



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection

Daisy Hill Hospital

24 April 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 Daisy Hill Hospital, on the 24 April 2013. The inspection team was made up of four inspectors. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The Daisy Hill Hospital was previously inspected on the 9 and 10 February 2011. This was an announced inspection, two wards were inspected and both wards were compliant in all 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:

- Male Surgical
- Male Medical/Cardiology

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

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

Inspectors observed:

Male Surgical Ward, was compliant in six of the standards, the exception was the environment standard which was partial compliant.

Male Medical/Cardiology Ward, was compliant in five of the standards, the environment standard was partial compliant. The standard on equipment was minimally compliant and requires immediate action.

Inspectors observed the following areas of good practice:

- The displaying of information and audit results.



Picture 1: Information notice board

- There was information on the new up to date guidance on clinical waste disposal.
- In Male Medical/Cardiology there were posters on cleaning commodes and mattress.

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

- In both wards improvement is required in the environment standard. The issues which required more attention were greater detail in cleaning, clutter and maintenance and repair.
- The patient equipment standard in Male Medical/Cardiology was the only standard which was minimally compliant and requires immediate attention and improvement in staff cleaning practices.

The inspection of Daisy Hill Hospital, Southern Health and Social Care Trust, resulted in 13 recommendations for both Wards ,11 recommendations for Male Surgical and 16 recommendations for Male Medical.

A full list of recommendations is listed in Section12.0.

Inspectors noted the following recurring themes from previous inspections:

- Nursing cleaning schedules should be developed to reflect staff roles, responsibilities and practice.
- Staff need to comply with the trust waste and sharps policy
- Patient equipment should be clean and in good repair
- Data sheets for disinfectants in use should be provided.

The Southern Health and Social Care Trust should ensure that sustained efforts are made to address recurring issues.

A detailed list of the findings is forwarded to the trust within 14 days of the inspection. This enables early action on all areas within the audit which require improvement. (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 Southern Health and Social Care Trust and in particular all staff at the Daisy Hill 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	Male Surgical	Male Medical
Environment	84	80
Patient linen	89	90
Waste	97	91
Sharps	89	89
Equipment	90	67
Hygiene factors	94	90
Hygiene practices	92	92
Average Score	91	86

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	Male Surgical	Male Medical
Reception	83	N/A
Corridors, stairs lift	89	N/A
Public toilets	N/A	95
Ward/department - general (communal)	74	55
Patient bed area	91	72
Bathroom/washroom	85	83
Toilet	93	86
Clinical room/treatment room	86	73
Clean utility room	N/A	73
Dirty utility room	93	83
Domestic store	70	94
Kitchen	76	94
Equipment store	71	63
Isolation	91	N/A
General information	89	86
Average Score	84	80

The findings in the table above indicates that the general environment and cleaning in Male Surgical was of a reasonable standard except for the domestic and equipment store. In Male Medical/cardiology cleaning practices, clutter and poor repair of the building, fixtures and fittings have contributed to the minimally compliant areas highlighted in red. Improvement is required in the minimally compliant areas.

The main reception required more attention to cleaning in relation to dust. Horizontal surfaces, skirting, radiators, internal glass panels and public telephone were dusty. The chairs in the outer reception area were torn and walls were damaged. In the male public toilet there was plaster damage to the wall behind the hand wash sink and around pipe work.

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

Issues common to both wards

- Nursing cleaning schedules did not detail all patient equipment and staff responsibilities and these were inconsistently recorded.
- Felt notice boards were noted in both wards, they should be risk assessed as felt cannot be effectively cleaned.

Male Surgical Ward

Within most of the environment section of the audit tool inspectors found good compliance, the areas within the ward that need the most attention are the clinical room and the cleaning of the fixtures and fittings in the toilet area. The key issues identified for improvement in this section of the audit tool were:

- The standard of cleaning in the ward was generally good, however further attention is required to ensure surfaces are free from dust and stains. The sluice hopper in the dirty utility room was faecially stained and hand wash sink and taps in domestic store were dirty. Taps in the kitchen and Ward 9 toilet had limescale present.
- The domestic store, treatment room and equipment store were cluttered and boxes of stock were stored on the floor which can impede any cleaning process.
- Throughout the ward there was minor damage to doors, walls, skirting and ceiling tiles in the kitchen and equipment store. Some bedside tables were damaged, the cupboards in the kitchen were old, worn and had missing strips of laminate veneer. The frame of the shower chair in the bathroom was rusted. For effective cleaning, surfaces should be free from rust or damage and impervious to moisture.
- Temperature records for the drugs fridge and the dishwasher were not recorded consistently.
- A range of information for staff, patients and visitors were available. Posters on the segregation of used linen were not available and there were paper labels and adhesive on boxes in the equipment store.

Male Medical/Cardiology

An overall partially compliant score was achieved in the environment section of the audit tool, contributory factors related to cleaning practices, clutter and poor repair of the building, fixtures and fittings. Significant improvement is required in the patient and general ward area, clinical and clean utility room and equipment store.

- Cleaning in the ward was not of an acceptable standard, there was a build-up of dust on surfaces, high density storage, floors, staff chairs

and computer equipment. The inside frame of external windows were dusty and internal windows were stained. Patient bedside lockers, tables, bedframes and televisions were stained and dusty and required more detailed cleaning. There were blood splashes on walls in a bed bay and the clinical room.



Picture 2: Blood on wall of clinical room

- Particular attention in relation to cleaning was required for the following. The underside of a shower chair was stained and the frame rusted. In a toilet, the toilet bowl and lid required cleaning and the lid fitting was damaged. The handle of the macerator in the dirty utility room was stained with faecal matter. The inside of the drugs fridge was stained.
- Cluttered observed was either due to a lack of or inappropriate use storage areas. The desk area at nurses' station, clean utility room and equipment store beside the nurses' station were cluttered. Boxes of stock were stored on the floors which can impede any cleaning process.
- Throughout the ward there was minor damage to doors, walls, skirting, staff chairs and ceiling tiles. Patient bedside tables, lockers, window blinds and leaflet racks were also damaged. The frame of the shower chair and the underside of a new tap fitting in the toilet were rusted. For effective cleaning surfaces should be free from rust or damage and impervious to moisture.
- A range of information for staff, patients and visitors were available. Posters on the NPSA (National Patient Safety Agency) colour coding guidelines were not displayed for nursing staff. Not all posters were laminated for cleaning purposes.

Additional issue:

- The lids of containers of alcohol wipes used as part of the cleaning process were open throughout the ward, drying out the cloths and therefore making them ineffective.

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	Male Surgical	Male Medical
Storage of clean linen	77	80
Handling and storage of used linen	100	100
Laundry facilities	N/A	N/A
Average Score	89	90

The above table outlines the findings in relation to the management of patient linen, the partially compliant scores in the storage of clean linen for both wards, indicates that improvement is required.

Issues common to both wards

- Damaged surfaces in clean linen stores, for example walls and shelving in Male Surgical and doors walls and ceiling tiles in Male Medical/Cardiology.
- Dust and debris on floors.

Ward: Male Surgical

- Bags of clean linen were stored on the floor.

Ward: Male Medical/Cardiology

- Clean linen in the store was inspected and there was a small amount of damage to some of the sheets and to a pillow on one of the freshly made beds.

Staff practice in relation to handling and disposal of used linen was good resulting in a fully compliant score for both wards.

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	Male Surgical	Male Medical
Handling, segregation, storage, waste	95	91
Availability, use, storage of sharps	89	89

7.1 Management of Waste

The scores achieved in the above table indicate good compliance in relation to handling and storage of waste.

Issues common to both wards

- In both wards the common issue for improvement related to the inappropriate disposal of household and pharmaceutical waste.

Ward Male Medical/Cardiology

- There was damage to a household waste bin in bay 5 and there was adhesive tape to the underside of the waste bin in the clinical room.

7.2 Management of Sharps

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

The table above outlines the both wards were compliant in this standard. The following areas were noted where compliance could be improved.

Issues common to both wards

- In both wards the integrated sharps trays had adhesive tape attached. The use of adhesive tape should be avoided as this hinders effective cleaning.

Ward: Male Surgical

- Inspectors noted that the temporary closure mechanism on the sharps boxes were not in place.

Ward: Male Medical/Cardiology

- The sharps boxes on the phlebotomy trolley were filled above the fill line and therefore not changed in accordance with policy, the bin also contained blood stained wipes. The sharps box on the resuscitation trolley was very dusty.

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	Male Surgical	Male Medical
Patient equipment	90	67

There was a marked contrast in the two wards inspected Male Surgical achieved a good compliance score. Male Medical was minimally compliant, immediate action needs to be taken to address the issues to raised to attain a compliant score.

Issues common to both wards

- In both wards single use items on the resuscitation trolleys such as the ambu bag, mask and tubing in Male Surgical and the laryngoscope blades in Male Medical had been removed from their original packaging.

Ward: Male Surgical

- Some equipment such as an IV stand and the drugs trolley had damage to the frames, and paper labels were on the blood glucose monitor. There was no trigger tape in use to identify if equipment had been cleaned.

Ward: Male Medical/Cardiology

- The major issues which resulted in the minimally compliance score for this standard were in relation to poor staff cleaning practices. Blood stains were noted on a dressing trolley, phlebotomy trolley and box containing blood glucose monitoring equipment. The commodes had up turned lidded, a system used to indicate they had been cleaned, however the underside of two commodes was stained. Equipment on the resuscitation trolley and both inside and out of the trolley had a thick layer of dust. The medicine trolley was stained and had a sticky residue.



Picture 3: Dust on resuscitation equipment

- A doctor was using a non-cleanable tourniquet, which was hanging on the stethoscope around his neck for multi-use on patients.
- In the store a blood pressure cuff was hanging from the sphygmomanometer stand and lying on the floor. Tubing that connected the sphygmomanometer had been mended using sticky adhesive tape.
- Paper labels and sticky residue was noted on some equipment such as IV stands both in the store and at the patient bedside. The frame of the noted trolley was damaged and the trolley and pockets required cleaning.
- When questioned staff were not aware of the symbol for single use items.
- The water cooler in the sister's office was not mains water supplied.

Additional issue

- Prescription only medicines (for nebulisers) were located in unlocked shelving below trolley.



Picture 4: Drugs in open drawer

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	Male Surgical	Male Medical
Availability and cleanliness of wash hand basin and consumables	97	89
Availability of alcohol rub	100	100
Availability of PPE	86	85
Materials and equipment for cleaning	92	88
Average Score	94	90

The scores achieved in the table above indicate good compliance in relation to this standard, with the section on availability of alcohol rub achieving full compliance. Common issues:

Issues common to both wards

- The inspection found that dedicated accessible hand hygiene facilities located near to the point of care, but in both wards the numbers of hand wash sinks were not in line with guidance. Hand moisturiser was not available for staff. Staff should use moisturiser to help maintain skin when performing frequent hand hygiene.
- Disposable aprons and gloves were stored in a dispenser in the dirty utility. It is recommended that the ward seek advice from IPC as there is the potential for contamination.
- The domestic stores were neat and tidy however some domestic cleaning equipment such as mop buckets required more detailed cleaning.



Picture 5: View of domestic store

Ward: Male Surgical

No further issues identified.

Ward: Male Medical/Cardiology

- The seal around the hand wash sink in the clinical room was in poor condition and in need of repair. There was a mix of mediums for drying hands some hand wash sink had paper roll dispensers, some had new hand towel dispensers. Staff advised new paper towel dispenser are being installed at all hand wash sinks.
- The COSHH cupboard in the dirty utility room used for storing chemicals was not locked.
- Spillage kits for dealing with a blood or body fluid spill were not available.

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	Male Surgical	Male Medical
Effective hand hygiene procedures	93	95
Safe handling and disposal of sharps	100	100
Effective use of PPE	94	100
Correct use of isolation	N/A	93
Effective cleaning of ward	71	75
Staff uniform and work wear	100	90
Average Score	92	92

The scores achieved in this table indicate good compliance in the majority of sections within this standard. The section on effective cleaning of the ward was minimally compliant and immediate improvement is required.

Issues common to both wards

- Nursing assistants and domestic staff were aware of the correct dilution rates for disinfectants. Nursing staff questioned were not aware of the correct dilution rate of the disinfectant currently used by the ward nor were they aware of the correct procedures to follow for the management of blood and body fluid spillages.
- Nursing staff were not aware of the NPSA colour coding guidance for cleaning equipment.

Ward: Male Surgical

- When questioned nursing staff quoted 5 and 9 step hand decontamination procedures however they did demonstrate the correct WHO 7 step technique.
- Health care assistants were observed making up a bed with clean linen, they did not wear an apron.
- COSHH data sheets were not available for the disinfectants in use.

Ward: Male Medical/Cardiology

- A member of nursing staff thought incorrectly that it was appropriate to use alcohol hand rub when caring for a patient with *C-difficile*.

- A patient being nursed in isolation was being investigated for influenza. There was no documented care plan for the management of this patient.
- A member of medical staff had long unsecured hair and was wearing a long sleeved cardigan. Nursing staff stated they did not have access to changing facilities.

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 B Gallagher	- Inspector, Mental Health Team

Peer Reviewers

Trust representatives attending the feedback session

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

Mr B Conway	- Assistant Director Acute Services
Ms E Murray	- Head of Services MUSC
Ms A Nasan	- Head of General Surgery
Ms A McKevitt	- Senior Domestic Services Manager
Ms S Rooney	- Ward Sister, Male Medical and CCU
MS A O'Hara	- Infection Prevention and Control
Mr D Farrell	- Estates Department

Apologies:

Ms A Carrol	- Assistant Director of Acute Services
Ms D Morton	- Locality Support Services Manager
Ms M Donnelly	- Ward Sister, Male Surgical and HDU

12.0 Summary of Recommendations

Recommendations common to all wards

Standard 2: Environment

1. Nursing cleaning schedules should include all equipment, staff responsibilities and be audited to ensure compliance.
2. The use of felt notice board should be reviewed.

Standard 3: Linen

3. Cleaning schedules should ensure that the floor of the linen store is free from debris.
4. A maintenance programme should be in place for minor damage to doors, walls, skirting and missing or displaced ceiling tiles.

Standard 4: Waste and Sharps

5. The trust should ensure that staff are aware of and comply with trust policy on the management of waste and sharps to ensure safe and appropriate practice is in place.
6. Waste bins and sharps trays should be free from adhesive tape.

Standard 5: Patient Equipment

7. Single use equipment should not be removed from original packaging.

Standard 6: Hygiene Factors

8. The provision of hand wash sinks should be in line with HBN 04-01 guidance.
9. The trust should provide hand moisturiser for staff.
10. PPE should be stored away from potential contamination.
11. Cleaning equipment should be clean.

Standard 7: Hygiene Practices

12. Hand hygiene is carried out in line with WHO guidance.
13. The trust should ensure nursing staff know the correct dilution rates for infectants and they are aware of the NPSA colour coding guidelines for equipment used in cleaning.

Recommendations: Male Surgical

Standard 2: Environment

1. Action is required to bring the partially compliant areas within the ward to a compliant level.
2. The ward should ensure that surfaces are clean and limescale is removed from taps.
3. Clutter should be removed from the domestic store, treatment room and equipment store.
4. A maintenance programme should be in place for minor damage to doors, walls, skirting and missing or displaced ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
5. Temperature records drugs fridge and dishwasher should be recorded consistently.
6. A poster on the segregation of used linen should be displayed.
7. Paper labels and adhesive tape should be avoided as they hinder effective cleaning.

Standard 3: Linen

8. Clean linen should be stored off the floor

Standard 4: Waste and Sharps

No issues.

Standard 5: Patient Equipment

9. All equipment should be in a good state of repair. The use of tape and labels on equipment should be avoided as this hinders effective cleaning.
10. Systems including an audit programme should be in place to identify if equipment had been cleaned.

Standard 6: Hygiene Factors

No further issues identified.

Standard 7: Hygiene Practices

11. PPE should be used appropriately.

Recommendations: Male Medical/Cardiology

Standard 2: Environment

1. Action is required to bring the partially compliant areas within the ward to a compliant level.
2. Staff should ensure that surfaces are clean and free from dust and stains.
3. A maintenance programme should be in place for minor damage to doors, walls, skirting and missing or displaced ceiling tiles. Damaged furniture or fittings should be repaired or replaced.
4. Clutter should be removed from the nurses' station, clean utility room and equipment store.
5. A poster on the NPSA colour coding guidelines should be displayed for nursing staff and all posters should be laminated for cleaning purposes.
6. Disposable alcohol wipes should be in closed containers.

Standard 3: Linen

7. Linen should be free from damage; staff should ensure damaged linen is sent for repair or disposal following the trusts policy.

Standard 4: Waste and Sharps

No further issues identified.

Standard 5: Patient Equipment

8. All equipment should be clean, stored correctly and in a good state of repair. The use of tape and labels on equipment should be avoided as this hinders effective cleaning.
9. Systems including an audit programme should be in place to identify if equipment had been cleaned.
10. Tourniquets if not disposable, should be cleanable and cleaned between patient uses. Staff should know the symbol for single use equipment.
11. Staff should consult with the estates services staff on the use of bottle water.
12. Medication should be stored, prepared, handled, administered and disposed of in line with medicine management guidelines.

Standard 6: Hygiene Factors

13. Staff should ensure chemicals are stored in line COSHH guidance.

14. Spillage kits for use on blood or body spills are available.

Standard 7: Hygiene Practices

15. The trust should ensure patient records are completed appropriately.

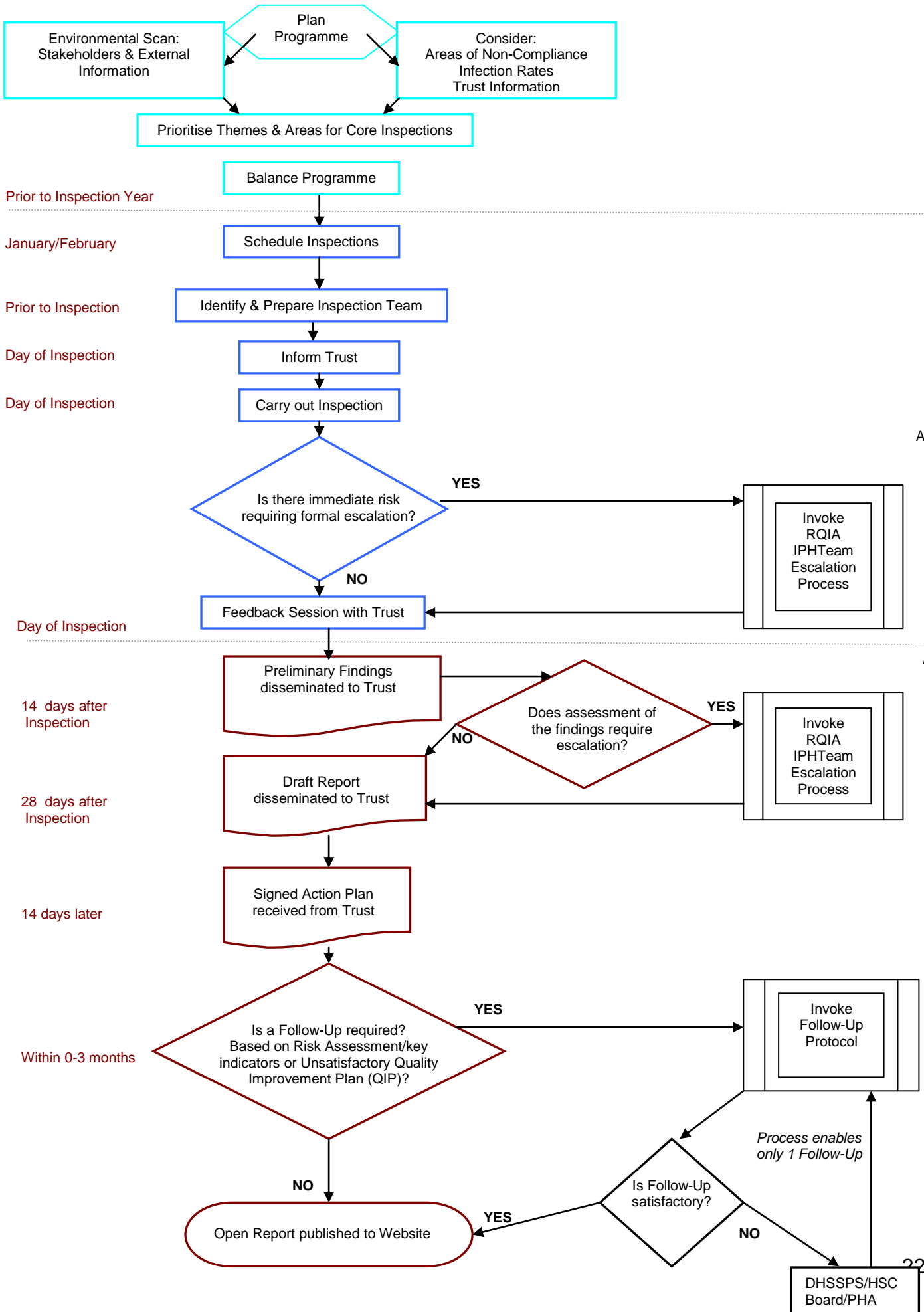
16. All staff should comply with the Dress Code Policy.

13.0 Unannounced Inspection Flowchart

Plan Programme

Episode of Inspection

Reporting & Re-Audit

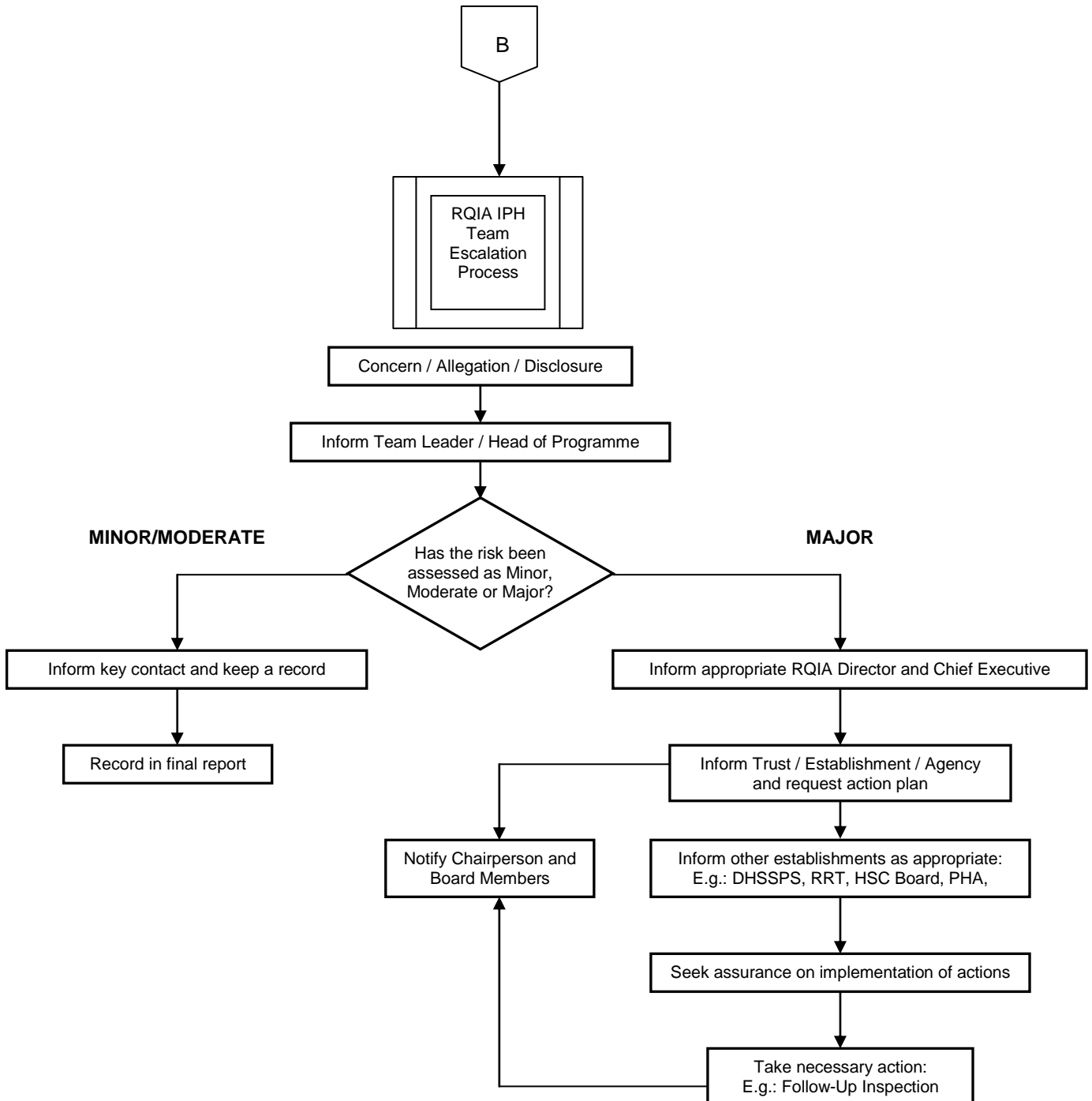


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14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Reference Number	Recommendations Common to both Wards	Designated department	Action Required	Date for completion/ timescale
1	Nursing cleaning schedules should include all equipment, staff responsibilities and be audited to ensure compliance.		Nursing schedules have been revised to include all equipment and responsibilities .weekly audits on equipment are carried out by Ward Sisters	Complete
2	The use of felt notice board should be reviewed.		Felt noticeboards are being replaced with wipeable noticeboards in clinical areas.Orders have been placed for replacement boards .req no 2307003 &2305066	5/6/13
3	Cleaning schedules should ensure that the floor of the linen store is free from debris.		The cleaning schedule for domestic assistants has been amended to include the linen store floor.	5/6/13
4	A maintenance programme should be in place for minor damage to doors, walls, skirting and missing or displaced ceiling tiles.		Estates are putting a training programme in place which will include follow through on work processes for all trades .Estates will review process for dealing with minor maintenance requests from audits	31/7/13
5	The trust should ensure that staff are aware of and comply with trust policy on the management of waste and sharps to ensure safe and appropriate practice is in place.		The ward sisters have met with staff and spoken to them at Safety briefings on safe disposal of clinical waste . Segregation posters are available and have been brought to staffs attention, Ward sisters to ensure staff	Complete and ongoing

Reference Number	Recommendations Common to both Wards	Designated department	Action Required	Date for completion/ timescale
			complete E Learning on management of Sharps and Waste	
6	Waste bins and sharps trays should be free from adhesive tape.		Nursing staff have been reminded of the importance of not using adhesive tape bins/sharps trolleys. All adhesive tape has been removed.	complete
7	Single use equipment should not be removed from original packaging.		Staff have been reminded of the importance of not removing single use equipment from original packaging.	complete
8	The provision of hand wash sinks should be in line with HBN 04-01 guidance.	Nursing & Estates	Changes in use of sinks is under review following pseudomonas and this will be considered by the Trusts Water Safety group	Sept 13
9	The trust should provide hand moisturiser for staff.		Individual moisturising cream has been ordered for staff.	complete
10	PPE should be store away from potential contamination.		PPE stored in sluice: To assist staff and encourage appropriate use of PPE for decontamination purposes aprons and gloves are easily available for this process. No action required	complete
	Disposable aprons and gloves were stored in a dispenser in the dirty utility. It is recommended that the ward seek advice from IPC as there is the potential for contamination	IPC & Nursing	To assist staff and encourage appropriate use of PPE for decontamination purposes aprons and gloves are easily available for this process. All	Complete

Reference Number	Recommendations Common to both Wards	Designated department	Action Required	Date for completion/ timescale
			equipment stored in a sluice by the nature of the rooms function pose a risk of contamination	
11	Cleaning equipment should be clean.		Domestic staff reminded of the importance of cleaning their equipment after use.	complete
12	Hand hygiene is carried out in line with WHO guidance.		WHO 5 moments is the Trust model for hand hygiene. This features in ALL IPC training, is expected clinical practice and is audited regularly across the Trust. No action required Hand washing posters on 7 steps displayed at wash hand basins.	Continuing the mandatory IPCT rolling programme of training with 2 yearly refresher training
13	The trust should ensure nursing staff know the correct dilution rates for infectants and they are aware of the NPSA colour coding guidelines for equipment used in cleaning. When questioned a member of nursing staff was not aware of the correct dilution rates for routine cleaning products.	Nursing/IPCT	NPSA colour coding for nursing: We will await regional DOH direction for a NPSA training programme for nursing staff. Dilution rates for blood spills: Actichlor Spill Kits are presently readily available in pharmacy for COSHH cupboards. No action required. Staff spoken to at Safety Briefing meeting. Also laminated poster available	Regional 28/5/13

Reference Number	Recommendations Common to both Wards	Designated department	Action Required	Date for completion/ timescale
	<p>When questioned, some nursing staff was not aware of the NPSA colour coding guidance for cleaning equipment. The poster was not displayed for nursing staff</p>	<p>Nursing/IPCT</p>	<p>The SHSCT has facilitated all wards and departments with spill kits as a stock item. This removed the need for staff to recall further dilution instructions for infrequent episodes relating to large blood spills. Actichlor Spill Kits are readily available in COSHH cupboards. It would be useful to indicate the number of staff questioned and the overall results.</p> <p>NO regional DOH directive to IPCTs to initiate rolling out of the domestic/cleaning colour coding system to nursing staff.</p> <p>There has been no regional DOH directive to IPCTs to initiate rolling out the domestic/cleaning colour coding system to nursing staff. The NPSA system was to address domestic staffs risk in cross contamination in their duties e.g. toilet to kitchen etc. Introducing this training to nursing staff will require consideration of roles and responsibilities and accessibility for a 24 hr service</p>	<p>We would await regional DOH direction</p>

Reference number	Recommendations Male Surgical	Designated department	Action/ Required	Date for completion/ timescale
1.	Action is required to bring the partially compliant areas within the ward to a compliant level.		Nursing , domestic services and estates are working together to bring non complaint areas to a compliant level .	Sept 13
2.	The ward should ensure that surfaces are clean and limescale is removed from taps.	Domestic	Limescale removed	complete
3.	Clutter should be removed from the domestic store, treatment room and equipment store.	Domestic Domestic Nursing	Limited storage in this area. Flat mopping will reduce numbers of buckets. Supplies stored on shelf Limited storage in this area. Stock Levels to be reviewed by Central Stores	31/7/13 Complete 30/6/13
4.	A maintenance programme should be in place for minor damage to doors, walls, skirting and missing or displaced ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates	Estates are putting a training programme in place which will include follow through on work processes for all trades .Estates will review process for dealing with minor maintenance requests from audits	31/7/ 13
5.	Temperature records drugs fridge and dishwasher should be recorded consistently.	Domestic Nursing	Domestic Managers to monitor daily Ward Sister has addressed with staff..	Complete Complete

6.	A poster on the segregation of used linen should be displayed.	Nursing	Position of poster moved for greater visibility	complete
7.	Paper labels and adhesive tape should be avoided as they hinder effective cleaning.	Nursing	Labels and tape have been removed . staff have been informed not to use adhesive tape / labels on equipment	complete
8.	Clean linen should be stored of the floor.	Nursing	Bags removed and sign on door advising staff of same	complete
9.	All equipment should be in a good state of repair. The use of tape and labels on equipment should be avoided as this hinders effective cleaning.	Nursing	The portable IV stand is to be replaced . Staff reminded not to use tape and labels on equipment	complete
10.	Systems including an audit programme should be in place to identify if equipment had been cleaned.	Nursing	Ward Sister addressed at Measures Meeting and changed schedule from weekly to daily as appropriate.	complete
11.	PPE should be used appropriately.	Nursing IPCT	<p>PPE use is taught on a continual basis in all IPC training sessions Trust wide. No action required</p> <p>To clarify with IPC</p> <p>The use of aprons for bed making is always part of the IPCT training and this will continue. It would be useful to indicate the number of staff questioned and the overall results</p>	<p>Continuing the mandatory IPCT rolling programme of training with 2 yearly refresher training</p> <p>June 2013 Continuing the IPCT rolling programme of training with 2 yearly attendance will reinforce all IPC messages and provide continued clarity for staff</p>

Reference number	Male Medical/Cardiology	Designated department	Action/ Required	Date for completion/ timescale
1	Action is required to bring the partially compliant areas within the ward to a compliant level.	Nursing / domestic services / eststes	Nursing , domestic services and estates are working together to bring non complaint areas to a compliant level	Sept 13
2	Staff should ensure that surfaces are clean and free from dust and stains.	Nursing	Part of weekly cleaning regime and after each patient	complete
3	A maintenance programme should be in place for minor damage to doors, walls, skirting and missing or displaced ceiling tiles. Damaged furniture or fittings should be repaired or replaced.	Estates	Estates are putting a training programme in place which will include follow through on work processes for all trades .Estates will review process for dealing with minor maintenance requests from audits	31/7/13
4	Clutter should be removed from the nurses' station, clean utility room and equipment store.	Nursing Nursing Nursing	Part of daily cleaning This is due to quantity of stores delivered and inadequate storage in ward .Boxes will be removed from floor as space becomes available . All equipment in store is currently needed and store has been tidied	complete complete complete
5	A poster on the NPSA colour coding guidelines should be displayed for nursing staff and all posters should be laminated for cleaning purposes.	Nursing/IPCT	NPSA colour coding for nursing: We will await regional DOH direction for a NPSA training programme for nursing staff. NO regional DOH directive to IPCTs to initiate rolling out of the domestic/cleaning colour coding system to nursing staff.	Regional We would await regional DOH direction

		Nursing	<p>There has been no regional DOH directive to IPCTs to initiate rolling out the domestic/cleaning colour coding system to nursing staff. The NPSA system was to address domestic staffs risk in cross contamination in their duties e.g. toilet to kitchen etc. Introducing this training to nursing staff will require consideration of roles and responsibilities and accessibility for a 24 hr service.</p> <p>Laminated notices in sluice and disposable room</p>	complete
6	Disposable alcohol wipes should be in closed containers.	Nursing	Staff advised to ensure lids are closed at all times.	complete
7	Linen should be free from damage; staff should ensure damaged linen is sent for repair or disposal following the trusts policy.	Nursing	Staff spoken to re not using damaged sheets	complete
8	All equipment should be clean, stored correctly and in a good state of repair. The use of tape and labels on equipment should be avoided as this hinders effective cleaning.	Nursing	<p>Part of daily cleaning Dr's and staff spoken to.</p> <p>Staff advised not to use tape / labels on equipment.</p>	complete
9	Systems including an audit programme should be in place to identify if equipment had been cleaned.	Nursing	Weekly audit checks are carried out by the ward sister on equipment	ongoing

10	Tourniquets if not disposable, should be cleanable and cleaned between patient uses. Staff should know the symbol for single use equipment.	Nursing	Single use symbol: IPC training includes great attention to this issue. It would be useful to indicate the number of staff questioned and the overall results. No action required	Continuing the mandatory IPCT rolling programme of training with 2 yearly refresher training
		Nursing	We have a supply of disposable tourniquet on each IV trolley. H of S to inform Dr's re tourniquet	complete
		Nursing IPCT	Discussed – safety briefing meeting Local audit does not reflect this finding. IPC training package includes great attention to this issue. It would be useful to indicate the number of staff questioned and the overall results.	28/5/13 Continuing the ICPT rolling programme of training with 2 yearly attendance will reinforce all IPC messages and provide continued clarity for staff.
11	Staff should consult with the estates services staff on the use of bottle water.	Nursing	Removed – company to take back	28/5/13
12	Medication should be stored, prepared, handled, administered and disposed of in line with medicine management guidelines.	Nursing	Staff have be informed of importance of medicine management . Checks are carried out by ward sister on medicine management .	Complete and ongoing
13	Staff should ensure chemicals are stored in line COSHH guidance.	Domestic	Staff have been told to lock after use.	complete
14	Spillage kits for use on blood or body spills are available.	Nursing / IPCT	Staff spoken to at Safety Briefing meeting. Also laminated poster available	28/5/13

			The SHSCT has facilitated all wards and departments with spill kits as a stock item. This removed the need for staff to recall further dilution instructions for infrequent episodes relating to large blood spills. Actichlor Spill Kits are readily available in COSHH cupboards. It would be useful to indicate the number of staff questioned and the overall results.	
15	The trust should ensure patient records are completed appropriately.	Nursing	Patient only diagnosed that morning and patient's documentation not written when checked	28/5/13
16	All staff should comply with the Dress Code Policy.	Nursing	Ensure all staff adhere to bare below elbow at all times .	On going



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