



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Mater Hospital

Belfast Health and Social Care Trust

22 October 2013

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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 Mater Hospital on the 22 October 2013. The inspection team was made up of four inspectors, one estates support officer and one peer reviewer. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Mater Hospital was previously inspected on 25 August 2011. This was an unannounced inspection; three wards were inspected. The results of the inspection showed compliance in all but two of 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 A
- Ward F
- Elective Surgical Unit (ESU)

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

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

Good practices observed by the inspection team:

- ESU was compliant in six of the seven standards.
- All wards were compliant in each section in the hygiene factors standard.
- Care bundles are audited in all wards.
- Wards A and F have introduced the Butterfly Scheme (Picture 1).
- Ward F had good clear information boards for staff and the public to view
- Multi-disciplinary team meetings are held regularly in Ward A and Ward F.



Picture 1: Information on the Butterfly Scheme

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

- Ward A achieved minimal compliance in standards on the environment, sharps management and patient equipment. The ward achieved an overall partial compliant score in hygiene practices; the sections on effective hand hygiene procedures undertaken by staff and effective cleaning of the ward were minimally complaint. Urgent and immediate attention is required to bring these standards and sections up to a compliant level. As a result of the findings for Ward A, a follow up inspection will be carried out within three months.
- Ward F achieved partial compliance in the environment standard and many cleaning issues were identified. The standards on sharps management and patient equipment were minimally compliant. Urgent and immediate attention is required to bring these standards up to a compliant level. As a result of the findings for Ward F, a follow up inspection will be carried out within three months.

The inspection of the Mater Hospital, BHSCT, resulted in **13** common recommendations for all three wards, **19** recommendations for Ward A, **19** recommendations for Ward F and **10** recommendations for ESU. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- More attention to detail in the cleaning process.
- Stained interior of a mattress.
- In the female public toilet graffiti had been carved on the back of the door and there was a black stain around the tiles at the ceiling air vent.
- The temporary closure mechanisms, to prevent spillage and impede access, were not always in place when the sharps boxes were not in use.

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 Mater 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	Ward A	Ward F	ESU
General environment	73	84	81
Patient linen	85	95	86
Waste	87	84	86
Sharps	64	42	93
Equipment	74	62	89
Hygiene factors	90	94	95
Hygiene practices	77	91	95
Average Score	79	79	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	Ward A	Ward F	ESU
Reception	61	N/A	N/A
Corridors, stairs lift	72	97	89
Public toilets	72	N/A	N/A
Ward/department - general (communal)	57	79	76
Patient bed area	72	93	85
Bathroom/washroom	80	90	87
Toilet	N/A	N/A	98
Clinical room/treatment room	51	63	85
Clean utility room	N/A	94	N/A
Dirty utility room	74	83	82
Domestic store	98	85	74
Kitchen	72	89	72
Equipment store	60	61	52
Isolation	82	90	N/A
General information	96	75	96
Average Score	73	83	81

The findings in the table above indicate that improvement is required in the general environment. Greater attention is required in cleaning, maintenance and repair and in 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. Maintenance, repair and cleaning issues were identified in these areas.

In the main reception area, greater attention is required in relation to the cleaning of high and low horizontal surfaces to remove, dust, stains and splashes. The window partition at the stairs, paint work on walls, doors and flooring were damaged or in poor repair.

In the stairwell to Ward A, window sills and stairwell panelling were dusty; cobwebs were noted at the ceiling. Walls and stair flooring were stained; doors, door frames and the metal panelling under the hand rail were damaged. A bolt fixing the panel to the frame was missing. In the corridor to Ward F, the vinyl cover on chairs was split exposing the foam below.

Similar issues were noted in the public toilets. Damage was noted to walls, tiles, and doors, high and low horizontal surfaces were dusty and there was a build-up of debris in the corners and edges of flooring. Black soot like stains were noted on the ceiling near the air vent; toilet seats were stained underneath.

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

- Maintenance and repair issues; the wood finish on doors and frames, the paint finish on bed rails and, with the exception of ESU, paint work and plaster damage on walls. In Ward F and ESU light fittings were damaged or missing, in Ward A and ESU, cupboards were damaged.
- Greater attention to detail when cleaning high and low horizontal surfaces is required. The most notable issues include: dust and stains on walls, floors, skirting, windows, air vents, cupboards, microwave, chairs and shelving. Limescale was noted on taps. In Ward A and ESU, more attention is required in regard to the cleaning of bedside lockers, in wards A and F, computer screens and air vents were dusty and debris was noted in light fittings.
- Equipment stores were cluttered making effective cleaning difficult. The level of storage capacity in these rooms does not satisfy current levels of stock and equipment, this has resulted in these areas being cluttered and untidy.
- Information leaflets on hand hygiene were not displayed in wards F and ESU. A leaflet rack was not available in ESU, one was on order.
- In wards A and F, the drugs' fridge temperature was inconsistently recorded.

Ward A

Six out of ten areas inspected in the general environment standard of the audit tool were minimally compliant, contributing to an overall minimal compliance score. The standard of maintenance and cleaning within this ward was poor and immediate attention is required to address the many issues identified.

- There was damage to the finishes on furnishings which included shelving, desks, chairs, the wooden casing behind toilet bowls, bedside lockers and a vertical blind in a side room.
- More attention to detail is required when cleaning horizontal surfaces at all levels and sanitary equipment; sluice bowls, drip trays, toilet seats and lids. Other notable items include; bedside entertainment

equipment, TV controls, patient tables, window blinds, light switches and pull cords, bedpan washer and kitchen fridge.

- Many surfaces in the treatment room were dusty, stained, dirty or splashed; debris was observed in cupboards and drawers. Flooring had splashes and ground in stains, bottles of sterile water were stored on the floor, a fabric shoe storage unit was used to store blood requests. The exterior and interior of the drugs' fridge was dirty, the freezer compartment door was loose and the compartment needed defrosted.
- Ward A nurses' station is a busy area with a heavy footfall. Notes trolleys, portable ECG machine, portable mail box storage cabinets and a box of books contributed to the cluttered environment. The notice board was constructed in felt fabric.

Additional Issue

- A tablet was observed on the floor of the clinical room. This was disposed of immediately when brought to the attention of the charge nurse.

Ward F

An overall partial compliant score was achieved in the environment section of the audit tool. The areas that require immediate action to bring this standard to compliance include the clinical room and the equipment store.

- There was damage to the finishes on furnishings which included holes in vinyl flooring and skirting detached from the wall in the shower room of Bay 1. Some ceiling strip lights were not working.
- Side room 4 was used as a store room. This room had sanitary fixtures in place and was cluttered and untidy. There was no evidence that water was being run in line with the trust legionella policy (Picture 2).



Picture 2: Side room used as a store.
Cluttered room and stock blocking access to shower cubicle.

- The standard of cleaning in the treatment room was poor. There was dust, debris and a dried in blood stain on the floor. Inspectors observed heavy deposit of dust on walls, adhesive residue and sticky labels on the white 'medicine box', cupboard doors and high density shelving; drawers and shelving were dusty and dirty. Computer equipment was dusty and stained, the drugs' fridge was unlocked; there was a blood stain on the door. Two bottles of medication were out of date.
- Communal products and facecloths were observed in a shower cubicle and information leaflets on *Clostridium difficile* or general infections were not available.

Additional Issues

- Sandwiches are to be consumed or disposed of within 1 hour from removal of cold storage. A patient's sandwich was returned to the fridge after sitting in the ward for over 1½ hours. The sandwich was eventually disposed of.
- There was an odour on the second dirty utility room and there was no evidence of water being run in line with the trust's legionella policy.
- Inspectors observed a doctor appearing to collect and use equipment from Ward F while working in Ward D.

ESU

An overall partial compliant score was achieved in the environment section of the audit tool. The areas that require immediate action to bring this standard to compliance include the domestic store, kitchen and the equipment store.

- Heavy rain overnight had resulted in the roof leaking. A number of ceiling tiles had been removed and some were stained as a result of the leakage.
- The standard of cleaning in the kitchen was poor. Horizontal surfaces were extremely dusty, the ceiling, hand wash sink and taps were stained and there was food debris in the cutlery drawer and cupboard shelving. Staff food was stored in the patient fridge. Fridge temperature checks were not recorded and items of food were not dated and signed.
- There was no available domestic sluice (Picture 3). An arrangement was in place for domestic staff to use the dirty utility room located on the ward corridor for filling and emptying buckets.



Picture 3: Tidy store in ESU but no domestic sluice available

- The equipment store was cluttered and untidy. High density storage was located in front of the window blocking access and reducing natural light to the room.
- The interior aspect of a mattress was stained.

Additional Issue

- There was no fire blanket in the kitchen.

6.0 Standard 3: Patient Linen

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

Management of Linen	Ward A	Ward F	ESU
Storage of clean linen	76	90	82
Handling and storage of used linen	94	100	89
Laundry facilities	N/A	N/A	N/A
Total	85	95	86

The above table outlines the findings in relation to the management of patient linen. All wards were overall compliant. In Ward A and ESU, the partially compliant scores in the storage of clean linen indicate that improvement is required.

Issues common to all wards

- In all wards there was dust or debris in corners, edges or inaccessible areas of flooring; the skirting was dusty in Ward A and ESU.
- Both Ward A and ESU linen stores were untidy and there was inappropriate storage of non-linen items.

Ward A:

- The door was worn to the bare wood in places and there were insects in the light diffuser.
- A member of nursing staff wore an apron but no gloves when handling used linen.

Ward F

- No further issues identified.

ESU

- The wooden wall paneling holding the electric box was not sealed and the wood was exposed.

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.

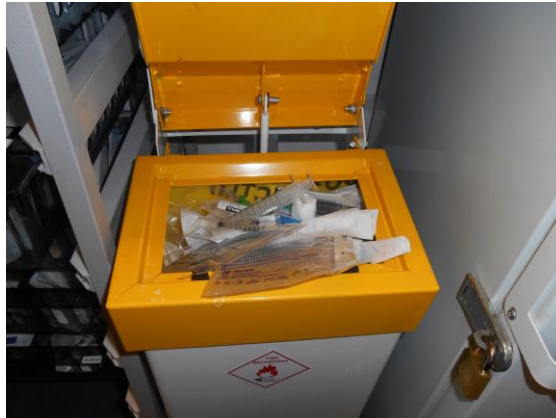
Waste and sharps	Ward A	Ward F	ESU
Handling, segregation, storage, waste	87	84	86
Availability, use, storage of sharps	64	42	93

The above table indicates that Ward A and ESU achieved compliance in the handling, segregation and storage of waste; Ward F was partially compliant. Only ESU achieved compliance in the availability, use, and storage of sharps; Ward A and Ward F achieved low minimal compliance in this standard. 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 all wards

- A clinical waste bin was not available in one bay in Ward A and ESU and two bays in Ward F.
- In Ward A and Ward F, the lids of some waste bins were rusted, in ESU the lid in a bay was worn and scuffed.
- There was inappropriate disposal of waste into clinical waste bins in Ward A and sharps boxes in Ward F.
- In Ward A, the purple lidded burn was filled above the fill line. In ESU, household waste bins in a bay and in the clinical room were over two thirds filled and the clinical waste bin in the clinical room was overflowing; contents were spilling onto the floor (Picture 4).



Picture 4: ESU Overfilled clinical waste bin

Ward A

- A syringe containing clear fluid with a red bung attached to the tip was disposed of into a clinical waste bin. This was addressed immediately by nursing staff.
- Some waste bins, including the base, were stained or dirty.

Ward F

- The magpie box was stored in the treatment room and contained pharmaceutical waste.

ESU

- In the clinical room and a bay, labels were peeling on household waste bins.
- Clinical and household waste bins were stored in large waste containers in the corridor at the entrance to the ward. The containers were unlocked.

7.2 Management of Sharps

Issues common to all wards

- Not all temporary closures were deployed when the sharps box was not in use.
- In Ward A and ESU, gauze was disposed into sharps boxes.
- In wards A and F not all sharps boxes were labelled, signed and dated; some were filled above the fill line. In Ward F, a locked purple lidded burn bin, and in Ward A, a locked sharps box, both waiting collection

for disposal were not labelled and signed. Neither had a black tracking tag in place.

Ward A

- A small sharps box in the clinical room and a large sharps box beside the arterial blood gas machine (ABG) in the pacing room had blood splatters on the lid (Picture 5).



Picture 5: Blood splatters on a sharps box

- Two integral sharps trays checked in the clinical room were dirty on the top surface, the underside surface of one had a large blood stain.

Ward F

- Integral sharps trays were not available.
- Three sharps boxes located at the nurses' station were not secured by a bracket.
- The sharps box on the resuscitation trolley was dated 15/08/2013; it was overfilled.

ESU

- No further issues identified.

8.0 Standard 5.0: Patient Equipment

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

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

Patient equipment	Ward A	Ward F	ESU
Patient equipment	74	62	89

The above table indicates that the only ward to achieve compliance in this standard was ESU. Wards A and F were minimally compliant. Immediate and on-going action is required to address the issues identified below.

Issues common to all wards

- Greater attention to detail is needed in the cleaning of patient equipment. Some items were dusty, stained and had paper labels attached.
- The ice machine in the kitchen required cleaning.
- Trigger tape to identify equipment was clean and ready to use, was not in use for stored equipment.
- In Ward A and ESU, a commode labelled with trigger tape as clean, was stained underneath the seat. The blood glucose monitor had blood stains and the suction machine on the resuscitation trolley was dusty.
- In wards A and F, single use jugs were being re-used for the collection of urine.
- In Ward F and ESU, not all nursing staff were aware of the symbol for single use.

Ward A

- Items of equipment such as the portable ECG machine, bedside monitoring equipment, IV pumps, wash bowls, standing aid and the shelves on linen and procedure trolleys were dusty, dirty or stained. In a bay, a wash bowl was noted on the floor behind a patient's locker and pair of nasal prongs was lying on the floor beside a bed.
- The plastic coating on the urinals and catheter stands was peeling away from the frame.
- All 15 ANTT trays were either stained, dirty, splashed, some had blood stains. One IV pump had a blood stain and the crevices were dirty (Picture 6). The ABG machine had blood splatters. These were cleaned by sister.



Picture 6: Blood stain on IV pump and dirt in the crevices

- Nursing staff were unsure of the policy for changing/cleaning nebuliser masks and chambers.

Ward F

- Items of equipment such as the notes trolley, phlebotomist trolley, easy slide, bariatric chair, frame of the clean linen skip, resuscitation trolley, the equipment stored on it and the hoist were dusty. A standing aid, bedpan, BP cuff, slide easy cover and casing of a Genius thermometer were dirty.
- Some items of equipment were damaged; phlebotomist trolley, frame of the resuscitation trolley, easy slide cover.
- Trigger tape was not used to identify clean commodes.
- Two Clarke connectors were out of date and nebuliser chambers were stored out of packaging.

ESU

- The ear piece of the stethoscope on the resuscitation trolley was stained, ANTT trays were stacked damp.

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	A Ward	F Ward	ESU
Availability and cleanliness of wash hand basin and consumables	95	97	88
Availability of alcohol rub	86	100	97
Availability of PPE	93	93	100
Materials and equipment for cleaning	86	86	94
Total	90	94	95

The above table indicates that all wards achieved compliance in this standard; however action is needed to address the issues identified below.

Issues common to all wards

- Increased effort is required to ensure paper towel and liquid soap dispensers are clean.
- Staining was noted on some sinks in Ward A and ESU. In ESU, some taps were dirty; limescale was present around the outlet of taps.
- In Ward A some dispensers did not supply disposable gloves in size small, in Ward F there was no face protection on the resuscitation trolley.
- Materials used in the general cleaning of the wards were not always clean and well maintained. In Ward A, static mop heads, a bucket in the domestic store, mop handles, the floor burnisher and trolleys were dirty. In Ward F the extension lead in the domestic store was dirty and two used floor pads were stored on top of the cupboard. The floor burnisher and domestic trolley required cleaning in ESU.

Ward A

- Hand wash sinks in the bays were not in line with local and regional policy HBN-01-04; there was 1:6 sink to beds.
- Some alcohol dispensers were missing, broken or inserted incorrectly into the holder.

- On the domestic trolley, dirty water was left in hand held buckets. The bottle of cleaning disinfectant labelled Dificile S solution had use by and constituted dates; 2/06/2013 and 19/05.2013. When questioned, the domestic had little knowledge of the solution, its dilution rate and how long the solution was effective for following constitution.
- There was mixing of NPSA colour coding; a mop shaft with a green mop attachment had a blue handle

Ward F

- In the domestic store, kitchen and store area, cleaning and disinfectant products were not stored in line with COSHH. A bottle of disinfectant was dated September.

ESU

- In the dirty utility, clinical room and male bay, hand wash sinks had an overflow and were not in line with HBN 00-09.
- The underside of the alcohol dispenser in the clinical room was stained.

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	A Ward	F Ward	ESU
Effective hand hygiene procedures	64	95	100
Safe handling and disposal of sharps	100	83	100
Effective use of PPE	80	94	100
Correct use of isolation	89	87	N/A
Effective cleaning of ward	52	94	83
Staff uniform and work wear	76	92	93
Total	77	91	95

The table indicated good compliance with this standard in F Ward and ESU, Ward A achieved partial compliance. Issues were identified that require improvement in staff knowledge and practice in all wards, a more concerted effort is required in Ward A. Staff in ESU are commended for achieving full compliance in three sections of this standard.

Issues common to all wards

- In Ward A, a member of nursing staff did not wear an apron when cleaning a commode, in Ward F a phlebotomist did not wear an apron when taking bloods.
- In wards A and F, care plans for patients with a known infection required more detail for IPC precautions taken. In Ward F, the daily assessment was not updated.
- In Ward A and ESU, nursing staff were unaware of the NPSA colour coding system.
- Nursing staff in ESU and both nursing and domestic staff in Ward A were not all aware of the disinfectant dilution rate for blood and body spills. In Ward A, some staff were unsure of the dilution rate for general cleaning.
- In Wards A and F, there was little evidence to show equipment was cleaned routinely between patient use. The cleaning book was unavailable in Ward F, cleaning schedules in Ward A were scantily recorded.
- Staff changing facilities were not available.

Ward A

- Staff did not follow the seven step technique when using hand rub. When questioned, nursing and domestic staff quoted 3, 5 and 6 steps for hand washing. Some staff were observed not performing hand hygiene in line with WHO 5 Moments of Care; after leaving the bedside. A RGN was not aware alcohol rub should not be used for patients with *Clostridium difficile*.
- A RGN left the bedside to carry out various tasks wearing the same apron and hygiene was not always performed before donning and doffing gloves.
- COSHH data sheets were not available for domestic staff.
- Two medics, one RGN and one domestic did not wear long hair off the collar. The trust's bare below the elbow policy was not always adhered to by medical, domestic and nursing staff; stoned rings, watches, bracelets, long sleeves.

Ward F

- Sharps were not disposed of safely at the point of use and there was a re-sheathed needle in a sharps box.

ESU

- No further issues identified.

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
Mr T Hughes	- Inspector, Infection Prevention/Hygiene Team
Mrs S O'Connor	- Inspector, Infection Prevention/Hygiene Team
Miss G Mulholland	- Support Officer, RQIA Estates Department

Peer Reviewers

Mrs A Mc Kendry	- Ward Sister Antrim hospital NHSCT
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Observer

Mrs P Spychalska	- Administration Supervisor Review Directorate RQIA
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Trust representatives attending the feedback session

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

Ms R Byrne	-Acting Co-Director Unscheduled Care
Ms M Reid	-Acting Clinical Coordinator Cardiology
Ms T Kennedy	-Service Manager Unscheduled Care
Ms S Donald	-Assistant Service Manager Medicine Mater
Ms L Symington	-Assistant Service Manager Surgery
Ms M Hanrahan	-Senior Infection Prevention and Control nurse
Mrs N Scott	-Senior Manager PCSS
Mr I Wilson	-Estates Officer
Ms M rush	-PCSS Assistant Manager
Mr T Duffy	-Supervisor (Estates)
Ms M Crilly	-Sister ESU
Mr J Hastings	-Charge Nurse Ward A
Mrs I Hewitt	-Sister Ward A
Ms L Mc Bride	-PCSS
Ms S Donnelly	-Staff Nurse Ward A

Apologies:

Ms B Creaney	-Executive Director of Nursing
Dr D Robinson	-Co-Director of Nursing

12.0 Summary of Recommendations

Recommendation 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 common to all wards

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains.
2. A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards, lights and ceiling tiles. 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.

Standard 3: Linen

4. Staff should ensure that linen store rooms are clean, tidy, and free from inappropriate items and fixtures and fittings are maintained in a good state of repair.

Standard 4: Waste and Sharps

5. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
6. Staff should ensure waste bins are clean, in good repair and located at all hand washing sinks.
7. Staff should ensure that temporary closure mechanisms on sharps boxes are deployed between use.
8. Staff should ensure all waste and sharps bins are not overfilled 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. The ice machine should be clean and free from limescale.

Standard 6: Hygiene Factors

12. Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.

13. Ward cleaning staff should ensure all cleaning equipment is clean and in a good state of repair.

Standard 7: Hygiene Practices

No common issues identified.

Recommendations: Ward A

Standard 2: Environment

1. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
2. Staff should ensure daily temperature records for the drugs' fridge are maintained consistently.
3. Notice boards in clinical areas should be of a wipeable material to allow effective decontamination.

Standard 3: Linen

No further issues identified.

Standard 4: Waste and Sharps.

4. Staff should ensure sharps boxes are labelled correctly on assembly and collection, tracking tags should be in place.
5. Staff should ensure sharps boxes are clean and integral sharps trays and ANTT trays routinely cleaned after use.

Standard 5: Patient Equipment

6. Staff should ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed.
7. Nursing staff should be aware of the policy for changing/cleaning nebuliser masks and chambers.

Standard 6: Hygiene Factors

8. The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.
9. Staff should ensure there is a supply of various size disposable gloves in dispensers.
10. Cleaning staff should adhere to NPSA colour coding guidance.

Standard 7: Hygiene Practices

11. Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.
12. Nursing staff should ensure they are familiar with the practice of when it is appropriate to use alcohol rub.
13. Staff should ensure PPE is worn appropriately and hand hygiene performed before and after donning PPE.
14. Ward staff should ensure that care plans are fully completed.
15. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
16. Ward staff should be aware of the correct dilution rate of trust disinfectant products.
17. COSHH data sheets should be made available for disinfectants used by domestic staff.
18. All staff should ensure they comply with the trust dress code policy.

Additional Issues

19. Staff should ensure medicines are managed in line with the medicine management policy.

Recommendations: Ward F

Standard 2: Environment

1. Staff should ensure each patient has their own wash products.
2. Staff should ensure medicines are managed in line with the medicine management policy.

3. Staff should ensure daily temperature records for the drugs' fridge are maintained consistently.
4. Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.
5. Information leaflets on hand hygiene, general infections, infection prevention and control and *Clostridium difficile* should be available.
6. Staff should ensure the trust's legionella policy is followed in regard to infrequently used or unused sanitary facilities.

Standard 3: Linen

No further issues.

Standard 4: Waste and Sharps

7. Staff should ensure sharps boxes are signed and dated when assembled and ready for use.
8. Sharps boxes at the nurses' station should be secured to the wall with a bracket.
9. Integral sharps trays should be available.

Standard 5: Patient Equipment

10. Staff should ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed.
11. Staff should be aware of the symbol for single use items.
12. Ward staff should ensure sterile equipment is in date.

Standard 6: Hygiene Factors

13. Face protection should be available on the resuscitation trolley.
14. Cleaning chemicals should be stored in accordance with COSHH guidance.

Standard 7: Hygiene Practices

15. Nursing staff should ensure they are familiar with the practice of when it is appropriate to use antibacterial solutions.
16. Staff should ensure that needles are not re-sheathed as per trust policy.

17. Staff should ensure PPE is worn appropriately.

18. Ward staff should ensure that care plans are fully completed.

Additional Issues

19. Staff should ensure sandwiches are handled and disposed of according to trust policy.

Recommendations: ESU

Standard 2: Environment

1. A supply of hand hygiene leaflets should be available for visitors and patients to reference.
2. Specific additional maintenance issues highlighted in the report are actioned.
3. The trust should review the provision of a domestic sluice.
4. Staff should consistently record temperature checks for the patient fridge and ensure food stored in the fridge is dated and signed.

Standard 3: Linen

No further issues.

Standard 4: Waste and Sharps

5. Staff should ensure that waste awaiting collection at the entrance to the ward is stored securely.

Standard 5: Patient Equipment

6. Staff should be aware of the symbol for single use items.

Standard 6: Hygiene Factors

7. The provision of clinical hand wash sinks should be reviewed to comply with guidance as per Health Building Note 00-09 (Infection Control in the Built Environment 2013, Best Practice Document).

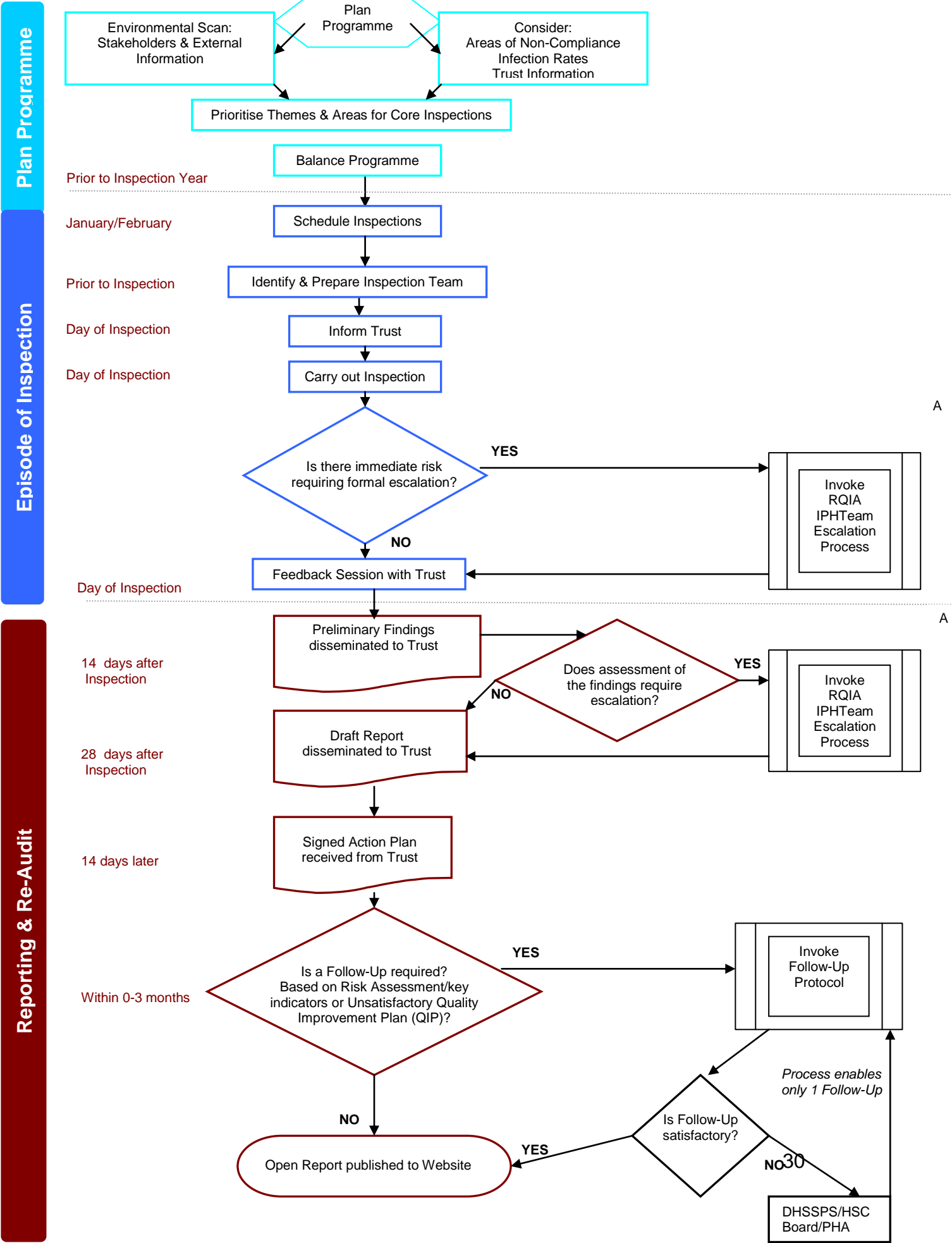
Standard 7: Hygiene Practices

8. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.
9. Nursing staff should ensure they are familiar with the dilution rate for the disinfectant in use for blood and body spills.

Additional Issues

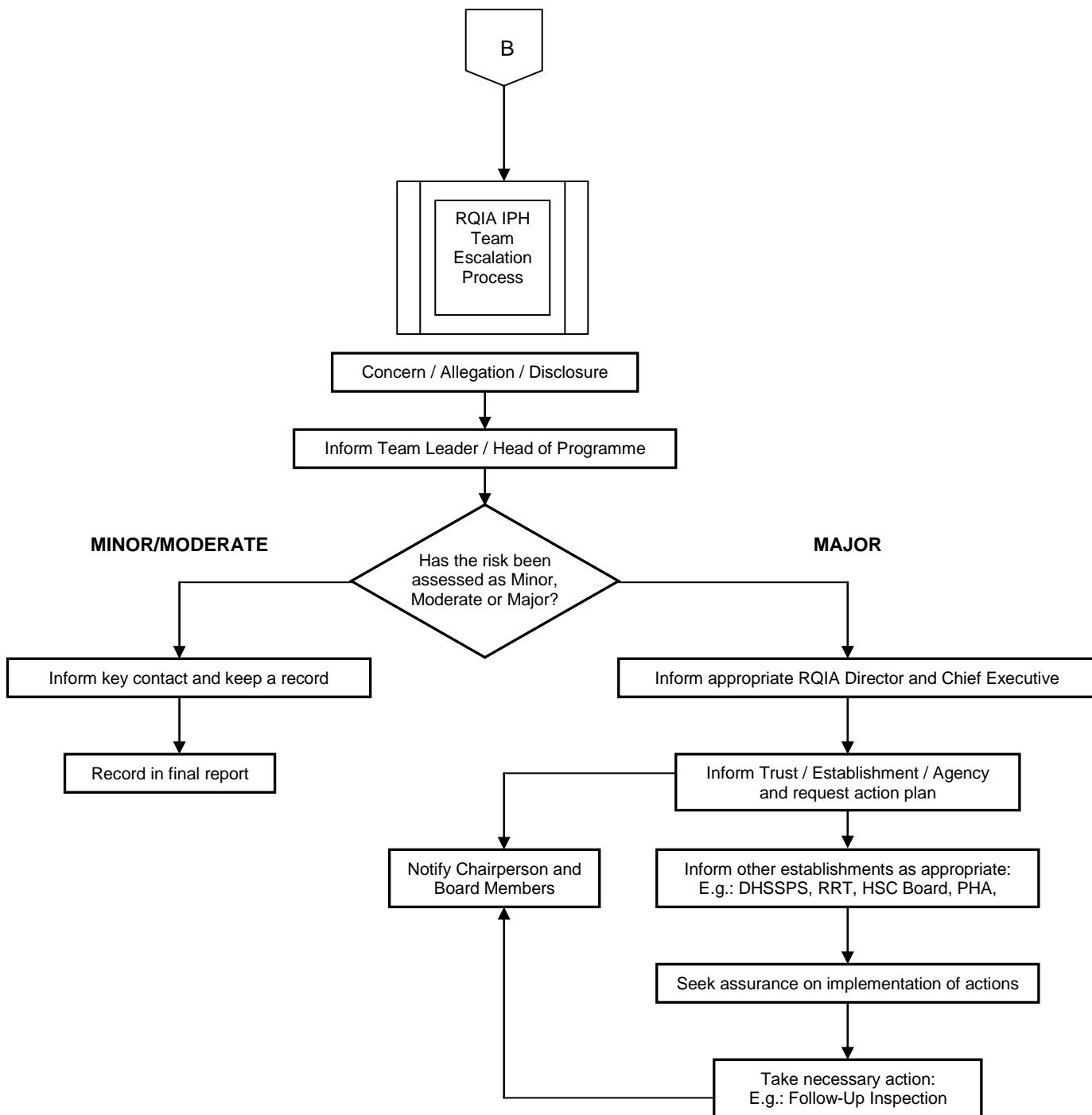
10. A fire blanket should be available in the kitchen.

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
Recommendation for hospital atrium entrance reception/public area				
1.	The trust should ensure that general public areas are clean and furnishings and fixings are in a good state of repair.	Estates PCSS	<p>Ward A PCSS work schedule to be followed daily. Area fully cleaned. PCSS to ensure all damaged furniture and fixings reported to estates.</p> <p>Ward F PCSS work schedule to be followed daily. Area fully cleaned. PCSS to ensure all damaged furniture and fixings reported to estates.</p> <p>ESU PCSS work schedule followed daily. Area fully cleaned. PCSS to ensure all damaged furniture and fixings reported to estates.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
Recommendations for common issues to all wards				
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains.	PCSS	<p>Ward A Ward Cleaning schedules reviewed. Daily nursing cleaning schedule for each Nursing Bay in place and domestic services schedule will be checked by the nurse in charge and domestic services supervisor.</p> <p>Ward F All surfaces cleaned. Domestic Staff have undergone awareness training re following work schedules.</p> <p>ESU All surfaces cleaned. Domestic Staff awareness training re following work schedules Radiator reported to estates. Job number C4333111.</p>	Complete and ongoing
2.	A maintenance programme should be in place for damage to doors, walls, skirting, windows, cupboards, lights and ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates	<p>Ward A Estate Services contacted and requisitions raised in relation to damage to doors, walls, skirting windows, cupboards, lights and ceiling</p>	31 Jan 2014

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			<p>tiles repair/replacement. Maintenance have developed a work schedule which will commence w/c 02/12/13. Completion 31st January 2014 with exception of x1 door in Bay 3- new door ordered for replacement on arrival.</p> <p>Ward F Estates to commence maintenance programme mid-end December 2013.</p> <p>ESU Rolling maintenance programme in progress by estates. Window cleaning completed. Glass replaced in bathroom. Ceiling tiles replaced. Light fitting completed.</p>	
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	All	<p>Ward A Staff have commenced a de-cluttering programme and review the requirement of all items stored at ward level and stock requirements. Best use of storage space will be reviewed by the Ward Environmental Working Group.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			<p>Ward F Storage reviewed as part of Productive Ward. Stores ordering reviewed and reduced depending on storage capacity need.</p> <p>ESU New shelving to help with clutter and organisation in the clinical room is planned by Estates.</p>	
Standard 3: Linen				
4.	Staff should ensure that linen store rooms are clean, tidy, and free from inappropriate items and fixtures and fittings are maintained in a good state of repair.	Nursing PCSS	<p>Ward A Daily schedule in place to ensure linen store rooms are clean, tidy and free from inappropriate items and fixtures and fittings are maintained and in a good state of repair. Environmental Working Group. (last reviewed 27/11/13).</p> <p>Ward F All unnecessary equipment removed. Added to the Nursing cleaning schedule. PCSS to continue with daily clean.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			ESU Room tidied and inappropriate items removed. Added to cleaning schedule. Fixtures and fittings reported to estates for repair.	
Standard 4: Waste and Sharps				
5.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	All	Ward A Nursing staff/Domestic/Medical staff will be vigilant when disposing of waste into appropriate bins. Staff will be challenged by their peers if appropriate. Feedback from the waste management team monthly audits will be shared at the ward safety brief/ ward meetings. Ward Environmental Cleanliness Working Group will continue to monitor and record issues and actions taken to address inappropriate disposal on an on-going basis to ensure staff are aware of Trust policy. Last reviewed 27/11/13.	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			<p>Ward F Policy made available for all staff to read. Spot check audits by Ward Manager</p> <p>ESU Staff reminded of correct waste disposal procedure. Staff awareness of waste management guidelines raised through team briefs and refresher training for PCSS.</p>	
6.	Staff should ensure waste bins are clean, in good repair and located at all hand washing sinks.	Nursing PCSS	<p>Ward A Nursing staff/ Domestic staff will ensure daily that bins are clean and in good repair and located at all hand washing sinks. Monthly environmental maximiser audits also highlight condition and placement of bins. Ward Environmental Cleanliness Working Group will continue to monitor on an on-going basis. Last reviewed 27/11/13</p> <p>Ward F New bins ordered and in place.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			ESU Bins now positioned correctly and damaged bin replaced.	
7.	Staff should ensure that temporary closure mechanisms on sharps boxes are deployed between use.	Nursing	Ward A Nursing staff advised at the ward safety brief and each handover for 2weeks regarding temporary closure mechanisms on sharps boxes between use. In addition medical staff have been advised by the Ward consultants of the importance of sharps box temporary closure mechanisms between use alongside feedback from the nursing staff when appropriate. Ward Environmental Cleanliness Working Group will continue to monitor on an on-going basis. . Last reviewed 27/11/13 Ward F Laminated reminders placed on ward areas where sharps boxes located.	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			<p>ESU Staff reminded of correct procedure. Signage relating to this placed at the sharps box and adherence is improving. Ongoing monitoring and spot checks carried out by ward sister.</p>	
8.	Staff should ensure all waste and sharps bins are not overfilled and changed in accordance with local policy.	Nursing	<p>Ward A At the ward safety brief and handover. Nursing and Medical staff are reminded/ made aware of the Waste audit information and escalation guidance document (2011), to ensure the sharps standards are adhered to and all waste and sharps bins are not overfilled and changed in accordance with local policy. Ward Environmental Cleanliness Working Group will continue to challenge and monitor on an on-going basis. Last reviewed 27/11/13</p> <p>Ward F NDL having ward-based refresher sessions for all disciplines.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			<p>ESU Staff reminded of correct procedure. Signage relating to this placed at the sharps box and adherence is improving. Ongoing monitoring and spot checks carried out by ward sister.</p>	
Standard 5: Patient Equipment				
9.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair.	Nursing	<p>Ward A Ward Cleaning schedules reviewed. Create x1 daily nursing cleaning schedule for each Nursing Bay which includes all equipment ensuring cleanliness, storage and state of repair. Checked daily by nurse in charge.</p> <p>Ward F New cleaning schedule devised and in use.</p> <p>ESU Cleaning schedule adherence reviewed and closely monitored by ward sister. IPC policy "Cleanliness is Everyone's Business" discussed at supervision</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			session with staff.	
10.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned.	Nursing	<p>Ward A All staff reminded at the safety brief handover and in email to ensure trigger tape is used consistently on cleaned stored equipment. Staff will be asked to challenge practice or to escalate breaches to the ward environmental cleanliness working group. Daily review by nurse in charge and feedback at fortnightly working group meeting.</p> <p>Ward F On cleaning schedule. Staff aware that even if not used for a period, still needs cleaned and new trigger tape applied.</p> <p>ESU Trigger tape checked and staff reminded of correct procedure. This is now under continuous monitoring by ward sister.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
11.	The ice machine should be clean and free from limescale.	PCSS	<p>Ward A Cleaned and descaled by Domestic Staff 11/11/13; on monthly descaling schedule; plan to remove cooled water facility on ice machine to reduce build-up of lime scale</p> <p>Ward F Complete. On Domestic cleaning schedule.</p> <p>ESU Cleaned and limescale removed.</p>	Complete and ongoing
Standard 6: Hygiene Factors				
12.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair.	Nursing / Domestic	<p>Ward A Hand wash sinks, accessories and consumables are on domestic services twice daily ward cleaning schedule to ensure they are clean and in a good state of repair</p> <p>Ward F Checks on cleaning schedule. PCSS staff reminded to ensure adequate supplies.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			<p>ESU Staining and limescale removed All surfaces cleaned. Domestic Staff awareness training re following work schedules.</p>	
13.	Ward cleaning staff should ensure all cleaning equipment is clean and in a good state of repair.	PCSS	<p>Ward A Nursing and domestic staff replace and change all cleaning equipment as required to ensure it is clean and in a good state of repair Cleaning equipment is checked daily by the domestic services supervisor to ensure mop heads are removed and replaced as required; mop buckets are replaced as required; mop shafts are replaced as required; staff have been reminded at a meeting on 24/10/13 regarding protocols and policies. COSSH data sheets are in place for domestic staff and nursing staff to ensure they are aware of correct dilution rates of Acticlor and same displayed in sluice and domestic store.</p>	Complete and ongoing

Ref No.	Recommendations Common to all Wards	Designated department	Action required	Date for completion/ timescale
			<p>Ward F All equipment cleaned. Domestic Staff awareness training re following work schedules.</p> <p>ESU Staff reminded to ensure that all cleaning equipment is clean and in a good state of repair. Actioned and ongoing monitoring in place.</p>	
Standard 7: Hygiene Practices				
	No common issues identified.			

Area: A Ward

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	<p>Ward Cleaning schedules reviewed and 1 cleaning rota now in place for each Nursing Bay.</p> <p>Checked daily by Charge Nurse/Ward Sisters for consistent recording, and weekly audit and feedback at safety brief regarding compliance/any non-compliance, and invite ideas from staff to improve scores.</p> <p>Responsibility delegated by Nurse in charge and staff challenged regarding inconsistencies. Reviewed fortnightly at ward environmental working group.</p>	Complete & Ongoing
2.	Staff should ensure daily temperature records for the drugs fridge are maintained consistently.	Nursing	<p>Nursing staff reminded at the safety brief of the importance of daily temperature checks.</p> <p>The nurse in charge on night duty is delegated responsibility as highlighted on the daily allocation sheet and listed</p>	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
			within the roles and responsibilities alongside the daily arrest trolley check. Weekly audit and feedback to staff if relevant in relation to any omissions. Reviewed fortnightly at ward environmental working group. Drugs Fridge defrosted and cleaned inside and out 09/11/2013.	
3.	Notice boards in clinical areas should be of a wipeable material to allow effective decontamination.	Nursing/ Estates	Replacement noticeboards ordered on 25/11/13. All non wipeable boards removed	31 Dec 2013
Standard 3: Linen				
	No further issues identified.			
Standard 4: Waste and Sharps				
4.	Staff should ensure sharps boxes are labelled correctly on assembly and collection, tracking tags should be in place.	Nursing	At the ward safety brief Nursing and Medical staff have been reminded and made aware of the Waste audit information and escalation guidance document (2011)-(hard copy available in communication folder and a copy is also available on the Hub), to ensure the sharps standards are adhered to which	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
			<p>include sharps box labelling and tracking tags in accordance with local policy.</p> <p>Ward Environmental Cleanliness Working Group will continue to challenge and monitor on an ongoing basis. Last reviewed 27/11/13 Nursing staff/Domestic/Medical staff asked to be vigilant in labelling and assemble of sharps boxes. Ward Environmental Cleanliness Working Group will continue to monitor on an ongoing basis.</p>	
5.	Staff should ensure sharps boxes are clean and integral sharps trays and ANTT trays routinely cleaned after use.	Nursing	<p>Issues around the cleaning of sharps boxes and ANTT trays are addressed at the ward safety brief and staff handovers. Non-adherence to standards is addressed by the Ward Environmental Cleanliness Working Group.</p> <p>At the ward safety brief and handover Nursing and Medical staff have been reminded and made</p>	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
			<p>aware of the Waste audit information and escalation guidance document (2011), to ensure the sharps standards are adhered to which include sharps box labelling and tracking tags in accordance with local policy.</p> <p>Ward Environmental Cleanliness Working Group will continue to challenge and monitor on an ongoing basis. Minutes recorded and shared in communication folder; last reviewed 27/11/13.</p> <p>Nursing staff/Domestic/Medical staff asked to be vigilant in labelling and assemble of sharps boxes. Ward Environmental Cleanliness Working Group will continue to monitor on an ongoing basis.</p>	
Standard 5: Patient Equipment				
6.	Staff should ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed.	Nursing	Staff are aware of the single use logo and are aware of safe disposal of single use equipment after use	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
			With exception single use plastic jugs for urine collection, are used for individual patients and are disposed of once patient has been discharged. They are washed in the bed pan washer between individual patient use.	
7.	Nursing staff should be aware of the policy for changing/cleaning nebuliser masks and chambers.	Nursing	Nursing staff have been reminded that nebuliser masks and chambers can be cleaned and dried after each use and staff would be mindful of the patients infection status to guide use of detergent wipes or Actichlor Plus when cleaning same and drying same with clean paper towels. The poster on Medical and Nursing cleaning equipment guide is displayed on the whiteboard in the ward to facilitate staff awareness of the correct policy for changing/cleaning nebulisers/masks. The ward environmental Working Group will continue to monitor on an on-going basis. 13/11/13	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
Standard 6: Hygiene Factors				
8.	The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01.	Nursing	The individual sinks and taps do comply with guidance; however, as there are 6 patients to each bay, the 6-bedded bays are non-compliant with this aspect of the guidance. Gaps in compliance with HBN 04-01 have been escalated to Senior Manager/Co-Director level for direction on potential bed reconfiguration, if available.	Complete & Ongoing
9.	Staff should ensure there is a supply of various size disposable gloves in dispensers.	Nursing	4 Various sizes from XL to Small are available in dispensers. Ward Environmental Cleanliness Working Group will continue to monitor on an on-going basis. Daily checks and restocking as required	Complete & Ongoing
10.	Cleaning staff should adhere to NPSA colour coding guidance.	PCSS/ Nursing	Domestic Supervisor advised all PCSS staff of NPSA colour coding guidance and copies of same are laminated and available at ward level. Nursing staff aware of NPSA colour coding and further information relating to same laminated and displayed in the ward sluice rooms	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
Standard 7: Hygiene Practices				
11.	Ward staff should ensure they comply with a 7-step hand hygiene procedure in line with the WHO 5 moments for hand hygiene.	Nursing	7 step hand-hygiene posters displayed on the ward alongside WHO 5 moments for hand hygiene, these are audited weekly as part of HHI audits. The Nurse auditing will challenge noncompliance and/ or feedback progress to the Nurse in Charge and Environmental Working Group and this can be escalated if required. Nursing Staff attend IPC sessions via Mandatory Study Programmes and audit results are displayed at ward level and discussed at ward meetings/ staff appraisals.	Complete & Ongoing
12.	Nursing staff should ensure they are familiar with the practice of when it is appropriate to use alcohol rub.	Nursing	Appropriate use of alcohol rub has been reinforced with all nursing staff. Nursing Staff will all attend IPC sessions via Mandatory Study Programmes so that they can effectively complete hand hygiene audits for the ward. IPC link nurses will collate additional information at ward level if required.	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
			Feedback from hand hygiene audits will be reported at the Environmental Working Group.	
13.	Staff should ensure PPE is worn appropriately and hand hygiene performed before and after donning PPE.	Nursing	<p>Use of PPE guidance downloaded from the IPC power point presentation and circulated to all staff to enable staff completing the Hand Hygiene Audits to appropriately challenge practice and feedback progress to Environmental Working Group.</p> <p>Advice reinforced at IPC sessions which all staff will attend.</p> <p>Review/discuss at appraisals</p>	<p>Complete & Ongoing</p> <p>March 2014</p>
14.	Ward staff should ensure that care plans are fully completed.	Nursing	At the ward meeting nursing staff have been advised regarding the importance of including IPC information in care plans; minutes are available at ward level and emailed to all staff. These issues are also highlighted during ward safety briefings.	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
			This is an on-going process and senior nursing staff will carry out audits as per NIPEC guidelines to feedback on areas for development inviting staff ideas to support compliance.	
15.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing	At ward safety brief staff have been advised of the NPSA colour coding guidance which has been laminated and displayed in ward sluices and added to the ward information folder	Complete & Ongoing
16.	Ward staff should be aware of the correct dilution rate of trust disinfectant products.	Nursing	Dilution rates displayed in sluice room All staff asked to read information leaflet on correct dilution rates for disinfectant use. Advice reinforced at IPC mandatory study sessions which all staff must attend	Complete & Ongoing March 2014
17.	COSHH data sheets should be made available for disinfectants used by domestic staff.	PCSS	Domestic Services Manager has provided COSHH data sheets to all Domestic staff.	Complete & Ongoing
18.	All staff should ensure they comply with the trust dress code policy.	Nursing Medical	Uniform policy circulated by email. Uniform quarterly audits performed by	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
		PCSS	<p>different members of ward staff to highlight areas of compliance/ non-compliance and if appropriate staff challenged or non-compliance escalated to appropriate medical /PCSS/AHP Leads for action. Medical leads have been asked to reinforce importance of Uniform and Work Wear Policy with medical staff throughout the hospital Domestic Services Manager has reinforced uniform policy with Domestic Staff.</p> <p>Working Group will continue to monitor on an on-going basis.</p>	
Additional Issues				
19.	Staff should ensure medicines are managed in line with the medicine management policy.	Nursing Medical	<p>Staff advised regarding responsibilities as outlined in the BHSCT Medicine code which is available at ward level Datix reporting of any medication incidents to share actions taken and lessons learned if appropriate All Nursing Staff to attend 3yearly Medicines Update training as part of</p>	Complete & Ongoing

Ref No.	Recommendations to A Ward	Designated department	Action required	Date for completion/ timescale
			Mandatory Study Programmes. All staff aware that the Controlled drug policy is available on the Intranet alongside safe use of insulin guidance and BHSCCT booklet on safe dilution of Intravenous drugs is in the clinical room.	

Area: F Ward

Ref No.	Recommendations to F Ward	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure each patient has their own wash products.	Nursing	Good practice to be reinforced. Staff aware that all toilet and showering areas to be cleared after patient use. Extra vigilance and monitoring by ward manager. Trigger reminders on cleaning schedule.	Complete and ongoing
2.	Staff should ensure medicines are managed in line with the medicine management policy.	Nursing	NDL to do refresher sessions on Medicines management. All staff to attend update as per mandatory training.	Complete and ongoing
3.	Staff should ensure daily temperature records for the drugs fridge are maintained consistently.	Nursing	New book commenced and daily checks recorded during Controlled Drug check. Spot checks by ASM.	Complete and ongoing
4.	Nursing cleaning schedules should be available, consistently recorded, detail all available equipment and outline staff responsibilities. The schedules should be robustly audited by senior staff.	Nursing	New system in place. Each ward section has daily responsibilities to be completed and signed. Monitoring by Ward Manager.	Complete and ongoing
5.	Information leaflets on hand hygiene, general infections, infection prevention and control and	Nursing	New Information leaflet holder ordered. To be added to cleaning	Mid Dec 2013

Ref No.	Recommendations to F Ward	Designated department	Action required	Date for completion/ timescale
	Clostridium <i>difficile</i> should be available.		schedule. Specific leaflets such as C-Diff will be kept and distributed to patients as diagnosis occurs.	
6.	Staff should ensure the trust's legionella policy is followed in regard to infrequently used or unused sanitary facilities.	PCSS	The Trust Legionella policy has been implemented. Taps are flushed weekly and recorded. The cleaning and flushing of taps are on the work schedule, and all domestic staff working on wards are aware of the procedure	Complete and ongoing
Standard 3: Linen				
	No further issues identified.			
Standard 4: Waste and Sharps				
7.	Staff should ensure sharps boxes are signed and dated when assembled and ready for use.	Nursing	NDL providing monthly update sessions on sharps management to all disciplines. Spot checks by Ward manager/ASM.	Complete and ongoing
8.	Sharps boxes at the nurses' station should be secured to the wall with a bracket.	Nursing	Removed.	Complete

Ref No.	Recommendations to F Ward	Designated department	Action required	Date for completion/ timescale
9.	Integral sharps trays should be available.	Nursing	Blue Sharps trays have been available - usage to be encouraged.	Complete and ongoing
Standard 5: Patient Equipment				
10.	Staff should ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed.	All	Single-use symbol circulated to all staff and any equipment in circulation disposed of.	Complete
11.	Staff should be aware of the symbol for single use items.	All	Single-use symbol circulated to all staff.	Complete and ongoing
12.	Ward staff should ensure sterile equipment is in date.	Nursing	Checking of expiry dates on sterile equipment included on the cleaning schedule.	Complete and ongoing
Standard 6: Hygiene Factors				
13.	Face protection should be available on the resuscitation trolley.	Nursing	Checked by NDL and Resuscitation Officer- Face protection now available	Complete and ongoing
14.	Cleaning chemicals should be stored in accordance with COSHH guidance.	PCSS	Cleaning chemicals now stored in a locked cupboard. Locks secured / renewed.	Complete and ongoing

Ref No.	Recommendations to F Ward	Designated department	Action required	Date for completion/ timescale
Standard 7: Hygiene Practices				
15.	Nursing staff should ensure they are familiar with the practice of when it is appropriate to use antibacterial solutions.	Nursing	All staff advised and questioned on handwashing and appropriate antibacterial usage. Quarterly independent Hand Hygiene audits to observe compliance. Weekly Care Bundles and quarterly Hand Hygiene audits.	Complete and ongoing
16.	Staff should ensure that needles are not re-sheathed as per trust policy.	All	NDL providing update sessions on sharps management to all disciplines. Spot checks by Ward manager/ASM	Complete and ongoing
17.	Staff should ensure PPE is worn appropriately.	All	All staff challenged if non-compliant.	Complete and ongoing
18.	Ward staff should ensure that care plans are fully completed.	Nursing	Daily updates required. NDL has placed reminder / helpful hints checklist in Nursing documentation. Weekly audits by Ward Manager/ Monthly by ASM.	Complete and ongoing

Ref No.	Recommendations to F Ward	Designated department	Action required	Date for completion/ timescale
Additional Issues				
19.	Staff should ensure sandwiches are handled and disposed of according to trust policy.	Nursing / PCSS	All staff to be vigilant and aware of policy. Information for relatives on perishable items is on ward information leaflet. Ward Food Hygiene Checklist completed daily	Complete and ongoing

Area: ESU

Ref No.	Recommendations to ESU	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	A supply of hand hygiene leaflets should be available for visitors and patients to reference.	Nursing	Leaflets are available but not visible. A display rack has been ordered	31 Dec 2013
2.	Specific additional maintenance issues highlighted in the report are actioned.	Estates	Rolling maintenance programme in progress by estates. Window cleaning completed. Glass replaced in bathroom. Ceiling tiles replaced. Light fitting completed.	Complete and ongoing
3.	The trust should review the provision of a domestic sluice.	Estates	This is under review, however due to the layout and age of the building, this is an ongoing issue.	31 Mar 2014

Ref No.	Recommendations to ESU	Designated department	Action required	Date for completion/ timescale
4.	Staff should consistently record temperature checks for the patient fridge and ensure food stored in the fridge is dated and signed.	PCSS Nursing	Staff reminded to ensure that temperatures are checked and recorded by PCSS, and that food is dated and signed. This is monitored by supervisors.	Complete and ongoing
Standard 3: Linen				
	No further issues.			
Standard 4: Waste and Sharps				
5.	Staff should ensure that waste awaiting collection at the entrance to the ward is stored securely.	Nursing PCSS	Staff reminded to ensure that waste is stored securely. Signage placed at the bins reminding staff of the necessity to lock after use.	Complete and ongoing
Standard 5: Patient Equipment				
6.	Staff should be aware of the symbol for single use items.	Nursing	Staff reminded of the single-use symbol. This is now laminated and on display for all staff.	Complete and ongoing
Standard 6: Hygiene Factors				
7.	The provision of clinical hand wash sinks should be reviewed to comply with guidance as per Health Building Note 00-09 (Infection Control in the Built Environment 2013, Best Practice Document).	Estates	This issue will be discussed and new work request completed as necessary.	31 Jan 2014

Ref No.	Recommendations to ESU	Designated department	Action required	Date for completion/ timescale
Standard 7: Hygiene Practices				
8.	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing	Staff reminded of the NPSA colour-coding guidance. Sign displayed in sluice area and issue discussed during a supervision session.	Complete and ongoing
9.	Nursing staff should ensure they are familiar with the dilution rate for the disinfectant in use for blood and body spills.	Nursing	Staff reminded of correct dilution rates. Sign displayed in sluice area and issue discussed during a supervision session.	Complete and ongoing
Additional Issues				
10.	A fire blanket should be available in the kitchen.	Nursing	A fire blanket is now in place in the kitchen.	Complete

