

**The Regulation and Quality Improvement Authority**

**Infection Prevention/Hygiene  
Unannounced Inspection**

**South Eastern Health and Social Care Trust**

**Lagan Valley Hospital  
24 June 2015**

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## 1.0 Regulation and Quality Improvement Authority

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

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

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

## 2.0 The Inspection Programme

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

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

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

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

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

Further details of the inspection methodology and process are found on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

### 3.0 Inspection Summary

An unannounced inspection was undertaken to the Lagan Valley Hospital, on 24 June 2015. The inspection team was made up of two inspectors and two peer reviewers. 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 22 January 2014. This was an unannounced inspection and one ward was inspected. The result of that inspection showed overall partial compliance with the Regional Healthcare Hygiene and Cleanliness Standards. The inspection report of that inspection is available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

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

- Day Procedure Unit (DPU)
- Coronary Care Unit (CCU)

The 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 good compliance:

- Both wards were compliant in all seven standards, all staff should be commended.
- CCU was fully compliant for the management of linen
- DPU was fully compliant for the availability, use and storage of sharps

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

- The maintenance and repair in public areas
- In CCU, ineffective hand hygiene procedures

The inspection of Lagan Valley Hospital, South Eastern Health and Social Care Trust resulted in **one** general recommendation, **13** recommendations for DPU and **12** recommendations for CCU. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Incorrect segregation or storage of waste
- The availability of hand washing sinks in clinical areas

The SEHSCT should ensure that sustained efforts are made to address recurring issues.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. (There 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 SEHSCT 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.

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

| Ward              | DPU       | CCU       |
|-------------------|-----------|-----------|
| Environment       | 90        | 92        |
| Patient Linen     | 88        | 100       |
| Waste             | 97        | 98        |
| Sharps            | 100       | 94        |
| Equipment         | 94        | 95        |
| Hygiene Factors   | 94        | 96        |
| Hygiene Practices | 92        | 94        |
| <b>Total</b>      | <b>94</b> | <b>96</b> |

## 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                          | DPU       | CCU       |
|--------------------------------------|-----------|-----------|
| Reception                            | 72        | N/A       |
| Corridors, stairs lift               | 82        | N/A       |
| Public toilets                       | 78        | N/A       |
| Ward/ department - general(communal) | 91        | 84        |
| Patient bed area                     | 98        | N/A       |
| Bathroom/washroom                    | N/A       | 93        |
| Toilet                               | 95        | 93        |
| Clinical room/ treatment room        | 92        | 96        |
| Clean utility room                   | N/A       | 88        |
| Dirty utility room                   | 93        | 91        |
| Domestic store                       | 100       | 95        |
| Kitchen                              | 94        | 96        |
| Equipment store                      | 87        | 96        |
| Isolation                            | 91        | 93        |
| General information                  | 96        | 92        |
| <b>Total</b>                         | <b>90</b> | <b>92</b> |

The findings in the table above indicate that both wards were overall compliant for this standard. Further work is needed however in the main reception, corridors, stairs, lifts and public toilet to raise these sections to a compliant level.

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

In the reception area, public toilets and corridors leading to the wards, more attention to detail is required to remove dust from horizontal surfaces, stains from chairs, flooring and ceiling tiles. Maintenance work was required to furniture and fixtures. For example, the reception desk, walls and flooring need repaired, air vents were dirty and there was debris in light diffusers. In the public toilet, flooring, skirting and grouting at the sink were damaged, stained and missing in places.

The fabric, repair and cleanliness in both wards was generally of a good standard (Picture 1). The key findings in respect of the general environment for each ward are detailed in the following sections.



Picture 1: An example of a tidy and well-presented bed space

### **Issues common to both wards**

- External windows were dirty and some light diffusers required cleaning.
- Walls were damaged; chipped flaking paint.
- Drugs' fridge temperature checks were inconsistently recorded and nursing cleaning schedules required more detail.

### **DPU**

- The Elective Surgery Ward had recently amalgamated with DPU and staff were still in the settling in process. The unit was bright, spacious, calm and in good repair. Minor snagging issues were evident from the recent refurbishment.
- Areas which were identified as requiring more attention to detail in cleaning were; in the CSSD store, shelving and the runners of mail box storage were dusty.
- In the urodynamics room, the hand wash sink in the room and toilet were dirty, the hand wash bowl in the room was damaged. The interior of the radiators, the en-suite toilet and the undercarriage of the treatment couch were dusty.
- Maintenance and repair issues; laminate edging on shelving and cupboards, lime scale on taps and tarnished plugholes.

### **CCU**

- The ward environment appeared to be very well organised with notice boards, stock supplies, files and forms stored neat and tidy.
- More attention to detail to remove dust from some horizontal surfaces was required. The underside of the shower fittings was dirty and in the female toilet, the soap dispenser and toilet required cleaning. The rim of the sluice hopper required cleaning in the dirty utility room.
- Maintenance and repair issues were identified; damage to doors and frames, skirting and wooden hand rails. There was no sign on the door



of the equipment store to indicate oxygen was stored in the room. Further work is required in sanitary areas. In the shower room the cladding in the shower cubicle area was damaged, a rusty nail head was exposed, there was mould around the edges and seals and the frame of the raised toilet seat was rusted. Paper mache bowls were stored on top of the cistern, where there is a risk of aerosol contamination.

- The clean utility room and the dirty utility room were insufficient size for the needs of the ward. The dirty utility room did not have any ventilation or a clinical wash hand sink. Staff could not move around the room without having to move commodes or equipment.
- Privacy curtains were too short, commodes could be viewed when the privacy curtains were pulled (Picture 2).



Picture 2: Example of a clean but short privacy curtain

## 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).

| Management of Linen                | DPU       | CCU        |
|------------------------------------|-----------|------------|
| Storage of clean linen             | 100       | 100        |
| Handling and storage of used linen | 76        | 100        |
| Laundry facilities                 | N/A       | N/A        |
| <b>Total</b>                       | <b>88</b> | <b>100</b> |

The above table outlines the findings in relation to the management of patient linen. It is commendable that CCU achieved full compliance in this standard. DPU achieved overall compliance; further work is needed to bring the handling and storage of used linen to compliance.

Issues identified were:

### DPU

- A nurse was observed transporting used linen on a wheelchair to the skip. The nurse did not wear personal protective linen (PPE) when handling used linen
- Some linen skips were old and the frame chipped
- Linen skips were stored in the corridor and contained used linen (Picture 3)



Picture 3: Entrance to unit. Linen skips containing used linen

## 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                             | DPU | CCU |
|--|-----|-----|
| Handling, segregation, storage, <b>waste</b> | 97  | 98  |
| Availability, use, storage of <b>sharps</b>  | 100 | 94  |

Both areas achieved compliance in this standard on waste and sharps. It is commendable that staff in DPU were fully compliant for the availability, use and storage of sharps.

### 7.1 Management of Waste

Issues identified were:

#### CCU

- There was pharmaceutical waste in a magpie box

#### DPU

- There was paper waste in a sharps box
- There was no clinical waste bin in the dirty utility room at endoscopy

#### Additional Issues

- Inspectors observed in the dirty utility room off theatre (adjacent to DPU) that pharmaceutical waste had been disposed into a magpie box. Theatre staff were informed and the issue was immediately resolved.

### 7.2 Management of Sharps

Issues identified were:

#### CCU

- Two of the sharps tray had adhesive tape attached

## 8.0 Standard 5.0: Patient Equipment

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

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

| Patient Equipment | DPU | CCU |
|-------------------|-----|-----|
| Patient equipment | 94  | 95  |

The above table indicates both areas achieved high compliance in this standard. Patient equipment was generally clean and in good repair (Picture 4). The high standard attained in both wards would reflect staff knowledge and practice and the ethos that the cleanliness of equipment is the responsibility of all staff.



Picture 4: Clean and tidy vital signs trolley at bed space in DPU

Issues identified were:

### DPU

- The underside of the dressing trolleys' lower shelf was splashed and stained
- There was adhesive tape on the emergency trolley and some procedure trolleys; there was a paper label on the sharps box on the emergency trolley
- In a drawer of the emergency trolley, an ambu bag and mask were out of original packaging

## **CCU**

- The foam parts of the commodes had perished
- The stored IV pumps required more detailed cleaning i.e. crevices around levers
- The runners on the phlebotomist trolley were dusty, some were damaged

## 9.0 Standard 6: Hygiene Factors

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

| Hygiene Factors                                     | DPU       | CCU       |
|---|-----------|-----------|
| Availability and cleanliness of WHB and consumables | 96        | 90        |
| Availability of alcohol rub                         | 93        | 100       |
| Availability of PPE                                 | 100       | 100       |
| Materials and equipment for cleaning                | 88        | 95        |
| <b>Total</b>  | <b>94</b> | <b>96</b> |

Both areas achieved overall compliance in this standard with both areas achieving full compliance in the availability of PPE. CCU was also fully compliant in the availability of alcohol rub.

### Issues common to both wards

- In DPU 17 bedded ward, there were only three clinical wash hand basins and in CCU dirty utility room, there was no clinical wash hand basin
- Some items of cleaning equipment were dirty or in poor repair

### DPU

- The multi-use of large hand moisturizer tubes stored on clinical hand wash sinks needs reviewed as there is the potential for cross contamination
- There was no alcohol gel dispenser in theatre recovery and at the public entrance to DPU
- In the kitchen, cleaning solutions were stored in an unlocked cupboard under the sink, easily accessible.

### CCU

- The seals on two clinical hand wash sinks were not smooth, and therefore difficult to clean
- Hand moisturiser was not available throughout the unit and face protection was not available on the resuscitation trolley

## 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                    | DPU       | CCU       |
|--------------------------------------|-----------|-----------|
| Effective hand hygiene procedures    | 88        | 80        |
| Safe handling and disposal of sharps | 92        | 100       |
| Effective use of PPE                 | 87        | 94        |
| Correct use of isolation             | N/A       | N/A       |
| Effective cleaning of ward           | 95        | 100       |
| Staff uniform and work wear          | 100       | 96        |
| <b>Total</b>                         | <b>92</b> | <b>94</b> |

The above table indicates good overall compliance in this standard. Full compliance was achieved in a number of sections reflecting the standard set by staff and the trust. Further work is required in CCU to bring effective hand hygiene procedures to a compliant level.

### Issues common to both wards

- In DPU a member of domestic staff was unsure of the correct hand wash technique; in CCU two members of nursing staff did not complete the 7 steps to hand hygiene
- Antibacterial solution was supplied at some sinks, some staff were unsure when to use it
- Staff did not always wear PPE appropriately. In DPU a member of theatre staff entering the unit wore disposable gloves for a number of tasks. In CCU A member of staff did not wear an apron when a patient required a commode

### DPU

- A member of domestic staff was unsure of the management of a needle stick injury
- Nursing staff were unaware of the NPSA colour coding system for cleaning equipment

### CCU

- A member of nursing staff was wearing pearl earrings

## 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 |

### Peer Reviewers

- |                |   |  |
|----------------|---|--|
| Mrs A O'Hara   | - | Infection prevention and control nurse SHSCT |
| Mrs M Johnston | - | Senior Domestic Services Manager SHSCT       |

### Trust representatives attending the feedback session

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

- |             |  |
|-------------|--|
| R Gray      | -Clinical Coordinator Medicine               |
| J Hamilton  | -Governance Facilitator Surgery              |
| C Campbell  | -Safe Effective Care Manager                 |
| P Hamill    | -Senior Manager Patient Experience           |
| J Porter    | -Infection Prevention and Control Nurse      |
| A Kerrin    | -Deputy Theatre Sister                       |
| J Shaw      | -Deputy Manager DPU                          |
| S Todd      | -Estates                                     |
| G Smyth     | -Patient Experience Quality Training Officer |
| J Strain    | -Staff Nurse CCU                             |
| D Mc Geown  | -Staff Nurse DPU                             |
| J Netherton | -Staff Nurse DPU                             |



## **12.0 Summary of Recommendations**

### **Recommendations for General Public Areas**

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

### **Recommendations: DPU**

#### **Standard 2: Environment**

1. Staff should ensure that all surfaces are clean and in good repair.
2. Nursing cleaning schedules should detail all equipment to be cleaned.

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

3. It is recommended staff adhere to trust policy in the handling and storage of used linen.

See Recommendation 6

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

4. It is recommended that the correct waste bins are in place at clinical areas and waste is disposed of into the correct waste stream in accordance with trust policy.

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

5. Staff should ensure that equipment is clean, in good repair, stored and used correctly.

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

6. The trust should review the provision of dedicated clinical hand wash sinks.
7. Consumable dispensers should be available; the provision and placement of moisturising cream for staff and visitors should be reviewed.

8. Cleaning chemicals should be stored in accordance with COSHH guidance.
9. Cleaning equipment should be clean, stored correctly and in a good state of repair. The trust should review the provision of a domestic trolley.

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

10. The trust should ensure all staff are aware of how to manage a needle stick injury.
11. Staff should be knowledgeable of the 7 step hand hygiene technique and when it is appropriate to use antibacterial solution.
12. It is recommended staff wear PPE according to trust policy.
13. Nursing staff should ensure they are aware of the NPSA colour coded system.

## **Recommendations: CCU**

### **Standard 2: Environment**

1. Staff should ensure that all surfaces are clean and in good repair.
2. The trust and staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
3. Staff should ensure patients dignity is protected at all times.
4. Nursing cleaning schedules should detail all equipment to be cleaned.

### **Standard 3: Linen**

No recommendations

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

5. It is recommended that waste is disposed of into the correct waste stream in accordance with trust policy. Adhesive tape should be removed from sharps trays.

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

6. Staff should ensure that equipment is clean and in a good state of repair.

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

7. The trust should review the provision and repair of dedicated clinical hand wash sinks.
8. The trust should review the supply and placement of moisturising cream for staff and visitors.
9. Cleaning equipment should be clean, stored correctly and in a good state of repair.

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

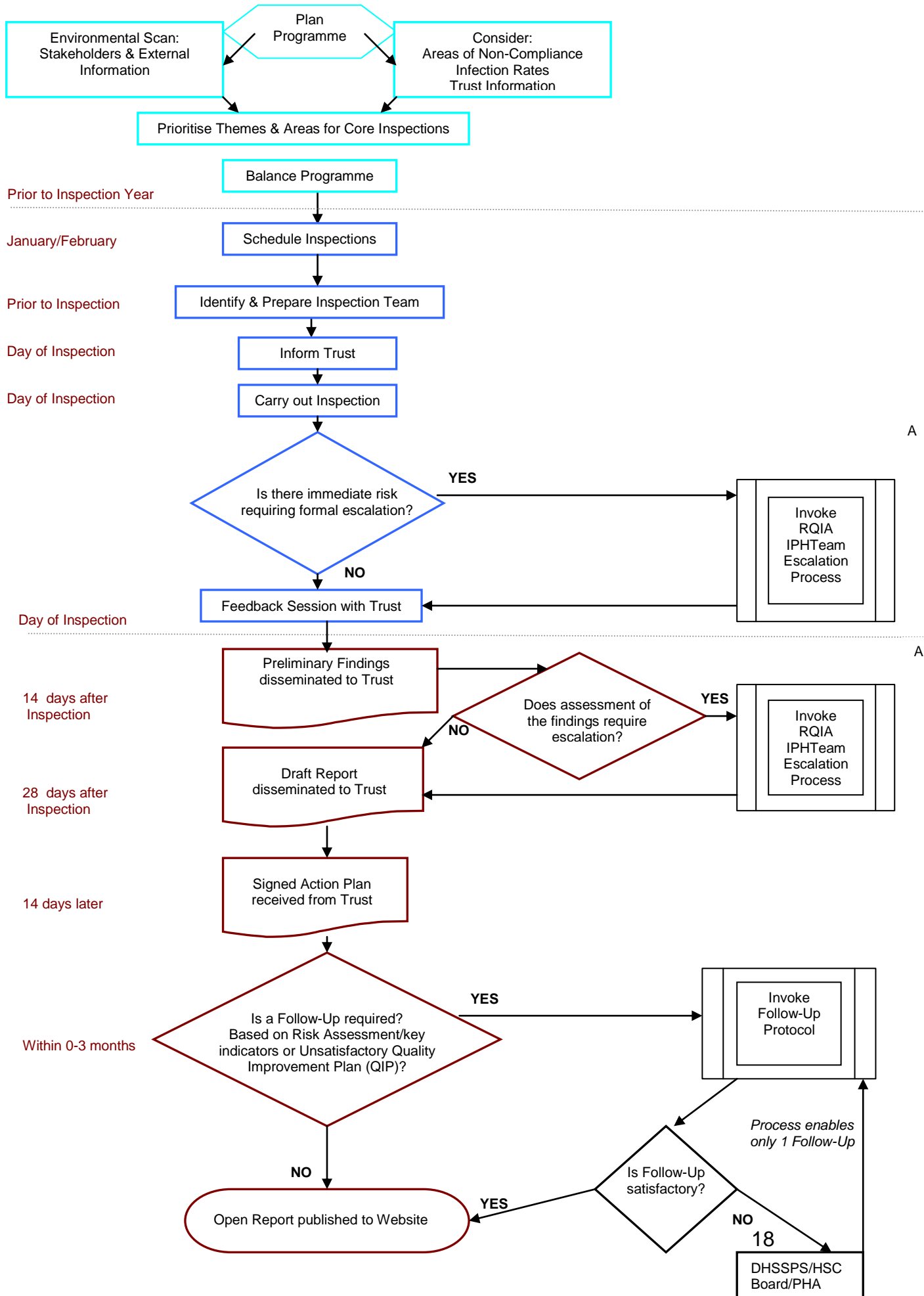
10. Staff should be aware of the 7 step hand hygiene technique, the WHO moments of care and when it is appropriate to use antibacterial solution.
11. It is recommended staff wear PPE according to trust policy.
12. Staff should adhere to the trust uniform policy.

## 13.0 Unannounced Inspection Flowchart

Plan Programme

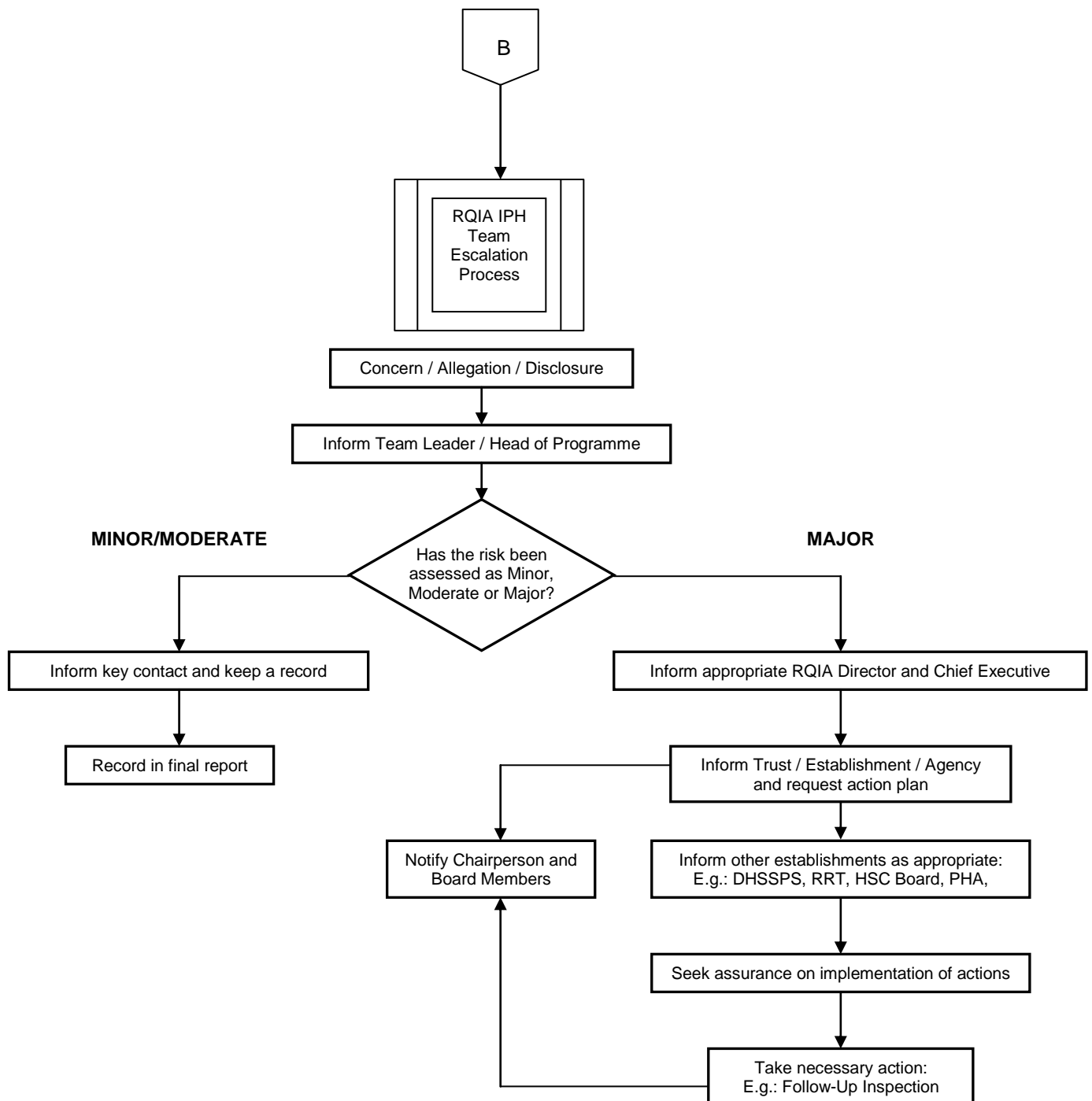
Episode of Inspection

Reporting & Re-Audit



## 14.0 Escalation Process

### RQIA Hygiene Team: Escalation Process



## 15.0 Quality Action Plan

### General

| Reference number                                | Recommendations Common to  | Designated department   | Action required  | Date for completion/ timescale  |
|---|--|---|--|---|
| <b>Recommendations for general public areas</b> |  |   |  |   |
| 1.  | The trust should continue to ensure that general public areas are clean and furnishings and fixings are in a good state of repair. | <p>Patient Experience</p> <p>Estates</p> <p>Patient Experience, Estates and Nursing</p> | <p>Upon identification of any cleaning required in public areas, the cleaning requirement item is reported to Patient Experience Team and appropriate response action taken. Routine checking arrangements in operation.</p> <p>Upon identification, any furniture or fittings deemed to be in need of repair / replacement / condemnation are reported to Estates helpdesk for appropriate action and appropriate steps are taken by ward management for procurement.</p> <p>Staff have been reminded re: monitoring / reporting / action responsibilities in this regard.</p> <p>Monitoring arrangements are in place.</p> | <p>Arrangements in place pre-inspection.</p> <p>Post-inspection reinforcement focus carried out.</p> <p>Regular repeat monitoring in place.</p> |

**Area: DPU**

| Reference number               | Recommendations Common to   | Designated department  | Action required  | Date for completion/timescale   |
|--------------------------------|---|--|--|---|
| <b>Standard 2: Environment</b> |   |  |  |   |
| 1.                             | Staff should ensure that all surfaces are clean and free from dust, dirt, lime scale and stains and in good repair. | Patient Experience<br><br><br><br><br><br><br>Patient Experience & Nursing | Included in daily cleaning schedules<br>All surfaces scheduled to be cleaned daily.<br>All surfaces cleaned following spillages etc.<br>Work to schedule – report issues to co-ordinators.<br><br>Daily damp cleaning of all surfaces, as detailed on work schedule.<br><br>Review of work schedule completed.<br><br>Monitoring/recording/action of findings by coordinators. Staff reminders to reinforce performance.<br><br>Staff reminded to report items for repair / replacement immediately upon identification for appropriate action.<br><br>All items detailed above are in place as permanent feature. | In place pre-inspection.<br><br><br>Once daily.<br><br>31.07.2015<br><br>In place weekly.<br><br>Post-inspection reinforcement carried out. |
| 2.                             | Nursing cleaning schedules should detail all equipment to be cleaned.   | Nursing  | To carry out review and improvement of cleaning schedule content.  | 30.09.2015  |

| Reference number                    | Recommendations Common to  | Designated department          | Action required   | Date for completion/ timescale   |
|-------------------------------------|--|--------------------------------|---|--|
| <b>Standard 3: Linen</b>            |  |                                |   |  |
| 3.                                  | <p>It is recommended staff adhere to trust policy in the handling and storage of used linen.</p> <p>See Recommendation 6</p>   | Nursing                        | <p>Staff reminded of Trust policy regarding the handling and storage of used linen.</p> <p>Monitored by unit nursing management,</p>  | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement carried out.</p> <p>Regular repeat monitoring in place.</p> |
| <b>Standard 4: Waste and Sharps</b> |  |                                |   |  |
| 4.                                  | <p>It is recommended that the correct waste bins are in place at clinical areas</p> <p>and waste is disposed of into the correct waste stream in accordance with trust policy.</p> | Nursing and Patient Experience | <p>Staff reminded to ensure – on a continuing basis - that correct waste bins are in place at clinical areas.</p> <p>Posters re: waste segregation are present and positioned appropriately in the unit.</p> <p>Hygiene and Cleanliness Information Guide recently introduced to ensure that all items are present, located suitably and with information as to how to access any information found to be absent during checking.</p> <p>Staff reminded to ensure waste is segregated into appropriate waste streams. Staff to work to policy as highlighted at Team Brief. Staff to report issues to co-ordinators.</p> <p>Hygiene and Cleanliness Practice Guide recently introduced to support staff knowledge / practice.</p> | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement carried out.</p> <p>Regular repeat monitoring in place.</p> |



| Reference number                     | Recommendations Common to   | Designated department                              | Action required  | Date for completion/ timescale   |
|--------------------------------------|---|--|--|--|
| <b>Standard 5: Patient Equipment</b> |   |  |  |  |
| 5.                                   | Staff should ensure that equipment is clean, in good repair, stored and used correctly.   | Nursing  | <p>All equipment is either on daily or weekly cleaning schedules.</p> <p>Staff reminded and aware that Green Clini Tape should be used to identify item cleaned. This tape is available in department.</p> <p>It is the responsibility of the Nurse in Charge of the clinical area to ensure that daily / weekly cleaning schedules are complete.</p> <p>Items above are regularly monitored by unit nursing management.</p> | <p>In place pre-inspection.</p> <p>Daily / weekly monitoring in place.</p> <p>Post-inspection reinforcement carried out.</p> |
| <b>Standard 6: Hygiene Factors</b>   |   |  |  |  |
| 6.                                   | The trust should review the provision of dedicated clinical hand wash sinks.  | <p>Nursing &amp; IPC</p> <p>Patient Experience</p> | <p>? Nursing and IPC to carry out review of provision by 30.09.2015</p> <p>Training to be attended. Checks carried out.</p>  | <p>30.09.2015</p> <p>In place pre-inspection. Post-inspection reinforcement carried out.</p>                                 |
| 7.                                   | Consumable dispensers should be available; the provision and placement of moisturising cream for staff and visitors should be reviewed. | <p>Nursing</p> <p>Nursing &amp; IPC</p>            | <p>Consumable dispensers ordered and installed by 30.09.2015</p> <p>? Nursing and IPC to carry out review of provision and placement by 30.09.2015</p>   | <p>30.09.2015</p> <p>30.09.2015</p>  |
| 8.                                   | Cleaning chemicals should be stored in accordance with COSHH guidance.  | Nursing & Patient Experience                       | <p>Staff reminded to store cleaning chemicals in accordance with COSHH guidance.</p> <p>Policy highlighted at team brief. Checking arrangements in place. Staff to report issues</p>   | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement</p>   |

| Reference number | Recommendations Common to  | Designated department   | Action required  | Date for completion/ timescale   |
|------------------|--|---|--|--|
|                  |  |   | <p>to co-ordinators.</p> <p>Hygiene and Cleanliness Information Guide recently introduced and includes COSHH focus.</p> <p>Hygiene and Cleanliness Practice Guide recently introduced to support staff knowledge / practice.</p> <p>Regularly monitored by unit nursing management and patient experience management.</p>  | <p>carried out.</p> <p>Regular repeat monitoring in place.</p>   |
| 9.               | <p>Cleaning equipment should be clean, stored correctly and in a good state of repair.</p> <p>The trust should review the provision of a domestic trolley.</p> | <p>Nursing &amp; Patient Experience</p> <p>Patient Experience</p> | <p>Staff reminded that cleaning equipment is always clean, stored correctly and in good repair. Monitoring arrangement in place.</p> <p>Staff to work to schedule and report issues to co-ordinators.</p> <p>Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure.</p> <p>To review provision of a domestic trolley and action as appropriate.</p> <p>All items above are regularly monitored by unit nursing management and patient experience management as per their respective responsibilities.</p> | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement carried out.</p> <p>Daily focus.</p> <p>31.08.2015</p> <p>Regular repeat monitoring in place.</p> |

| Reference number                     | Recommendations Common to  | Designated department        | Action required  | Date for completion/ timescale  |
|--------------------------------------|--|------------------------------|--|---|
| <b>Standard 7: Hygiene Practices</b> |  |                              |  |   |
| 10                                   | The trust should ensure all staff are aware of how to manage a needle stick injury.  | Nursing & Patient Experience | Staff reminded as to Trust policy regarding management of needlestick injury<br><br>Reinforced through COI training and team brief.  | In place pre-inspection.<br><br>Post-inspection reinforcement carried out.  |
| 11                                   | Staff should be knowledgeable of the 7 step hand hygiene technique and when it is appropriate to use antibacterial solution. | Nursing & Patient Experience | Hand washing posters are available within unit.<br><br>Hand hygiene audits are completed weekly and action taken accordingly. Results are fed back to staff.<br><br>Staff reminded of 7 step hand hygiene technique, the WHO moments of care and appropriate use of antibacterial solution.<br><br>Patient experience staff will attend next available training session.<br><br>All items above are regularly monitored by unit nursing management and patient experience management as per their respective responsibilities. | In place pre-inspection.<br><br>Post-inspection reinforcement carried out.<br><br>Regular repeat monitoring in place. |
| 12                                   | It is recommended staff wear PPE according to trust policy   | Nursing & Patient Experience | Staff reminded to wear PPE as per Trust PPE policy.<br><br>Continual monitoring in place and action taken as appropriate.  | In place pre-inspection.<br><br>Post-inspection reinforcement   |

| Reference number | Recommendations Common to   | Designated department | Action required  | Date for completion/ timescale   |
|------------------|---|-----------------------|--|--|
|                  |   |                       | Policy highlighted at team brief. Checking arrangements in place. Staff to report issues to co-ordinators.   | carried out.<br><br>Regular repeat monitoring in place.  |
| 13               | Nursing staff should ensure they are aware of the NPSA colour coded system. | Nursing               | <p>Staff reminded regarding knowledge and adherence requirements regarding the NPSA colour coding system</p> <p>This item has been included within the recently-launched hygiene and cleanliness improvement guides. Staff are regularly encouraged to use the guides. Monitoring and reporting arrangements are in place.</p> | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement carried out.</p> <p>Regular repeat monitoring in place.</p> |

**Area: Ward CCU**

| Reference number               | Recommendations Common to  | Designated department  | Action required   | Date for completion/timescale   |
|--------------------------------|--|--|---|---|
| <b>Standard 2: Environment</b> |  |  |   |   |
| 1.                             | Staff should ensure that all surfaces are clean and free from dust, dirt, lime scale and stains and in good repair.                      | Patient Experience<br><br><br><br><br><br><br>Patient Experience & Nursing | Included in daily cleaning schedules<br>All surfaces scheduled to be cleaned daily.<br>All surfaces cleaned following spillages etc.<br><br>Daily damp cleaning of all surfaces, as detailed on work schedule.<br><br>Review of work schedule completed.<br><br>Monitoring/recording/action of findings by coordinators. Staff reminders to reinforce performance.<br><br>Staff reminded to report items for repair / replacement immediately upon identification for appropriate action.<br><br>Staff to work to schedule and report issues to co-ordinators. Checking arrangements in place.<br><br>All items detailed above are in place as permanent feature. | In place pre-inspection.<br><br><br>Once daily.<br><br>31.07.2015<br><br>In place weekly.<br><br>Post-inspection reinforcement carried out. |
| 2.                             | The trust and staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment. | Nursing  | To conduct space utilisation audit.<br><br>Housekeepers are responsible for ensuring that environment remains as clutter-free as possible. Monitored per shift. Decluttering  | 31.08.2015<br><br>In place-pre-inspection.<br>Post-inspection   |

| Reference number                    | Recommendations Common to  | Designated department          | Action required  | Date for completion/ timescale  |
|-------------------------------------|--|--------------------------------|--|---|
|                                     |  |                                | and stock check programme - monthly frequency in operation.<br><br>Staff to work to schedule and report issues to co-ordinators. Checking arrangements in place.   | reinforcement carried out.  |
| 3.                                  | Staff should ensure patients dignity is protected at all times.  | Nursing                        | Staff reminded to protect patient dignity at all times.  | Post-inspection reinforcement carried out.  |
| 4.                                  | Nursing cleaning schedules should detail all equipment to be cleaned.                                      | Nursing                        | IPC link Nurses to carry out review of cleaning schedule content with IPC staff.   | Sept. 2015  |
| <b>Standard 3: Linen</b>            |  |                                |  |   |
|                                     | No recommendations   |                                |  |   |
| <b>Standard 4: Waste and Sharps</b> |  |                                |  |   |
| 5                                   | It is recommended that waste is disposed of into the correct waste stream in accordance with trust policy. | Nursing and Patient Experience | Posters re: waste segregation are present and positioned appropriated in the unit.<br><br>Hygiene and Cleanliness Information Guide recently introduced to ensure that all items are present, located suitably and with information as to how to access any information found to be absent during checking.<br><br>Staff reminded to ensure waste is segregated into appropriate waste streams.<br><br>Hygiene and Cleanliness Practice Guide recently introduced to support staff knowledge / practice. | Regular repeat monitoring in place.<br><br>Post-inspection reinforcement carried out. |

| Reference number                     | Recommendations Common to  | Designated department        | Action required   | Date for completion/ timescale  |
|--------------------------------------|--|------------------------------|---|---|
|                                      | Adhesive tape should be removed from sharps trays.   | Nursing                      | Adhesive tape removed from sharps trays. Monitored continuously by Nurse in charge.   | Immediately   |
| <b>Standard 5: Patient Equipment</b> |  |                              |   |   |
| 6.                                   | Staff should ensure that equipment is clean and in a good state of repair.                     | Nursing                      | <p>All equipment is either on daily or weekly cleaning schedules.</p> <p>Staff reminded and aware that Green Clinical Tape should be used to identify item cleaned. This tape is available in department.</p> <p>It is the responsibility of the Nurse in Charge of the clinical area to ensure that daily / weekly cleaning schedules are complete and signed off in the daily clinical record.</p> <p>Items above are regularly monitored by unit nursing management.</p> | <p>In place pre-inspection.</p> <p>Daily monitoring in place.</p> <p>Post-inspection reinforcement carried out.</p> |
| <b>Standard 6: Hygiene Factors</b>   |  |                              |   |   |
| 7.                                   | The trust should review the provision and repair of dedicated clinical hand wash sinks.        | Nursing and IPC              | <p>Nursing and IPC to carry out review of provision by 31.8.2015</p> <p>It is the responsibility of the Nurse in Charge of the clinical area to ensure that hand wash sinks are clean and in good repair.</p> <p>To order and carry out repair.</p>   | <p>31.8.2015</p> <p>Completed 01.07.2015</p>  |
| 8.                                   | The trust should review the supply and placement of moisturizing cream for staff and visitors. | Nursing and IPC              | Nursing Staff all supplied with individual hand creams and replacements supplied when required.   | 20.07.2015  |
| 9.                                   | Cleaning equipment should be clean, stored correctly and in a good state of repair.            | Nursing & Patient Experience | Staff reminded that cleaning equipment should always be clean, stored correctly and in good repair. Monitoring arrangement in place.  | In place pre-inspection. Post-inspection reinforcement  |

| Reference number                     | Recommendations Common to   | Designated department        | Action required  | Date for completion/ timescale   |
|--------------------------------------|---|------------------------------|--|--|
|                                      |   |                              | <p>Staff reminded in accordance with work schedules to clean all equipment after use, safely store all equipment in cleaners store and secure.</p> <p>Staff to work to schedule and report issues / faulty equipment to co-ordinators. Checking arrangements in place.</p> <p>All items above are regularly monitored by unit nursing management and patient experience management as per their respective responsibilities.</p>   | <p>carried out.</p> <p>Daily focus.</p> <p>Regular repeat monitoring in place.</p>   |
| <b>Standard 7: Hygiene Practices</b> |   |                              |  |  |
| 10                                   | Staff should be aware of the 7 step hand hygiene technique, the WHO moments of care and when it is appropriate to use antibacterial solution. | Nursing & Patient Experience | <p>Hand washing posters are available within unit.</p> <p>Hand hygiene audits are completed weekly and action taken accordingly. Results are fed back to staff.</p> <p>Staff reminded of 7 step hand hygiene technique, the WHO moments of care and appropriate use of antibacterial solution.</p> <p>All Nursing staff – Hand hygiene training up to date.</p> <p>Patient Experience staff to attend next available hand hygiene session.</p> <p>All items above are regularly monitored by</p> | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement carried out.</p> <p>Regular repeat monitoring in place.</p> |



| Reference number | Recommendations Common to                                   | Designated department        | Action required  | Date for completion/ timescale   |
|------------------|---|------------------------------|--|--|
|                  |   |                              | unit nursing management and patient experience management as per their respective responsibilities.  |  |
| 11               | It is recommended staff wear PPE according to trust policy. | Nursing & Patient Experience | <p>Staff reminded to wear PPE as per Trust PPE policy.</p> <p>Staff to work to schedule and report issues to co-ordinators. Checking arrangements in place.</p> <p>Continual monitoring in place and action taken as appropriate.</p>  | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement carried out.</p> <p>Regular repeat monitoring in place.</p> |
| 12               | Staff should adhere to the trust uniform policy.            | Nursing & Patient Experience | <p>Dress code is addressed regularly at staff meetings. Staff reminded of importance of adherence to dress code.</p> <p>Post inspection reinforcement carried out at staff meetings</p> <p>Staff reminded of uniform policy, and the availability of replacement uniforms.</p> <p>Staff to work to schedule and report issues to co-ordinators. Checking arrangements in place.</p> <p>Dress code is monitored daily by unit nursing management and patient experience management.</p> | <p>In place pre-inspection.</p> <p>Post-inspection reinforcement carried out.</p> <p>Regular repeat monitoring in place.</p> |



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