The Regulation and Quality Improvement Authority

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

South Tyrone Hospital

27 June 2013

informing and improving health and social care
www.rqia.org.uk

Contents

1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

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

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

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

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

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

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

3.0 Inspection Summary

An unannounced inspection was undertaken to the South Tyrone Hospital on the 27 June 2013. 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 South Tyrone Hospital was previously inspected on the 29 May 2012. This was an unannounced inspection; one ward was inspected by the RQIA team. The ward achieved compliance in all seven 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 1 - Loane House

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

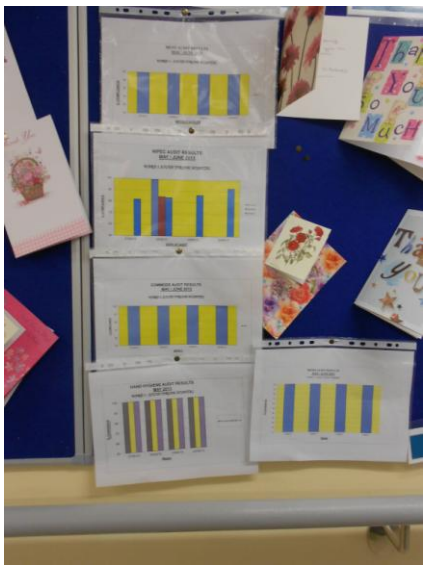
Overall the inspection team found evidence that the South Tyrone Hospital was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Inspectors observed that five of the seven standards of the Regional Healthcare Hygiene and Cleanliness Standards were compliant. The standard on patient equipment was partially compliant and the standard relating to the environment was minimally compliant.

Inspectors observed the following areas of good practice:

- Staff are currently engaged in the releasing time to care and productive ward programme. This is a process that engages with all staff and identifies changes to practices and processes which will benefit the running of the ward and in turn the care delivered to the patient.

- Audits are carried out on care bundles for Peripheral Vascular Catheters (PVC), Malnutrition Universal Screening Tool (MUST), Medical Early Warning Scores (MEWS) and Falls. Scores are displayed for the public in the main corridor (Picture 1).



Picture 1: Audit scores

- Staff have received Vulnerable Adult Training and Child Protection (CP) training. Staff have also been involved in the Butterfly Project for Care Homes. This is specialist training for staff which focuses on dementia care.

- A red tray system was in use as an indicator that a patient requires help with eating and drinking.

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

- The environment standard which was minimally compliant, requires immediate action in relation to dust control, cleaning assurance systems, recording of fridge temperatures and building maintenance.

- Action is also required with regard to the cleaning of patient equipment as this standard was partially compliant.

The inspection of the South Tyrone Hospital, Southern Health and Social Care Trust, resulted in **24** recommendations for Ward 1.

A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Staff need to ensure systems and processes are in place to provide the necessary assurance that cleaning is carried out effectively.

- All staff need to be aware of the importance of accurately monitoring the drugs' fridge temperature.

The Southern 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 Southern Health and Social Care Trust and in particular all staff at the South Tyrone 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 Cleaniliness 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 1**
Environment	74
Patient Linen	96
Waste	90
Sharps	97
Equipment	82
Hygiene Factors	91
Hygiene Practices	91
Total	**89**

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 1**
Reception	79
Corridors, stairs lift	N/A
Public toilets	90
Ward/department – general (communal)	78
Patient bed area	88
Bathroom/washroom	75
Toilet	95
Clinical room/treatment room	67
Clean utility room	72
Dirty utility room	74
Domestic store	80
Kitchen	68
Equipment store	76
Isolation	87
General information	75
Total	**74**

The findings in the table above indicate that the general environment and cleaning in Ward 1 required immediate action for the ward to achieve compliance.

The main entrance and reception area was generally clean but more attention to detail is required in relation to the cleaning of glass windows, wooden door frames and the public telephone. There was damage to paintwork on the wall, one of the ceiling light bulbs was not working and there were cigarette butts on the ground outside the reception entrance.

In the ward visitors' toilet, the corners of the floor and the top of the hand towel dispenser were dusty. The toilet brush was stained and the emergency pull cord was broken.

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 with in this standard.

Areas within the ward that required most attention are the bathroom, pharmacy room, clean utility room, dirty utility room and kitchen. The key issues identified for improvement in this section of the audit tool were:

- A common theme throughout the ward was dusty external windows and frames, corners and edges of floors, high density storage units and horizontal surfaces.

- Bay C, which was not in use had been terminally cleaned. Inspectors noted congealed foodstuff on patients' chairs and the underside of a patient's beside table, the bedside privacy curtains were stained and one was torn. More attention to detail is required when cleaning the chairs in the day room as the underside frame (Picture 2) and hand touch points were dirty.

Picture 2: Stained underside of chair in day room

- In the ward sanitary areas, the underside of raised toilet seats and toilet bowls were stained, pull cords were grubby and floors in the shared en-suite off room 5 required a deep clean. In the bathroom, the shower rail was rusty and there were communal wellington boots for staff use when showering patients. In the shared communal en-suite off room 5, the hand rail was stained and the floor drain of the shower was dirty and had a black deposit.

- Throughout the ward there was minor damage to walls, doors, door frames and there was damaged vinyl flooring in the main corridor and in Bay C. In the kitchen the hot water geyser nozzle was rusted and had lime scale present. For effective cleaning, surfaces should be free from damage and impervious to moisture. Some of the window blinds required repair.

- There was insufficient storage in the clean utility room, domestic store (Picture 3) and equipment store. The work surfaces in the pharmacy room were cluttered and required cleaning.

Picture 3: Lack of storage in domestic store

- Temperature records for the drugs' fridge, the kitchen fridge and dishwasher were not recorded consistently. There was nowhere on the record sheet to note actions to be taken in the event of a break in the cold chain.

- Hand hygiene posters were not displayed at all clinical hand wash sinks and there were no information leaflets for the public on hand hygiene and general infections. Nursing cleaning schedules were not detailed and were not completed consistently. There was no National Patient Safety Agency (NPSA) information poster displayed for nursing staff to easily access.

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 1**
Storage of clean linen	92
Handling and storage of used linen	100
Laundry facilities	N/A
Total	**96**

The above table highlights that Ward 1 achieved good compliance in relation to the storage of clean linen and full compliance in the management of used patient linen. good practice and knowledge in relation to the handling of used linen.

There were two issues idenfitied in relation to the clean linen store;

- inaccessible skirting required cleaning
- an open electric box, with circuits visible, was observed on the wall.

7.0 Standard 4: Waste and Sharps

For organisations to comply with this standard they must ensure that waste is managed in accordance with HTM07-01and 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 1**
Handling, segregation, storage, **waste**	90
Availability, use, storage of **sharps**	97

7.1 Management of Waste

The scores achieved in the above table indicate good compliance in relation to the handling and storage of waste. The key issue identified for improvement in this section of the audit tool was:

- Waste was inappropriately disposed of into sharps boxes, a magpie box and the purple lidded burn bin. In addition the glass panel in the waste disposal hold door was cracked

7.2 Management of Sharps

The table above outlines that Ward 1 was compliant in this standard.
The one issue identified for improvement in this section of the audit tool was:

- A sharps tray required cleaning

8.0 Standard 5.0: Patient Equipment

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

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

Patient Equipment	**Ward 1**
Patient equipment	82

The table above outlines that Ward 1 was partially compliant in this standard and requires immediate action. The key issues identified for improvement in this section of the audit tool were:

- Stained or dusty pieces of patient equipment; IV stands, dressing trolleys, portable nebuliser, suction machine, ECG and urine testing machines. The base and equipment on the resuscitation trolley were dusty.

- There was damage to some equipment. The plastic coating on a catheter stand was damaged, exposing the metal frame and there was adhesive tape on the notes trolley.

- An in use patient nebuliser mask and chamber were stored in the patient's locker drawer. This was not in line with correct practice advised by staff; equipment should be labelled, covered and hung behind the patient's bed.

- A manual trigger system rather than trigger tape was in use to identify that commodes have been cleaned. On inspection the underside of two commodes was stained.

9.0 Standard 6: Hygiene Factors

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

Hygiene Factors	Ward 1
Availability and cleanliness of WHB and consumables	93
Availability of alcohol rub	97
Availability of PPE	92
Materials and equipment for cleaning	80
Total	**91**

The scores achieved in the table indicate good compliance in relation to this standard. Clinical hand wash sinks were in good condition and met HBN 04-01 requirements (Picture 4). 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:

Picture 4: Good clinical hand wash sink

- The taps on the clinical hand washing sink in the dirty utility room were wrist operated. The taps on the hand washing sink in the shower (Picture 5) and at the entrance to the ward had lime scale present and the underside of the nozzle required cleaning. There were paper labels on some of the taps. The presence of lime scale and paper can be a barrier to effective cleaning.

Picture 5: Limescale on tap

- Two members of staff were not aware that hand moisturiser was available for them.

- The alcohol hand rub dispenser at the ward entrance was empty.

- Cleaning equipment such as mop buckets, hand buckets, static floor mops, domestic trolley and dustpan and brushes all required more detailed cleaning.

- Tubs of wipes used for cleaning were open, dried out and therefore ineffective.

10.0 Standard 7: Hygiene Practices

For organisations to comply with this standard they must ensure that healthcare hygiene practices are embedded into the delivery of care and related services.

Hygiene Practices	Ward 1
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	92
Effective use of PPE	100
Correct use of isolation	N/A
Effective cleaning of ward	79
Staff uniform and work wear	83
Total	**91**

The scores achieved in this table indicate compliance in three of the sections within this standard. Two sections, hand hygiene procedures and effective use of PPE were fully compliant. The sections on effective cleaning of the ward and staff uniform were partially compliant and immediate improvement is required. The key issues identified for improvement in this section of the audit tool were:

- A needle was observed detached from the syringe in a sharps box.
- RGN and nursing auxiliary staff gave incorrect dilution rates for disinfectants when used routinely for blood and body fluid spillages.
- Nursing staff were unfamiliar with the NPSA colour coded system used for cleaning.
- A social worker, work experience student and a doctor were not compliant with the regional dress code policy.

11.0 Key Personnel and Information

Members of the RQIA inspection team

Mrs S O'Connor	-	Inspector, Infection Prevention/Hygiene Team
Mrs M Keating	-	Inspector, Infection Prevention/Hygiene Team

Observer:

Fiona McCrory	-	Student, Environmental Health, University of Ulster

Trust representatives attending the feedback session

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

Ms K Kelly	-	Senior Infection Prevention and Control Nurse
Ms R Toner	-	Assistant director of Enhanced Services
Ms P Nugent	-	Nurse Manager Non Acute Hospital
Ms S McAteer	-	Ward Manager STU,Ward 1
Ms B Cullen	-	Locality Support Services Manager
Ms M Quinn	-	Clinical Sister
Ms G Cardwell	-	ISS-Stroke-NAH

Apologies:

Ms A McVeigh	-	Director, Older People and Primary Care
Ms A Carroll	-	Assistant Director, Support Services

12.0 Summary of Recommendations

Recommendations

Standard 2: Environment

1. Staff should ensure that surfaces are clean and free from dust and stains.

2. Staff should ensure that all cleaning processes are subject to audit to highlight any poor practice.

3. A maintenance programme should be in place for minor damage to doors and walls. Damaged furniture or fittings should be repaired or replaced.

4. Staff should review the three rooms which had storage issues.

5. Staff should ensure temperature checks are recorded consistently and actioned as required in line with trust policy.

6. Staff should continue to develop nursing cleaning schedules which detail all staff roles and responsibilities.

7. Hand hygiene posters should be displayed at all hand washing sinks.

8. Nursing staff should be aware of the NPSA colour coding guidelines.

Standard 3: Linen numbering from here

9. Staff in Ward 1 should ensure linen stores are clean.

10. Staff should ensure all electrical fittings are encased.

Standard 4: Waste and Sharps

11. Staff should ensure that staff are aware of and comply with trust policy on the management of waste.

12. Integral sharps trays should be clean.

Standard 5: Patient Equipment

13. All equipment should be clean and in a good state of repair.
And stored correctly.

14. The cleaning of patient equipment should be audited to ensure compliance.

Standard 6: Hygiene Factors

15. Staff should ensure that their knowledge is kept up to date regarding the use and correct dilution of disinfectants.

16. Staff should ensure taps are clean, free from lime scale and paper labels.

17. Hand moisturiser should be available for both staff to use.

18. Staff should ensure all alcohol rub dispensers are filled.

19. Staff should ensure cleaning equipment is clean.

20. Staff should ensure tubs of cleaning wipes are stored correctly.

Standard 7: Hygiene Practices

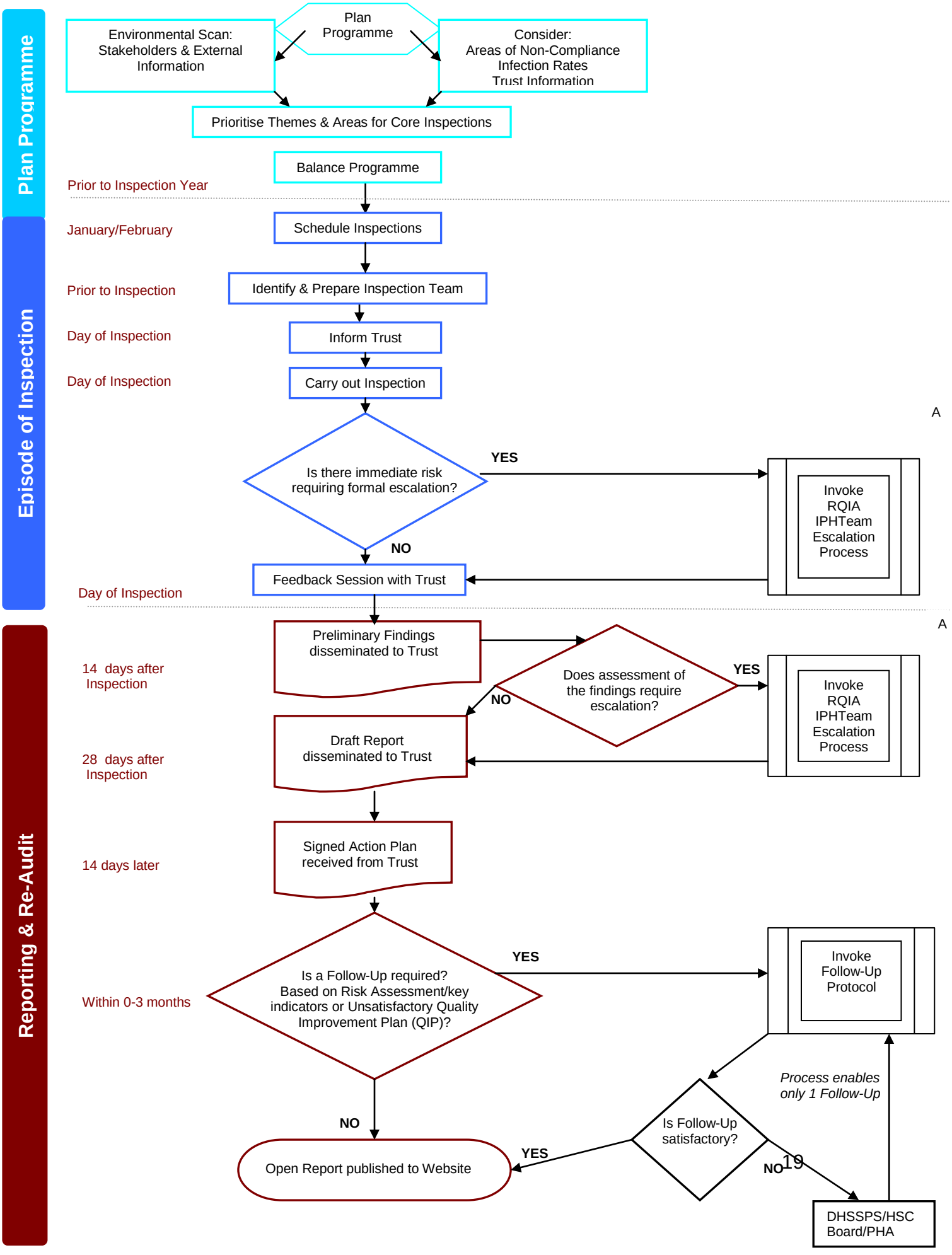
21. Staff should ensure needles and syringes are disposed of correctly.in line with trust policy.

22. Nursing staff should update their knowledge on dilution rates for disinfectants.

23. Nursing staff should be aware of the NPSA colour coding for cleaning equipment.

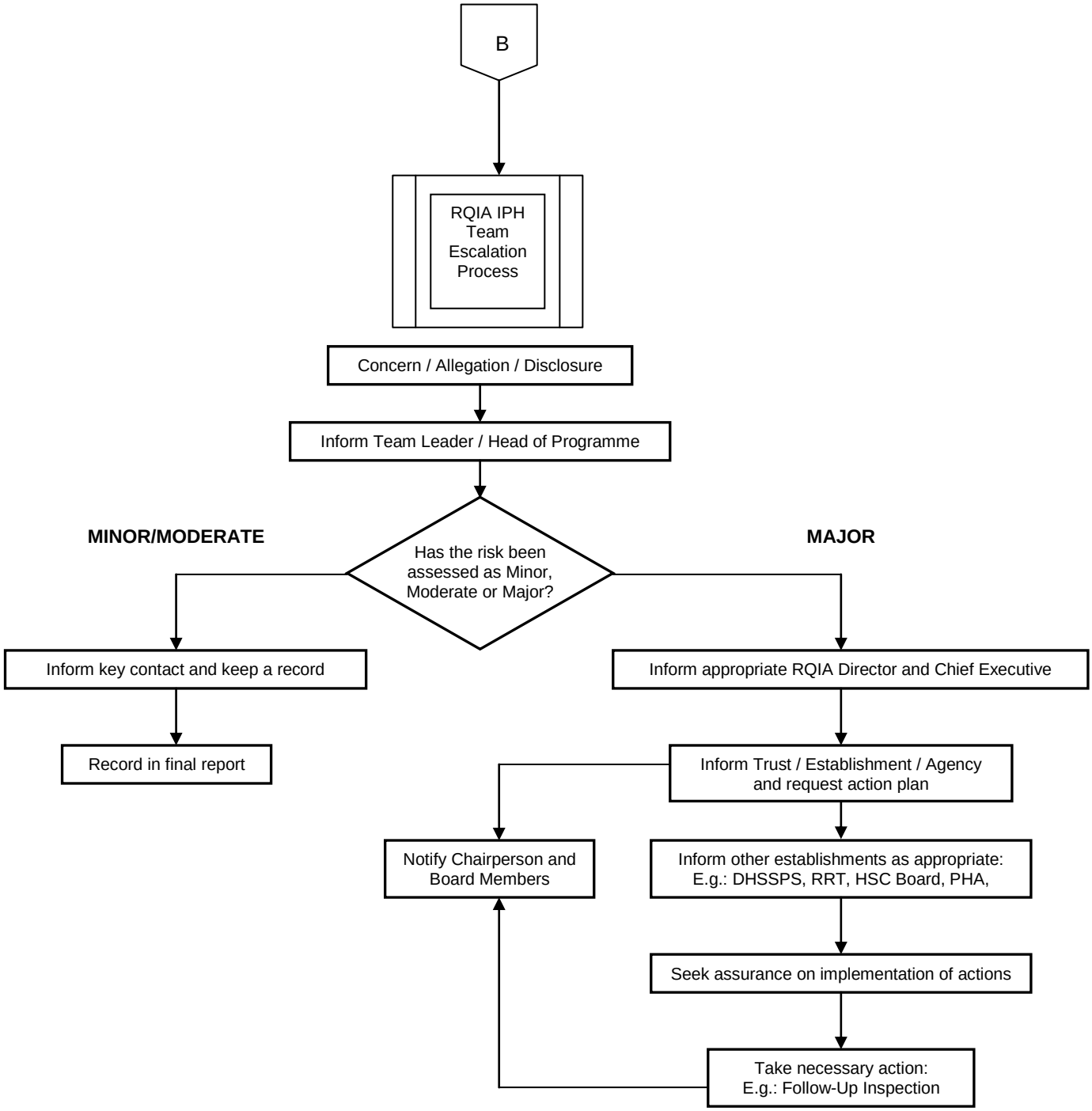
24. Staff should comply with the regional dress code policy.

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1	Staff should ensure that surfaces are clean and free from dust and stains.	DOMESTIC	Immediate clean of all high and low surfaces A review of the daily cleaning schedule and three times daily cleaning of Barrier rooms and sanitary areas for all environmental surfaces was completed by domestic supervisor ward sister and domestic services manager Domestic supervisors will perform daily checks of kitchen, sanitary and patient areas Domestic supervisor to complete proforma providing a copy for ward sister as evidence of daily findings and actions. Ward sister to monitors actions. Ward staff to report non-compliance in the absence of the ward sister. Environmental cleaning to be carried out as per SHSCT guidelines with work schedules reflective of same.	Completed 28 6 13. Completed Date 30.7.13 On-going Daily Daily Monthly
2	Staff should ensure that all cleaning processes are subject to audit to highlight any poor practice.	NURSING	Daily decontamination of equipment and medical devices allocated to individual members of nursing staff, as per SCSHT A-Z decontamination policy guidelines. Ward sister to monitor compliance on a daily basis in the first instance reducing to	Immediate clean completed 28.6.13 . Daily.reducing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			weekly when fully compliant for 1 month.	to monthy when fully compliant
			Weekly commode audits completed by ward manager nursing staff. Non-compliance addressed with individual staff at time of the audit	Weekly on-going
			Unannounced IPCT audit completed monthly. Results discussed with staff immediately	Monthly
		DOMESTIC and NURSING	Monthly environmental and infection control audit to be carried out by ward sister IPC nurse and domestic supervisor.	Monthly
			All audit findings displayed on ward dash board and discussed weekly with all members of nursing staff Commencing implementation of all staff AHP/Domestic/ attendance at dash board meeting	Weekly
			Audit results are a standing agenda item at all team meetings	Every 8-12 weeks
3	A maintenance programme should be in place for minor damage to doors and walls. Damaged furniture	ESTATES	Immediate reporting and requisitioning of all minor damage to doors and walls	Immediate 1.8.13

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
	or fittings should be repaired or replaced.	NURSING	All nursing staff reminded of their responsibility to ensure damaged furniture or fittings are removed from use and reported immediately to maintenance for repair. Any furniture condemned to be removed immediately for disposal, and replacements requested through non stock requisition. Review of damage to environment and furniture to be incorporated into monthly environmental audit using template for completion by ward sister. Any Nursing/estates non-compliance immediately addressed.	28.6.13 on-going monthly
4	Staff should review the three rooms which had storage issues.	NURSING ESTATES NURSING	Immediate de-cluttering of each area by removal of overstocked items and cluttered worktops. Request sent to estates for installation of extra shelving in sterile store. Reviewed the LEAN approach used in RTTC project to sustain the improvements made to storage and requisition of stock. Agenda item for ward meeting to embed the above process in all new staff and highlight need for sustainability with existing staff	Completed 28.6.13 Completed 5.8.13 Before end of August 2013

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Ward sister commenced delegation programme for ward staff, allocated on a daily basis. Person delegated has responsibility for ensuring de-cluttered worktops in store rooms and adequate storage of stock within ward environment Ward sister/clinical sister to monitor compliance.	Commenced 7.8.13 and on-going Weekly commencing 7.8.13 for 4 weeks, monthly thereafter if evidence of compliance
		PHARMACY	Pharmacy team spoken to. Agreed team is responsible for de-cluttering of pharmacy room to facilitate daily cleaning by domestic team. Ward sister/clinical sister to monitor compliance.	1.8.13 Weekly commencing 7.8.13 for 4 weeks, monthly thereafter if evidence of compliance
5	Staff should ensure temperature checks are recorded	NURSING	Nursing staff failing to record drug fridge	Completed

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
	consistently and actioned as required in line with trust policy.		temperature checks were identified through off duty and individually spoken to in relation to their failure to comply with recording guidelines and were made aware of the seriousness of their omission in relation to the recommendations as per trust policy.	28.6.13 on-going.
			All nursing staff reminded of their responsibility to ensure recording of drug fridge temperature twice daily and informed that they will be held to account by ward manager if non -compliant.	28.6.13
			Ward manager/clinical sister to monitor recordings for 1 month until evidence of consistency and compliance with practice and guidelines is evident and on-going monthly checks to be incorporated into monthly environmental audit thereafter.	Completed 28.7.13 monthly audits commenced from 28.8.13
			Pharmacy lead consulted about a recording sheet that will provide a reference and guidance for staff of actions required in line with trust policy should deviation from normal ranges occur.	6.8.13 Awaiting response
		DOMESTIC	Domestic staff failing to record consistent fridge and dishwasher temperatures were identified and spoken to in relation to their non -compliance by domestic supervisor.	28.6.13

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Domestic supervisor checks daily for compliance and to provide daily recorded evidence of compliance to ward manager. A template proforma record is held by Domestic Services Manager to record noncompliance and actions to address same.	Daily On-going
6	Staff should continue to develop nursing cleaning schedules which detail all staff roles and responsibilities.	NURSING	Daily decontamination schedules for nursing staff updated 5 8 13 with detail of all staff roles and responsibilities as per SHSCT DEC 2012 Policy. All staff informed of their responsibility in adherence to cleaning schedule as per A-Z SCSCT Decontamination Policy. All nursing staff informed that hard copy policy is now stored with updated Decontamination Schedule template of duties in folder stored at nurses station as well as in ward Equipment Resource File. All staff informed to read policy and updated decontamination schedule, sign for reading same and for having an understanding of their individual role and responsibility in adherence to guide-lines and recommendations. Ward manager to allocate daily decontamination duties to staff. Ward manager/ clinical sister to carry out daily spot checks for one week, reducing to weekly for one month and monthly thereafter until there is evidence of	28.6.13 and on-going On-going until 31.8.13 7.8.13. 7.8.13 Reduce to weekly/monthl

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			100% compliance Staff members failing to comply with guidelines will be held to account by ward sister	y when compliant
7	Hand hygiene posters should be displayed at all hand washing sinks.	NURSING	Hand Hygiene Posters displayed. Ward manager to incorporate as part of monthly environmental and infection control audit observation of displayed hand hygiene posters evident above all sinks in ward.	28.6.13 On-going
8	Nursing staff should be aware of the NPSA colour coding guidelines.	NURSING	NPSA poster now displayed in sluice area for staff to use as reference. All staff ito sign for reading and having knowledge of code guidelines. Ward sisters to randomly ask staff to quote colour code guidelines and monitor practice until all staff having knowledge is evident.	28.6.13 On-going For completion 31.8.13 on-going
9	Staff in Ward 1 should ensure linen stores are clean.	DOMESTIC NURSING	Immediate clean carried out of store. On daily cleaning schedule domestic supervisor will monitor daily Nursing staff reminded of their responsibility to ensure linen store is clean at all times. Any issues identified staff to request for further cleaning Monthly environmental and infection control audit to be carried out by domestic supervisor and ward manager	28.6.13 On-going On-going Monthly

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
10	Staff should ensure all electrical fittings are encased.	NURSING ESTATES	All staff reminded of their responsibility to ensure all electrical fittings are encased at all times. Identified loose electrical fittings reported immediately to estates for repair and followed up with completion of a job requisition. Ward sister to ensure all electrical fittings are examined during monthly environmental audit for sign of loose fittings / failed encasements.	Immediate Ongoing 28.6.13 Completed 29.7.13 Monthly
11	Staff should ensure that staff are aware of and comply with trust policy on the management of waste.	NURSING	All staff advised to read and familiarise themselves with new updated waste segregation guidelines displayed in various areas throughout ward environment and to use as a reference when disposing of all waste. Staff to sign form to evidence reading and understanding guidelines Individual ward staff to be allocated by ward sister on a daily basis responsibility to spot check staff compliance with adherence to waste segregation and monitor magpie boxes, burn bins, clinical waste and household waste contents for compliance with guidelines. Noncompliance to be challenged and persistent offenders to be reported to	28.6.13 5.8.13 completion date 31.8.13

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			ward sister for further action. Ward sister to carryout audit of waste as part of monthly environmental and infection control audit	 Monthly
12	Integral sharps trays should be clean.	Nursing Medical	All ward staff informed of their responsibility to ensure all sharps trays are cleaned following use. Ward manager to allocate daily a staff member responsibility to monitor sharps trays for compliance with decontamination standards and to monitor fellow staff compliance, both nursing and medical, with adherence to guidelines. Noncompliance to be challenged and reported to ward manager for further action.	28.6.13 Daily On-going
13	All equipment should be clean and in a good state of repair. And stored correctly.	Nursing	All staff reminded to clean equipment after patient usage as per SHSCT Decontamination a-z guidelines. Examined for any faults/ issues of concern re functioning, if issues identified equipment to be removed from use and reported Via trust intranet for maintenance. Nursing staff to be allocated on a daily basis to monitor fellow staff compliance with procedure and to examine all	28.6.13 Daily

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			equipment not in use to ensure its clean and in a good state of repair and any issues identified to be reported to ward manager. Ward manager as part of monthly environmental and infection control audit to monitor equipment.	Monthly
14	The cleaning of patient equipment should be audited to ensure compliance.	NURSING	As per above no.13	
15	Staff should ensure that their knowledge is kept up to date regarding the use and correct dilution of disinfectants.	NURSING	Dilution of disinfectant chart displayed in sluice for staff to use as reference when making up disinfectant solution which is to be used as per SHSCT A-Z guidelines on decontamination. All staff provided with an individual copy of disinfectant dilution and Guidelines sheet and signed for receiving of same. Staff to be randomly asked to state the required concentration and guidelines as per advice sheet and a monitoring of their practice until evidence of all staff knowledge has been tested and deemed competent by ward manager/clinical sister.	Completed 28.6.13 Completed 30.7.13 on-going
16	Staff should ensure taps are clean, free from lime scale and paper labels.	Domestics	Immediate removal of lime scale and paper labels.	28 6 13

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Daily cleaning of all taps to incorporate removal of lime-scale. Domestic supervisor to check taps daily for compliance with standard and to provide ward manager with documented evidence of findings and any actions required. Ward manager and domestic supervisor to carry out monthly environmental audit	Daily Daily Monthly
17	Hand moisturiser should be available for both staff to use.	Nursing	All staff reminded that a supply of individual hand cream is readily available at ward level stored in locked pharmacy cupboard for staff usage as required. All staff reminded that any member of staff working in ward environment who develop any issues with skin irritation have responsibility to inform ward manager immediately for referral and assessment by Occupational health department.	Complete 28 6 13 On-going
18	Staff should ensure all alcohol rub dispensers are filled.	Nursing	All staff advised of individual responsibility to ensure gel dispensers are replenished immediately when empty and to be rechecked twice daily by NA on day duty and NA on night duty. Ward staff to be allocated daily for responsibility to further check that all	Completed 28.6.13 Daily

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			dispensers are full prior to 3pm visiting and to challenge individual staff member responsible for noncompliance and to report to ward manager any issues of non -compliance for further action needed to hold individuals to account.	
19	Staff should ensure cleaning equipment is clean.	Domestic	Immediate clean carried out on domestic cleaning trolley and excess equipment not in use removed all staff informed by domestic services manager of their responsibility to clean after each use as per SHSCT decontamination policy. Domestic supervisor to carry out daily checks on equipment for compliance and provide documented evidence to ward manager of any issues and actions taken.	28 6 13 On-going 28.6.13 on-going
20	Staff should ensure tubs of cleaning wipes are stored correctly.	Nursing and domestic	All staff (nursing and AHP) informed of importance to ensure that cleaning wipes are stored correctly by maintaining a closed ligature on lid of tub when not in use. Staff member to be allocated daily to monitor all staff compliance with practice and to challenge any noncompliance with fellow staff. Ward manager to monitor as part of monthly environmental and infection control audit	28.6.13 Daily Monthly

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
21	Staff should ensure needles and syringes are disposed of correctly.in line with trust policy.	Nursing Medical	All staff reminded of importance and responsibility of adherence to sharps policy at all times in relation to safe practice of not removing contaminated needles from syringes prior to disposal. All staff informed to read policy sign for reading same and for having an understanding of their individual role and responsibility in adherence to guide-lines and recommendations. Staff member to be allocated daily responsibility for monitoring nursing and medical staff compliance with safe disposal of sharps, to challenge non-compliance and report to ward manager any issues / actions taken Ward manager to monitor compliance as part of monthly environmental and infection control policy.	28.6.13 On-going until 31.8.13 Monthly
22	Nursing staff should update their knowledge on dilution rates for disinfectants.		Actions per no.15	
23	Nursing staff should be aware of the NPSA colour coding for cleaning equipment.	Nursing	All staff updated All staff ito sign for reading and having knowledge of code guidelines. Ward sisters to randomly ask staff to quote colour code guidelines and monitor	28.6.13 and ongoing Commenced 29.7.13 Completion by 31.8.13

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			practice until all staff having knowledge is evident.	
24	Staff should comply with the regional dress code policy.	ALL STAFF IN WARD ENVIRONMENT	All staff advised of importance of all SHSCT staff responsibility to adhere uniform policy when in the ward environment and noncompliance to be challenged by both ward sisters and nursing staff to ensure 100% compliance from AHP/Medical/Pharmacy/Domestic team members. RQIA findings in relation to AHP noncompliance with SHSCT uniform policy to be communicated to all Team leaders and AHP through information sessions to be held by ward manager and infection control nurse to update and remind all staff of uniform policy and to reiterate importance of responsibility for all SHSCT staff to adhere to policy. Staff member to be allocated daily the responsibility to challenge any SHSCT staff member in ward who are non – compliant with uniform policy and report to ward manager issues and actions taken to address same. Ward manager to carry out monthly uniform audit to target all SHSCT staff working in ward environment and to hold	Completed 28.6.13 ongoing Completion date before 30.9.13 Completed 28.6.13 on-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			to account any staff members who don't comply and inform their own individual team leaders for instigation of further action required.	Monthly and on-going

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