whilst relocation is fully expected, Ward Manager awaits 100% confirmation.</i></p> <p><i>No action will be taken regarding hand washing sinks in advance of relocation. Relocation will resolve current issues regarding provision of hand washing sinks to meet local / national guidance. Ward Manager is conscious of status regarding hand washing sink provision requirements as per guidance and will initiate appropriate resolution should existing relocation plan fail to complete.</i></p>	Pending confirmation of decision re: 2014 ward relocation
16	Staff should ensure that hand hygiene consumables are clean and in a good state of repair. Hand moisturiser should be available for staff to use.	Nursing and Patient Experience	<p><i>LVH Ward 14 staff have been reminded to maintain cleaning & refilling on a regular basis – local stock management process has been addressed to ensure that the ward maintains a level of stock to cover usage level without running out.</i></p> <p><i>Staff instructed to report items for repair upon identification. Issues regarding damaged dispensers have been resolved – no further replacement / repair needed at present.</i></p> <p><i>All staff have been provided with individual moisturiser.</i></p> <p>Trust General Comment</p>	<p>Instruction communicated to staff.</p> <p>Monitoring to support compliance is in place.</p>

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
			A programme of environmental audits is currently carried out to identify priority areas for repair and would monitor compliance with standards and identify required action to address.		
17	Domestic staff should ensure all cleaning equipment is clean, stored correctly and in a good state of repair.	Patient Experience	<i>LVH Ward 14</i> <i>Patient Experience Manager has reminded staff of correct procedure for cleaning and storage of all equipment</i> <i>Suction equipment has been replaced. There is currently no other equipment requiring replacement.</i> <i>Equipment has been cleaned to required standard. Staff advised of correct practice and monitoring arrangements are in place. Ward currently maintaining standard of cleaning.</i> <i>Staff advised to raise cleaning / repair / replacement issues for action immediately upon identification.</i> Trust General Comment The Trust has a policy on the management, cleaning and storage of cleaning equipment. Internal audit programme is in place to monitor level of compliance and areas. The Trust is completing development and introduction of standardised documentation.		Management have reinforced cleaning standards instruction to staff. Replacement completed. Cleaning standard maintained and monitoring in place through audit and observation..
Standard 7: Hygiene Practices					
18	Ward staff should ensure they comply with the 7-step hand hygiene technique in line with the WHO 5	Nursing and IPC	<i>LVH Ward 14</i> <i>Staff have been reminded re: the hand hygiene process requirements and the 7-step hand hygiene poster has been positioned at appropriate ward locations.</i>		Ward Manager has addressed staff regarding knowledge and

Ref number	Recommendations		Designated department	Action required	Date for completion/ timescale
	moments for hand hygiene.			<p><i>Monitoring arrangements are in place.</i></p> <p>Trust General Comment All wards undertake internal audits on hand hygiene compliance and this is supported by a system of independent audits undertaken by the IPC team and others. These findings are reported and reviewed monthly through the many strands of performance management and accountability as well as at the HCAI steering group and the IPCC. This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews.</p>	<p>compliance re: hand hygiene.</p> <p>Posters have been positioned appropriately.</p> <p>Monitoring arrangements are in place.</p>
19	Needles should not be re-sheathed.	Nursing and IPC		<p><i>LVH Ward 14 Manager has reinforced sharps policy and discussed resheathing issue with staff and advised of appropriate process. Monitoring arrangements – staff have been instructed re: management / use of needles (to include compliance regarding non-resheathing). Direct observation takes place to monitor practice and the point will continue to be reinforced to staff by ward nursing management.</i></p> <p>Trust General Comment The Trust has a clear policy on management of waste and disposal of sharps and periodic audits are scheduled to monitor compliance and inform improvement action.</p> <p>The Hygiene and Cleanliness Checklist Programme supports continuing staff learning and knowledge regarding correct handling and disposal of waste and sharps.</p>	<p>Staff instructed re: correct practice. Practice observed to monitor compliance.</p> <p>Instruction reinforced by management to embed compliance.</p>

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20	Staff should ensure PPE is removed on completion of a task.	Nursing and IPC	<p><i>LVH Ward 14</i> <i>Ward Manager has highlighted to staff the necessity to comply with PPE guidance – immediately upon completion of action with individual patient PPE should be disposed of. The ward will regularly monitor PPE compliance through daily observation and the use of the Hygiene and Cleanliness Checklist.</i></p> <p>Trust General Comment Trust Policy clearly guides on the use of PPE and this issue is highlighted through team meetings and newsletter updates. This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews.</p> <p>All wards undertake internal audits on IPC / hygiene compliance and this is supported by a system of independent audits undertaken by the IPC team and others. These findings are reported and reviewed monthly through the many strands of performance management and accountability as well as at the HCAI steering group and the IPCC.</p>		<p>Importance of compliant practice highlighted to staff without delay.</p> <p>Further monitoring through direct observation and implementation of Hygiene and Cleanliness Checklist.</p>
21	An Actichlor Plus disinfectant dilution poster should be in place in the dirty utility room. Wipes should be stored with their lids closed to prevent contamination.	Nursing, IPC and Patient Experience	<p><i>LVH Ward 14</i> <i>Manager has accessed and installed appropriate poster immediately.</i></p> <p><i>Staff have been advised re: compliant storage of wipes.</i></p> <p>Trust General Comment The Trust operates a range of infection, prevention and control policies and addresses training, awareness, compliance and improvement on an ongoing basis with comprehensive audit, measurement and reporting arrangements in place. IPC Team supports appropriate practice in a live day-to-day way through monitoring, teaching and ensuring appropriate practice by direct visits to clinical areas.</p>		<p>Poster placement completed without delay. Ward Manager has instructed staff re: importance of adhering to compliant level of practice.</p>

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				This area has been repeatedly highlighted to staff through newsletters and staff meetings. This forms part of Trust training and Trust policy and will be audited as part on internal programme of audits against recurring non-compliance areas from RQIA cleanliness and hygiene reviews (including the use of COSHH data sheets. All areas have access to dilution charts and IPC Team continues to review knowledge and practice.	
22	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing, IPC and Patient Experience	<p><i>LVH Ward 14</i> <i>NPSA colour-coding poster on display.</i></p> <p><i>Ward staff have been reminded to ensure that they are knowledgeable regarding the NPSA colour coding guidance for cleaning equipment. A staff hygiene and cleanliness self-assessment tool has been designed to support knowledge and includes NPSA colour-coding (launched as e-learning tool and pocket-sized booklet.</i></p> <p>Trust General Comment The Trust operates a range of infection, prevention and control policies and addresses training, awareness, compliance and improvement on an ongoing basis with comprehensive audit, measurement and reporting arrangements in place. Good practice is supported in a live day-to-day way through monitoring, teaching and ensuring appropriate practice by IPC direct visits to clinical areas.</p> <p>NPSA colour coding guidance is displayed in all clinical areas. Management have reinforced to staff the message to ensure robust individual level of knowledge.</p>		<p>Ward level knowledge addressed by Ward Manager.</p> <p>Continued and wider learning to be supported through production of booklet and self-assessment e-learning tool.</p>

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Additional Issues				
23	The need for a ward pharmacist to assist with patient discharges should be reviewed.		<p><i>LVH Ward 14</i> <i>The lack of pharmacy staff at LVH Ward 14 has been added to the risk register. It is noted that the profile and turnover of patients / discharges at LVH Ward 14 has increased recently. During April 2014, a review of DH / LVH Band 6 pharmacist will take place. A review of existing clinical pharmacy service will take place to ensure that clinical staff are working in appropriate areas as per number of patients / turnover. Additional funding requirements have been raised as baseline funding will not extend to provision of additional service.</i></p> <p>Trust General Comment The Trust has a policy in place to and a Medicines Management Group to manage ward pharmacy priorities. Monitoring arrangements are in place and regular reporting for Lessons Learnt Sub Committee and safety & Quality Committee takes place.</p>	Review will take place April 2014.
24	The position and use of an escalation bed should be reviewed to ensure patients privacy and dignity is maintained at all times.	Nursing	<p><i>LVH Ward 14</i> <i>Staff have reviewed management of escalation bed and have been reminded to ensure that patient safety needs are met and privacy and dignity is maintained. Monitoring arrangements are in place. Escalation bed has not been in use since RQIA inspection took place. Further focus upon quality of management of escalation bed raised through RQIA Review of Older People.</i></p> <p>Trust General Comment The Trust has a policy on the management of escalation beds. Through experience of RQIA inspection process, wider learning process will take place to ensure that Trustwide management of escalation beds ensures that patient safety and patient experience priorities are reliably upheld.</p>	Priority focus that high quality patient safety and experience is maintained in instances where escalation bed will be used.



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