



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

**The Regulation and Quality Improvement Authority**

**Infection Prevention/Hygiene  
Unannounced Inspection**

**Belfast Health and Social Care Trust**

**Mater Hospital**

**20 November 2014**

**Assurance, Challenge and Improvement in Health and Social Care**

**[www.rqia.org.uk](http://www.rqia.org.uk)**

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## 1.0 Regulation and Quality Improvement Authority

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

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

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

## 2.0 The Inspection Programme

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

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

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

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

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

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

### 3.0 Inspection Summary

An unannounced inspection was undertaken to the Mater Hospital on 20 November 2014. 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 Mater Hospital was previously inspected on 22 October 2013. The inspection found that one ward achieved overall compliance and two wards achieved partial compliance with the Regional Healthcare Hygiene and Cleanliness Standards. Ward A was minimally compliant in three of the standards and the Medical Admissions Unit - MAU (Ward F) was minimally compliant in two of the standards. Both areas received a follow up inspection on 12 February 2014.

On re-inspection, both wards achieved an overall compliant score, however minimal compliance was again achieved in the patient equipment standard within MAU. The formal escalation process was not instigated however, the Director of Nursing at the Belfast Health and Social Care Trust (BHSCT) was informed in writing of the inspection teams concerns and that immediate action was required regarding the management and cleaning of patient equipment. A revisit of the MAU was planned within this year's inspection programme

Since the follow-up inspection, the MAU at the Mater hospital has moved from ward F to ward E.

The inspection reports are available on the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk).

The hospital was assessed against the Regional Healthcare Hygiene and Cleanliness Standards and the following areas were inspected:

- Emergency Department (ED)
- Medical Admissions Unit (MAU) - Ward E

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:

- Both areas inspected achieved an overall compliant score.
- A six bedded 'clinical decision making unit' has opened within MAU. The objective of this unit is to reduce pressures on the ED and maximising the comfort and dignity of patients.

- In the ED, staff have received preparedness training for the management of Ebola virus.
- Both areas have implemented a range of infection prevention and control (IPC) care bundles to assist in reducing infections and improve patient outcomes.
- On 18 November 14, the BHSCT launched 'hello my name is campaign'. This campaign was launched to remind all staff to introduce themselves to patients and their families the first time they meet them.
- Both areas had clear guidance and instruction on environmental cleaning (Picture 1).



Picture 1: Environmental cleaning notice board in ED

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

- In both areas, the environment section requires improvement to achieve a compliant standard. Issues identified were in relation to cleaning, maintenance and storage.
- Improvement is required in the management of patient linen within ED and the management of patient equipment within MAU.

The inspection of Mater Hospital, Belfast Health and Social Care Trust resulted in one recommendation common to public areas, 18 recommendations for the Emergency Department (ED), 16 recommendations for the MAU. A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- Cleaning and maintenance of the clinical environment.
- The disposal of waste into inappropriate waste streams.
- Stained aseptic non touch technique (ANTT) trays.
- Disinfectant chemicals not stored in accordance with best practice guidance.
- Care planning for patients nursed under transmission based precautions.

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	ED	MAU
General environment	82	83
Patient linen	84	100
Waste	86	89
Sharps	90	89
Equipment	85	84
Hygiene factors	96	97
Hygiene practices	88	96
<b>Average Score</b>	<b>87</b>	<b>91</b>

## 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, support other infection prevention, and control measures.

General environment	ED	MAU
Reception	85	81
Corridors, stairs lift	N/A	82
Public toilets	85	86
Ward/department - general (communal)	77	78
Patient bed area	88	84
Bathroom/washroom	77	90
Toilet	N/A	N/A
Clinical room/treatment room	86	84
Clean utility room	75	83
Dirty utility room	89	80
Domestic store	95	88
Kitchen	N/A	83
Equipment store	61	64
Isolation	81	92
General information	85	92
<b>Average Score</b>	<b>82</b>	<b>83</b>

The above table outlines the findings in relation to the general environment of the facilities inspected. Both ED and AMU achieved partial compliance in this standard. Overall, 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.

The ED had an entrance, reception area and public toilets separate from the ward reception area. Some cleaning, maintenance and repair issues were identified in both these areas.

The area outside the ward reception entrance was littered with cigarette butts and chewing gum deposits. A senior representative of the BHSCT had acknowledged that keeping entrance areas clean throughout the trust presents a significant challenge. To address this issue the BHSCT plan to introduce a blanket-smoking ban on any of its properties from March 2015.

In both reception areas, similar cleaning issues were identified: staining on glass panels/ windows, stained walls with some flaking paintwork and some staining on chairs. There was soot like staining on ceiling tiles in the ED reception and similar staining was observed on a wall above a radiator in the stairwell leading to the MAU.

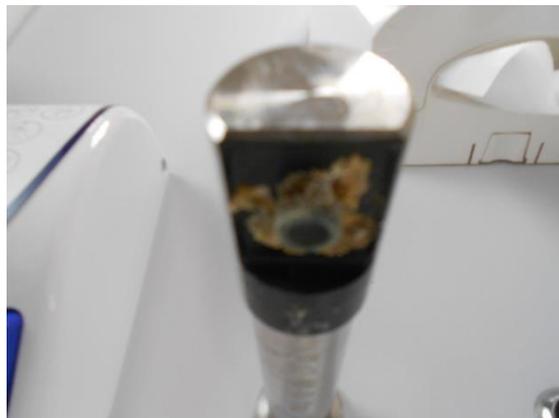
Public toilets in both areas were generally of a good standard of cleanliness. Some maintenance issues identified within the ED public toilets include; minor damage to ceiling and wall tiles, a toilet was out of commission due to a blockage, the taps of the hand-washing sink were old and worn and the splash back was damaged.

In the stairwell and corridor leading to AMU; external windows were stained, the cleaning process appears to have removed the protective varnish of doors and frames; exposing bare wood and a seat on the second floor corridor was split and exposing inner foam.

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

### **Common Issues**

- Cleaning was generally of a good standard although attention to detail was required when cleaning high and low surfaces. Dust and stains was observed on walls, floors, skirting, windows, ceilings, cupboards and shelving.
- The growth of limescale was an issue identified in both areas inspected. Inspectors observed limescale around taps in the domestic sluices, washrooms, in the kitchen area of MAU and patient cubicles in the ED. The growth of an unknown organism was observed on the underside a tap in the ED clean utility room (Picture 2). Inspectors were informed that further investigation and action would be taken to address this issue.



Picture 2: Underside of a tap

- Maintenance and repair issues included damage to the wood finish on doors, frames and work surfaces. Some walls were damaged with flaking paintwork. In both areas, wall damage has been minimised by PVC wall cladding.
- Medicines fridge temperature records were available in both areas however; there was no available guidance for staff to reference on the appropriate temperature ranges.
- The level of storage capacity within equipment stores did not satisfy current levels of stock and equipment, this has resulted in these areas being cluttered and untidy. Boxes of equipment were stored on floors; overstocked shelving and cupboards prevented effective cleaning. Inspectors were informed that new high-density storage units had been ordered for the MAU equipment store, which will assist in addressing this issue.

## **Emergency Department**

An overall partially compliant score was achieved in the environment section of the audit tool. The department was generally clean, well maintained however further attention to detail regarding cleaning and maintenance was most notably required within communal areas of the department, the equipment store, clean utility room and a patient bathroom.

Some further issues were identified

- At the nurses' station, two height adjustable chairs had torn covers exposing the foam underneath, the base of the computer screens and telephones were dusty.
- In a patient bed area, the undercarriage of the patient trolley was dusty and its mattress was worn, there was a small hole in its fabric and a stain on the inner foam.
- In the wash room within the short stay unit, a wheel chair was stored in the shower cubicle, the casing covering the pipe work of the toilet was damaged, the inside of the toilet bowl was dirty and the door and floor was stained.
- The fridge in the clean utility room was rusted at its base and its door was damaged, the mail box storage unit was dusty, laminate shelving was damaged and there were cobwebs on a wall.

## **MAU (Ward E)**

An overall partially compliant score was achieved in the environment section of the audit tool. The ward was generally clean, well maintained however further attention to detail regarding cleaning and maintenance was most notably required within the equipment store and the communal areas of the ward.

Some further issues were identified:

- In a patient bay, there was food debris in the drawer of a previously cleaned patient locker and the fabric of the arm of a patient chair was split.
- In two sanitary areas that had been recently cleaned, faecal staining was noted on the underside of toilet tissue dispensers (Picture 3).



Picture 3: Staining on the underside of a toilet tissue dispenser

- Throughout the ward, inspectors noted that the ceiling tiles running parallel to the ceiling mounted heating system were stained with dark soot.
- The cleaning process appears to have removed the protective varnish of doors and frames; exposing bare wood throughout the ward.
- The absence of staff changing facilities had resulted in the storage of staff coats and bags within the equipment store.

## 6.0 Standard 3: Patient Linen

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

Patient linen	ED	MAU
Storage of clean linen	80	100
Storage of used linen	87	100
Laundry facilities	N/A	N/A
<b>Average Score</b>	<b>84</b>	<b>100</b>

The above table outlines the findings in relation to the management of patient linen. The ED achieved an overall partial compliance in the management of linen; improvement is required in the storage of clean linen to achieve compliance. MAU achieved full compliance in the management of patient linen; staff are commended for this excellent performance.

### ED

- The shelving within the linen store was stained and had adhesive tape attached, the wall was scored and there was plaster damage. The skirting and flooring under the shelving was inaccessible to clean as boxes of supplies were stored on the floor.
- A linen skip was stored in the shower room of the short stay ward; it contained used linen, paper waste and blue disposable cloths. The skips in the equipment store and in the dirty utility room were overflowing.

### MAU (Ward E)

No issues identified.

## 7.0 Standard 4: Waste and Sharps

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

Waste and sharps	ED	MAU
Handling, segregation, storage, waste	86	89
Availability, use, storage of sharps	90	89

### 7.1 Management of Waste

The above table indicates that ED and MAU achieved compliance in the handling, segregation and storage of waste and the availability, use and storage of sharps. Posters were clearly visible in MAU to guide staff on appropriate waste segregation (Picture 4)



Picture 4: Posters guiding staff on waste segregation

Issues identified for improvement in this section of the audit tool were:

#### Common Issues

- Inappropriate disposal of waste into magpie boxes.

## **Emergency Department**

- In the clinical room, both the clinical and household waste bins were damaged and stained.
- Household waste was disposed of into a clinical waste bin and paper waste, plastic medicine cups and pharmacy waste was disposed of into sharps boxes.
- Two purple lidded burn bins were not labelled, dated or signed, one was stained on the top surface.

## **MAU (Ward E)**

- There were no household and clinical waste bins available within a patient bay and the treatment room.

## **7.2 Management of Sharps**

Issues identified for improvement in this section of the audit tool were:

### **Common Issues**

- Some sharps boxes were not labelled, dated and signed.

## **Emergency Department**

- The temporary closure mechanism of a sharps box was not deployed when not in use.
- A member of the medical team used a foil tray for an ANTT procedure.

## **MAU (Ward E)**

- The contents of a small sharps box was above the horizontal fill line.
- The sharps box on the resuscitation trolley had contents present; not changed in line with local guidance.

## 8.0 Standard 5.0: Patient Equipment

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

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

Patient equipment	ED	MAU
Patient equipment	85	84

The above table indicates that ED was compliant in the decontamination of patient equipment; MAU was partially compliant.

Issues identified for improvement in this section of the audit tool were:

### Common Issues

- Trigger tape was either not used or inconsistently used to denote equipment as clean.
- The protective packaging for some items of equipment was torn or missing.
- IV stands were stained and the paint on the hoists were chipped.
- Blood pressure monitoring equipment was either stained or dusty.
- ANTT trays were stained or used inappropriately.
- Some IV pumps were stained.

### Emergency Department

- A member of the medical team after using a stethoscope, hung it over an alcohol dispenser, the stethoscope was not cleaned after use.
- The frame and internal runners of a venepuncture trolley were dusty.
- The blood glucose monitor was dirty and the crevices of the ultrasound machine were dusty.
- A wheel chair in the dirty utility room was dirty.
- The underside of one commode was stained; this commode had trigger tape attached to denote that it had been cleaned.

## **MAU (Ward E)**

- The enamel coating of the ECG machine was worn.
- There was adhesive tape attached to the notes trolley.
- The bottom shelf of the resuscitation trolley was dusty.
- The suction machine at the resuscitation trolley was dusty.

## 9.0 Standard 6: Hygiene Factors

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

Hygiene factors	ED	MAU
Availability and cleanliness of wash hand basin and consumables	96	96
Availability of alcohol rub	97	97
Availability of PPE	100	100
Materials and equipment for cleaning	92	95
<b>Average Score</b>	<b>96</b>	<b>97</b>

The above table indicates that both areas were compliant in this standard.

### Common Issues

- Chemicals were not stored in line with COSHH guidance; locked and secure.

### Emergency Department

- The outside enamel of the hand wash sinks in two patient cubicles was scored.
- In the domestic store, a mop handle had tape wrapped around the shaft and there was a wooden brush and shaft in the equipment store.

### MAU (Ward E)

- The numbers of clinical hand wash sinks within patient bays is not in line with local and national guidance.
- A portable alcohol hand rub dispenser attached to the observation trolley was dusty, two hand moisturiser dispensers were empty and there was a build-up of residue on the underside of the moisturiser dispenser in the clinical room.

## 10.0 Standard 7: Hygiene Practices

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

Hygiene practices	ED	Ward E
Effective hand hygiene procedures	83	100
Safe handling and disposal of sharps	92	100
Effective use of PPE	82	90
Correct use of isolation	N/A	95
Effective cleaning of ward	90	95
Staff uniform and work wear	94	93
<b>Average Score</b>	<b>88</b>	<b>96</b>

The above table indicates that in both areas, overall compliance was achieved in this standard. In the ED, work is required to improve partially compliant scores in sections on effective use of PPE and effective hand hygiene procedures

Issues identified for improvement in this section of the audit tool were:

### Common Issues

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

### Emergency Department

- Some nursing staff were unsure of dilution rates for the disinfectant in use and also when it is not appropriate to use alcohol hand rub.
- A re-sheathed needle was observed in a sharps box in the resuscitation room.
- Not all staff adhered to the trust uniform policy within the clinical environment: a staff member wore a large set of pearl ear rings and some staff members wore long hair not tied off the collar length.
- A member of the medical team wore the same pair of gloves for a number of tasks, another did not wash hands prior to donning gloves and on removing gloves did not wash hands until requested by a nurse.
- A nurse did not wear an apron when transporting a container of urine through the ED.

### **MAU (Ward E)**

- A member of nursing staff was observed gathering equipment in the clinical room while wearing gloves and apron. The staff member then proceeded to the patient without changing their gloves and apron.
- In the care plan of a patient identified with an alert organism, clear instructions on isolation precautions were not recorded within the patients care plan.
- Changing facilities were not available for nursing and domestic staff.

### **Additional Issues (ED)**

- In an ED cubicle, the alarm call bell was located at the foot of the bed; not within easy reach of a patient.
- There were no records maintained for regular flushing of the shower in the short stay ward. Staff addressed this during the inspection.

## 11.0 Key Personnel and Information

### Members of the RQIA inspection team

Mr T Hughes	-	Inspector, Infection Prevention/Hygiene Team
Mrs M Keating	-	Inspector, Infection Prevention/Hygiene Team
Mrs S O'Connor	-	Inspector, Infection Prevention/Hygiene Team
Mrs L Gawley	-	Inspector, Infection Prevention/Hygiene Team

### Trust representatives attending the feedback session

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

Ms B Creaney	Executive Director of Nursing
Ms M Mannion	Co- Director Nursing
Mr B Armstrong	Co-Director Unscheduled Care
Ms E Browning	RVH ED Clinical Co-ordinator
Ms Mulholland	RVH AMU Clinical Co-ordinator
Ms L McBride	Co- Director PCSS
Ms K Hughes	Assistant Service Manager (ED & MAU)
Ms B Hillen	Sister ED
Ms K Tosh	Sister Ward E (MAU)
Ms G Byers	Nurse Consultant ED
Ms J Buchanan	Infection Prevention and Control Nurse
Mr I Wilson	Estates Department
Ms M Rush	Patient Client Support Services (PCSS)
Ms R Bradley	Services Manager Environmental Cleaning (PCSS)

## 12.0 Summary of Recommendations

### Recommendations for General Public Areas

1. The trust should ensure that general public areas are clean and that the environment, fixtures and fittings are in a good state of repair.

### Recommendations: Emergency Department

#### Standard 2: Environment

1. A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced.
2. Drug fridges should be clean, well maintained and guidance on temperature ranges should be available for staff to reference.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.

#### Standard 3: Linen

Refer to previous recommendations

4. Linen skips should only be used for the purpose of collecting used laundry; not for the disposal of waste and not filled above two thirds full.

#### Standard 4: Waste and Sharps

5. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
6. Waste receptacles should be available, clean and stored correctly.
7. Sharps boxes should be clean, assembled, and labelled correctly. When not in use the temporary closure mechanism should be deployed.

#### Standard 5: Patient Equipment

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

## **Standard 6: Hygiene Factors**

12. Staff should ensure chemicals are stored in line with COSHH guidance.
13. Ward staff should ensure that hand wash sinks are clean and well maintained.
14. Ward cleaning staff should ensure all domestic cleaning equipment is clean and well maintained.

## **Standard 7: Hygiene Practices**

15. All staff should be aware of the NPSA colour coding guidance and disinfectant dilution rates.
16. All staff should adhere to trust guidelines on hand hygiene, the use of PPE and the trust uniform policy.

## **Other recommendations**

17. Staff should ensure that call bells are within easy reach of patients.
18. Staff should ensure that flushing records are maintained for all infrequently used water outlets.

## **Recommendations: MAU (Ward E)**

### **Standard 2: Environment**

1. A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced.
2. Guidance on drug fridge temperature ranges should be available for staff to reference.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.

### **Standard 3: Linen**

No issues identified.

### **Standard 4: Waste and Sharps**

4. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
5. Appropriate waste receptacles should be available in all clinical areas.
6. Staff should ensure that sharps boxes are correctly labelled when assembled. Sharps boxes should not be filled above the horizontal fill line and should be changed in line with local guidance.

### **Standard 5: Patient Equipment**

7. Staff should ensure that all equipment is clean, stored correctly and in a good state of repair.

8. Items of equipment should remain in their protective packaging until ready for use.
9. Trigger tape should be used consistently on equipment to denote that equipment has been cleaned.
10. Plastic ANTT trays should be thoroughly cleaned before and after use.

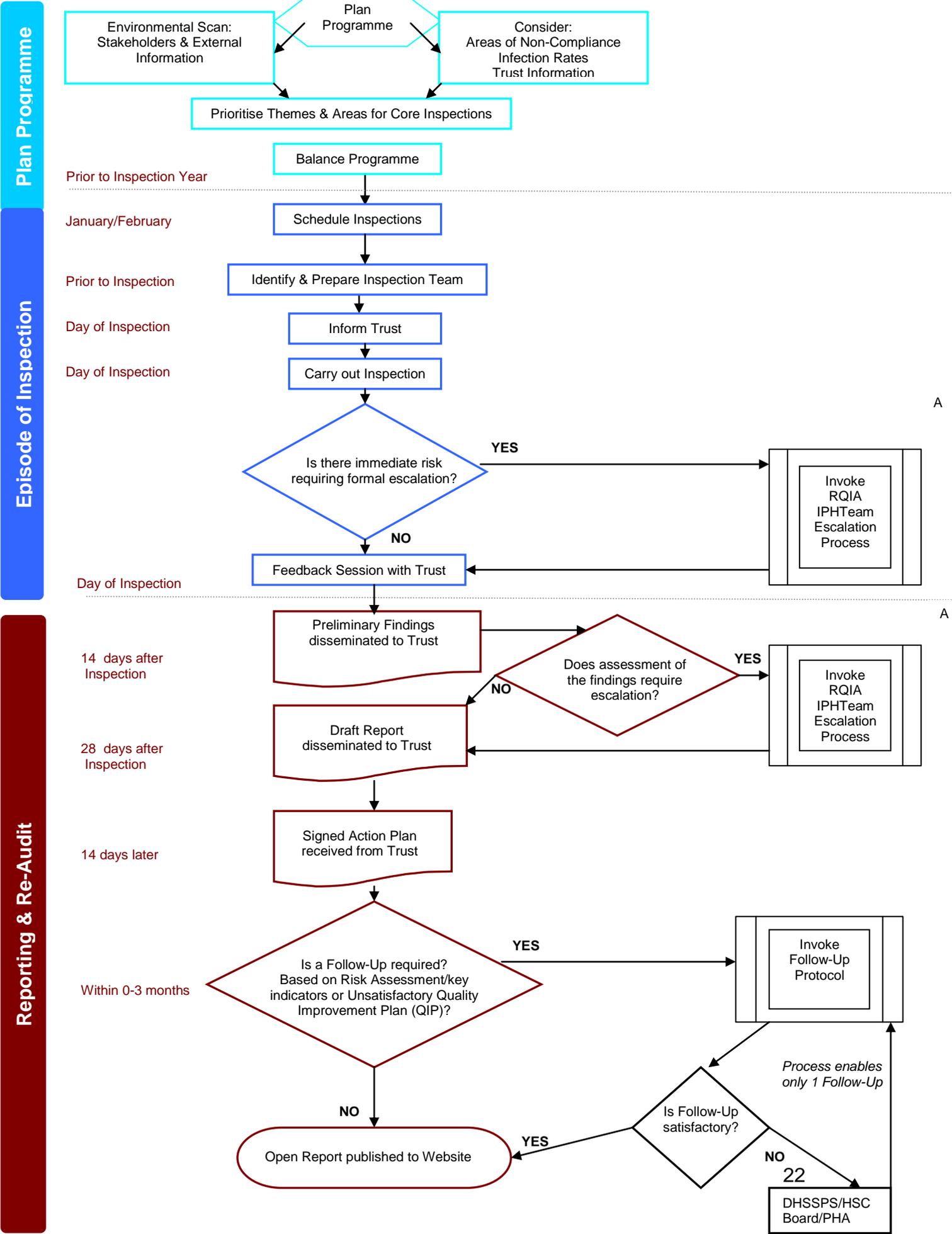
#### **Standard 6: Hygiene Factors**

11. Ward staff should ensure chemicals are stored in line with COSHH guidance.
12. Staff should ensure that consumable dispensers are clean and adequately stocked.
13. The number of clinical hand wash sinks within patient's bays should be reviewed in line with national guidance.

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

14. All staff should be aware of the NPSA colour coding guidance.
15. All staff should adhere to trust guidelines on hand hygiene and the use of PPE.
16. Staff should have access to facilities to allow them to change into their uniforms on arriving and leaving work.

# 13.0 Unannounced Inspection Flowchart



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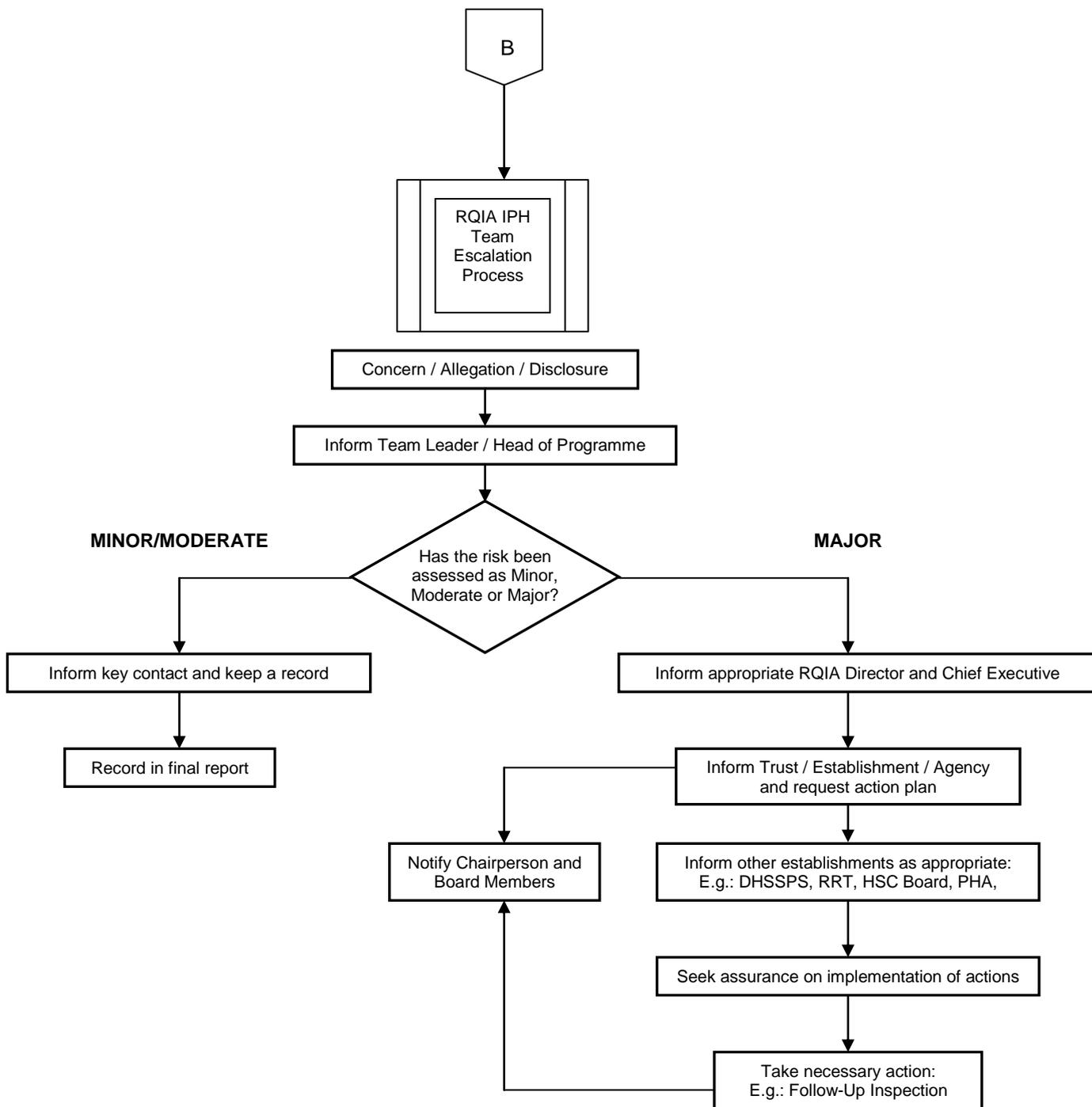
Process enables only 1 Follow-Up

22

DHSSPS/HSC Board/PHA

# 14.0 Escalation Process

## RQIA Hygiene Team: Escalation Process



## 15.0 Quality Action Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
<b>Recommendations for general public areas</b>				
1.	The trust should ensure that general public areas are clean and that the environment, fixtures and fittings are in a good state of repair.	PCSS / Nursing	Any identified defects within the environment, fixtures and fittings reported to maintenance as per procedure and a log kept of job numbers and progress made.  Front of McAuley Building and Canopy power hosed and cleaned.	Complete and ongoing

<b>Recommendations ED</b>				
<b>Standard 2: Environment</b>				
1.	A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced.	Nursing	Current review of outcomes following environmental audits and how actions are considered is taking place.  Environmental cleaning schedules are in place.	2 Feb 2015  Complete and ongoing
2.	Drug fridges should be clean and well maintained and guidance on temperature ranges should be available for staff to reference.	Nursing	Drug fridge cleaning to be included in the cleaning schedule for that area. Guidance on temperature ranges will be made available for staff to reference.	Complete

3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Arrangements for storage to ensure best use of facilities are being considered Productive ward module is being discussed for potential implementation.	Ongoing – Feb 2015
<b>Standard 3: Linen</b>				
	Refer to previous recommendations			
4.	Linen skips should only be used for the purpose of collecting used laundry; not for the disposal of waste and not filled above two thirds full	Nursing	All staff reminded of the appropriate use of linen skips	Complete and ongoing
<b>Standard 4: Waste and Sharps</b>				
5.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	All staff reminded of the appropriate use of correct waste streams in accordance with Trust policy	Complete and ongoing
6.	Waste receptacles should be available, clean and stored correctly.	Nursing	Staff reminded of appropriate use of waste receptacles. New waste receptacles delivered and in place.	Complete and ongoing
7.	Sharps boxes should be clean, assembled, and labelled correctly. When not in use the temporary closure mechanism should be deployed.	Nursing	All staff reminded of the correct use of sharps boxes in accordance with Trust policy	Complete and ongoing
<b>Standard 5: Patient Equipment</b>				
8.	Plastic ANTT trays should be thoroughly cleaned before and after use and only used for ANTT procedures.	Nursing	All staff reminded of the appropriate use of plastic ANTT trays	Complete and ongoing
9.	Staff should ensure that all equipment is clean, stored correctly and in a good state of repair.	Nursing	All staff reminded of the appropriate cleaning of equipment, storage and how to action repair when required	Complete and ongoing

10.	Sterile single use items should remain in their protective packaging until ready for use.	Nursing	All staff reminded of the appropriate use of sterile single use items	Complete and ongoing
11.	Trigger tape should be used consistently on equipment to denote that equipment has been cleaned.	Nursing	All staff reminded of the appropriate use of sterile single use items	Complete and ongoing
<b>Standard 6: Hygiene Factors</b>				
12.	Staff should ensure chemicals are stored in line with COSHH guidance.	Nursing	All staff reminded of the appropriate storage of chemicals in line with COSHH guidance.	Complete and ongoing
13.	Ward cleaning staff should ensure that hand wash sinks are clean and well maintained.	Nursing PCSS	Ward cleaning staff reminded about ensuring that hand wash sinks are clean and well maintained.  ED staff reminded of importance of contacting maintenance when sinks are in need of work.  ED staff reminded to action daily audits or checklists carried out by ward cleaning supervisors when appropriate.	Complete and ongoing
14.	Ward cleaning staff should ensure all domestic cleaning equipment is clean and well maintained.	Nursing	Ward cleaning staff reminded about ensuring that domestic cleaning equipment is clean and well maintained.	Complete and ongoing
<b>Standard 7: Hygiene Practices</b>				
15.	All staff should be aware of the NPSA colour coding guidance and disinfectant dilution rates.	Nursing	All staff reminded of the appropriate NPSA colour coding guidance and disinfectant dilution rates.	Complete and ongoing

16.	All staff should adhere to trust guidelines on hand hygiene, the use of PPE and the trust uniform policy.	Nursing	All staff reminded of the requirement to adhere to Trust guidelines on hand hygiene, the use of PPE and the trust uniform policy.  Care bundles for hand hygiene maintained and monitored.	Complete and ongoing
<b>Other recommendations</b>				
17.	Staff should ensure that call bells are within easy reach of patients.	Nursing	All staff reminded that call bells are within easy reach of patients Senior ED staff to audit accessibility of call bells to patients Senior ED staff to action maintenance of call bells where appropriate to ensure accessibility for patients	Complete and ongoing  30 January 2015
18.	Staff should ensure that flushing records are maintained for all infrequently used water outlets.	Nursing	Senior sister to ensure that flushing records are in place and maintained for all infrequently used water outlets. Checklist in place.	Complete and ongoing

Reference number	Recommendations MAU (Ward E)	Designated department	Action required	Date for completion/ timescale
<b>Standard 2: Environment</b>				
1.	A cleaning and maintenance programme should be in place to ensure that all surfaces are clean and that damaged furniture, fixtures and fittings are repaired or replaced.	PCSS	Current review of outcomes following environmental audits and how actions are considered is taking place.  Environmental cleaning schedules are in place.	2 February 2015  completed
2.	Guidance on drug fridge temperature ranges should be available for staff to reference.	Nursing	Guidance on temperature ranges available for staff to reference	Complete and ongoing
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Arrangements for storage to ensure best use of facilities are being reviewed.  Productive ward module is being discussed for revisiting.	2 February 2015  23 January 2015
<b>Standard 3: Linen</b>				
	No recommendations required			
<b>Standard 4: Waste and Sharps</b>				
4.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing PCSS	All staff reminded of the appropriate use of correct waste streams in accordance with Trust policy.	Complete and ongoing
5.	Appropriate waste receptacles should be available in all clinical areas.	Nursing PCSS	Staff reminded of appropriate use. New waste receptacles delivered and in place.	Complete and ongoing

Reference number	Recommendations MAU (Ward E)	Designated department	Action required	Date for completion/ timescale
6.	Staff should ensure that sharps boxes are correctly labelled when assembled. Sharps boxes should not be filled above the horizontal fill line and should be changed in line with local guidance.	Nursing PCSS	All staff reminded of the correct use of sharps boxes in accordance with Trust policy.	Complete and ongoing
<b>Standard 5: Patient Equipment</b>				
7.	Staff should ensure that all equipment is clean, stored correctly and in a good state of repair.	Nursing	All staff reminded of the appropriate cleaning of equipment, storage and how to action repair when required.	Complete and ongoing
8.	Items of equipment should remain in their protective packaging until ready for use.	Nursing	All staff reminded of the appropriate use of protective packaging on items until ready for use.	Complete and ongoing
9.	Trigger tape should be used consistently on equipment to denote that equipment has been cleaned.	Nursing	All staff reminded that trigger tape should be used consistently on equipment to denote that it has been cleaned	Complete and ongoing
10.	Plastic ANTT trays should be thoroughly cleaned before and after use.	Nursing	All staff reminded of the appropriate use of plastic ANTT trays and cleaning before and after use.	Complete and ongoing
<b>Standard 6: Hygiene Factors</b>				
11.	Ward staff should ensure chemicals are stored in line with COSHH guidance.	Nursing	All staff reminded of the appropriate storage of chemicals in line with COSHH guidance.	Complete and ongoing
12.	Staff should ensure that consumable dispensers are clean and adequately stocked.	Nursing	Ward cleaning staff reminded that consumable dispensers are clean and adequately stocked.	Complete and ongoing

Reference number	Recommendations MAU (Ward E)	Designated department	Action required	Date for completion/ timescale
13.	The number of clinical hand wash sinks within patient's bays should be reviewed in line with national guidance.	Nursing	Estates contacted to review in line with national guidance, the number of clinical hand wash sinks within patient's bays Hand gels in use at end of every patient bed presently.	Complete and ongoing
<b>Standard 7: Hygiene Practices</b>				
14.	All staff should be aware of the NPSA colour coding guidance.	Nursing PCSS	All staff reminded of the appropriate NPSA colour coding guidance	Complete and ongoing
15.	All staff should adhere to trust guidelines on hand hygiene and the use of PPE.	Nursing PCSS	All staff reminded of the requirement to adhere to Trust guidelines on hand hygiene, the use of PPE Care bundles for hand hygiene to be maintained and monitored	Complete and ongoing
16.	Staff should have access to facilities to allow them to change into their uniforms on arriving and leaving work.	Nursing PCSS	Capital planning & development will be contacted to assess the feasibility of changing rooms on MIH site.  In the interim as per guidance from the Trust, staff are allowed to come to and leave from work in their uniforms as long as it is covered appropriately with a coat.	30 January 2015  Ongoing



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