



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Inspection**

Belfast Health and Social Care Trust

Royal Belfast Hospital for Sick Children

29 October 2014

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

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1.0 Regulation and Quality Improvement Authority

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

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

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

2.0 The Inspection Programme

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

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

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

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

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

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

3.0 Inspection Summary

An unannounced inspection was undertaken to the Royal Belfast Hospital for Sick Children (RBHSC), on the 29 October 2014. The inspection team was made up of three inspectors, one peer reviewer and a RQIA non-executive director. 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 19 February 2014. 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:

- Emergency Department (ED)
- Outpatient Department (OPD)

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:

- Independent peer hand hygiene validation audits are carried out.
- In the OPD, cleaning schedules were in place for all areas throughout the department.
- Flexible sigmoidoscopy procedures are carried out within OPD.
- A new short stay ward was opened in January 2014. This ward is staffed by ED staff and cares for children for up to 24 hours. This has positively impacted on the waiting time in ED.
- ED introduced the use of intra nasal diamorphine for children with severe burns and fractures. This practice is due to be audited in six months.
- ED has introduced splints instead of plaster casts for fractures. This has significantly reduced cost in treating fractures and the unit has been put forward and short listed for the Chairman's Award.
- ED is in the process of developing a new safety brief pilot which is similar to the safety briefings carried out in adult ED.

Inspectors found that further improvement was required in the standards relating to the general environment and equipment which were partially compliant for both wards. Issues identified were in relation to cleaning, maintenance and repair.

An improvement is also required in the OPD for the standard, safe handling of sharps.

The inspection of the Royal Belfast Hospital for Sick Children, BHSCT, resulted in **one** recommendation for the main reception area, **14** recommendations for the ED and **17** recommendations for OPD. 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; it is still assessed as partially compliant on this inspection (in OPD).

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.

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

Areas inspected	ED	OPD
General environment	77	83
Patient linen	100	93
Waste	95	98
Sharps	86	81
Equipment	82	80
Hygiene factors	98	93
Hygiene practices	97	93
Average Score	91	89

5.0 Standard 2: General Environment

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

General environment	ED	OPD
Reception	76	86
Corridors, stairs lift	N/A	N/A
Public toilets	56	98
Ward/department - general (communal)	60	89
Patient bed area	73	80
Bathroom/washroom	N/A	N/A
Toilet	93	98
Clinical room/treatment room	63	82
Clean utility room	80	89
Dirty utility room	94	76
Domestic store	74	60
Kitchen	N/A	N/A
Equipment store	78	77
Isolation	89	N/A
General information	93	78
Average Score	77	83

The above table outlines the findings in relation to the general environment of the facilities inspected. Overall, both wards were partially compliant. Greater attention is required in cleaning, maintenance and repair and in the OPD maximising the use of available storage space, notably in the incontinence treatment room.

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

The public toilets in the main reception appeared old and tired, with many surfaces at high and low level requiring cleaning. The toilet brush holder and toilet roll holder were stained, light switches were dirty and mirrors had splashes. Damage was noted to doors, hand wash basins, ceiling tiles, skirting and melamine fittings. Worn and damaged surfaces can become pervious to moisture and present a particular challenge to clean. In contrast, in the OPD, the public toilets were in good repair; only the skirting required cleaning (Picture 1).



Picture 1: Well-presented public toilet in OPD



Picture 2: Nature garden

The corridor connecting the hospital's main reception to the wards has floor to ceiling windows. These windows allow children views of local fauna and flora and mock domestic and wild animals. The area is brightened by the addition of brightly coloured flower pots and windmills which provide an optimal aesthetic experience for children (Picture 2).

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

Issues common to both areas

- Maintenance and repair issues; damage was noted to the wood finish on doors and frames, skirting, paint work and wall plaster. In some areas fixtures, fittings and surfaces were chipped and damaged; shelving, cupboards, vertical blinds. Sluice bowls in the domestic stores were damaged, old and worn. In the OPD's weight and height room, the flooring under the seats was worn and starting to split. The joins in the flooring were compromised within a number of patient areas within the ED.
- Greater attention to detail is required when cleaning high and low horizontal surfaces; dust and debris was observed in cupboards, on shelving and inaccessible areas of the floor and skirting. Some touch points of doors in the OPD and in the ED, were dirty. Vertical blinds were stained, windows required cleaning.
- Posters and labels were attached to surfaces with adhesive tape.
- There was no dedicated hand washing sink in the domestic stores.

ED

As the regional ED for children in Northern Ireland, it is acknowledged that the footfall and attendance in the department are high. These factors impact on surfaces and fixtures, resulting in general wear and tear, maintenance and repair issues.



Picture 3: Torn cover on height adjustable stools

The ED has two pedestrian entrance lobbies. The standard of maintenance and cleaning in the external lobby was not reflective of the overall repair and standard of cleaning within the department itself. The free standing public telephones were very dirty; staining was observed on the casings, receivers and within crevices, paper labels were attached. Walls were stained and had splashes, ceiling tiles were missing and some were dirty.

Within the ED, inspectors were informed that there had not been a consistent assignment of domestic staff and although cleaning was generally good; some issues were identified.

- Maintenance and repair issues; wooden reception desk and table surfaces worn to the bare wood, missing and damaged ceiling tiles, worn splash backs and in the equipment store, there was a hole in the wall from an unfinished electrical repair. In the waiting area some chairs and stools were in a poor state of repair with the internal foam exposed (Picture 3). The flooring had been poorly fitted around the legs of the radiators resulting in debris and dirt collecting in the crevices.
- Cleaning issues; sooty finger marks on ceiling tiles, debris in light fittings, dusty radiators, window sills and ceiling vents. There was ground in floor stains, staining on a fabric ceiling mobile and lime scale on taps. Many wooden toys were worn to the bare wood; most of the free standing toys in the waiting area were grubby.
- In the domestic store, skirting was peeling away from the wall, the door seal and wall shelving were damaged, the shelving in the cupboard had expanded due to damp ingress and a rusty chain was hanging inside.
- Daily fridge temperature checks did not record maximum and minimum temperatures and any variations taken if a temperature was outside the recommended level.
- Despite the lack of storage facilities within the department, it was noticeable that staff endeavoured to maintain a relatively clutter free environment. Some boxes were observed on the floor of the CSSD room and equipment store. Toys were stored in a container on the

floor underneath the dedicated work area cupboards of the major/minor area.

OPD

The OPD in RBHSC consists of waiting areas, consulting rooms and treatment rooms. Overall there was a good standard of cleaning, maintenance and repair; some issues were identified for improvement.

- Maintenance and repair; in the orthopaedic waiting area, the television was not wired into the mains system, in consultation room 1, the cover on the couch was damaged, the cover on the couch in the plaster room was split and stained. In the treatment room, the taps of the equipment sinks were leaking.
- Cleaning issues; dusty radiators and computers, tape on the inside of cupboard doors and on mail box storage units.
- Due to the diversity of specialised clinics within the department, there was an increased requirement for specific equipment and supplies. Storage facilities within the department were insufficient to meet these needs. Equipment and stores were observed on top of cupboards and on the floor in both the medical and surgical equipment stores. A large amount of equipment and supplies related to the incontinence service was stored in the surgical store. Boxes were also stored on the floor of the dirty utility and domestic store.
- Drugs fridge temperature checks were inconsistently recorded. The drugs fridge was stored in the dirty utility room, this placement should be reviewed.
- Information leaflets on hand hygiene, infection prevention and control, MRSA, *Clostridium difficile* and common infections were not available for patients and visitors. An inoculation poster, while present in the department, was not available in all areas where venepuncture is carried out. An NPSA colour coded poster was not available in the dirty utility room for nursing staff to reference.

6.0 Standard 3: Patient Linen

For organisations to comply with this standard, patient linen should be clean, free of damage, handled safely and stored in a clean and tidy environment. The provision of an adequate laundry service is a fundamental requirement of direct patient care. Linen should be managed in accordance with HSG 95(18).

Patient linen	ED	OPD
Storage of clean linen	N/A	N/A
Storage of used linen	100	93
Laundry facilities	N/A	N/A
Average Score	100	93

The above table outlines the findings in relation to the management of patient linen. Both wards achieved compliance in this standard, the ED achieved full compliance. There was minimum requirement for linen in both wards as paper roll was used to cover trolleys and couches. There were good systems in place for the small amount of linen available. The issue identified for improvement in this section of the audit tool was:

OPD

- The frame of the linen skip was worn and the corners required cleaning.

7.0 Standard 4: Waste and Sharps

For organisations to comply with this standard they must ensure that waste is managed in accordance with HTM07-01 and Hazardous Waste (Northern Ireland) Regulations (2005). The safe segregation, handling, transport and disposal of waste and sharps can, if not properly managed, present risks to the health and safety of staff, patients, the public and the environment. Waste bins in all clinical areas should be labelled, foot operated and encased. This promotes appropriate segregation, and prevents contamination of hands from handling the waste bin lids. Inappropriate waste segregation can be a potential hazard and can increase the cost of waste disposal.

Waste and sharps	ED	OPD
Handling, segregation, storage, waste	95	98
Availability, use, storage of sharps	86	81

7.1 Management of Waste

The above table indicates good compliance with the handling, segregation and storage of waste. Both wards achieved a high compliant score. Issues identified for improvement in this section of the audit tool were:

ED

- In the observation room and dirty utility, the underside of the household waste bins was stained.
- There was inappropriate paper waste in a clinical waste bin.

OPD

- With the exception of the plaster room, waste bins are only emptied at the end of each day. This can result in waste bins overflowing.

7.2 Management of Sharps

The above table indicates the ED was compliant in this standard, however further work is required in the OPD to raise this standard to compliant.

Issues common to both wards

- In the OPD, the top of the sharps box in the treatment was blood stained. In ED, there was blood staining on the sharps box beside the arterial blood gas (ABG) machine.

ED

- Three integral sharps trays were grubby.

OPD

- Temporary closure mechanisms were not all closed when the sharps box was not in use.
- Sharps boxes in the treatment room were not stored securely, there was no sharps box on the resuscitation trolley.
- Integral sharps trays were not in use.

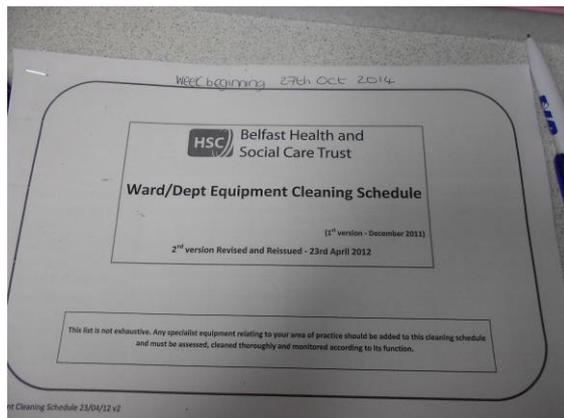
8.0 Standard 5.0: Patient Equipment

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	ED	OPD
Patient equipment	82	80

The above table indicates partial compliance was achieved in both wards. An improvement in practice and the maintenance and repair of equipment is required to achieve compliance in this standard. Inspectors were impressed with the detailed cleaning schedules completed in the OPD (Picture 4).



Picture 4: Trust ward/department cleaning schedule



Picture 5: Sterile equipment stored out of packaging

Issues common to both wards

- Some equipment on the resuscitation trolley was not stored in its original, traceable and sterile packaging (Picture 5).
- Patient wash bowls stored in the dirty utility were not all stored inverted.
- Trigger tape was not present on stored equipment to indicate it was clean and ready to use.
- The foot plate on some wheel chairs was damaged, wheelchairs in the ED were grubby.

ED

- ANTT tray was grubby and stored damp.
- Some re-usable blood pressure cuffs were grubby.
- Blood glucose monitoring equipment had a small blood stain.
- There was adhesive tape residue on the ABG machine.
- The wooden toys were worn and required cleaning, the large items of play equipment required cleaning.

OPD

- Foil trays were in use instead of ANTT trays for clinical procedures.
- Some equipment was dusty; ultrasound scanner, banana board and frame of dressing trolleys.
- Some equipment was damaged; scales, height measurement machine.
- Some items of equipment required cleaning; trays in the treatment room, the foam on the kiddimeter.
- An oxygen mask was stored, out of its packaging, in the treatment room.
- Some soft toys which cannot be easily cleaned were observed.
- Single use respiratory equipment e.g. placebo peak flows, inspiratory flow meters were being cleaned and reused. This practice is under review.

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	ED	OPD
Availability and cleanliness of wash hand basin and consumables	95	92
Availability of alcohol rub	100	100
Availability of PPE	100	100
Materials and equipment for cleaning	98	80
Average Score	98	93

The above table indicates overall good compliance in this standard. With the exception of materials and equipment for cleaning, all elements of hygiene practices achieved compliance. Action is required in the OPD to bring this section to compliance. Issues identified for improvement in this section of the audit tool were:

ED

- Two clinical hand wash basins were stained, a plughole was rusted, many taps had lime scale present.
- The taps in the dirty utility were not elbow operated or sensor and the sink was small.
- A mop handle was rusted.

OPD

- In some areas, the taps of the clinical hand wash basin required cleaning or were damaged.
- Hand moisturiser was not available, staff supplied their own.
- In the dirty utility there is a designated clinical hand wash basin, however staff were using one of the equipment sinks as a hand washing sink. This practice should be reviewed.



Picture 6: An example of a clean hand rub dispenser

- Alcohol hand rub dispensers were clean (Picture 6) although hibiscrub containers and some domestic equipment required cleaning.
- In the domestic store an unemptied hand bucket was stored in the equipment sink.

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	ED	OPD
Effective hand hygiene procedures	93	88
Safe handling and disposal of sharps	100	100
Effective use of PPE	100	100
Correct use of isolation	N/A	N/A
Effective cleaning of ward	93	88
Staff uniform and work wear	100	90
Average Score	97	93

The above table indicates overall good compliance in this standard. Staff in both areas should be commended for achieving full compliance in the safe handling and disposal of sharps and effective use of PPE. It is also noted that ED was fully compliant with staff uniform and work wear. Issues identified for improvement in this section of the audit tool were:

Issues common to both wards

- Nursing staff were not aware of the NPSA colour coded guidance.

ED

- A medic did not follow the 7 step hand wash technique when decontaminating their hands.

OPD

- One doctor carried out hand washing at the clinical hand washing sink, without using soap and a nursing auxiliary put on gloves without carrying out hand hygiene.
- The department COSHH folder was not up to date.
- A doctor wore a tie, not tucked into his shirt.
- There were no staff changing facilities for nursing or domestic staff.

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 S Baird	Clinical Governance and Infection prevention and Control Advisor, NWIC
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Observer

Mr Daniel Mc Larnon, Non-Executive Director RQIA

Trust representatives attending the feedback session

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

B. Barry	Director of Specialist Hospitals and Women's Health
L. Mc Bride	Co- director PCSS
J. Lewis	Service Manager
P. Forrest	Assistant Service Manager RBHSC
N. Scott	Senior Manager PCSS
R. Milligan	Operational Manager PCSS
K. Mc Keever	RBHSC Network Manager
M. Mc Cann	Sister OPD
M. Hawthorne	Sister ED
C. Wilson	Clinical Nurse Specialist OPD
I. Kelly	Senior Estates Officer
C. Smyth	Infection Prevention and Control nurse
D. Gibson	Catering
J. Cunningham	RBHSC/EDRU Supervisor

Apologies:

B Creaney	Executive Director of Nursing
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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: ED

Standard 2: Environment

1. Staff should ensure all surfaces are clutter free, clean, free from dust, damage and labels fixed with adhesive tape.
2. A maintenance programme should be in place for damage to doors, walls, flooring, skirting, ceilings and cupboards. Damaged furniture and fittings should be repaired and replaced.
3. Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available.
4. Nursing cleaning schedules should be developed for each area; schedules should be robustly audited by senior staff.
5. The trust should install a dedicated hand washing sink in the domestic store.
6. Staff should ensure there is no inappropriate storage of equipment in the dirty utility room.

Standard 3: Linen

No recommendation

Standard 4: Waste and Sharps

7. Staff should ensure they comply with the trust's waste and management of sharps policies; all equipment should be clean.

Standard 5: Patient Equipment

8. Staff should ensure equipment is clean, stored correctly and in a good state of repair.
9. Trigger tape should be used consistently on stored equipment to denote equipment has been cleaned.

10. Sterile single use items should remain in their packaging until ready for use.

Standard 6: Hygiene Factors

11. The specification of the hand wash sink and taps in the dirty utility room should be reviewed to comply with local and national guidance.

12. Staff should ensure sinks and taps are clean and free from lime scale.

Standard 7: Hygiene Practices

13. Staff should ensure they use the correct hand wash technique.

14. Nursing staff should be knowledgeable on the NPSA colour coding system.

Recommendations: OPD

Standard 2: Environment

1. Staff should ensure all surfaces are clutter free, clean, free from dust, damage, sticky labels and limescale.
2. A maintenance programme should be in place for damage to doors, walls, flooring, skirting, ceilings and cupboards. Damage furniture and fittings should be repaired and replaced.
3. The placement of the drugs' fridge in the dirty utility room should be reviewed. Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available.
4. Staff should ensure leaflets on hand hygiene, infection prevention and control, MRSA, *Clostridium difficile* and common infections are available.
5. The trust should install a dedicated hand washing sink in the domestic store.

Standard 3: Linen

See recommendation 1

Standard 4: Waste and Sharps

6. Staff should ensure they comply with the trust's waste and management of sharps policies; integral sharps trays should be provided for use.

Standard 5: Patient Equipment

7. Staff should ensure equipment is clean, stored correctly and in a good state of repair.
8. Trigger tape should be used consistently on stored equipment to denote equipment has been cleaned.
9. Sterile single use items should remain in their packaging until ready for use.
10. ANTT trays should be used for clinical procedures.

Standard 6: Hygiene Factors

11. The provision and specification of hand wash sinks and taps should be reviewed to comply with local and national guidance. Hand moisturiser should be provided for staff.
12. Staff should ensure consumable containers and taps are clean.
13. Ward cleaning staff should ensure all cleaning equipment is clean.

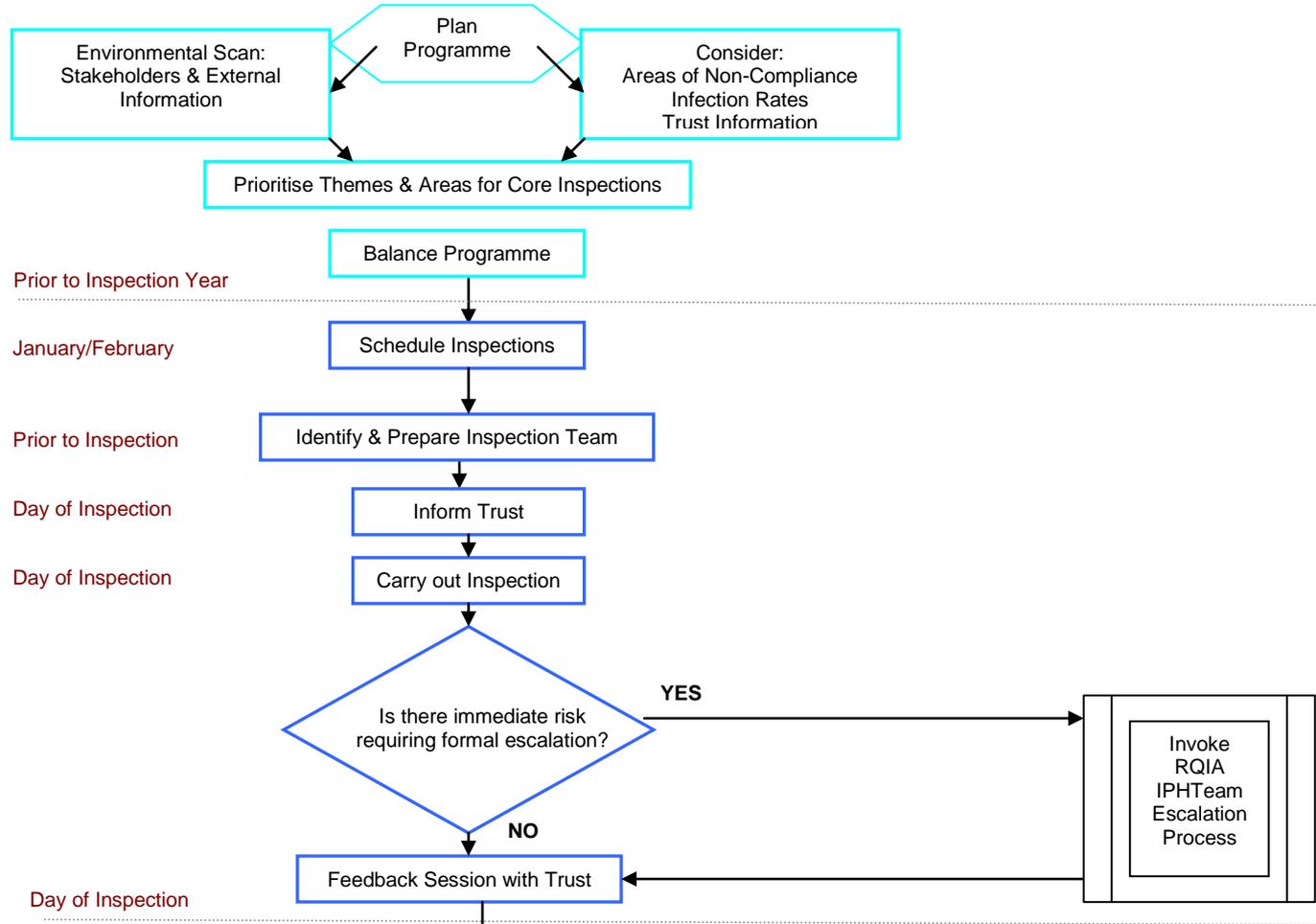
Standard 7: Hygiene Practices

14. Staff should ensure they use the correct hand wash technique.
15. Nursing staff should be knowledgeable on the NPSA colour coding system.
16. Staff should ensure COSHH data is up to date.
17. All staff should ensure they comply with the trust dress code policy.

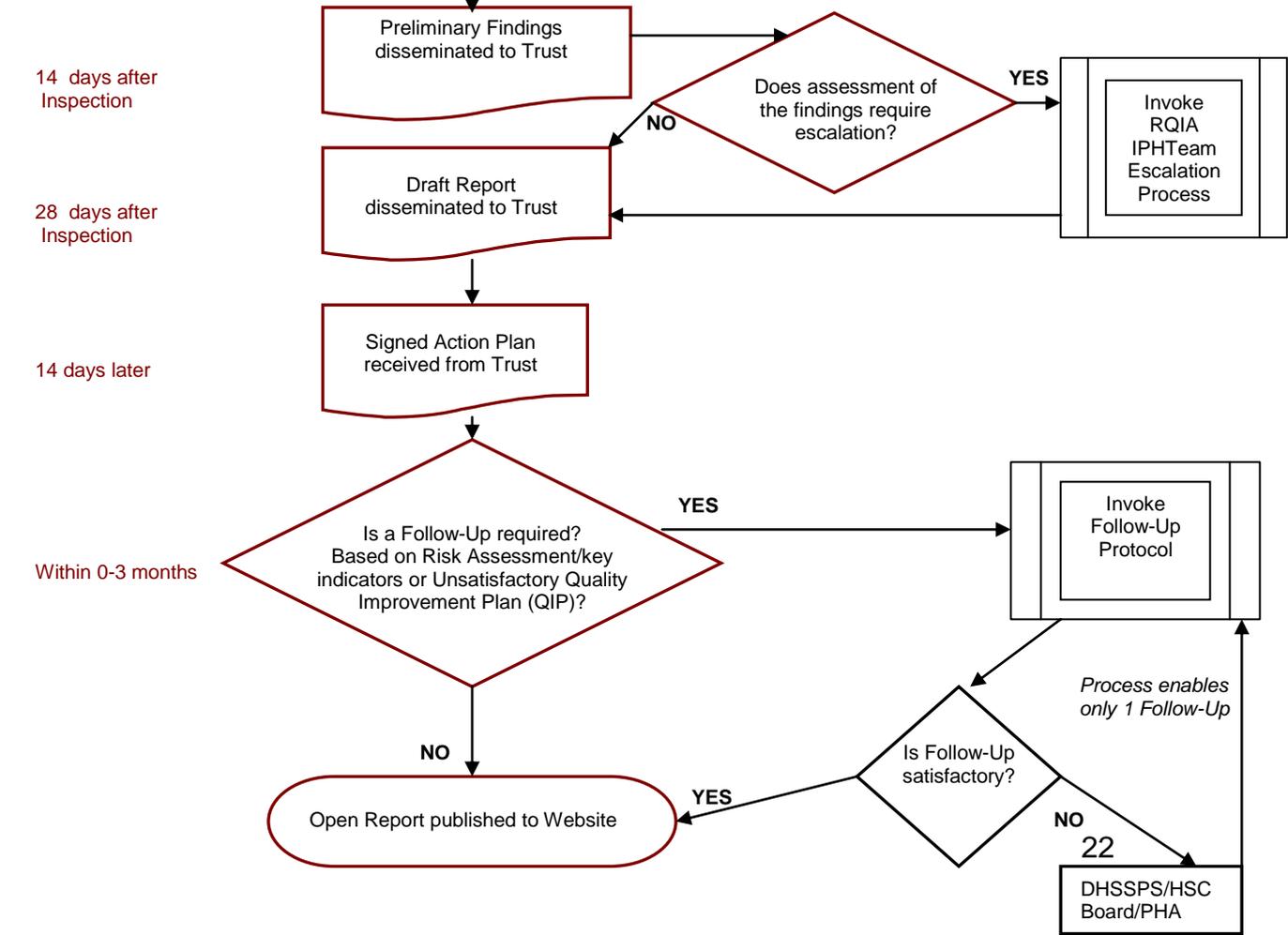
13.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

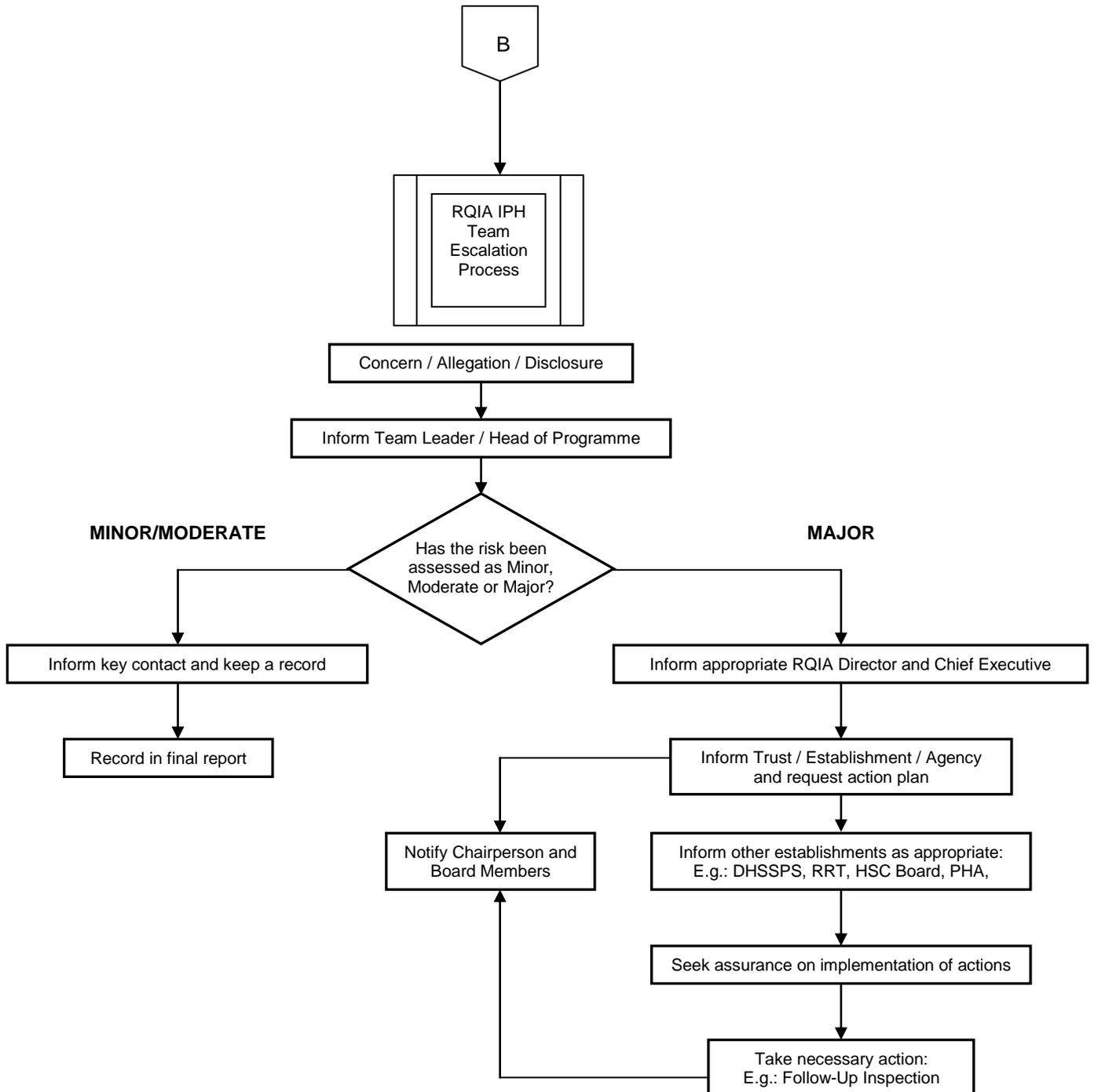


Reporting & Re-Audit



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendations Common to General Public Areas	Designated department	Action required	Date for completion/ timescale
1.	The trust should ensure that general public areas are clean and furnishings and fixtures are in good repair.	PCSS/ ESTATES	All public areas cleaned by PCSS in line with cleaning schedule. Any damaged furnishing and fixtures reported to estates for repair. Removal of carpet at ED entrance and cleaning of telephone kiosks at ED entrance.	Complete

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure all surfaces are clutter free, clean, free from dust, damage and labels fixed with adhesive tape.	NURSING	Work surfaces have been de-cluttered; all sticky labels have been removed and replaced with appropriate signage as required. All surfaces dusted and Sister has reviewed and updated the cleaning schedule. Damage to surfaces has been reported to estates for repair and have been allocated a job number.	Complete
2.	A maintenance programme should be in place for damage to doors, walls, flooring, skirting, ceilings and cupboards. Damaged furniture and fittings should be repaired and replaced.	ESTATES	All damaged furniture has been disposed of. All environmental damage noted have been reviewed/reported by Sister and estates department, job numbers allocated and programme in place to repair damage. This will	31 January 2015

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
			continue to be monitored through environmental cleanliness audits and escalated and actioned as appropriate	
3.	Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available.	NURSING	Awareness raised with all staff to report any fridge that is not working properly. Staff reminded that fridge temperatures must be recorded daily and readily available.	Complete
4.	Nursing cleaning schedules should be developed for each area; schedules should be robustly audited by senior staff.	NURSING	Sister has reviewed and updated the cleaning schedules all staff reminded about their roles and responsibilities in relation to same. 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
5.	The trust should install a dedicated hand washing sink in the domestic store.	ESTATES	Estates are reviewing the feasibility of positioning a sink in the domestic store	31 January 2015

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
6.	Staff should ensure there is no inappropriate storage of equipment in the dirty utility room.	NURSING	All equipment stored inappropriately in the dirty utility room has been removed. 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 3: Linen				
	No recommendation.			
Standard 4: Waste and Sharps				
7.	Staff should ensure they comply with the trust's waste and management of sharps policies; all equipment should be clean.	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
Standard 5: Patient Equipment				
8.	Staff should ensure 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 ward cleaning schedule.	Complete

Reference number	Recommendations to ED	Designated department	Action required	Date for completion/ timescale
9.	Trigger tape should be used consistently on stored equipment to denote equipment has been cleaned.	NURSING	Trigger tape ordered and placed on items of cleaned equipment. Awareness raised with staff	Complete
10.	Sterile single use items should remain in their packaging until ready for use.	NURSING	Awareness raised with all staff. All equipment not in packaging removed.	Complete
Standard 6: Hygiene Factors				
11.	The specification of the hand wash sink and taps in the dirty utility room should be reviewed to comply with local and national guidance.	ESTATES	Estates to review sink and replace in line with local and national guidance	31 January 2015
12.	Staff should ensure sinks and taps are clean and free from lime scale.	PCSS	Awareness raised with all staff to report any hand hygiene facility that is in poor repair. Cleaning practices have been reviewed by PCSS.	Complete
Standard 7: Hygiene Practices				
13.	Staff should ensure they use the correct hand wash technique.	NURSING	Nursing 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
14.	Nursing staff should be knowledgeable on the NPSA colour coding system.	NURSING	NPSA colour coding guidelines displayed. Awareness raised with staff in relation to same.	Complete

Reference number	Recommendations to OPD	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure all surfaces are clutter free, clean, free from dust, damage, sticky labels and limescale.	NURSING/ PCSS	Work surfaces have been de-cluttered; all sticky labels have been removed and replaced with appropriate signage as required. All surfaces dusted and Sister has reviewed and updated the cleaning schedule. PCSS have reviewed the cleaning products in use to address limescale.	Complete
2.	A maintenance programme should be in place for damage to doors, walls, flooring, skirting, ceilings and cupboards. Damage furniture and fittings should be repaired and replaced.	ESTATES	All damaged furniture has been disposed of. All environmental damage noted have been reviewed/reported by Sister and estates department, job numbers allocated and programme in place to repair damage. This will be continue to be monitored through environmental cleanliness audits and escalated and actioned as appropriate.	31 January 2015

Reference number	Recommendations to OPD	Designated department	Action required	Date for completion/ timescale
3.	The placement of the drugs' fridge in the dirty utility room should be reviewed. Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available.	NURSING	Awareness raised with all staff to report any fridge that is not working properly. Staff reminded that fridge temperatures must be recorded daily. Placement of fridge in this area has been reviewed and is being relocated to another more appropriate area within OPD.	Complete
4.	Staff should ensure leaflets on hand hygiene, infection prevention and control, MRSA, <i>Clostridium difficile</i> and common infections are available.	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
5.	The trust should install a dedicated hand washing sink in the domestic store.	ESTATES	Estates are reviewing the feasibility of positioning a sink in the domestic store.	31 January 2015
Standard 3: Linen				
	See recommendation 1.		See Action 1	
Standard 4: Waste and Sharps				
6.	Staff should ensure they comply with the trust's waste and management of sharps policies; integral sharps trays should be provided for use.	NURSING	Nursing staff have been reminded that all waste including sharps products must be disposed of in accordance with trust policies. Integral sharps trays have been ordered.	Complete

Reference number	Recommendations to OPD	Designated department	Action required	Date for completion/ timescale
Standard 5: Patient Equipment				
7.	Staff should ensure 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 ward cleaning schedule.	Complete
8.	Trigger tape should be used consistently on stored equipment to denote equipment has been cleaned.	NURSING	Trigger tape ordered and placed on items of cleaned equipment. Awareness raised with staff.	Complete
9.	Sterile single use items should remain in their packaging until ready for use.	NURSING	Awareness raised with all staff. All equipment not in packaging removed.	Complete
10.	ANTT trays should be used for clinical procedures.	NURSING	Training programme for ANTT developed and being introduced in OPD. All staff will receive training in line with ANTT policy.	31 January 2015
Standard 6: Hygiene Factors				
11.	The provision and specification of hand wash sinks and taps should be reviewed to comply with local and national guidance. Hand moisturiser should be provided for staff.	ESTATES	Hand Moisturiser has been ordered to wall mounted at each sink. Estates to review sink and replace in line with local and national guidance.	31 January 2015

Reference number	Recommendations to OPD	Designated department	Action required	Date for completion/ timescale
12.	Staff should ensure consumable containers and taps are clean.	PCSS	Consumable containers and taps have been cleaned, current practices reviewed by PCSS and added to cleaning schedule. Will be monitored.	Complete
13.	Ward cleaning staff should ensure all cleaning equipment is clean.	PCSS	All PCSS equipment has been cleaned. PCSS staff reminded of their roles and responsibilities to ensure all equipment is clean and in good working order. Additional training has been provided for staff.	Complete
Standard 7: Hygiene Practices				
14.	Staff should ensure they use the correct hand wash technique.	NURSING	Nursing 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
15.	Nursing staff should be knowledgeable on the NPSA colour coding system.	NURSING	NPSA colour coding guidelines displayed. Awareness raised with staff in relation to same.	Complete

Reference number	Recommendations to OPD	Designated department	Action required	Date for completion/ timescale
16.	Staff should ensure COSHH data is up to date.	Nursing/ PCSS	Nursing/PCSS staff have been reminded that all chemicals are held in locked conditions in line with COSHH regulations. Additional information provided for staff in relation to COSHH regulations.	Complete
17.	All staff should ensure they comply with the trust dress code policy.	NURSING	All staff reminded of their responsibilities in relation to the Trust Dress code policy. This will continue to be monitored by Sister through monthly dress code audits. Individual staff are spoken to by Sister if issues of noncompliance with the dress code policy are noted.	Complete



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