



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Royal Belfast Hospital
For Sick Children

19 February 2014

Contents

1.0	Regulation and Quality Improvement Authority	1
2.0	The Inspection Programme	1
3.0	Inspection Summary	2
4.0	Overall Compliance Rates	4
5.0	General Environment	5
6.0	Patient Linen	9
7.0	Waste and Sharps	10
8.0	Patient Equipment	12
9.0	Hygiene Factors	14
10.0	Hygiene Practice	15
11.0	Key Personnel and Information	17
12.0	Summary of Recommendations	18
13.0	Unannounced Inspection Flowchart	22
14.0	RQIA Hygiene Team Escalation Policy Flowchart	23
15.0	Quality Improvement Action Plan	24

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 Royal Belfast Hospital for Sick Children, on the 19 February 2014. The inspection team was made up of 3 inspectors and 1 peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Royal Belfast Hospital for Sick Children was previously inspected on 17 May 2012. The inspection was compliant with the Regional Healthcare Hygiene and Cleanliness Standards. The inspection report of that inspection is available on the RQIA website www.rqia.org.uk.

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

- Allen Ward
- Barbour Ward

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

Overall the inspection team found evidence that the Royal Belfast Hospital for Sick Children was working to comply with the Regional Healthcare Hygiene and Cleanliness standards.

Good practices observed by the inspection team:

- The inspectors were informed by staff that two houses beside the children's hospital have been purchased by a charity to provide accommodation for families of the children who are in hospital. A further donation of a nearby building has been made by a local school, the trust hope to use this for more family accommodation.
- In Allen Ward there was good information displayed on audits, staff mandatory training and mentorship.
- Barbour ward had carried out the Productive Ward project.
- Hand hygiene and Environmental cleanliness audits were displayed at the entrance to Barbour Ward.
- In Barbour Ward there were independent verification audits for hand hygiene.
- Inspectors observed good compliance in six of the seven standards.

Inspectors found that further improvement was required in the standard relating to the safe handling of sharps, which was partially compliant for both wards.

The inspection of the Royal Belfast Hospital for Sick Children, BHSCT, resulted in **1** recommendation for the main reception area, **14** common recommendations for the two wards, **7** recommendations for Allen Ward and **8** recommendations for Barbour Ward. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections

- The standard in relation to the safe handling of sharps was partially compliant on the last inspection and is still partially compliant.
- Damage to the fabric of the building, the trust has a maintenance plan in place and is addressing these issues.

The Belfast 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. (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 Belfast Health and Social Care Trust and in particular all staff at the Royal Belfast Hospital for Sick Children 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	Allen Ward	Barbour Ward
Environment	89	88
Patient Linen	93	100
Waste	91	95
Sharps	76	83
Equipment	91	88
Hygiene Factors	98	97
Hygiene Practices	89	88
Total	90	91

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	Allen Ward	Barbour Ward
Reception	61	N/A
Corridors, stairs lift	95	N/A
Public toilets	93	N/A
Ward/department – general (communal)	92	90
Patient bed area	89	96
Bathroom/washroom	94	96
Toilet	N/A	N/A
Clinical room/treatment room	85	95
Clean utility room	76	91
Dirty utility room	96	88
Domestic store	95	86
Kitchen	89	81
Equipment store	94	83
Isolation	97	87
General information	83	74
Total	89	88

The above table outlines the findings in relation to the general environment of the facilities inspected. Allen and Barbour Wards achieved overall compliance, with only one section minimally compliant in each ward.

The main entrance and reception area require attention; the reception is a large spacious area which has been decorated to appeal to children. The entrance has a modern façade, with posters advising it is a no smoking area. However, there were cigarette butts and gum littering the ground and the top of the waste bin was littered with cigarette butts.

The glass doors and fittings were dusty, carpeted areas required cleaning, floor tiles and vinyl flooring was damaged. Surfaces, such as skirting, external windows, suspended art work and the infection prevention and control notice board were dusty. The public phone required cleaning and adhesive labels and worn posters removed.

The of the main reception area public toilets were clean and well presented, with just minor damage to the corner of the wall by the door. Similarly, the corridor leading to the wards was light, bright and clean, with minor chipping to some of the paint finishes.

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

Issues common to both wards

There was a very good standard of cleaning in both wards, only minor areas were identified which required more detailed cleaning.

The age and condition of the building has had a negative impact on the scores in this standard. There was damage to walls, doors, laminate surfaces and staining to ceiling tiles. Allen and Barbour wards are located within an old building. The inspectors were pleased to note that since the last inspection to these wards refurbishment work had been carried out which has improved the environment.

Allen Ward has had the bathrooms, shower room and dirty utility room up graded (Picture 1).



Picture: 1 Refurbished bathroom

The domestic store was previously only an area within the dirty utility room. This is now a spacious separate room, which would be complete if storage shelving was provided. A separate room has also been provided for the cleaning and decontamination of incubators. Further work has been planned to include hygienic wall cladding in the bed and drugs preparation areas. Representatives at the feedback also advised that the trust have plans, within the next year, to build a new external corridor to alleviate the large footfall of people using the ward to access several other departments.

The drugs fridges in both wards required more detailed cleaning and some temperature checks for the drugs' fridge were missing.

Allen Ward

- The door to the drugs preparation room was unlocked, providing easy access to the room. The drugs fridge and one of the drugs cupboards were unlocked. IV fluids which were labelled from pharmacy 'to be held under locked conditions' were stored on an open shelf. The drugs fridge was a domestic fridge with separate fridge and freezer compartments. The freezer compartment was broken; the label present stated it had been broken since June 2013.
- The temperature checks for the large kitchen fridge were reading - 0.1 and - 0.2 degrees centigrade on occasions. Jugs of water and juice were freezing. Staff stated this is a new fridge and the problem had been reported several times to catering and Estates for action.
- In the walk-in shower room, the paint finish on the stand for the baby bath was blistered and rusted (Picture 2) and there were communal wash products in the wire basket on the baby bath stand.



Picture: 2 Rusty baby bath stand

- The information section of this standard was partially compliant. Hand hygiene posters were not displayed at all clinical hand wash sinks. A NPSA colour coding poster and management of an inoculation injury were not displayed for staff. Not all posters or information notices were laminated; some were attached with adhesive tape. The nursing staff use the trust cleaning schedule and have added their own specialised equipment, the play therapist has a toy cleaning schedule, however more detail is required to list all toys present.

Barbour Ward

- The information section in this standard was minimally compliant. Cleaning schedules did not detail all equipment in the ward. Hand hygiene posters were not displayed at all hand washing sinks and some posters were not laminated, some were fixed with adhesive tape. Leaflets on hand hygiene and infection prevention and control, *Clostridium difficile* and general infections were not available on the ward.
- The frame of a cot in the main bed area was chipped.

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	Allen Ward	Barbour Ward
Storage of clean linen	86	100
Handling and storage of used linen	100	100
Laundry facilities	N/A	N/A
Total	93	100

The above table outlines that Barbour Ward achieved a fully compliant score in relation to the management of patient linen. Allen Ward was fully compliant in the section on handling and storage of used linen.

Linen was clean, free from damage and stored appropriately in a designated store (Picture 3). Staff practices in relation to the handling and disposal of used linen was very good.



Picture: 3 Neat tidy linen store

Allen Ward

- The issue affecting compliance in the storage of clean linen was in relation to the linen cupboard. The skirting and floor was dusty and the light although working, was very dim.

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	Allen Ward	Barbour Ward
Handling, segregation, storage, waste	91	95
Availability, use, storage of sharps	76	83

7.1 Management of Waste

The scores achieved in the above table indicate good compliance in relation to handling and storage of waste. The following areas were noted where compliance could be improved.

Issues common to both wards

- Waste was incorrectly disposed of into the sharps box and clinical waste bins.

Allen Ward

- There was no household waste bin in the dirty utility room, the base of some bins was dirty and labels on lids were worn.

Barbour Ward

- Inappropriate waste was noted in the purple lidded burn bin: it contained scissors, free fluids, blood transfusions, gloves and a nappy.

7.2 Management of Sharps

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

The above table outlines that both ward were partially compliant and issues highlighted should be actioned.

Issues common to both wards

- In both wards, the temporary closure mechanism on the sharps boxes was not deployed. Burn boxes were not labelled, signed or dated. Sharps trays were stained and required further cleaning.

Allen Ward

- There was a blood stain on the top of a sharps box in the treatment room.

Barbour Ward

- The purple lidded burn bin was not assembled correctly.

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	Allen Ward	Barbour Ward
Patient equipment	91	88

Issues common to both wards

- Single use forceps were observed out of their packaging. Staff confirmed they were being re-used for releasing tight ET clamps.

Allen Ward

- A processed bed pan was faecally stained. This was actioned by the nurse in charge. IV trays were stained, the blood glucose machine was blood stained and the portable suction machines were dusty.
- The end of bedside suction tubing and tubing on suction machines was exposed. There was a small amount of damage to the ends of a catheter stand.

Barbour Ward

- In side room 3, the bags containing the oxygen masks and tubing were speared over the oxygen flow meter (Picture 4).



Picture 4: Oxygen masks speared over oxygen flow meter

- Not all stored equipment had trigger tape in place to identify it had been cleaned.
- Not all staff were aware of the symbol for single use equipment.
- The base of some stored IV stands, a portable light and the foot pad of the stand on scales were dusty. The laminate edge on the shelf of a notes trolley was 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	Allen Ward	Barbour Ward
Availability and cleanliness of WHB and consumables	97	99
Availability of alcohol rub	96	97
Availability of PPE	100	93
Materials and equipment for cleaning	98	98
Total	98	97

The scores achieved in the above table indicate good compliance in relation to this standard; Allen Ward achieved full compliance in the PPE section.

The inspection found that dedicated accessible hand hygiene facilities located near to the point of care. Hand hygiene facilities were clean and in good order.

Issues common to both wards

- An alcohol dispenser in both wards was broken and chemicals in the dirty utility rooms were not stored under locked conditions.

Allen Ward

- The seal behind two clinical hand wash sinks was dirty; drugs preparation room, dirty utility room.

Barbour Ward

- There was a bottle of sterilium stored on the hand wash sink at the entrance to the ward.
- There were no aprons in the PPE dispenser in the treatment room and at the ward entrance. The latter was filled by staff during the inspection.

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	Allen Ward	Barbour Ward
Effective hand hygiene procedures	94	89
Safe handling and disposal of sharps	92	92
Effective use of PPE	89	89
Correct use of isolation	80	N/A
Effective cleaning of ward	90	76
Staff uniform and work wear	90	96
Total	89	88

The above table indicates good compliance in this standard. There was one partially compliant section in each ward in this standard; the issues have been identified below.

Issues common to both wards

- A doctor in Allen Ward did not wash their wrist or complete all seven steps of the hand hygiene technique when using alcohol rub. In Barbour Ward a domestic was unsure of the 7 step hand hygiene technique. A RN did not wash hands after leaving the patient's environment. Another RN was observed disposing of gloves into a bin by lifting the lid with her hand. She then donned new gloves without washing hands.
- On both wards, not all nursing staff were aware of the disinfectant dilution rate for blood and body fluid spills.
- Nursing staff were not aware of NPSA colour coding system for equipment used in cleaning.
- There are no changing facilities for nursing or domestic staff.

Allen Ward

- Three re-sheathed needles were observed in a sharps box in the drugs preparation room. This was shown to the nurse in charge; needles should not be re-sheathed.
- Nursing and medical staff were observed donning PPE before they had assembled their equipment, while another member of nursing staff did not wear PPE when caring for a patient in isolation.
- There was no infection prevention and control care plan in place for two patients with infection.
- A visiting doctor had long unsecured hair, and a member of clerical staff was wearing a long sleeved shirt.

Barbour Ward

- Medics use ANTT trays for carrying sharps to and from the bedside when carrying out procedures. Sharps boxes in impregnated sharps trays were not used.
- A RN was observed not wearing gloves when carrying out personal care.
- Detergent wipes were not available for routine cleaning, staff only use alcohol wipes for decontaminating equipment between use.
- Staff did not have access to manufacturer's instructions for the decontamination of equipment.

Additional issues

Barbour ward

- Frozen breast milk was out of date- expressed 06/10/2013.
- In the drugs' fridge, reconstituted penicillin 31/01/2014 had not been disposed of after 14 days.

11.0 Key Personnel and Information

Members of the RQIA inspection team

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

Peer Reviewers

- Ms J Porter - Infection Prevention and Control Nurse, South Eastern Trust

Trust representatives attending the feedback session

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

- Ms C Smyth - Infection Prevention and Control Nurse
- Ms I Thompson - Lead Nurse, Infection Prevention and Control
- Ms C Bell - Deputy Ward Sister, Allen Ward
- Ms P Forrest - ASM
- MS L Lawlor - WBH Operations Manager RBHSC
- MS N Scott - Senior Manager PCSS
- Ms L McBride - Co –Director, PCSS
- MS P McGrenaghan- Staff Nurse Barbour Ward
- MS J Lavery - Service Manager
- MS A Pollock - Assistant Services Manager RBHSC
- Ms M Carey - Senior Manager, Risk and Governance

Apologies:

- Ms B Creaney - Director of Nursing
- Mr B Barry - Director of SH and WH
- Ms K Jackson - Co- Director, Child Health, Dental and ENT

12.0 Summary of Recommendations

Recommendations for General Public Areas

1. The trust should ensure that general public areas are clean and furnishings and fixtures are in good repair.

Recommendations common to all wards

Standard 2: Environment

1. The fabric of the building is in good repair.
2. Patient equipment should be in good repair and communal wash products should not be used.
3. Drugs fridges should be clean and the temperature recorded daily.
4. Staff should ensure information is displayed to encourage good practice and cleaning schedules require more detail.

Standard 3: Linen

No Common Recommendation

Standard 4: Waste and Sharps

5. Staff should ensure that waste is disposed of in accordance with trust guidance and waste bins are maintained in good repair.
6. Staff should be aware of and comply with trust policy of the management of waste and sharps to ensure that safe and appropriate practice is in place.

Standard 5: Patient Equipment

7. Staff should ensure all sterile single use equipment should remain in packaging until ready for use.
8. Staff should ensure all equipment is clean, stored correctly and in a good state of repair.

Standard 6: Hygiene Factors

9. Staff should ensure chemicals are held under locked conditions in line with COSHH regulations.
10. Staff should ensure dispensers are in good working conditions.

Standard 7: Hygiene Practices

11. Hand hygiene should be carried out in line with WHO guidance and all PPE used appropriately.
12. Staff should ensure they are knowledgeable on the NPSA colour coding guidelines.
13. Staff should be knowledgeable on the correct dilution rates for a blood or body spill.
14. The trust should ensure suitable changing facilities are available for staff.

Recommendations: Allen Ward

Standard 2: Environment

1. Staff should ensure medications are held under locked conditions.
2. Staff should ensure fridges are in good working order and fit for purpose.
3. A more detailed cleaning schedule for toys should be developed.

Standard 3: Linen

4. Staff should ensure the linen cupboard is clean and appropriately lit.

Standard 4: Waste and Sharps

No Further Recommendations

Standard 5: Patient Equipment

No Further Recommendations

Standard 6: Hygiene Factors

5. Staff should ensure hand hygiene facilities are in good repair.

Standard 7: Hygiene Practices

6. Staff should not re-sheath needles.
7. Staff should ensure an appropriate care plan is in place for all patients with infections.

Recommendations: Barbour Ward

Standard 2: Environment

1. Staff should ensure all equipment is included in nursing cleaning schedules.
2. Staff should ensure information leaflets on hand hygiene and infection prevention and control, *Clostridium difficile* and general infections are displayed.

Standard 3: Linen

No Further Recommendations

Standard 4: Waste and Sharps

No Further Recommendations

Standard 5: Patient Equipment

3. Staff should ensure there is a mechanism in place to identify when stored equipment has been cleaned.

Standard 6: Hygiene Factors

4. Staff should ensure PPE is available.

Standard 7: Hygiene Practices

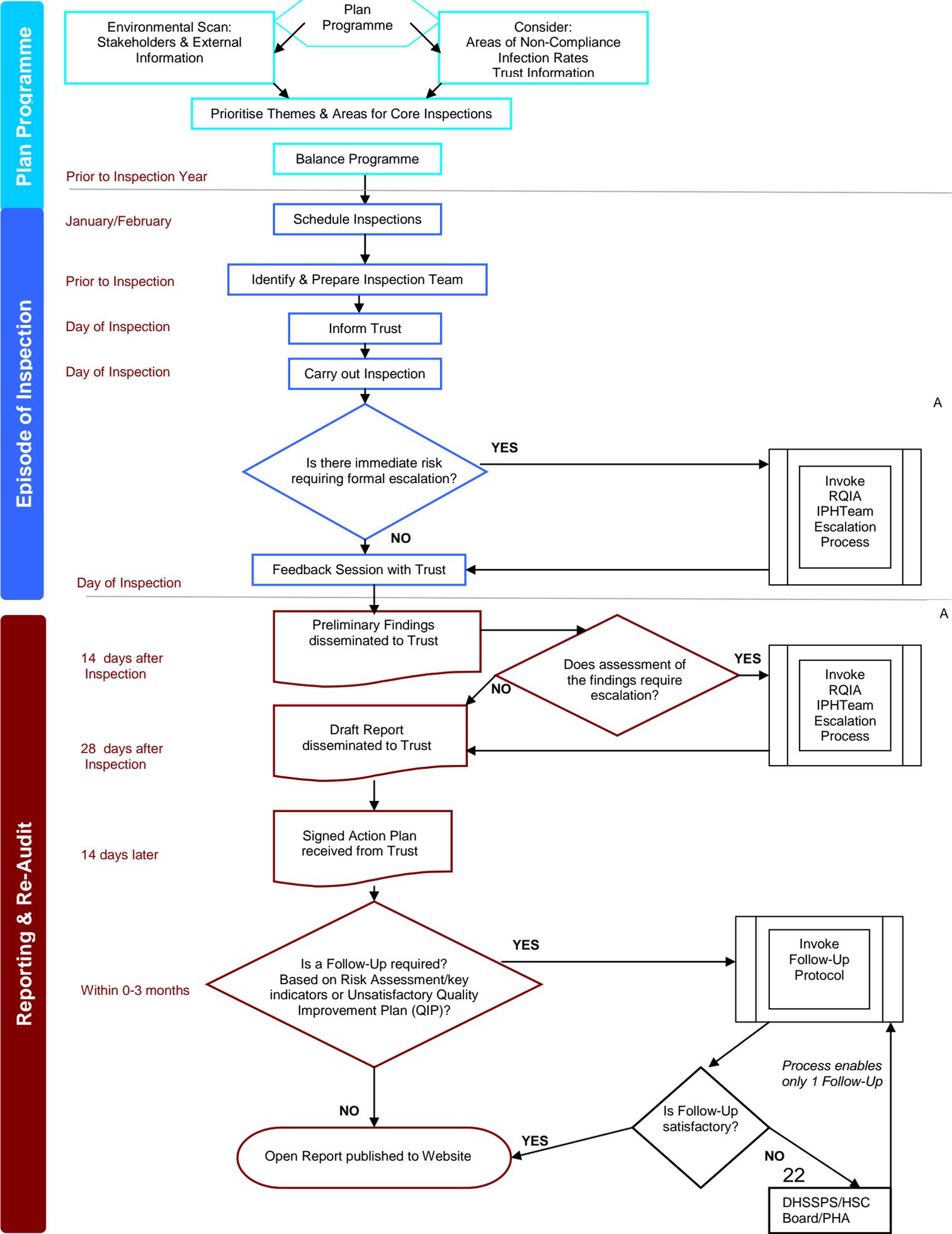
5. Staff should ensure they follow the trust guidance on safe practice in relation to handling sharps.
6. Staff should ensure they have the manufacturer's guidance on cleaning patient equipment and the correct cleaning products.

Additional Recommendations

7. Staff should ensure that medicines are held in line with Medicines Management guidance.

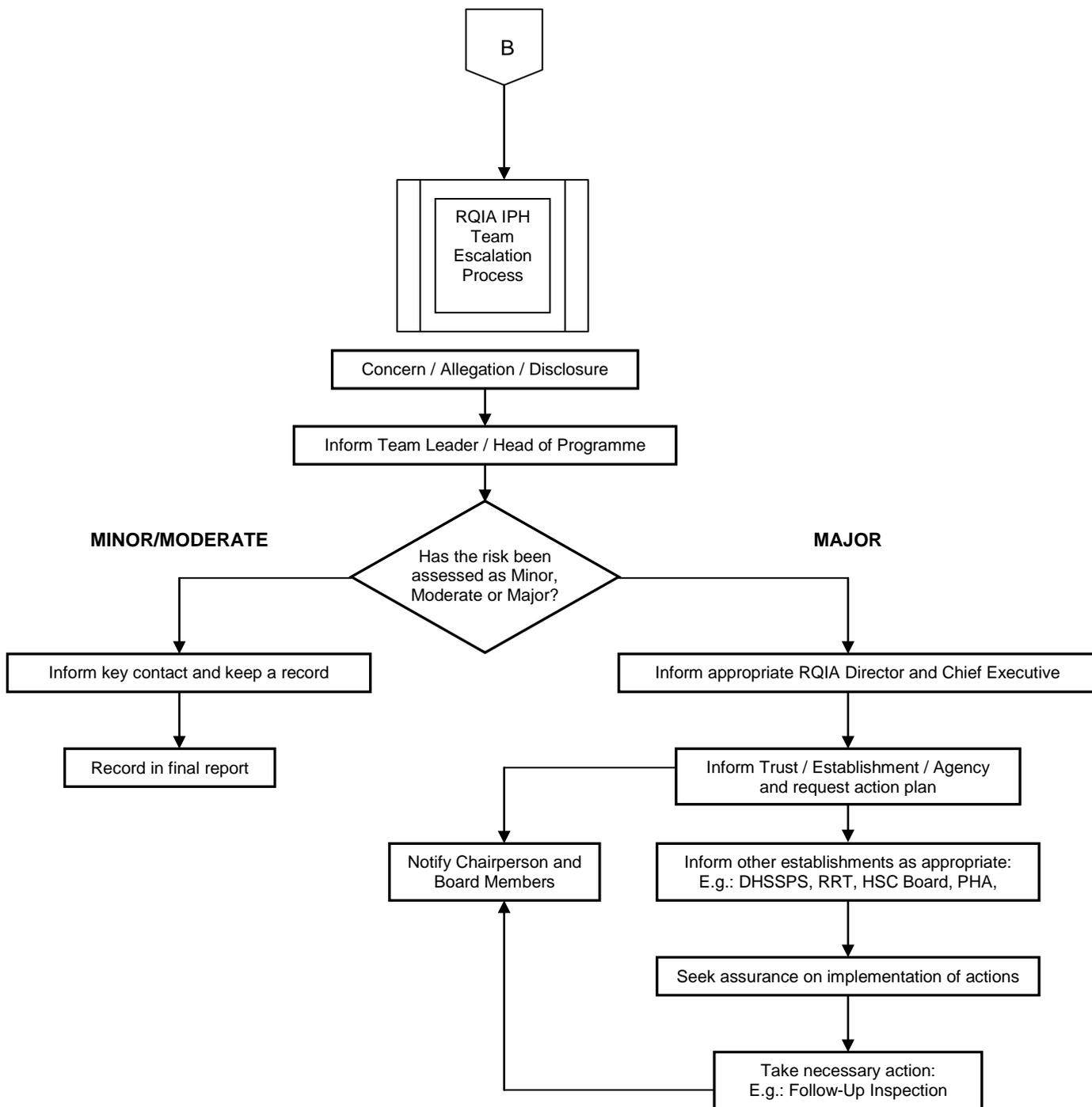
8. In relation to the Preparation, Storage and Use of Breast Milk, staff should follow the same trust policies and guidance as used in the Royal Jubilee Hospital Regional Neonatal Unit.

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Ref number	Recommendations Common to both Wards	Designated department	Action required	Date for completion/ timescale
Recommendations for General Public Areas				
1.	The trust should ensure that general public areas are clean and furnishings and fixtures are in good repair.	PCSS/ ESTATES	Contractors arranges to clean all artwork in the Mall (High level)	April 2014
Recommendations Common to All Wards				
Standard 2: Environment				
1.	Parts of the fabric of the building required repair.	ESTATES	On-going painting and repair work being undertaken by estates. Corridors repainted, Allen ward painting and white roc completed, Barbour Ward painting and white roc to be completed	May 2014
2.	Patient equipment should be in good repair and communal wash products should not be used.	NURSING	Awareness raised with all staff	COMPLETE
3.	Drugs fridges should be clean and the temperature recorded daily.	NURSING	Nursing staff have been reminded that drugs fridges must be cleaned in line with manufacturer's recommendations and daily temperature recorded. Added to cleaning schedule.	COMPLETE
4.	Staff should ensure information is displayed to encourage good practice and cleaning schedules require more detail.	NURSING	Sister to ensure that information is displayed in areas of the ward easily viewed by staff. Sister to review and update ward cleaning schedule.	COMPLETE

Ref number	Recommendations Common to both Wards	Designated department	Action required	Date for completion/ timescale
Standard 3: Linen				
	No Common Recommendations.		No action required	
Standard 4: Waste and Sharps				
5.	Staff should ensure that waste is disposed of in accordance with trust guidance and waste bins are maintained in good repair.	NURSING	Nursing staff have been reminded that all waste must be disposed of in accordance with trust policies and that waste bins are maintained in good repair or replaced as required.	COMPLETE
6.	Staff should be aware of and comply with trust policy of the management of waste and sharps to ensure that safe and appropriate practice is in place.	NURSING/ PCSS	Nursing/PCSS staff have been reminded that all waste including sharps products must be disposed of in accordance with trust policies.	COMPLETE
Standard 5: Patient Equipment				
7.	Staff should ensure all sterile single use equipment should remain in packaging until ready for use.	NURSING	Awareness raised with all staff	COMPLETE
8.	Staff should ensure all equipment is clean, stored correctly and in a good state of repair.	NURSING	Nursing staff reminded about their individual responsibility regarding the cleaning and storage of equipment in an appropriate manner. This will be monitored in line with the wards cleaning schedule.	COMPLETE
Standard 6: Hygiene Factors				
9.	Staff should ensure chemicals are held under locked conditions in line with COSHH regulations.	PCSS/ NURSING	Nursing/PCSS staff have been reminded that all chemicals are held in locked conditions in line with COSHH regulations.	COMPLETE

Ref number	Recommendations Common to both Wards	Designated department	Action required	Date for completion/ timescale
10.	Staff should ensure dispensers are in good working conditions.	NURSING	Awareness raised with all staff.	COMPLETE
Standard 7: Hygiene Practices				
11.	Hand hygiene should be carried out in line with WHO guidance and all PPE used appropriately.	PCSS/ NURSING	Nursing/PCSS staff to ensure hand hygiene is carried out in line with Trust Policy and IPC Regional Guidance. Monitored through peer monthly audits and escalated through senior management team as necessary.	COMPLETE
12.	Staff should ensure they are knowledgeable on the NPSA colour coding guidelines.	NURSING	NPSA colour coding guidelines displayed.	COMPLETE
13.	Staff should be knowledgeable on the correct dilution rates for a blood or body spill.	PCSS/ NURSING	Environmental decontamination poster displayed in clinical area. All staff reminded about their roles and responsibilities	COMPLETE
14.	The trust should ensure suitable changing facilities are available for staff.	NURSING	All staff are conversant with Uniform Policy. Within current fabric of building there is no designated changing area for ward staff and no ability to create a changing area. All staff adheres to guidance within Policy regarding washing of uniform and when travelling to and from work.	COMPLETE

Area: Ward Allen Ward

Ref number	Recommendations to Allen Ward	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure medications are held under locked conditions.	NURSING	Staff have been reminded about their roles and responsibilities in relation to Medicines Management in line with Trust Policy and professional guidelines.	COMPLETE
2.	Staff should ensure fridges are in good working order and fit for purpose.	NURSING	Awareness raised with all staff to report any fridge that is not working properly. Staff reminded that fridge temperatures must be recorded daily.	COMPLETE
3.	A more detailed cleaning schedule for toys should be developed.	NURSING	Sister to liaise with IPCN and Play Services Manager to review current Trust cleaning schedule for toys	31 May 2014
Standard 3: Linen				
4.	Staff should ensure the linen cupboard is clean and appropriately lit.	PCSS/ ESTATES	Linen cupboard cleaned included in cleaning schedule. Light Bulb changed.	COMPLETE
Standard 4: Waste and Sharps				
	No Further Recommendations.			
Standard 5: Patient Equipment				
	No Further Recommendations.			
Standard 6: Hygiene Factors				
5.	Staff should ensure hand hygiene facilities are in good repair.	NURSING/ ESTATES/ PCSS	Awareness raised with all staff to report any hand hygiene facility that is in poor repair.	COMPLETE

Ref number	Recommendations to Allen Ward	Designated department	Action required	Date for completion/ timescale
Standard 7: Hygiene Practices				
6.	Staff should not re-sheath needles.	NURSING	Sister to ensure equipment used in the management of sharps and waste is in line with Trust Policy. All staff to have update training in the safe disposal of sharps and waste management	Update training for all staff. 31 May 2014
7.	Staff should ensure an appropriate care plan is in place for all patients with infections.	NURSING	Nursing staff reminded of the need to assess, plan, implement and evaluate nursing care plans at least daily and as required when infection status changes.	COMPLETE

Area: Barbour Ward

Reference number	Recommendations to Barbour Ward	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure all equipment is included in nursing cleaning schedules.	NURSING	Sister has reviewed and updated cleaning schedule currently in use on the ward. Discussed with staff on a daily/weekly basis and ensure all nursing staff have clearly defined roles and responsibilities. Monitor weekly through environmental audits and provide up to date feedback on measures board.	COMPLETE
2.	Staff should ensure information leaflets on hand hygiene and infection prevention and control; <i>Clostridium difficile</i> and general infections are displayed.	NURSING	Additional information leaflets obtained from IPCN. Notification placed in parents waiting area outlining what information is available and to ask a member of nursing staff	COMPLETE
Standard 3: Linen				
	No further recommendations.			
Standard 4: Waste and Sharps				
	No further recommendations.			
Standard 5: Patient Equipment				
3.	Staff should ensure there is a mechanism in place to identify when stored equipment has been cleaned.	NURSING	Nursing staff reminded about their individual responsibility regarding the cleaning and storage of equipment in an appropriate manner. This will be monitored in line with the ward cleaning schedule.	COMPLETE

Reference number	Recommendations to Barbour Ward	Designated department	Action required	Date for completion/ timescale
Standard 6: Hygiene Factors				
4.	Staff should ensure PPE is available.	NURSING	Sister to remind staff regarding their roles and responsibilities in relation to the availability of PPE. All PPE dispensers to be checked daily, added to safety briefing	COMPLETE
Standard 7: Hygiene Practices				
5.	Staff should ensure they follow the trust guidance on safe practice in relation to handling sharps.	NURSING	Sister to ensure equipment used in the management of sharps and waste is in line with Trust Policy. All staff to have update training in the safe disposal of sharps and waste management.	Update training for all staff. 31 May 2014
6.	Staff should ensure they have the manufacturer's guidance on cleaning patient equipment and the correct cleaning products.	NURSING/ PCSS	Sister to liaise with PCSS and ensure all guidance is available for staff in relation to manufacturer's recommendations for cleaning equipment	COMPLETE
Additional Issues				
7.	Staff should ensure that medicines are held in line with Medicines Management guidance.	NURSING	Staff have been reminded about their roles and responsibilities in relation to Medicines Management in line with Trust Policy and professional guidelines.	COMPLETE
8.	In relation to the Preparation, Storage and Use of Breast Milk, staff should follow the same trust policies and guidance as used in the Royal Jubilee Hospital Regional Neonatal Unit.	NURSING	Sister to liaise with NICU regarding policy for breast milk storage and adapt for Barbour Ward.	30 April 2014



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk