



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

**Infection Prevention/Hygiene
Unannounced Inspection**

Belfast Health and Social Care Trust

Musgrave Park Hospital

1 July 2014

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

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	10
7.0	Waste and Sharps	11
8.0	Patient Equipment	13
9.0	Hygiene Factors	15
10.0	Hygiene Practice	17
11.0	Key Personnel and Information	19
12.0	Summary of Recommendations	20
13.0	Unannounced Inspection Flowchart	24
14.0	RQIA Hygiene Team Escalation Policy Flowchart	25
15.0	Quality Improvement Action Plan	26

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 Musgrave Park Hospital, on the 1 July, 2014. The inspection team was made up of three inspectors and one peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Musgrave Park Hospital was previously inspected on 25 July 2013. The unannounced inspection showed overall compliance in two wards 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:

- Ward 6B
- Meadowlands Ward 1 (M1)

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

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

Inspectors observed good compliance with:

- Ward M1 was compliant in six of the seven standards; Ward 6B was compliant in four.
- Both wards carry out audits in relation to care bundles and hand hygiene.
- Hand hygiene audits are peer reviewed in Ward 6B.
- Ward M1 is participating in the 10,000 voices.
- Ward M1 has had some refurbishment to the shower room, kitchen and store room.

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

- In both wards the environment section was partially compliant and requires work to bring them up to a compliant standard. Issues identified were in relation to cleaning, maintenance and repair.
- In Ward 6B, improvement is required in the use and storage of sharps, the management of patient equipment and effective hand hygiene procedures undertaken by staff. Rooms were untidy and cluttered, the categorisation of the rooms needs reviewed to ensure effective use of space and cleaning of surfaces.

The inspection of Musgrave Park Hospital, Belfast Health and Social Care Trust resulted in **one** recommendation common to both public areas, **18** recommendations for Meadowlands 1 and **21** recommendations for Ward 6B. A full list of recommendations is listed in Section 12.0.

As a result of the findings for Ward 6B, a follow up inspection will be carried out within three months.

Inspectors noted the following recurring themes from previous inspections:

- Repair and maintenance issues, including the upgrading of clinical hand wash sinks.
- The availability of information leaflets for patient, visitors and staff.
- Nurse cleaning schedules not consistently recorded.

The BHSCT 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 BHSCT and in particular all staff at the Musgrave Park Hospital for their assistance during the inspection.

4.0 Overall compliance rates

Compliance rates are based on the scores achieved in the various sections of the Regional Healthcare Hygiene and Cleanliness Audit Tool.

The audit tool is comprised of the following sections:

- Organisational Systems and Governance
- General Environment
- Patient Linen
- Waste and Sharps
- Patient Equipment
- Hygiene Factors
- Hygiene Practices

The section on organisational systems and governance is reviewed on announced inspections.

Table 1 below summarises the overall compliance levels achieved. Percentage scores can be allocated a level of compliance using the compliance categories below.

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

Areas inspected	6B	M1
General environment	79	83
Patient linen	98	90
Waste	91	94
Sharps	73	95
Equipment	69	91
Hygiene factors	96	94
Hygiene practices	91	94
Average Score	85	92

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	6B	Meadowlands 1(M1)
Reception	72	70
Corridors, stairs lift	84	74
Public toilets	91	66
Ward/department - general (communal)	66	76
Patient bed area	79	90
Bathroom/washroom	62	93
Toilet	91	78
Clinical room/treatment room	65	89
Clean utility room	93	83
Dirty utility room	75	82
Domestic store	74	73
Kitchen	96	89
Equipment store	87	90
Isolation	85	94
General information	65	92
Average Score	79	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 Ward 6B maximising the use of available storage space.

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

Both wards have their own entrance and reception areas.

The external entrances to both Withers and Meadowlands wards were littered with cigarette butts; external windows and the sliding door to Meadowlands were dirty. In the reception areas and corridors leading to the wards, walls were damaged, stained, paint was chipped, skirting was dusty and there were smudge marks on internal window panes. In the corridor leading to Meadowlands, horizontal surfaces were dusty; top of door frames, reception desk, wall art and window ledges. Flooring was badly scuffed, ceiling tiles were missing.

In Withers reception area, the ceiling had black stains, there were minor cleaning issues identified in the public toilet and the stairs were dusty.

The single public toilet in Meadowlands was checked at 9.30am. Damage was noted to the walls, ceiling tiles, door and door frame and the sealant of the hand washing sink. The cleaning of this area was not of an acceptable standard and inspectors immediately requested that it should be cleaned. Dust was observed on horizontal surfaces; corners and edges of flooring, skirting, air vent, toilet pipe work, toilet brush holder. Many surfaces and fixtures were dirty or stained; walls, flooring, toilet bowl, underside of toilet seat, taps. There were faecal stains on the toilet roll dispenser and there was no soap in the soap dispenser.

Inspectors checked this room at lunch time. The area had been cleaned however there was still no soap in the dispenser and the faecal stain on the toilet roll dispenser had not been cleaned. This was raised at the feedback to trust representatives.

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

Issues common to both wards

- Maintenance and repair issues; the wood finish on doors and frames, paint work or plaster damage on walls. In some areas fixtures, fittings and surfaces were chipped and damaged; shelving, cupboards, bed rails and bed frames. Sluice bowls in the domestic stores were damaged, old and worn. In M1, the flooring at the nurses' station and treatment room was old, worn and stained, in Ward 6B; there was brown discolouration to the flooring in the bathroom.
- Greater attention to detail is required when cleaning high and low horizontal surfaces such as dust and debris in cupboards or shelving and inaccessible flooring or skirting. Cobwebs were observed at windows or high surfaces, there were scuff marks, stains and splashes to walls, windows and toilet roll holders. Limescale was noted on taps.
- There were gaps in the nursing cleaning schedules and the NPSA poster for nursing staff to reference was not available.

Meadowlands 1 (M1)

The ward has recently had refurbishment to a shower room, equipment store and the kitchen. This has significantly improved this environment for patients and staff. The dining room was not available for patient use. It was being used to store equipment from another Meadowlands ward which was in the process of some refurbishment.

The standard of maintenance to surfaces and fixtures within this ward was generally poor where there had been minimal refurbishment. Cleaning was of a good standard and some issues were identified.

- At the nurses' station, there was black soot like dust on ceiling tiles and some tiles were displaced.
- The domestic store was small, fixtures and fittings were old and worn. Surfaces and fixtures at low and high level were dusty or dirty, wall tiles were missing behind the sink. There was no cover on the smoke alarm.
- There is a large toilet/shower room. The fixtures within this room were old and worn, some fixtures were damaged. The refurbished shower room was well presented however the shower curtain was not in place (Picture 1).



Picture 1: Refurbished shower room in Meadowlands 1

Ward 6B

Ward 6B is a 20 bedded ward however only 16 are in use. Ten beds are for orthopaedic patients and the remaining six beds are for enhanced recovery patients. The enhanced recovery area facilitates patients for Monday to Friday stays; at weekends these beds are used for the overflow from other wards. There has been a period of change in Ward 6B; there has been a big turnover of staff with less experienced staff now working in the ward.

The standard of maintenance to surfaces and fixtures within this ward was generally poor and cleaning issues were identified.

- There was no clearly defined clinical room. The room in use was small, untidy and cluttered and held a drugs' fridge and a controlled drugs' cupboard. There was no work surface or work station to carry out clinical procedures, no clinical hand wash sink and boxes of ward paper work were stored in a large cage (Picture 2).



Picture 2: Cluttered and untidy clinical room

- Cleaning issues were identified in this room, grubby pull cord, debris on floor, paper notices, adhesive tape on the walls and tape residue on the fridge.
- Both the dirty utility room and domestic store are small. Furniture and fixtures were old, damaged and worn, compromising the ability to effectively clean surfaces. Cleaning issues were identified in both rooms.
- Cleaning issues were identified in the shower room. The sink drain contained debris, the underside of the wall shower fitting was dirty, the bottom of the shower curtain had pink discolouration and the underside of the shower chair was stained. Dried in white talcum powder coated the flooring, when walked on it created a slip risk (Picture 3).



Picture 3: Shower room Ward 6B

- In contrast to M1, information leaflets on hand hygiene, infection control, common infections and general infections were not available for patients and visitors to reference (Picture 4).



Picture 4: Good display of leaflets in M1

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	6B	M1
Storage of clean linen	96	85
Storage of used linen	100	94
Laundry facilities	N/A	N/A
Average Score	98	90

The above table outlines the findings in relation to the management of patient linen. Both wards achieved compliance in this standard.

Issues common to both wards

- The door and door frame of the linen store were damaged exposing the bare wood.

Meadowlands 1 (M1)

- In the linen store, there were cobwebs at the windows and some stored cushions were stained.
- A torn sheet was noted on a bed.
- Linen skips were old and worn. Some had old sticky labels attached.

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	6B	M1
Handling, segregation, storage, waste	91	94
Availability, use, storage of sharps	73	95

The above table indicates that Meadowlands 1 achieved compliance in the standard on waste and sharps. It is disappointing to note that Ward 6B scored minimal compliance for the availability, use and storage of sharps. Immediate action is required to bring this standard to compliance. Issues identified for improvement in this section of the audit tool were:

7.1 Management of Waste

Issues common to both wards

- Household waste was observed in clinical waste bins.
- Small waste bags were tied to vital signs trolleys and not removed after use.

Meadowlands 1 (M1)

- There were paper clips in a sharps box.
- The household waste bin at the nurses' station was an open office type and not an approved household waste bin.

Ward 6B

- The household waste bin in the dirty utility room was not accessible.
- The underside of a clinical waste bin was rusted.
- Waste was held in a secured back corridor, the bins were overflowing and unlocked.

7.2 Management of Sharps

Meadowlands 1 (M1)

- The sharps box on the resuscitation trolley was not secure or signed.

Ward 6B

- Sharps boxes were not signed or dated as required by policy.
- The temporary closures were not deployed on sharps boxes when not in use.
- Not all sharps boxes were secured.
- Sharps trays were not available.
- The sharps box on the resuscitation trolley had contents present and had not been changed in line with trust guidance.

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	6B	M1
Patient equipment	69	91

The above table indicates that Meadowlands 1 achieved compliance in this standard, Ward 6B was minimally compliant. Immediate action is required to bring this standard to compliance. Issues identified for improvement in this section of the audit tool were:

Issues common to both wards

- The frame of the resuscitation trolley was dusty, in Meadowlands 1 the front surface was stained.

Meadowlands 1 (M1)

- A laryngoscope blade was stored out of its sealed packaging
- There was inconsistent use of trigger tape on stored equipment.
- The ice machine was out of order. This had been reported 1 June 2014.
- Items of equipment needing cleaned; stored wheelchairs, catheter and urinal stands, mattresses and bed bumpers. Commodes were old and worn and their surface integrity was compromised.

Ward 6B

- There was no evidence to show that equipment shared between wards was decontaminated, trigger tape was not in use on stored equipment
- A member of staff was not aware of the symbol for single use equipment.
- Items of equipment were damaged; oxygen cylinders, BP machine, ECG machine. On the resuscitation trolley, the packaging for the ambu bag was torn.
- Adhesive tape was attached to the drugs' trolley, IV stands and notes trolley and there was sticky residue on the pat slide.
- Stored wash bowls were worn and not stored inverted.

- Items of equipment needing cleaned; CPAP machine, a large commode, BP monitor, blood glucose machine storage box, crevices of the ice machine.

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	6B	M1
Availability and cleanliness of wash hand basin and consumables	99	89
Availability of alcohol rub	100	97
Availability of personal protective equipment (PPE)	92	100
Materials and equipment for cleaning	93	89
Average Score	96	94

The above table indicates both wards achieved compliance in all sections. Ward 6B was fully compliant with availability of alcohol rub; Meadowlands 1 was fully compliant with availability of PPE.

Issues common to both wards

- In the domestic store, some buckets were dirty.

Meadowlands 1(M1)

- In some bays, sinks were not in line with local and national policy; 1:6
- The nurses' station is a busy area with high footfall. The hand wash sink was stained, old, worn and in poor repair and does not comply with required specification. Taps were not sensor or elbow operated and there was an overflow (Picture 5).



Picture 5: Hand washing sink with overflow and small twist taps at the nurses' station in M1

- The hand washing sink in the treatment room was old and worn.

- The underside of the soap dispenser in the treatment room and dirty utility room was grubby.
- The alcohol dispenser at the entrance to the ward was stained underneath.
- The COSHH cupboard in the dirty utility was unlocked.
- The blue dust pan and brush were dirty.
- The frame of the larger domestic trolley was dusty.

Ward 6B

- There was no clinical hand wash sink in the dirty utility room, the equipment sink which was used for hand washing, had an over flow.
- There was no face protection available on the resuscitation trolley.
- A wet, single use mop head was hanging on the tap in the domestic store.
- A yellow mop and mop bucket were observed in the dirty utility room, the mop was sitting in dirty water.
- Nursing staff were not aware of the correct disinfectant dilution rates for management of blood or body fluid spills.

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	6B	M1
Effective hand hygiene procedures	76	100
Safe handling and disposal of sharps	92	100
Effective use of PPE	89	90
Correct use of isolation	100	90
Effective cleaning of ward	88	94
Staff uniform and work wear	100	90
Average Score	91	94

The above table indicates overall good compliance in this standard. With the exception of effective hand hygiene procedures in Ward 6B, all elements of hygiene practices achieved compliance. Immediate action is required in Ward 6B to bring the effective hand hygiene procedures section to compliance. Issues identified for improvement in this section of the audit tool were:

Meadowlands 1 (M1)

- An agency nurse and a student nurse did not wear PPE as appropriate
- Care pathways for MRSA were well documented and completed however staff had not completed a care plan for other identified organisms
- A visiting medic wore long hair not tied up, some staff wore stoned and creviced ear rings
- Changing facilities were not available for nursing staff

Ward 6B

- A member of nursing staff and a physiotherapist did not use the seven step technique for hand decontamination
- Two members of staff failed to carry out hand hygiene in line with the WHO five moments of care
- Patients were not offered the opportunity to wash their hands before lunch
- There was a re-sheathed needle in a sharps box
- Gloves were not removed after patient care, gloves were worn when answering the phone and moving around the ward

The lids on the disinfectant wipes were open; the wipes were dry and therefore ineffective, detergent wipes were observed in the stores but not in use on the ward.

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 Shirley Baird North West Independent Clinic

Observer

Mrs K Mc Caffrey PA to Dr Stewart, RQIA Director of Reviews and Medical Director

Trust representatives attending the feedback session

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

Aiden Dawson	Co –Director
Linda Mc Bride	Co –Director PCSS
Moira Kearney	Service Manager/ADN
Hannah McCormick	Medical Microbiologist
Katei Campbell	Assistant Services Manager OPS/Meadowlands
Fiona Moody	Assistant Services Manager
Noreen Hoy	Nurse Development Lead
Nancy Scott	Senior Manager PCSS
Jacqui Austin	Governance Manager
Judy Buchanan	Senior Infection Prevention and Control Nurse
Aiden Shaw	Estates Department
Marie Hatchett	Ward sister Meadowlands 1
Caroline Malone	Ward Sister RABIU
Philip Ramsey	Ward Manager 6B
Liz Bradley	Support Services Manager
Eileen Kelly	Deputy Ward Sister 6B
Nora Stevenson	Deputy Ward Sister Meadowlands 2
Jane Mc Coy	Infection Prevention and control Nurse
Paul Quinn	PCSS domestic Services

Apologies:

Brenda Creaney	Executive Director of Nursing and Patient Experience.
David Robinson	Co –Director of Nursing and Patient Experience
Brain Barry	Director Specialist Hospital & Women’s Health.

12.0 Summary of Recommendations

Recommendations for General Public Areas

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

Recommendations Meadowlands 1

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, stains and limescale.
2. A maintenance programme should be in place for damage to doors, walls, flooring, skirting and cupboards. Damaged furniture or fittings should be repaired or replaced.
3. Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.
4. NPSA colour coding posters should be displayed for nursing and domestic staff to reference.
5. Staff should ensure that records of temperature checks are completed daily.

Standard 3: Linen

6. Staff should ensure that bed linen is in good repair.

Standard 4: Waste and Sharps

7. Staff should ensure waste bins are enclosed and waste is disposed of into the correct waste stream according to trust policy.
8. Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.

Standard 5: Patient Equipment

9. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.

10. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.
11. Sterile single use items should remain in their packaging until ready for use.

Standard 6: Hygiene Factors

12. The provision and specification of clinical hand wash sinks should be reviewed to comply with local and national guidance.
13. Ward staff should ensure chemicals are stored in line with COSHH guidance.
14. Ward cleaning staff should ensure all cleaning equipment is clean.

Standard 7: Hygiene Practices

15. Nursing staff should update their knowledge in relation to wearing PPE appropriately.
16. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
17. Ward staff should ensure that care pathways or care plans are maintained for patients with identified alert organisms.
18. All staff should ensure they comply with the trust dress code policy.

Recommendations: Ward 6B

Standard 2: Environment

1. Staff should ensure that surfaces are clean and free from dust, stains and lime-scale.
2. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available.
5. Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.

6. The trust should install a dedicated hand washing sink in the domestic store.
7. Staff should ensure leaflets on hand hygiene, infection prevention and control, general infections, MRSA and *Clostridium difficile* are available.

Standard 3: Linen

No further recommendations

Standard 4: Waste and Sharps

8. Staff should ensure waste bins are in good repair, accessible and waste is disposed of appropriately into the correct waste stream according to policy.
9. Staff should ensure sharps boxes are signed and dated when assembled and ready for use, stored securely and that temporary closure mechanisms are deployed between use.
10. Integral sharps trays should be available.
11. Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.

Standard 5: Patient Equipment

12. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.
13. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.
14. Ward staff should ensure their knowledge is up to date with regard to single use items and symbols.

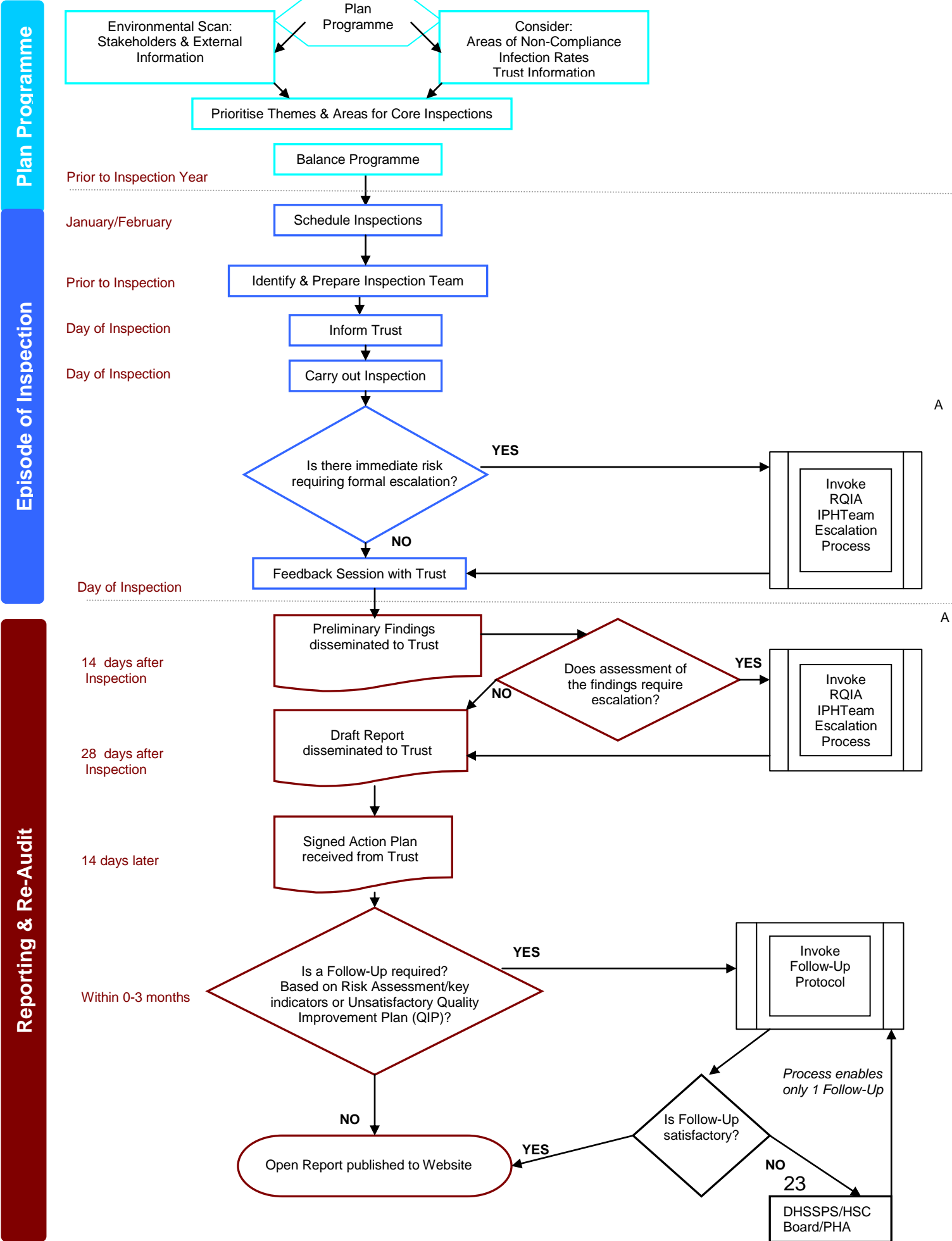
Standard 6: Hygiene Factors

15. The trust should provide a clinical hand wash sink in the dirty utility room to comply with local and national guidance.
16. Ward staff should be aware of the correct dilution rate of trust disinfectant products when managing blood and bodily fluid spillages.
17. Ward cleaning staff should ensure all cleaning equipment is clean.

Standard 7: Hygiene Practices

18. Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with the WHO 5 moments of care.
19. Nursing staff should update their knowledge in relation to disposal of PPE on completion of a task.
20. Staff should ensure that needles are not re-sheathed as per trust policy.
21. Patients should be offered hand hygiene facilities before meals.

13.0 Unannounced Inspection Flowchart



A

A

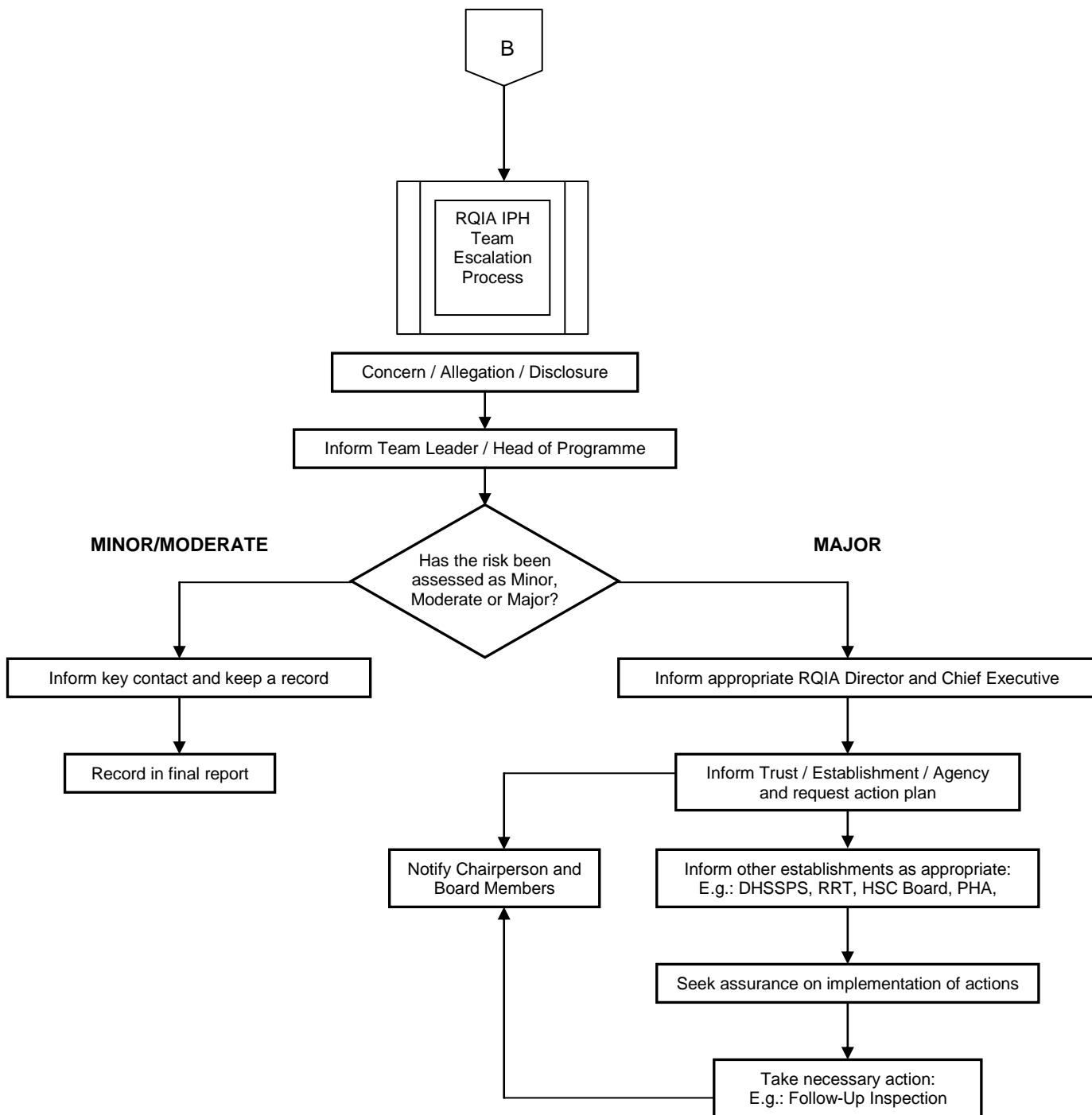
Process enables only 1 Follow-Up

23

DHSSPS/HSC Board/PHA

14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
1.	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	PCSS / EATATE SERVICES.	Cleaning schedule for area in place. Frequency of PCSS inspections/audits of public areas increased.	Complete and on-going
2.	Staff should ensure that surfaces are clean and free from dust, stains and lime-scale.	PCSS	Cleaning schedule in place for this.	Complete and on-going
3.	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced.	ESTATE SERVICES	A maintenance programme is in place. Nursing staff continue to follow Trust policy and report any damage to furniture and fittings through to the Estates Department.	Complete and on-going
4.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	NURSING	De-cluttering of areas highlighted in the report (Clinical room/Treatment room/work area) has been completed. This will be audited by ward staff as part of the weekly cleaning schedule audit.	Complete
5.	Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available.	NURSING	A robust system of daily temperature checks is in place with guidance on action required for any variance in temperature range.	Complete and on-going
6.	Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.	NURSING	Nursing cleaning schedules are recorded and audited on weekly basis by ward staff. Results of the same will be shared with all staff and the ASM.	Complete and on-going

Reference number	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
7.	The trust should install a dedicated hand washing sink in the domestic store.	PCSS	A new capital bid will be placed by the PCSS service by the 22/08/2014. This is for the refurbishment of all domestic stores in the Withers building which will include the provision of a dedicated hand washing sink.	On-going
8.	Staff should ensure leaflets on hand hygiene, infection prevention and control, general infections, MRSA and Clostridium difficile are available.	NURSING	Leaflets have now been made available and a holding / display rack has also been ordered	Complete
9.	Staff should ensure waste bins are in good repair, accessible and waste is disposed of appropriately into the correct waste stream according to policy.	NURSING	Waste bins replaced were necessary. All healthcare staff to attend mandatory clinical waste management updates .Next mandatory training dates for this training will be in October 2014.Wrad level training will also be on going by staff who attended last provided training in June 2014.	On-going
10.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use, stored securely and that temporary closure mechanisms are deployed between use.	NURSING	Policy on sharps to be strictly adhered to. Daily checks on sharps boxes. Policy and guidance to be discussed at ward meetings and safety briefings.	On-going
11.	Integral sharps trays should be available.	NURSING	Sharps trays ordered	Complete
12.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.	NURSING	Sharps boxes on trolley secured. Trust policy to be strictly adhered to. To be part of the daily check list for the resuscitation trolley. Staff awareness via safety briefings and ward meetings.	On-going

Reference number	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
13.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	NURSING	Ward staff made aware of ward cleaning schedule in relation to all equipment. Staff awareness during ward meetings and safety briefings. DEC (Department equipment controller) Policy to be adhered to.	Complete and on-going
14.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	NURSING	All staff made aware via staff meetings and safety briefings.	Complete
15.	Ward staff should ensure their knowledge is up to date with regard to single use items and symbols.	NURSING WARD STAFF	Raised at staff meetings and safety briefings.	Complete and on-going
16.	The trust should provide a clinical hand wash sink in the dirty utility room to comply with local and national guidance.	ESTATES	Highlighted as part of the minor works programmes created by this report	December 2014.
17.	Ward staff should be aware of the correct dilution rate of trust disinfectant products when managing blood and bodily fluid spillages.	NURSING WARD STAFF AND PCSS	Highlighted to staff via safety briefings and staff meetings. Advice also readily available via information posters and Trust policy documents. PCSS staff have Domestic Stores Handbook for easy reference.	Complete and ongoing
19.	Ward cleaning staff should ensure all cleaning equipment is clean.	PCSS	Daily checklist for cleaning equipment/storage in place (contained in Domestic Stores Handbook) Daily checks are undertaken by domestic supervisor and recorded.	Complete

Reference number	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
19.	Staff should ensure they use the correct hand wash technique and comply with hand hygiene in line with The WHO 5 moments of care.	NURSING AND WARD STAFF.	Staff to adhere to Trust Policy. Peer hand hygiene audits undertaken on Monthly basis. Matter highlighted as part of ward meetings and safety briefings. Audits of same sent to ASM for discussion as well Complete and on-going as the Monthly patient safety meeting at directorate level. Results are to be made available for the third Friday of each month.	Complete and on-going
20.	Nursing staff should update their knowledge in relation to disposal of PPE on completion of a task.	NURSING	Discussion with all staff to ensure compliance with Trust Policy. To be highlighted in safety briefings and ward meeting.	Complete and on-going
21.	Staff should ensure that needles are not re-sheathed as per trust policy.	WARD STAFF	All staff to adhere to Trust Policy in relation to sharps management. Issue highlighted at ward meetings and safety briefings.	Complete and on-going
22.	Patients should be offered hand hygiene facilities before meals.	WARD STAFF	Patients provided with hand hygiene wipes	Complete and on-going

Reference number	Recommendations to Meadowlands 1	Designated department	Action required	Date for completion/ timescale
1.	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	PCSS Estates	Daily cleaning of public areas in place Public toilet cleaned three times daily. New window cleaning contract to commence on September 1 st 2014 The public areas (including the public toilet) will be included in the business case proposal to be submitted in September 2014. This proposal will seek funding to replace skirting boards, replace ceiling tiles, replace toilet fixtures and undertake painting of the public areas.	Complete September 2014
2.	Staff should ensure that all surfaces are clean and free from dust, stains and lime scale.	PCSS Nursing staff	All areas where dust, stains or lime scale was observed were cleaned on July 2 nd 2014. The areas were rechecked by the ward manager and PCSS on August 1 st 2014. The Environmental Audit Scores are displayed on the ward notice board.	Complete and on-going.

Reference number	Recommendations to Meadowlands 1	Designated department	Action required	Date for completion/ timescale
3.	A maintenance programme should be in place for damage to doors, walls, flooring, skirting and cupboards. Damaged furniture or fittings should be repaired or replaced.	Estates Nursing Staff	A maintenance programme is in place. Nursing staff continue to follow Trust policy and report any damage to furniture and fittings through to the Estates Department. A programme to replace all beds is commencing in September 2014. A business plan is being completed for the refurbishment of the three wards and all public areas in Meadowlands Rehabilitation Unit with a view to complete works by March 2015.	On going March 2015
4.	Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff.	Nursing Staff	The ward has a daily and weekly cleaning schedule in place. This schedule is audited by the ward sister three times weekly. Nursing staff have been issued with a memo reinforcing the need for robust recording of cleaning schedules.	Complete and on-going
5.	NPSA colour coding posters should be displayed for nursing and domestic staff to reference.	PCSS Nursing Staff	The NPSA poster is now displayed in the domestic store and in the sluice room.	Complete
6.	Staff should ensure that records of temperature checks are completed daily.	PCSS	Temperature checks of dishwasher are recorded on a daily basis.	Complete and on-going

Reference number	Recommendations to Meadowlands 1	Designated department	Action required	Date for completion/ timescale
7.	Staff should ensure that bed linen is in good repair.	Nursing Staff	New bed linen requisitioned.	Complete
8.	Staff should ensure waste bins are enclosed and waste is disposed of into the correct waste stream according to trust policy.	All staff	Enclosed bin now in place. All staff will receive written memo on management of waste as outlined in Trust Policy. Management of waste will be placed on the next staff meeting. The ward sisters will monitor for correct waste management	Complete
9.	Sharps boxes on the resuscitation trolley should be secured and changed in accordance with local policy.	Nursing Staff	Purchase of a bracket to secure sharps boxes is being progressed.	August 31 st 2014
10.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing Staff	Daily and weekly schedules in place. Schedules audited by ward sister three times per week. Circulation of a memo to all staff advising of importance of ensuring that equipment is clean stored correctly and fit for purpose. Any equipment not fit for purpose is removed and replaced.	August 2014 and on-going.
11.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing Staff	Trigger tape will be used consistently for all stored equipment. Circulation of a memo to all staff advising that trigger tape must be applied to equipment	August 2014.

Reference number	Recommendations to Meadowlands 1	Designated department	Action required	Date for completion/ timescale
12.	Sterile single use items should remain in their packaging until ready for use.	Nursing staff	All sterile single use items will remain in packaging until required to be opened. All staff to receive written memo advising of need for equipment to remain sealed in pack until required to be opened.	August 2014.
13.	The provision and specification of clinical hand wash sinks should be reviewed to comply with local and national guidance.	Estates Nursing Staff	A works request submitted for replacement of sinks and taps A business case for the replacement of all hand wash sinks will be submitted.	September 30 th 2014
14.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Nursing	The storage cupboard is locked. Written memo circulated to all staff advising of importance of complying with all COSHH policies and procedures.	Complete August 2014
15.	Ward cleaning staff should ensure all cleaning equipment is clean.	PCSS Nursing staff	PCSS have provided information on equipment cleaning. Equipment checked daily by PCSS supervisor	Complete and On-going
16.	Nursing staff should update their knowledge in relation to wearing PPE appropriately.	Nursing staff	Circulation of memo to all staff advising of the requirement for appropriate use of PPE.	August 2014.
17.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing staff IPC	NPSA poster displayed in sluice. All staff to receive written information on colour coding guidance.	Complete and on going

Reference number	Recommendations to Meadowlands 1	Designated department	Action required	Date for completion/ timescale
18.	Ward staff should ensure that care pathways or care plans are maintained for identified alert organisms.	Nursing IPC	Care Plans for alert organisms have been updated and are subject to approval by IPC.	August 31 st 2014
19.	All staff should ensure they comply with the trust dress code policy.	All staff	<p>Ward sister is communicating with AHP leads and medical staff to draw attention to BHSCT dress code policy.</p> <p>Placed on the next agenda for MDT governance group.</p> <p>All nursing staff to receive written memo advising of BHSCT dress code and adherence to same.</p> <p>Nurse Development Lead undertakes quarterly audits of nursing staff dress code and this is recorded on SIAF database.</p>	<p>August 2014</p> <p>Ongoing</p>



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