



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Follow up
Inspection

Belfast Health
And
Social Care Trust

Mater Hospital

12 February 2014

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1.0 Regulation and Quality Improvement Authority

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

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

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

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 follow up inspection was undertaken to the Mater Hospital, on the 12 February 2014. The Mater hospital was previously inspected on 22 October 2013. The inspection identified issues of minimal compliance with the Regional Healthcare Hygiene and Cleanliness Standards in Wards A and F. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

The inspection report of that inspection is available on the RQIA website www.rqia.org.uk.

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

- Ward A
- Ward F

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.

Improvements and Developments since the Previous Inspection

Good practices observed by the inspection team:

- Ward A, achieved compliance in all seven standards. Ward F achieved compliance in six of the seven standards. Both wards inspected achieved an overall compliant score.
- An ongoing refurbishment programme has improved the appearance of the wards.
- There has been an improved standard of cleaning throughout ward areas enabled by a reduction in clutter.
- Significant improvement has been noted in the safe management of sharps. Ward F staff has placed a pictorial card onto sharps bins to remind staff to deploy the temporary closure mechanism when the bin is not in use (Picture 1).



Picture 1: Sharps bin with pictorial reminder Ward F

- Staff in Ward A has set up an environmental working group. The group is populated by ward staff that meets on a monthly basis and carry out an inspection of the ward environment using the regional healthcare hygiene and cleanliness audit tool. This process helps maintain high standards of cleanliness and maintenance within the ward.
- In Ward F, a health care assistant now undertakes the monthly joint environmental audit with Support Services and follows up any action required.

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

- Although Ward F achieved an overall compliant score, minimal compliance was still achieved in the patient equipment standard. The formal escalation process was not instigated however the Director of Nursing at the 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 this ward is planned within next year's inspection programme.

The inspection on the 22 October 2014 resulted in **32** recommendations for **Ward A** in relation to Standards 2-7. **18** recommendations have been addressed, **14** have been repeated and there are **2** new recommendations.

The inspection on the 22 October 2014 resulted in **32** recommendations for **Ward F** in relation to Standards 2-7. **14** recommendations have been addressed, **18** have been repeated and there are **5** new recommendations. A full list of recommendations is listed in Section 12.0.

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 Belfast Health and Social Care Trust 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 22.10.13	Ward A 12.2.14	Ward F 22.10.13	Ward F 12.02.14
General environment	73	92	84	93
Patient linen	85	98	95	100
Waste	87	95	84	92
Sharps	64	94	42	91
Patient Equipment	74	92	62	74
Hygiene factors	90	97	94	92
Hygiene practices	77	98	91	97
Average Score	79	95	79	91

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 22.10.13	Ward A 12.2.14	Ward F 22.10.13	Ward F 12.02.14
Reception	61	85	N/A	N/A
Corridors, stairs lift	72	97	97	97
Public toilets	72	93	N/A	N/A
Ward/department - general (communal)	57	90	79	100
Patient bed area	72	95	93	100
Bathroom/washroom	80	88	90	94
Toilet	N/A	N/A	N/A	N/A
Clinical room/treatment room	51	93	63	83
Clean utility room	N/A	N/A	94	94
Dirty utility room	74	93	83	87
Domestic store	98	98	85	98
Kitchen	72	93	89	89
Equipment store	60	90	61	85
Isolation	82	92	90	91
General information	96	93	75	92
Average Score	73	92	83	93

Patients expect to receive care in clean, tidy and comfortable surroundings. Previously the sub-optimal performance of both wards A and F proved that these fundamental aspects of care had been allowed to slip. The findings of the re-inspection of both these areas indicate that there has been a significant improvement in the general environment standard.

The main hospital reception, corridors and public toilets have now achieved compliance from a previously minimal complaint score and all ward areas apart from the clinical room in Ward F are now compliant. All disciplines of staff have endeavoured to create a safe environment for patients and clients.

The standard of cleaning and repair and maintenance of fixtures and fittings within general public areas contributed significantly to a minimally compliant score in the initial inspection. The inspection team have noted an improvement in the standard of cleaning within these areas, with greater attention to detail in cleaning of high and low surfaces. Repair and maintenance work has commenced including the repair of ceiling and floor tiles and the repairs to the metal panelling under the hand rail on the stairs.

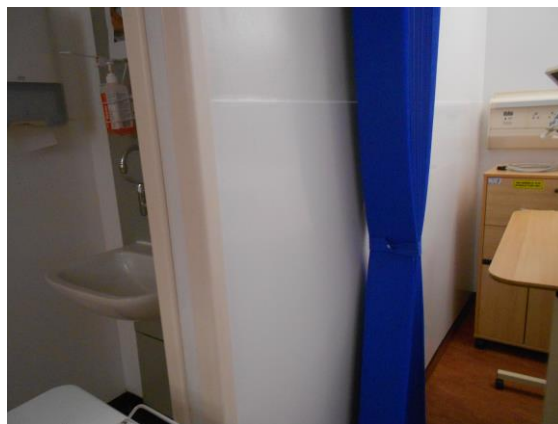
Issues still outstanding include; some ceiling light bulbs were not working, doors were worn to the bare wood in places, a chair in the reception area was stained and had an area of torn vinyl and there was graffiti cut into a toilet door.

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

Ward A

The standard of maintenance and cleaning at the 22 October 2013 inspection was concerning and immediate attention was required to address the many issues identified. Six of the ten ward areas were minimally complaint. A marked improvement has been noted in this follow up inspection, all ward areas inspected achieved compliance.

- There has been a renewed focus in cleaning efforts within the ward in the wake of the initial inspection. Many of the initial identified cleaning issues have now been addressed in all ward areas. Some outstanding issues remain which include: telephones were dusty at the nurse's station and there was dust and debris at the edges and corners of flooring. In the wash room at the entrance to Bay 1, some new issues identified include: the shower rail was dusty, the underside of a shower chair was rusted and stained, the toilet seat was faecally stained and there was limescale on the taps.
- The aesthetic appearance of the ward has been improved with the upgrade in wall finish. PVC wall cladding has been installed in all ward areas which can be easily cleaned and is resilient to damage (Picture 2). Damage to the wooden finish behind toilets has been repaired and all sinks have been resealed. An issue raised during the initial inspection was the standard of wood finish on doors and frames. The inspection team was informed that work is soon to commence on the refurbishment of doors and frames throughout the ward.



Picture 2: PVC cladding applied to the walls throughout Ward A

- Ward staff has commenced on reducing clutter throughout the ward and have created an improved sense of order and space, this was especially evident around nursing stations. Although an attempt has been made to de-clutter the equipment store, the room remains overstocked with equipment which significantly impact on the ability of staff to clean the area appropriately.
- From the initial inspection improvement has been noted in the completion of equipment cleaning schedules however there continued to be some gaps in the completion of records.

Ward F

The standard of maintenance and cleaning at the 22 October 2013 inspection required improvement to address the many issues identified. Two ward areas were identified as minimally compliant and two ward areas were partially compliant. All ward areas with the exception of the clinical room have now achieved compliance.

- Many of the cleaning issues identified at the initial inspection have now been addressed however greater attention to detail is required to address the most notable cleaning issues identified with the clinical room. Issues include: grubby and stained plaster work, dust and debris at corners and edges of flooring and the low surfaces of storage cupboards were dusty.
- In contrast to Ward A, there continued to be notable stains and plaster damage to the walls in ward F. The inspection team have been informed that the plans to install PVC cladding to the walls throughout Ward F are soon to commence. A number of maintenance issues have been addressed which includes repairs to areas of damaged flooring and the replacement of light bulbs however a number of issues remain outstanding; damage to skirting and non-sealed wood finish on doors and frames.
- An attempt has been made to tidy the equipment store since the previous inspection, but it still remains cluttered. A large number of mattresses are stored in this room, the mattresses do not have any labelling to identify if they have been cleaned. The Inspection team were informed the room is being used as a store for all the spare mattresses in the hospital. The level of equipment in this room significantly impacts on the ability of staff to clean this room effectively.
- There was also no guidance on temperature ranges for the drugs fridge in the clinical room and the floor of the fridge was stained. Items in the kitchen fridge included wrapped sandwiches and microwave meals. The food was not labelled and dated and appeared to belong to members of staff.

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	Ward A 22.10.13	Ward A 12.2.14	Ward F 22.10.13	Ward F 12.02.14
Storage of clean linen	76	96	90	100
Storage of used linen	94	100	100	100
Laundry facilities	N/A	N/A	N/A	N/A
Average Score	85	98	95	100

The above table outlines the findings in relation to the management of patient linen. Both wards have again maintained compliance in the appropriate management of linen.

Storage of clean linen

Ward A

- Damage to the door and door frame still require repair

Ward F

- 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	Ward A 22.10.13	Ward A 12.2.14	Ward F 22.10.13	Ward F 12.02.14
Handling, segregation, storage, waste	87	95	84	92
Availability, use, storage of sharps	64	94	42	91

The above table outlines the findings in relation to the management of waste and sharps. Compliance in the management of waste has been maintained and a significant improvement has been made by both wards to bring previously minimal compliant scores to a compliance level in the management of sharps.

7.1 Management of Waste

Ward A

- The inspection team again found that household waste had been inappropriately disposed into a clinical waste bin and a purple lidded burn bin was filled above the fill line and was not dated, labelled and signed. A sharps box in the clinical room and at the nurse's station contained pharmaceutical waste.

Ward F

- In similar findings to Ward A, the inspection team again found the inappropriate disposal of paper waste in sharps boxes and the magpie box in the treatment room contained pharmaceutical waste.
- The base of the clinical waste bin was again identified as rusted

7.2 Management of Sharps

Ward A

- A sharps box in the clinical room was not labelled, dated and signed.

Ward F

- Issues identified from the initial inspection continue to be repeated. Issues include; the sharps box on the resuscitation trolley had contents present, the lid of the purple lidded waste bin in the treatment room was blood stained, the box was sealed and tagged for disposal but signatures had not been completed.
- Integral sharps trays were again not available, staff stated there was a problem with supplies

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 22.10.13	Ward A 12.2.14	Ward F 22.10.13	Ward F 12.02.14
Patient equipment	74	92	62	74

Both wards were minimally compliant in this standard when inspected in October 2013. The follow up inspection of Ward A, the inspection team noted a significant improvement in cleaning practice and knowledge, which has brought this standard to a compliant level. In contrast, the re-inspection of Ward F offered little in terms of improvement and again the ward achieved a minimally compliant score.

Ward A

- Attention to detail in the cleaning of patient electrical equipment continues to remain an issue; crevices of an IV pump were stained, the side of the blood gas machine had some blood spots and cardiac monitoring equipment at a bedside was dusty.
- New identified issues include: stained and damp ANTT trays, one of which was blood stained, urinals in the dirty utility room were not stored inverted, out of date orange needles were on the resuscitation trolley and paper labels were attached to notes trolleys.

Ward F

- Issues identified from the initial inspection continue to be repeated. Stored patient equipment was dusty, trigger tape was not used to identify if equipment had been cleaned and equipment shared between departments was chipped and had attached sticky labels. The undersides of commodes were stained, the bath hoist was dusty and bed pans were old and worn. Notes trolleys, phlebotomy trolley, blood pressure observation trolleys were stained and dusty and the resuscitation trolley was damaged.

- A member of the nursing staff was not aware of the symbol designating equipment as single use and the inspection team observed that a single use urine jug was being reused. A nebuliser mask not currently in use was observed at a patient's bedside uncovered.
- A new issue identified was that some sharps trays in the treatment room were damp and some were blood stained (Picture 3).



Picture 3: Blood stained ANTT tray in Ward F

- Since the initial inspection, a ward equipment cleaning schedule has been established however there were notable gaps in its completion which indicates that cleaning had not been undertaken. It is advised that the cleaning schedule and the standard of equipment cleanliness are robustly validated to provide assurance that patient equipment is clean and safe for use.

9.0 Standard 6: Hygiene Factors

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

Hygiene factors	Ward A 22.10.13	Ward A 12.2.14	Ward F 22.10.13	Ward F 12.02.14
Availability and cleanliness of wash hand basin and consumables	95	96	97	93
Availability of alcohol rub	86	100	100	100
Availability of PPE	93	100	93	100
Materials and equipment for cleaning	86	92	86	96
Average Score	90	97	94	97

The above table indicates that both wards again maintained good compliance in this standard and improved on previous scores.

Ward A

- Equipment used for ward cleaning continued to be an area of concern. A green bucket and a static mop head in the domestic store were both visibly dirty and the floor polisher was grubby in its crevices.
- Disinfectant chemicals were not stored in accordance with COSHH guidance; a bottle of disinfectant chemical was observed sitting on top of a bedpan washer disinfector in an unlocked dirty utility room (Picture 4).



Picture 4: Disinfectant chemical on top of bed pan washer in Ward A

- The numbers of clinical hand wash sinks continue to not comply with local and regional policy HBN-01-04; there was 1 sink to 6 beds.

Ward F

- Greater attention to detail is required in the cleaning of clinical hand wash sinks and consumable dispensers, a sink was observed stained within bay 1 and consumable dispensers were observed stained and dusty in bays 1 and 2.
- Disinfectant chemicals were again not stored in accordance with COSHH guidance. Similar to Ward A, bottles of disinfectant solution were observed on top of a bedpan washer disinfectant in an unlocked dirty utility room.
- The numbers of clinical hand wash sinks continue to not comply with local and regional policy HBN-01-04; there was 1 sink to 6 beds.

10.0 Standard 7: Hygiene Practices

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

Hygiene practices	Ward A 22.10.13	Ward A 12.2.14	Ward F 22.10.13	Ward F 12.02.14
Effective hand hygiene procedures	64	100	95	91
Safe handling and disposal of sharps	100	100	83	100
Effective use of PPE	80	100	94	89
Correct use of isolation	89	94	87	87
Effective cleaning of ward	52	100	94	94
Staff uniform and work wear	76	93	92	88
Average Score	77	98	91	92

The table indicated a good standard of compliance for both wards. Areas which were previously minimally or partially compliant in Ward A have now achieved compliance and Ward F has maintained a compliant standard.

Ward A

- Changing facilities are not available for ward staff.
- There were gaps in the recording of a patient's MRSA care pathway.

Ward F

- There was no care plan in place for a patient being nursed under contact precautions.
- A member of the medical team was wearing a large chunky necklace.
- Changing facilities are not available for ward staff.

Additional issues

Ward A

- Inspectors noted that six boxes of Digoxin medication were sitting on a shelf in the clinical room. The clinical room was unattended by any member of ward staff. Access to the clinical room is code protected however the code had been written on the door which compromises the security of this room. (This was immediately reported to a ward staff nurse who secured the medicines).

Ward F

- The ward manager is on long term sick leave and the position is being cover by two deputies sharing responsibilities in addition to their own roles.
- The inspectors were informed by the phlebotomist that they take the same sharps box and tray from ward to ward, rather than use the one already on the ward; they stated this practice had come about as there is a shortage of sharps boxes.
- No one has the clear responsibility to ensure the phlebotomist trolley is cleaned.
- One of the bed pan washer/disinfectors is out of commission.

11.0 Key Personnel and Information

Members of the RQIA inspection team

Mr T Hughes	- Inspector, Infection Prevention/Hygiene Team
Mrs L Gawley	- Inspector, Infection Prevention/Hygiene Team
Mrs M Keating	- Inspector, Infection Prevention/Hygiene Team
Mrs S OConnor	- Inspector, Infection Prevention/Hygiene Team

Trust representatives attending the feedback session

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

Mr D Robinson	- Co Director of Nursing
Ms M Hanrahan	- Senior Infection Prevention & Control Nurse
Ms S Donald	- Assistant Service Manager
Mr J Blain	- Charge Nurse (Ward F)
Ms I Collins	- Acting Clinical Co-ordinator Cardiology
Mr J Hastings	- Ward Manager (Ward A/CCU)
Ms L McCrudden	- Liaison Officer (Ward A/CCU)
Ms G McFetridge	- Ward Sister (Ward A/CCU)
Ms M Rush	- Assistant manager PCSS
Ms L McBride	- Co Director PCSS
Mr R Milligan	- Assistant Support Services Manager
Mr S McCook	- Divisional Operations Manager Estates Services
Mr I Wilson	- Estates Officer

Apologies:

Ms B Creaney	- Director of Nursing and Patient Experience
Dr B Armstrong	- Co Director Acute Services

12.0 Summary of Repeated Recommendations/ Recommendations

Recommendations for general public areas

1. The trust should ensure that general public areas are clean and furnishings and fixtures are in good repair. **Repeated.**

Ward A Recommendations

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains. **Repeated.**
2. A maintenance programme should be in place and continue to address any damage to ward fixtures, fittings and furnishings. **Repeated.**
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment. **Repeated.**
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. **Repeated.**
5. Notice boards in clinical areas should be of a wipeable material to allow effective decontamination. **Repeated.**

Standard 3: Linen

No recommendations.

Standard 4: Waste and Sharps

6. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy. **Repeated.**
7. Staff should ensure all waste and sharps bins are not overfilled and changed in accordance with local policy. **Repeated.**
8. Staff should ensure sharps boxes are labelled correctly on assembly and collection. **Repeated.**
9. Staff should ensure that ANTT trays are routinely cleaned and allowed to dry after use. **Repeated.**

Standard 5: Patient Equipment

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

11. Ward staff should ensure sterile equipment is in date. **New.**

Standard 6: Hygiene Factors

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

13. The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01. **Repeated.**

14. Cleaning chemicals should be stored in accordance with COSHH guidance. **New.**

Standard 7: Hygiene Practices

15. Ward staff should ensure that care plans are fully completed. **Repeated.**

Additional Issues

16. Staff should ensure medicines are managed in line with the medicine management policy. **Repeated**

Ward F Recommendations

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains. **Repeated.**
2. A maintenance programme should be in place and continue to address any damage to ward fixtures, fittings and furnishings. **Repeated.**
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment. **Repeated.**
4. Guidance should be available for staff to monitor medication fridge temperatures. **New.**
5. Staff should comply with the Trust ward food safety policy. **New.**
6. 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. **Repeated.**

Standard 3: Linen

No Recommendations.

Standard 4: Waste and Sharps

7. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy. **Repeated.**
8. Staff should ensure waste bins are clean, in good repair and located at all hand washing sinks. **Repeated.**
9. Staff should ensure all waste and sharps bins are not overfilled and changed in accordance with local policy. **Repeated.**
10. Staff should ensure sharps boxes are signed and dated on assembly and collection. **Repeated.**
11. Integral sharps trays should be available and ANTT trays should be appropriately cleaned and allowed to dry between uses. **Repeated.**

Standard 5: Patient Equipment

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

14. Staff should be aware of the symbol for single use items and ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed. **Repeated.**

15. Ward Staff should ensure that single patient use equipment at the bedside is covered when not in use. **New.**

Standard 6: Hygiene Factors

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

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

18. Cleaning chemicals should be stored in accordance with COSHH guidance. **Repeated.**

Standard 7: Hygiene Practices

19. Nursing staff should ensure they are familiar with the practice of when it is appropriate to use antibacterial solutions. **Repeated.**

20. Staff should ensure PPE is worn appropriately. **Repeated.**

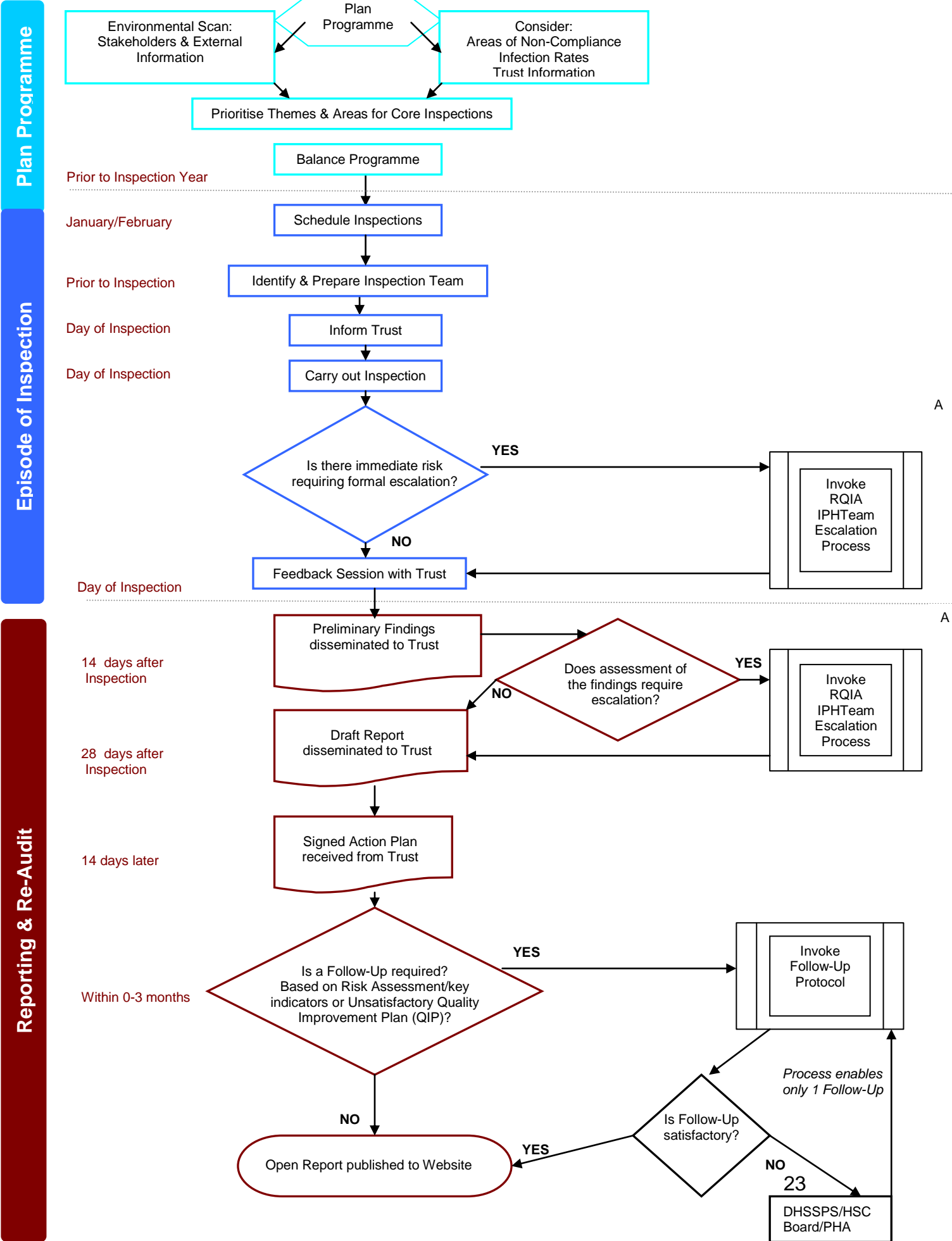
21. Ward staff should ensure that care plans are fully completed. **Repeated.**

22. All staff should ensure they comply with the trust dress code policy. **New.**

Additional Issues

23. The trust should designate clear responsibility for the cleaning of the phlebotomy trolleys and review the practice of phlebotomy staff in the transportation of sharps boxes for use between wards. **New.**

13.0 Unannounced Inspection Flowchart



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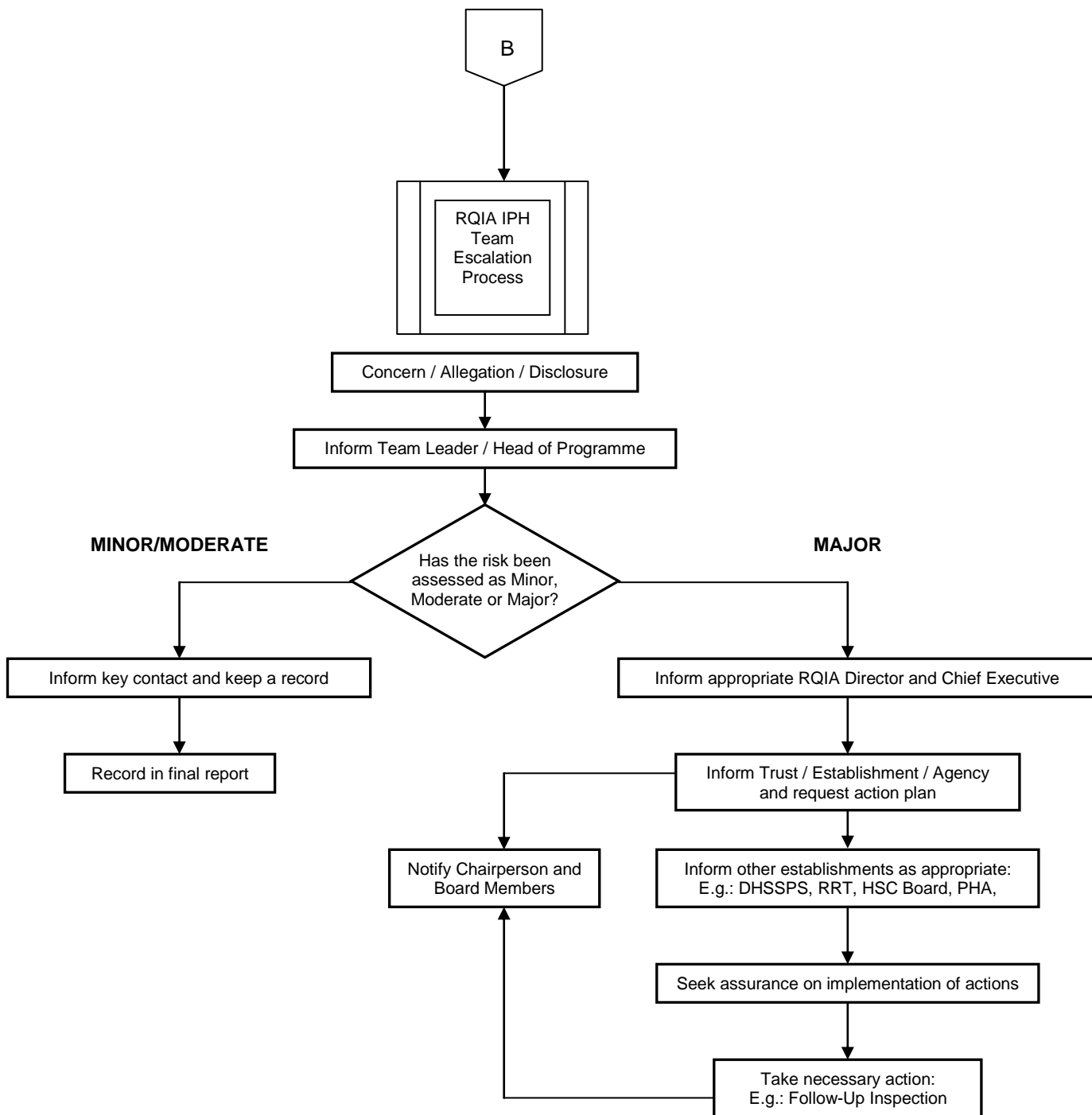
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Process enables only 1 Follow-Up

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14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Action Plan

Reference number	Recommendation	Designated department	Action required	Date for completion/ timescale
Recommendation for General Public Areas (Main reception, public toilets, corridors, stairs and lifts)				
1.	The trust should ensure that general public areas are clean and furnishings and fixtures are in good repair. Repeated.	PCSS	On daily work schedules. Daily observational checks carried out by supervisors	Complete & ongoing

Area: Ward A

Reference number	Recommendations to Ward A	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains. Repeated.	PCSS	On daily work schedules. Daily observational checks carried out by supervisors	Complete & ongoing
2.	A maintenance programme should be in place and continue to address any damage to ward fixtures, fittings and furnishings. Repeated.	Estates/ Nursing	Maintenance programme in place to address damage to ward fixtures, fittings and furnishings.	Complete & ongoing
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment. Repeated.	Nursing	Productive ward group are arranging Bi-monthly meetings to ensure best use of the facilities and maintain a clutter free environment.	Complete & 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	Nursing cleaning schedules are audited weekly by senior staff and actions taken as required. Share audit results at safety briefs and any actions required.	Weekly Complete & ongoing

Reference number	Recommendations to Ward A	Designated department	Action required	Date for completion/ timescale
	Repeated.			
5.	Notice boards in clinical areas should be of a wipeable material to allow effective decontamination. Repeated.	Estates/ Nursing	All felt notice boards removed and replaced with wipe able boards.	Complete & ongoing
Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
6.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy. Repeated.	PCSS NURSING	Awareness raised through team brief and supervisors monitoring. Discussed at ward safety briefs and governance meetings attended by medical and nursing staff. Any issues arising will be addressed via the clinical lead and ward manager/nurse in charge	Complete & ongoing
7.	Staff should ensure all waste and sharps bins are not overfilled and changed in accordance with local policy. Repeated.	ALL	PCSS instructed to remove waste before 2/3 full. Discussed at ward safety briefs and governance meetings attended by medical and nursing staff. Any issues arising will be addressed via the clinical lead and ward manager/nurse in charge.	Complete & ongoing
8.	Staff should ensure sharps boxes are labelled correctly on assembly and collection. Repeated.	Nursing/ Medical	Staff all advised to ensure sharps boxes are labelled correctly on assembly and collection; same on audit schedule. Ward Environmental Working Group to continue to monitor this issue and action	Complete & ongoing

Reference number	Recommendations to Ward A	Designated department	Action required	Date for completion/ timescale
			as required.	
9.	Staff should ensure that ANTT trays are routinely cleaned and allowed to dry after use. Repeated.	Nursing/ Medical	Staff all advised to ensure that ANTT trays are routinely cleaned and allowed to dry after use; same on audit schedule Nursing staff reminded via safety briefings to dry ANTT trays after cleaning them. Medical Staff asked to be aware of returning ANTT trays to the clinical room and cleaning them as per policy. Issue raised at Cardiology Team meeting and monitored by ward Environmental Working Group	Complete & ongoing
Standard 5: Patient Equipment				
10.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair. Repeated.	Nursing/ Medical	Staff all advised to ensure that equipment is clean, stored correctly and in a good state of repair; same on audit schedule	Complete & ongoing
11.	Ward staff should ensure sterile equipment is in date. New.	Nursing/ Medical	Staff all advised to ensure sterile equipment is in date. Emergency equipment date checks to be undertaken daily	Complete & ongoing
Standard 6: Hygiene Factors				

Reference number	Recommendations to Ward A	Designated department	Action required	Date for completion/ timescale
12.	Ward cleaning staff should ensure all cleaning equipment is clean and in a good state of repair. Repeated.	PCSS	PCSS staff have been instructed to check and clean equipment before and after use. Daily checks by supervisors	Complete & ongoing
13.	The provision of clinical hand wash sinks should be reviewed to comply with guidance as per HBN 04-01. Repeated.	Estates/ Nursing	As there are 6 patients to each bay the 6 bedded bays are non-compliant with this aspect of the guidance. Escalated to senior managers/ co-director/director for direction on potential bed reconfiguration if available.	
14.	Cleaning chemicals should be stored in accordance with COSHH guidance. New.	PCSS	Staff instructed to adhere to COSHH guidelines. Discussed at team briefs and arrangements are in place to monitor compliance through supervisors monitoring daily and weekly review and audit processes.	Complete & ongoing
Standard 7: Hygiene Practices				
15.	Ward staff should ensure that care plans are fully completed. Repeated.	Nursing/ Medical	Staff all advised to ensure that care plans are fully completed. Local ward team leads to review nursing documentation daily and feedback any areas that are outstanding	Complete & ongoing
Additional Issues				
16.	Staff should ensure medicines are managed in line with the medicine management policy. Repeated	Medical /Nursing	Staff all advised to ensure medicines are managed in line with the medicine management policy. Advise all staff to	Complete & ongoing

Reference number	Recommendations to Ward A	Designated department	Action required	Date for completion/ timescale
			refer to the medicines code; controlled drug policy and other relevant policies as required. Compliance will be audited in collaboration with pharmacy on a quarterly basis.	

Area: Ward F

Reference number	Recommendations to Ward F	Designated department	Action required	Date for completion/ timescale
Standard 2: Environment				
1.	Staff should ensure that all surfaces are clean and free from dust, dirt and stains. Repeated.	PCSS	On daily work schedules. Daily observational checks carried out by supervisors	Complete & ongoing
2.	A maintenance programme should be in place and continue to address any damage to ward fixtures, fittings and furnishings. Repeated.	ESTATES	Estates Maintenance programme commenced and will be completed by end March. To include painting / cladding / Whiterock	Complete & ongoing
3.	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment. Repeated.	ALL	All mattresses removed. Complete de-cluttering took place before and during ward move. The ward moved permanently on 15 th March as a result of surgical reconfiguration. Ward F is now a surgical ward and the admissions unit is in Ward E. The ASM has commenced a 2 weekly walkaround in relation to the whole environment and equipment to include clutter.	Complete & ongoing
4.	Guidance should be available for staff to monitor medication fridge temperatures. New.	NURSING	Available in Clinical Room Beside fridge	Complete & ongoing
5.	Staff should comply with the Trust ward food safety policy. New.	Nursing /PCSS	All staff informed that food will be removed if stored in appropriately. Policy discussed.	Complete & ongoing

Reference number	Recommendations to Ward F	Designated department	Action required	Date for completion/ timescale
			This will be monitored daily by Ward Sisters and fortnightly by ASM.	
6.	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. Repeated.	NURSING	New cleaning schedule commenced on Ward Move- staff responsibilities outlined. ASM Monitoring weekly.	Complete & ongoing
Standard 3: Linen				
	No recommendations.			
Standard 4: Waste and Sharps				
7.	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy. Repeated.	Nursing	Daily Monitoring and challenge. Weekly inspection by Sister /ASM	Complete & ongoing
8.	Staff should ensure waste bins are clean, in good repair and located at all hand washing sinks. Repeated.	Nursing /PCSS	New bins purchased and placed as indicated.	Complete & ongoing
9.	Staff should ensure all waste and sharps bins are not overfilled and changed in accordance with local policy. Repeated.	All	On Cleaning schedule. Daily challenge of all nursing / medical staff.	Complete & ongoing
10.	Staff should ensure sharps boxes are signed and dated on assembly and collection. Repeated.	Nursing	On cleaning schedule. Discussed with all staff at ward meeting.	Complete & ongoing
11.	Integral sharps trays should be available and ANTT trays should be appropriately cleaned and allowed to dry between uses. Repeated.	Nursing	On cleaning schedule. Trays ordered and in place Discussed at ward meeting.	Complete & ongoing

Reference number	Recommendations to Ward F	Designated department	Action required	Date for completion/ timescale
Standard 5: Patient Equipment				
12.	Ward staff should ensure that equipment is clean, stored correctly and in a good state of repair. Repeated.	Nursing /PCSS	On cleaning schedule- weekly monitoring. Discussed at ward meeting following feedback.	Complete & ongoing
13.	Trigger tape should be used consistently on stored equipment to denote that equipment has been cleaned. Repeated.	Nursing	Staff advised of appropriate use of Trigger Tape. Weekly inspection. On cleaning schedule. Discussed at ward meeting.	Complete & ongoing
14.	Staff should be aware of the symbol for single use items and ensure that single use equipment is disposed of appropriately after a single use and not re-used or re-processed. Repeated.	Nursing	Placed in communication folder. All staff questioned and aware.	Complete & ongoing
15.	Ward Staff should ensure that single patient use equipment at the bedside is covered when not in use. New.	Nursing	On daily cleaning / observation schedule. Discussed at ward meeting Ongoing monitoring.	Complete & ongoing
Standard 6: Hygiene Factors				
16.	Ward staff should ensure that hand wash sinks, accessories and consumables are clean and in a good state of repair. Repeated.	PCSS	On daily work schedules. Daily observational checks carried out by supervisors	Complete & ongoing
17.	Ward cleaning staff should ensure all cleaning equipment is clean and in a good state of repair. Repeated.	PCSS	Staff have been instructed to check and clean equipment before and after use. Daily checks by supervisors	Complete & ongoing

Reference number	Recommendations to Ward F	Designated department	Action required	Date for completion/ timescale
18.	Cleaning chemicals should be stored in accordance with COSHH guidance. Repeated.	PCSS	Staff instructed again to adhere to COSHH guidelines Will be monitored daily by Ward Sister / PCSS supervisor and compliance assessed during ASM fortnightly walkarounds.	Complete & ongoing
Standard 7: Hygiene Practices				
19.	Nursing staff should ensure they are familiar with the practice of when it is appropriate to use antibacterial solutions. Repeated.	Nursing	All staff questioned and aware. IPCN staff used as a resource for advice / education.	Complete & ongoing
20.	Staff should ensure PPE is worn appropriately. Repeated.	Nursing /PCSS	Weekly bundle monitoring. Daily challenge. Ongoing education.	Complete & ongoing
21.	Ward staff should ensure that care plans are fully completed. Repeated.	Nursing	Daily Review. Snap shot tutorials by NDJ on completion. Snap-shot review of compliance by Ward Sister / ASM.	Complete & ongoing
22.	All staff should ensure they comply with the trust dress code policy. New.	All	Daily review and challenge of all disciplines. Uniform policy recirculated.	Complete & ongoing
Additional Issues				
23.	The trust should designate clear responsibility for the cleaning of the phlebotomy trolleys and review the practice of phlebotomy staff in the transportation of sharps boxes for use between wards. New.	Patient Flow /Nursing	Phlebotomy Trolleys have been removed. Phlebotomy staff advised re: monitoring of movement of equipment	Complete & ongoing



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