



The **Regulation** and  
**Quality Improvement**  
**Authority**

**RQIA**  
**Infection Prevention/Hygiene**  
**Unannounced Follow up Inspection**

**Belfast Health and**  
**Social Care Trust**

**Musgrave Park Hospital**

**22 September 2014**

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## 1.0 Regulation and Quality Improvement Authority

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

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

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

## 2.0 The Inspection Programme

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

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

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

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

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

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

## 3.0 Inspection Summary

An unannounced follow up inspection was undertaken to Musgrave Park Hospital, on the 22 September 2014. The Musgrave Park Hospital was previously inspected 1 July on 2014. The inspection identified issues of minimal compliance with the Regional Healthcare Hygiene and Cleanliness Standards in Ward 6B. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The inspection report of that inspection is available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

The Hospital was assessed against the Regional Healthcare Hygiene and Cleanliness Standards and the following area was inspected:

- Ward 6B

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

Overall the inspection team found that further work was required by Musgrave Park Hospital to comply with the Regional Healthcare Hygiene and Cleanliness standards. Inspectors were concerned that scores within the audit tool had fallen.

As a result of the findings there was immediate escalation and feedback to the trust interim chief executive. A further follow up inspection will be carried out within three months.

### Developments and Improvements since the Previous Inspection

The inspection on the 1 July 2014 resulted in **22** recommendations for Ward 6B in relation to Standards 2-7. This inspection resulted in **21** recommendations, **4** recommendations have been addressed, **18** have been repeated and there are **3** new recommendations.

Those still requiring action are in relation to cleaning, maintenance and repair of the environment, cleaning of patient equipment and staff practice.

Inspectors noted the following recurring themes for action from the initial inspection:

- Environment and patient equipment cleaning
- Repair and maintenance issues, including upgrading of facilities
- Lack of storage facilities

Good practices observed by the inspection team:

- A leaflet rack for displaying patient information has been ordered
- The ward manager and a second nurse have taken on the role of infection prevention and control link nurse
- It is planned to refurbish the ward in 2015
- Waste training has been arranged for staff

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 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.

Areas Inspected	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014
General Environment	79	74
Patient Linen	98	93
Waste	91	84
Sharps	73	94
Patient Equipment	69	70
Hygiene Factors	96	88
Hygiene Practices	91	84
<b>Average Score</b>	<b>85</b>	<b>84</b>

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.

General Environment	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014
Reception	72	85
Corridors, stairs lift	84	64
Public toilets	91	93
Ward/department - general (communal)	66	58
Patient bed area	79	77
Bathroom/washroom	62	66
Toilet	91	88
Clinical room/treatment room	65	60
Clean utility room	93	77
Dirty utility room	75	69
Domestic store	74	56
Kitchen	96	83
Equipment store	87	72
Isolation	85	88
General information	65	81
<b>Average Score</b>	<b>79</b>	<b>74</b>

The findings in the table above indicate that there has been an overall decrease from partial to minimal compliance in the general environment standard. Inspectors were disappointed to note that in the majority of sections compliance scores from the initial inspection have not been maintained.

A concentrated effort is required from all disciplines of staff to improve standards of cleanliness and infection prevention and control practice. This should be supported by trust senior management in order to ensure the safe and effective delivery of care, in a suitable environment.

The main hospital reception and public toilet have achieved compliance. Further improvement could be made if unattended equipment is removed from the main entrance, the external canope is cleaned and wall paintwork and damage is repaired.

At the main entrance, cigarette butts continued to litter the ground and were stacked on top of the waste bin. It is disappointing that the general public do not use the available bins to assist trust staff in maintaining a clean and tidy environment.

The corridor and stairs leading to the ward moved from compliant to minimally compliant. Issues that remain unchanged were; maintenance and repair of walls and dusty skirting, stairs and stairwell signage. In addition inspectors noted cracked and missing stair tiles and dusty landing floors and horizontal surfaces e.g. wall signage.

## Ward 6B

The standard of cleaning and maintenance within the ward was poor and immediate attention was required to address the many issues identified.

- Cleaning issues identified from the previous inspection have not been addressed. Throughout the ward dust and debris were again noted on high and low horizontal surfaces, on floors, corners and edges and difficult to access areas. In addition internal high density storage cupboards, shelving and tops of dispensers required cleaning. Domestic services spot check ward cleaning on a monthly basis. It is advised that the frequency of this checking is increased until a satisfactory standard has been achieved.



Picture 1 – Underside of shower fixture



Picture 2 – Dirty inside of macerator

- Fixtures and fittings to include bedside tables, shower fitting and chair and macerator continued to require cleaning (Picture 1). In addition bed frames, fans, portable screen and some sanitary facilities required cleaning (Picture 2). In the kitchen, fridge and dishwasher temperature checks were inconsistently recorded. Inspectors were advised that the dishwasher and patient ice machine were out of order. The medicine fridge was out of order, the ward was sharing Ward 6A medicine fridge. This fridge was overstocked therefore cold air could not fully circulate.
- Maintenance and repair issues remain outstanding; damage to paint, wall and laminate surfaces. Fixtures and fittings e.g. cupboards, sluice bowl and flooring were old, damaged and worn; compromising effective cleaning. Inspectors were told at the feedback session that the ward is to be reconfigured in 2015, to include upgrading of sink facilities.

Inspectors advised that in the interim period this work should be reviewed and progressed to improve facilities for patients and staff.

- Storage remains an issue within the ward. Boxes of supplies were stored on top of cupboards and on floors. The ancillary corridor was cluttered. There are two clinical rooms within the ward. The small room was used by Ward 6B and the larger as a store for Ward 6A and 6B. The small room was not fit for purpose as a clinical room. It had no work surfaces available for staff to prepare for clinical procedures and no hand washing facilities. The large room was fitted out as a clinical room, with storage cupboards, work surface, treatment couch and clinical hand washing sink. The use of these rooms should be reviewed immediately to maximize the use of ward facilities available.
- Patient information leaflets were available; a display rack had been ordered but was yet to arrive. Information on hand hygiene was displayed for visitors however posters on hand hygiene were not displayed at all hand washing sinks.
- Nursing cleaning schedules while available continued to require more detail of all equipment to be cleaned at ward level. Schedules that were in place were not consistently completed. There was no auditing of adherence to equipment cleaning schedules.

### **Additional Issues**



Picture 3 – Emergency door wedged open

- The emergency door was wedged open (Picture 3). Inspectors observed staff from other ward using this as a route to other areas in the hospital.
- Inspectors were advised that the ward temperature can reach 28°C. Staff would find this temperature difficult to work in and there have been occasions when visitors have fainted.

## 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).

<b>Patient Linen</b>	<b>Ward 6B 1 July 2014</b>	<b>Ward 6B 22 Sept 2014</b>
Storage of clean linen	96	91
Storage of used linen	100	94
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>98</b>	<b>93</b>

The above table outlines the findings in relation to the management of patient linen. The ward has maintained compliance however scoring has slightly decreased.

The linen store was clutter free, in good repair; linen was store tidily on shelves. The only outstanding issue was some damage to the door of the linen store.

New issues identified for action were:

- inappropriate storage of clean linen cages in the dining room
- a linen skip in poor repair

## 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	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014
Handling, segregation, storage, waste	91	84
Availability, use, storage of sharps	73	94

### 7.1 Waste

The above table indicates that compliance with the handling, segregation and storage of waste has dropped from compliant to partially compliant. Issues that remain outstanding are the inappropriate disposal of household waste in clinical waste and waste bins overflowing and unlocked in the ancillary corridor.

New issues identified for action were:

- Equipment was stored on top of the household waste bin in the shared store; therefore the bin was inaccessible
- The base of household and clinical waste bins required cleaning; dirty utility, Bay 1, Bay 3

### 7.2 Sharps

Staff are commended for improved compliance in the safe management of sharps. Sharps boxes were signed and dated correctly, with the temporary closure mechanism in place. Sharps trays continued to be unavailable for use. A new issue identified was in relation to dressings inappropriately disposed of into a sharps box.

## 8.0 Standard 5: Patient Equipment

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

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

Patient Equipment	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014
Patient equipment	69	70

The above table indicates no improvement in the standard on patient equipment; inspectors were disappointed in this score. Further work, supported by a robust audit process, is required by ward staff to improve practice in this area.

Issues identified with the cleaning of patient equipment that remain outstanding were:

- There was no evidence to show equipment shared between wards was decontaminated, trigger tape was not in use on stored equipment.
- A member of staff was not aware for the symbol for single use equipment.



Picture 4 – Rusted castors on shower chair

- Equipment was dusty, streaked or damaged. For example, commode, stored pumps, portable ECG machine, glucometer, observation machine. (Picture 4)

New issues identified for action were:

- Laryngoscope blades on the resuscitation trolley were out of their sterile original packaging.
- A stored bedpan had ground in stains, bedpans were not stored inverted.
- The bariatric commode arm rest was missing. Trigger tape was not present on commodes; these were added to commodes by staff at the start of the inspection. Vinyl seat covers for the commodes were damaged.
- The plastic frame of some catheter stands was damaged
- The base of stored observation trolleys was dusty and some IV stands were worn and had adhesive tape residue. Weighing scales required cleaning.
- The drugs trolley tray was full of empty medicine packets which required disposal.
- The suction machine on the resuscitation trolley was dusty.
- The portable suction machine in the equipment store was dusty.
- The patient ice machine in the kitchen was out of order. In the shared store/clinical room the front of the ice machine, used for testing patients' epidural status was stained. The ice machine drained into the clinical hand washing sink.

Inspectors also noted inappropriate staff practice. Staff were toileting patients using a commode with the paper mache insert set on top of the commode seat. A commode basin or undercarriage rack was not in use. A staff member was carrying a used urinal, uncovered, through the ward.

## 9.0 Standard 6: Hygiene Factors

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

Hygiene Factors	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014
Availability and cleanliness of WHB and consumables	99	89
Availability of alcohol rub	100	100
Availability of PPE	92	82
Materials and equipment for cleaning	93	81
<b>Average Score</b>	<b>96</b>	<b>88</b>

The above table indicates that overall compliance was maintained in this standard, with full compliance maintained in the availability of alcohol rub (Picture 5).



Picture 5 – Hand rub station

It is of note that scores for the availability of PPE and materials and equipment for cleaning have decreased to partial compliance. The score for the availability and cleanliness of wash hand basins and consumables has not been maintained.

The outstanding issues identified were; no clinical hand wash sink in the designated clinical room or dirty utility room, the equipment sink which was used for hand washing had an over flow. Taps were twist operated with no temperature controls in place. There was no face protection available on the resuscitation trolley.

New issues identified for action were:



Picture 6 – Inaccessible hand washing sink

- The clinical hand washing sink in the shared store/clinical room was inaccessible due to storage (Picture 6). This sink was not routinely used.
- The hand washing sink at the nurses station is not a clinical hand washing sink. Taps were wrist operated with temperature controls not in place. Staff advised that this was not used.
- Sinks which are not routinely used are flushed by domestic services staff. There were no sink flushing records available.
- In Bay 3, the underside of the tap at the clinical hand washing sink was dirty.
- PPE was stored above the sluice sink in the domestic store
- There was a limited supply of apron holders in the ward. One holder at the emergency exit was damaged.
- The domestic trolley, unattended and abandoned in the centre of the ward, was open with cleaning products easily accessible.
- A wet mop head, attached to the shaft, was stored in the dirty utility room. In the domestic store, a used wet floor dust mop, had hardened.
- The crevices of the blue mop buckets in the domestic store were dirty and the inside of the yellow mop bucket in the dirty utility room required cleaning.
- The blue dust pan and brush required cleaning.
- Domestic equipment required cleaning; trolley, vacuum, burnisher. A floor wet sign cone was damaged.

## 10.0 Standard 7: Hygiene Practices

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

Hygiene Practices	Ward 6B 1 July 2014	Ward 6B 22 Sept 2014
Effective hand hygiene procedures	76	86
Safe handling and disposal of sharps	92	85
Effective use of PPE	89	83
Correct use of isolation	100	82
Effective cleaning of ward	88	79
Staff uniform and work wear	100	87
<b>Average Score</b>	<b>91</b>	<b>84</b>

The above table indicates that overall compliance has decreased from compliant to partial compliance. However, it is disappointing to note that scores in all other sections have not been maintained.

There has been improvement in adherence to effective hand hygiene procedures. However a member of medical staff did not use the seven step technique for hand washing.

Outstanding issues identified were; patients not offered the opportunity to wash their hands before lunch and a re-sheathed needle in a sharps box. Inspectors also noted that again the lids on the disinfectant wipes were open and the wipes dry therefore ineffective. Not all staff were aware of the correct disinfectant dilution rates for blood or body spills.

New issues identified for action were:

- PPE was not always worn or removed appropriately; after assisting a patient, cleaning a commode, environmental cleaning.
- The nursing assessment was not fully completed, to detail the patients' history and to direct care. The daily evaluation records did not outline infection prevention and control precautions in place.
- A nursing care plan, for a patient with a history of an alert organism, was unable to be evidenced by the ward nurse and inspector at the time of inspection. This should be easily accessible
- Although the inspector requested on two occasions, three staff failed to erect an isolation precaution sign on the isolation room door. Catering staff entered the room, unaware that there were isolation precautions in place.
- Nursing staff were not aware of the NPSA colour coding guidelines for cleaning.

- Staff did not always adhere to dress code policy; some staff wore a long sleeved shirt, wrist watch, looped earrings.
- Hospital shop staff were observed entering isolation rooms without appropriate infection prevention and control precautions. Staff did not carry out hand hygiene when moving between patients. This is of concern as this staff member services the hospital, with the potential to transfer infection.

## 11.0 Key Personnel and Information

### Members of the RQIA inspection team

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

### Observer

Mr Dean McAllister – Project Administrator, RQIA

### Trust representatives attending the feedback session

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

- David Robinson - Co Director, Nursing
- Colin Cairns - Co Director, PCSS
- Seamus Trainor - Senior Manager, PCSS
- Judy Buchanan - Infection Prevention and Control Nurse
- Philip Ramsey - Ward Manager, Ward 6B
- Liz Bradley - Support Services Manager
- Eileen Kelly - Deputy Ward Sister, Ward 6B
- Paul Quinn - PCSS, Manager

Apologies:

- Brenda Creaney - Executive Director of Nursing and Experience

## 12.0 Summary of Repeated Recommendations

### Ward 6B

#### Standard 2: Environment

1. The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair. **Repeated**
2. Staff should ensure that surfaces are clean and free from dust and stains. **Repeated**
3. A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced. **Repeated**
4. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment. **Repeated**
5. Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available. **Repeated**
6. Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff. **Repeated**
7. The trust should install a dedicated hand washing sink in the domestic store. **Repeated**

#### Standard 2: Linen

Refer to Recommendation 2 and 4.

#### Standard 4: Waste and Sharps

8. Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. **Repeated**. Waste bins should be clean and waste stored securely.
9. Integral sharps trays should be available. **Repeated**

#### Standard 5: Patient Equipment

10. Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair. **Repeated**. Patient equipment should be used correctly.
11. Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned. **Repeated**

12. All ward staff should ensure their knowledge is up to date with regard to single use items and symbols. **Repeated**

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

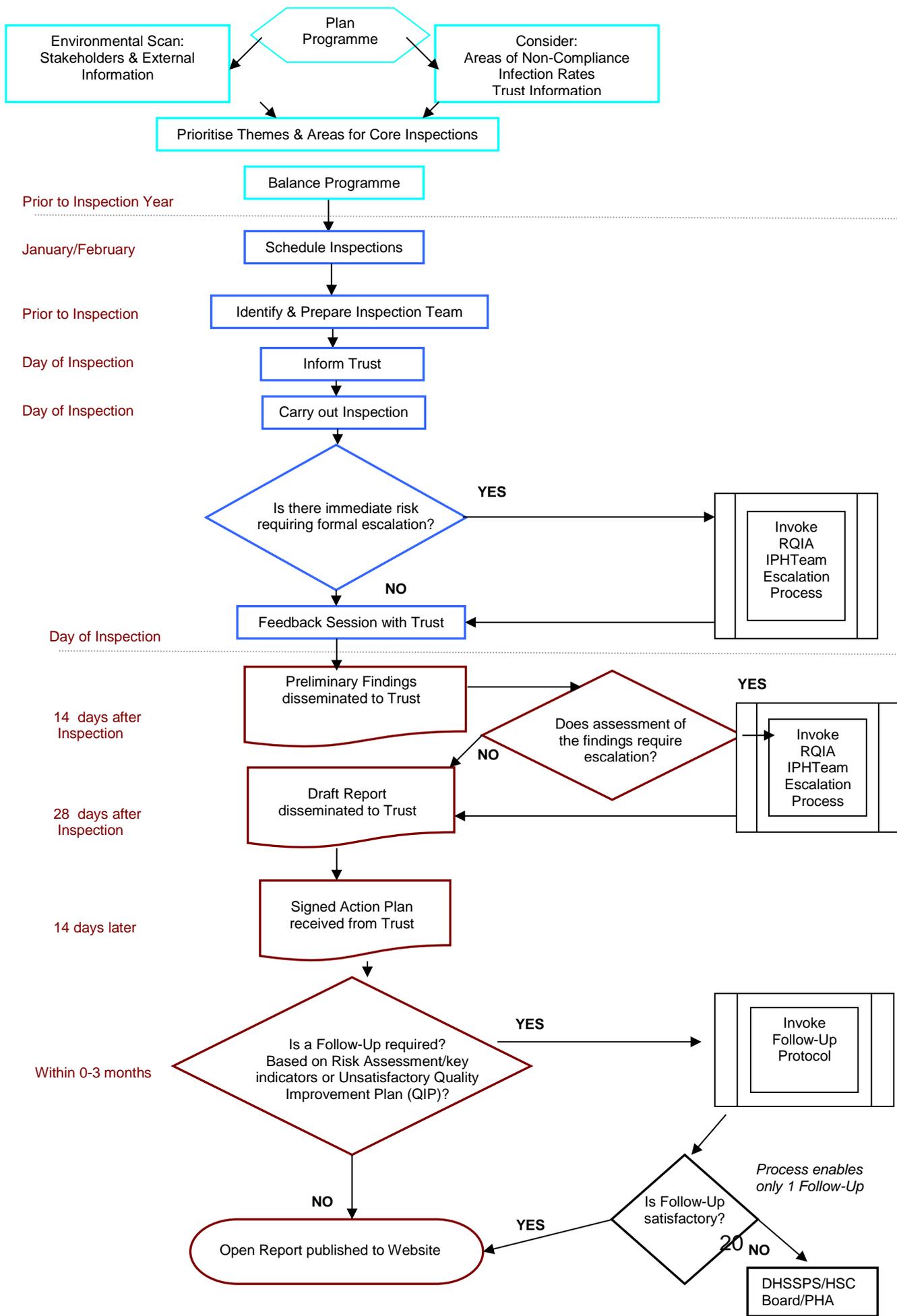
13. The trust should provide clinical hand wash sinks, with appropriate taps, in designated areas, to comply with local and national guidance. **Repeated**
14. Hand washing sink tap flushing records should be available. **New**
15. PPE holders should be free from damage and the number at ward level reviewed to ensure easy accessibility for staff. PPE should be stored away from the potential risk of contamination. **New**
16. Ward cleaning staff should ensure all cleaning equipment is clean and stored correctly. **Repeated**

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

17. Patients should be offered hand hygiene facilities before meals. **Repeated**
18. Ward staff should be aware of the correct dilution rate of trust disinfectant products when managing blood and bodily fluid spillages. **Repeated.** Staff should be familiar with the NPSA colour coded guidance.
19. Staff should ensure that needles are not re-sheathed as per trust policy. **Repeated**
20. Staff should update their knowledge in relation to the use and disposal of PPE. **Repeated**
21. Nursing assessment, care plan and daily evaluation documentation should be in place, reviewed and updated regularly for patients. This includes documentation on infection prevention and control precautions. Signage to denote isolation precautions should be in place as appropriate. **New**

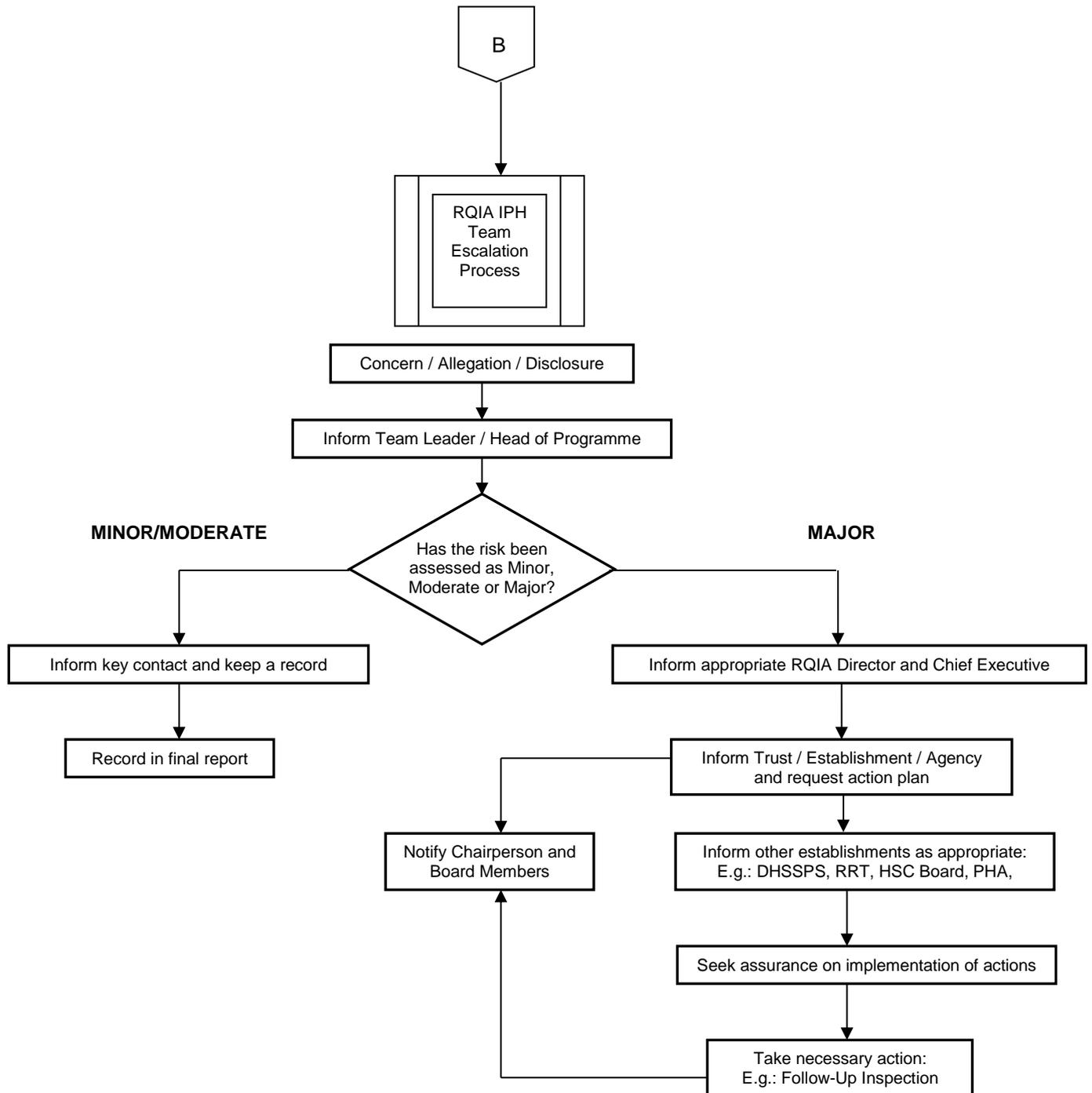
# 13.0 Unannounced Inspection Flowchart

Plan Programme  
Episode of Inspection  
Reporting & Re-Audit



## 14.0 RQIA Hygiene Team Escalation Policy Flowchart

### RQIA Hygiene Team: Escalation Process



## 15.0 Quality Improvement Action Plan

Ref No.	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
<b>Standard 2: Environment</b>				
1. *	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair. <b>Repeated</b>	Nursing Estates	<p>Front entrance to Withers cleaned at time of inspection. Canopy power washed and daily cleaning and clearing of cigarette butts at entrance in place.</p> <p>Capital money secured to repaint lobby, 2 admission cubicles and all lift lobbies. Painting of lift areas commenced, completion of all works will be by end of March 2015.</p>	<p>Complete</p> <p>March 2015</p>
2. *	Staff should ensure that surfaces are clean and free from dust and stains. <b>Repeated</b>	PCSS Nursing	PCSS have worked with staff to ensure cleaning is of a high standard with appropriate supervisory input. Work schedules in place for daily cleaning in all areas, cleaning schedule in place for high surfaces to be dusted weekly, floors daily. Monitored daily.	Complete
3. *	A maintenance programme should be in place and damaged furniture or fittings should be repaired or replaced. <b>Repeated</b>	Nursing Estates	<p>Damaged chairs removed at time of inspection. Additional furniture ordered awaiting deliverer. Estates have completed immediate works repairing shelving, touching up walls.</p> <p>Capital money secured to complete refurbishments in sluice area, domestic storeroom, complete painting of ward has</p>	<p>Complete</p> <p>March 2015</p>

\* indicates stated for a second time

Ref No.	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
			already commenced, completion expected March 2015.	
4. *	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment. <b>Repeated</b>	Nursing	Treatment room has been redesigned as equipment storeroom. Sink removed, storage rationalised, cleaning schedule in place.  Additional storage planned for store room as part of Veranda refurbishment- capital money obtained, completion date March 2015.	Complete  March 2015
5. *	Staff should ensure that records of temperature checks are completed daily; guidance on temperature ranges should be available. <b>Repeated</b>	Nursing PCSS	Temperature records in place. Guidance on temperature ranges available in ward kitchens and pharmacy store room for both Nursing and PCSS staff. Staff retrained on requirement. Monitoring in place	Complete
6. *	Nursing cleaning schedules should be consistently recorded; schedules should be robustly audited by senior staff. <b>Repeated</b>	Nursing	Schedules in place and recorded. Monitored by Charge Nurse/ Deputy Sister. Raised at safety briefs daily and supervision episodes.	Complete
7. *	The trust should install a dedicated hand washing sink in the domestic store. <b>Repeated</b>	Estates	Capital money obtained to refurbish domestic storeroom including installation of hand wash sink, to be complete March 2015.	March 2015
<b>Standard 2: Linen Refer to Recommendation 2 and 4.</b>				
<b>Standard 4: Waste and Sharps</b>				

\* indicates stated for a second time

Ref No.	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
8. *	Staff should ensure waste is disposed of appropriately into the correct waste stream according to policy. <b>Repeated.</b> Waste bins should be clean and waste stored securely	Nursing PCSS	Retraining of Nursing and PCSS staff complete. Cleaning complete at time of inspection. New waste receptacles ordered where required.  All now in place. Daily supervision and monitoring of waste management by Senior ward staff, regular training at staff meetings, ward information available.	Complete
9. *	Integral sharps trays should be available. <b>Repeated</b>	Nursing	Trays previously ordered in May 2014. Awaiting delivery	30 Nov 2014
<b>Standard 5: Patient Equipment</b>				
10. *	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair. <b>Repeated.</b> Patient equipment should be used correctly.	Nursing	Cleaning schedules in place and monitored. 'Trigger tape' in use for all clean equipment. New large equipment store room in use.	Complete
11. *	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned. <b>Repeated</b>	Nursing	As per ref. 10.	Complete
12. *	All ward staff should ensure their knowledge is up to date with regard to single use items and symbols. <b>Repeated</b>	Nursing	All staff retrained and aware of single use symbols.	Complete
<b>Standard 6: Hygiene Factors</b>				
13. *	The trust should provide clinical hand wash sinks, with appropriate taps, in designated areas, to comply with local and national guidance. <b>Repeated</b>		Old sink at nurses' station and also in equipment store room removed.  Capital money obtained to carry out refurbishment in showers, sluice and domestic store room. Plans include installation of new hand wash sinks in	Complete  March 2015

\* indicates stated for a second time

Ref No.	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
			areas listed.  Major refurbishment required to refurbish clinical bays in 6B which will include additional clinical hand wash sinks- planned for 2015/2016.	March 2016
14.	Hand washing sink tap flushing records should be available. <b>New</b>	Nursing	Old obsolete sink at nurses' station removed	Complete
15.	PPE holders should be free from damage and the number at ward level reviewed to ensure easy accessibility for staff. PPE should be stored away from the potential risk of contamination. <b>New</b>	Nursing	New and additional PPE holders ordered and awaiting delivery. PPE holders not yet arrived, however confirmed with stores they have been dispatched.	30 Nov 2014
16. *	Ward cleaning staff should ensure all cleaning equipment is clean and stored correctly. <b>Repeated</b>	PCSS	Area cleaned at time of inspection. Cleaning schedule in place for all areas and checked throughout day with additional cleaning when necessary. Monitored daily by PCSS supervisors. PCSS staff retrained on housekeeping.	Complete
<b>Standard 7: Hygiene Practices</b>				
17. *	Patients should be offered hand hygiene facilities before meals. <b>Repeated</b>	Nursing	Patient hand hygiene wipes in use by patients prior to meals. Those patients able to mobilise use hand wash sinks.	Complete
18. *	Ward staff should be aware of the correct dilution rate of trust disinfectant products when managing blood and bodily fluid spillages. <b>Repeated</b> . Staff should be familiar with the NPSA colour coded guidance.	Nursing	Staff retraining carried out. NPSA guidance displayed in appropriate area.	Complete

\* indicates stated for a second time

Ref No.	Recommendations to Withers 6B	Designated department	Action required	Date for completion/ timescale
19. *	Staff should ensure that needles are not re-sheathed as per trust policy. <b>Repeated</b>	Nursing	Staff retraining complete. All staff have access to Trust IT Hub and policy. Daily supervision and monitoring of sharps management by Senior ward staff, regular training at staff meetings, ward information available.	Complete
20. *	Staff should update their knowledge in relation to the use and disposal of PPE. <b>Repeated</b>	Nursing	Staff retraining complete. All staff have access to Trust IT Hub and policy.	Complete
21.	Nursing assessment, care plan and daily evaluation documentation should be in place, reviewed and updated regularly for patients. This includes documentation on infection prevention and control precautions. Signage to denote isolation precautions should be in place as appropriate. <b>New</b>	Nursing	All patients have nursing documentation in place. Infection control documentation was in patient's notes at time of inspection however was not seen by inspection team. Infection control signage reviewed and in place.  All staff informed at daily briefing of infectious status of patients and need to ensure accurate documentation for all patients and requirement for isolation precautions and signage. Staff meeting-information relayed to all staff and regular monitoring of notes and documentation by Senior ward staff on a weekly basis.	Complete

\* indicates stated for a second time



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