



The **Regulation** and
Quality Improvement
Authority

RQIA
Infection Prevention/Hygiene
Unannounced Inspection
Northern Health and Social Care Trust

Whiteabbey Hospital

19 March 2014

Contents

1.0	Regulation and Quality Improvement Authority	1
2.0	The Inspection Programme	1
3.0	Inspection Summary	2
4.0	Overall Compliance Rates	5
5.0	General Environment	6
6.0	Patient Linen	9
7.0	Waste and Sharps	10
8.0	Patient Equipment	12
9.0	Hygiene Factors	13
10.0	Hygiene Practice	14
11.0	Key Personnel and Information	15
12.0	Summary of Recommendations	16
13.0	Unannounced Inspection Flowchart	18
14.0	RQIA Hygiene Team Escalation Policy Flowchart	19
15.0	Quality Improvement Action Plan	20

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 Whiteabbey Hospital on the 19 March 2014. The inspection team was made up of two inspectors. Details of the inspection team and trust representatives attending the feedback session can be found in Section 11.0.

Whiteabbey Hospital was previously inspected on the 31 May 2012. This was an unannounced inspection; one ward was inspected by the RQIA team. The results of the inspection showed that Ward 3 achieved compliance in all of the Regional Healthcare Hygiene and Cleanliness standards. The inspection report 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 area was inspected:

- Ward 2 (Patient Rehabilitation)

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

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

Inspectors observed that five of the seven Regional Healthcare Hygiene and Cleanliness Standards were compliant. Two of the standards were partially compliant.

Inspectors observed the following areas of good practice:

- The ward environment was calm and staff were observed carrying out their duties in a professional manner.
- Department staff commented that they have strong support links with the infection prevention and control (IPC) team who are always available for advice. The IPC team visit the ward on a weekly basis and review the infection risk status of patients. The team also carry out observations of the ward environment, cleanliness and staff practices.
- The results of ward performance on key elements of care are on display for staff, patients and visitors.
- There was a wide range of infection prevention and control leaflets for patients and visitors to reference (Picture 1).



Picture 1: Infection prevention and control leaflet rack

- To help reduce the risk of dehydration amongst patients, the ward sister has initiated a patient focused project. Vulnerable patients that need assistance and support with fluid intake will receive a red cup. The red cup will act as a trigger to focus staff attention on the patients' fluid intake, improving his/her hydration status. This project is in preparation for the National Nutrition and Hydration Week.

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

- Standards and sections which were assessed as non-compliant require immediate action to bring them up to a compliant level.

The inspection of Whiteabbey Hospital, Northern Health and Social Care Trust, resulted in **16** recommendations for Ward 2.

A full list of recommendations is listed in Section 12.0.

Inspectors noted the following recurring themes from previous inspections:

- More attention to improving environmental cleaning, clutter maintenance and repair.
- Clinical hand wash sinks do not comply with best practice guidance; Health Building Note 00-09.
- The cleanliness of domestic cleaning equipment remains an issue.

The Northern 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 Northern Health and Social Care Trust and in particular all staff at the Whiteabbey 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.

Ward	Ward 2
Environment	86
Patient Linen	91
Waste	77
Sharps	77
Equipment	85
Hygiene Factors	90
Hygiene Practices	97
Total	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.

Environment	Ward 2
Reception	83
Corridors, stairs lift	96
Public toilets	88
Ward/department – general (communal)	81
Patient bed area	88
Bathroom/washroom	91
Toilet	89
Clinical room/treatment room	77
Clean utility room	N/A
Dirty utility room	87
Domestic store	82
Kitchen	76
Equipment store	89
Isolation	74
General information	97
Total	86

The findings in the table above indicate that the general environment and cleaning within Ward 2 was of an overall good standard. Action is required in a number of specific ward areas to achieve a compliant standard.

The hospital entrance and reception is the first area of a hospital building that most users encounter. This area should instil a reassuring and welcoming sense of calm, safety and cleanliness. A high standard of cleanliness in these public areas promotes public confidence in the cleaning standards set by the hospital.

The entrance and reception area to the rehabilitation unit appeared clean, uncluttered, calm and welcoming (Picture 2). A number of maintenance issues were identified; holes in the wall where equipment had been previously removed, a number of light tubes were not working, radiator panels had become displaced and there were small areas of damage to ceiling tiles. The public toilet and the corridors and lift leading to the ward were generally clean and well maintained.



Picture 2: Clean uncluttered reception area

Areas within the ward that required most attention were the clinical room, dirty utility room, domestic store and kitchen, however the area of most concern is isolation room E which achieved a minimally complaint score. Immediate action is required in relation to cleaning and maintenance to bring this score to a compliant level.

The key findings in respect of the general environment are detailed in the following points.

Issues

- On most instances regular and effective cleaning mechanisms were in place to prevent the build-up of dust and debris. Further attention to detail is required to address cleaning issues identified on high and low horizontal surfaces, walls, skirting edges, windows, cupboards, shelving and furnishings. Members of the inspection team also observed body fluid staining on a patient mattress cover (Picture 3).



Picture 3: Stained patient mattress

- In the large bathroom and a patient toilet, inspectors observed that the underside of toilet tissue dispensers were both stained with faecal material and there was visible debris on toilet brushes. The underside of the bath hoist was stained; the inspection team were informed that

plans are in place to have the bath and hoist removed due to infrequent use.

- Damage to the paintwork of doors and frames throughout the ward is the most commonly identified maintenance and repair issue. Other issues identified include chipped laminate on patient lockers, paint chipped bed rails, exposed unsealed wood on the nurse's station, wall plaster damage in the equipment store, and flaking paintwork in patient bed areas and stained ceiling tiles. For effective cleaning, surfaces should be free from damage and impervious to moisture.
- The fixtures and fittings within the ward kitchen are old, worn and in a poor state of repair, some cupboard doors have dropped, there is missing laminate on the internal shelving and the protective covering of the work surface was damaged. The inspection team was informed that plans are in place to refurbish the kitchen fixtures and fittings.
- The cleaning schedules currently in place did not itemise patient equipment and did not detail the roles and responsibility of staff in the cleaning of patient equipment.

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).

Linen	Ward 2
Storage of clean linen	88
Storage of used linen	93
Laundry facilities	N/A
Total	91

The above table outlines the findings in relation to the management of patient linen. Ward 2 achieved compliance in relation to the storage of clean linen and compliance in the management of used patient linen.

The issues identified for improvement were:

- The laminate covering of linen shelving was chipped.
- The floor skirting within the clean linen store required cleaning.
- The frame of the used linen skip was paint chipped.

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.

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.

Waste and sharps	Ward 2
Handling, segregation, storage, waste	77
Availability, use, storage of sharps	77

The above table indicates that Ward 2 achieved partial compliance in the handling, segregation and storage of waste and in the availability, use, and storage of sharps. Issues identified for improvement in this section of the audit tool were:

7.1 Management of Waste

- Household waste had been inappropriately disposed of into clinical waste bins in A Bay, the dirty utility room and clinical waste bin at the nurse's station.
- A household waste bin was not available within the dirty utility room and a clinical waste bin was not available within the clinical room.
- A magpie box contained inappropriate items.
- A purple lidded burn bin in the clinical room was not labelled on assembly.
- The ward disposal hold was visibly dirty and untidy and the lid of the yellow clinical waste euro bin was not secured.

- A number of bin labels to identify waste stream, were worn and a number of waste bins were damaged.

7.2 Management of Sharps

- There were blood spots on the top of the sharps box on the resuscitation trolley. The temporary closure mechanism on this box was not deployed and the box had contents present.
- The sharps boxes currently in use on the ward were not compatible with the integral sharps trays (Picture 4).



Picture 4: Sharps boxes not compatible with integral sharps trays

- An integral sharps tray in the clinical room was stained.
- A locked and tagged sharps box was lying on its side on the floor of the disposal hold.

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 2
Patient equipment	85

The table above outlines that Ward 2 was compliant in this standard. The key issues identified for improvement in this section of the audit tool were:

- The main area of concern is the standard of cleanliness of the resuscitation trolley and associated emergency equipment. The top surface of the resuscitation trolley was dusty, the front drawers of the trolley were paint chipped and equipment on top of the trolley appeared to be placed in no designated order. The defibrillator and the portable suction machine were dusty, the ear piece of the stethoscope on the trolley was stained and the bag containing the Ambu bag was blood stained.
- The inspection team observed a number of bags of 'out of date' intravenous fluids in the equipment store.
- The symbol to identify equipment as single use was not known by two members of the nursing staff.
- The inner aspect of a patients wash bowl was covered in soap scum.
- There was sticky syrup on the underside of the medicine trolley and the lower shelf of the notes trolley was dusty.
- The inspection team observed a physiotherapy assistant decant disinfectant solution into an emesis bowl in preparation for the decontamination of an item of equipment. This practice does not comply with trust and manufacturer guidelines.

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 2
Availability and cleanliness of WHB and consumables	85
Availability of alcohol rub	93
Availability of PPE	100
Materials and equipment for cleaning	81
Total	90

The above table indicates that Ward 2 achieved overall compliance in this standard. However the section on materials and cleaning equipment was partially compliant.

The key issues identified for improvement in this section of the audit tool were:

- The ratio 1:6 hand washing sinks in bed bays was not in line with local/national guidelines. There was no hand washing sink in the domestic store.
- The specification of clinical hand washing sinks within the ward did not comply with national guidelines.
- Some consumable dispensers were damaged or required cleaning.
- Cleaning solutions in the dirty utility room and domestic store were not stored securely in line with COSHH guidance.
- Domestic cleaning equipment was old, worn or required cleaning. In the domestic store, a floor polisher and vacuum cleaner were dusty, a red mop bucket was worn and there was debris in the base of the yellow bucket.
- A small bottle of decanted disinfectant solution in the domestic store was not dated.

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 2
Effective hand hygiene procedures	100
Safe handling and disposal of sharps	100
Effective use of PPE	100
Correct use of isolation	94
Effective cleaning of ward	95
Staff uniform and work wear	93
Total	97

The table indicated overall compliance with this standard.

The key issues identified for improvement in this section of the audit tool were:

- When a member of the nursing team completed a care task with a patient who had been placed under contact precautions, the staff member removed gloves and washed hands before leaving the side room. The staff member did not remove the apron until they had come out of the room.
- Two members of the nursing staff were unaware of the procedure for preparation of the disinfectant product used within the ward.
- Two members of nursing staff were unsure of the NPSA colour coding system.

11.0 Key Personnel and Information

Members of the RQIA inspection team

- Mr T Hughes - Inspector, Infection Prevention/Hygiene Team
- Mrs S O'Connor - 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 C Kerr - Deputy Director of Nursing
- Mr D McWhirter - Deputy General Manager
- Ms B McFalone - Senior Infection Prevention & Control Nurse
- Ms M Getty - Ward Sister
- Mr P Bartley - Clinical Service Lead
- Mr E McCabe - Estates Officer
- Ms J Herald - Support Services Supervisor

Apologies:

- Ms O Macleod - Executive Director of Nursing
- Ms M Bermingham - Assistant Director of Corporate Support Services
- Ms N Baldwin - Lead Infection Prevention & Control Nurse
- Ms V Davidson - General Manager Catering and Domestic services

12.0 Summary of Recommendations

Recommendations

Standard 2: Environment

1. Staff should ensure that all surfaces are clean and free from dust, dirt and stains.
2. A maintenance programme should be in place for damaged surfaces, fixtures and fittings. Damaged equipment should be replaced and hand washing sinks and consumables installed as required.
3. Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.
4. Nursing cleaning schedules should detail all available equipment and outline staff roles and responsibilities. The schedules should be robustly audited by senior staff.

Standard 3: Linen

No further recommendations.

Standard 4: Waste and Sharps

5. Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.
6. Staff should ensure that waste bins are in a good state of repair.
7. Staff should ensure that sharps boxes are labelled when assembled.

Standard 5: Patient Equipment

8. All equipment should be clean and in a good state of repair.
9. Staff should ensure stock rotation is carried out.

Standard 6: Hygiene Factors

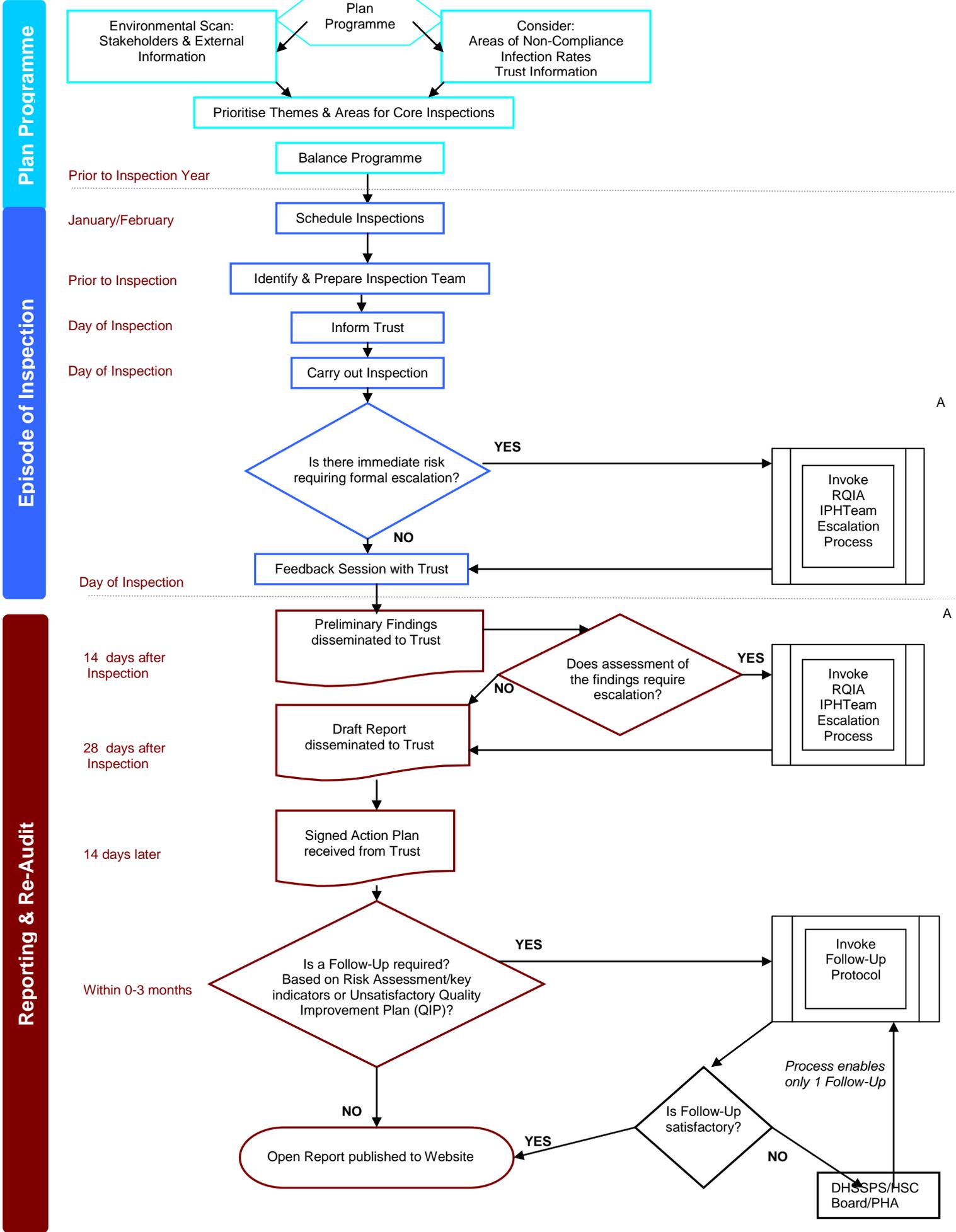
10. The ratio of clinical hand washing sinks should be in line with local/national guidance (HBN 04-01). A dedicated hand wash sink should be available in the domestic store.
11. Clinical hand wash sinks should be reviewed to comply with guidance; Health Building Note 00-09 (Infection Control in the Built Environment 2013, Best Practice Document).

12. Staff should ensure that hand hygiene consumables are clean and in a good state of repair.
13. Domestic staff should ensure all ward cleaning equipment is clean, stored correctly and in a good state of repair.
14. Staff should always follow trust and manufacturer guidance in the use of chemical disinfectants

Standard 7: Hygiene Practices

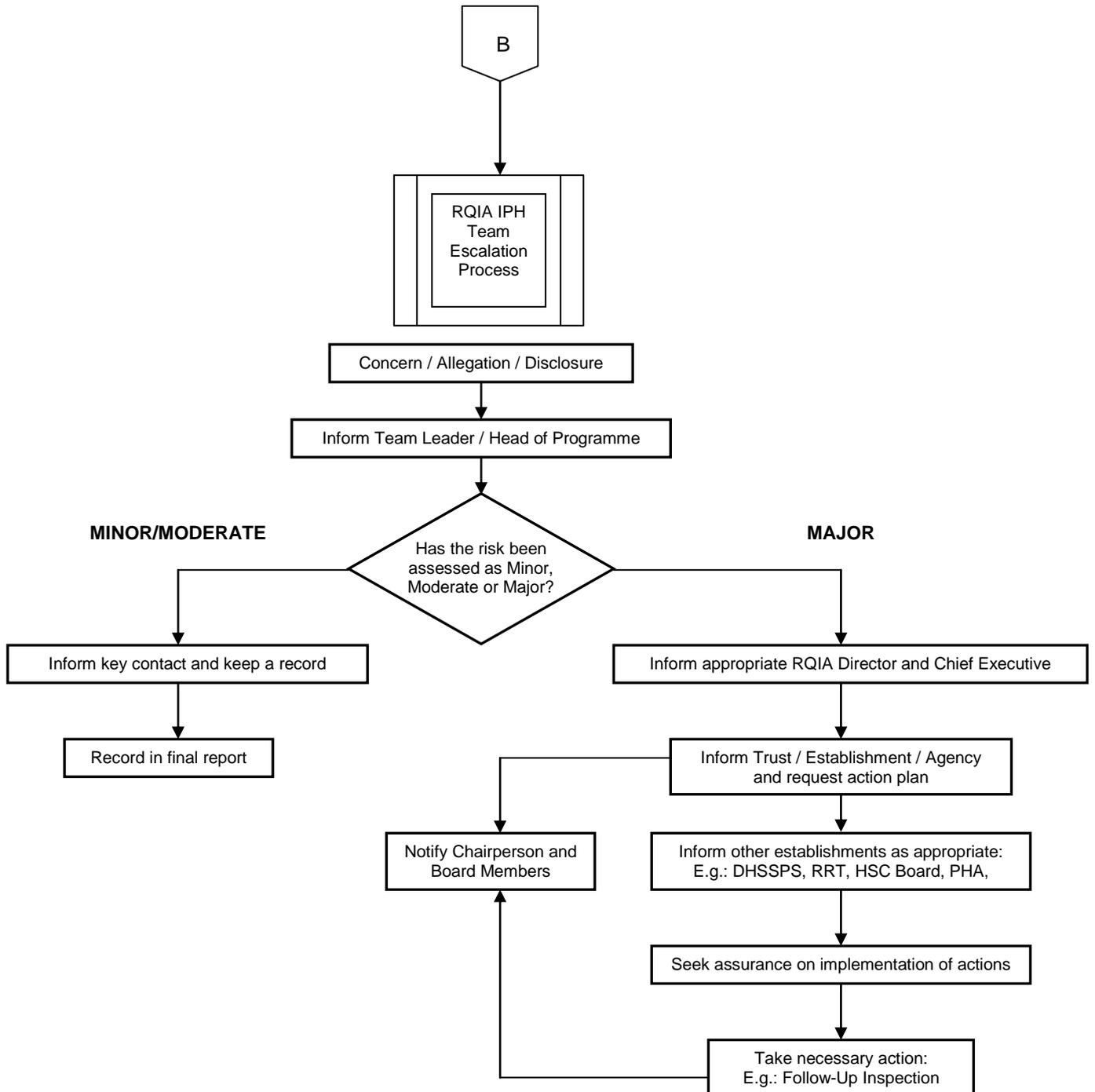
15. Staff should ensure PPE is removed on completion of a task.
16. Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.

13.0 Unannounced Inspection Flowchart



14.0 Escalation Process

RQIA Hygiene Team: Escalation Process



15.0 Quality Improvement Action Plan

Whiteabbey Hospital - Ward 2 (Patient Rehabilitation) 19-3-14

Ref number	Recommendations Ward 2	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.	Nursing	Nursing staff should clean all nursing pieces of equipment to ensure free from dust, dirt and stains.	18.05.14
		Domestic Services	Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon by the domestic supervisors to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff, and in the event of two re-occurrences of the same lapse in cleaning standards/practices, disciplinary action will be taken. Main Entrance And Reception Area To The Hospital All cleaning issues highlighted in the preliminary report have been addressed. All the Estates issues associated with the holes on the wall, re-decoration, the ceiling tiles and the build-up of foliage	23.03.14

Ref number	Recommendations Ward 2	Designated department	Action required	Date for completion/ timescale
			debris between the glass panelling at the automatic doors have been addressed. The removal of the adhesive tape residue on the internal glass panelling of the reception desk is proving very difficult and there is consideration being given to have the glass fully replaced.	
2	A maintenance programme should be in place for damaged surfaces, fixtures and fittings. Damaged equipment should be replaced and hand washing sinks and consumables installed as required.	Nursing	Ward Manager to report all items that become damaged via Estates Services in a timely fashion and to complete Minor Capital Works to replace hand washing sinks. The Ward manager will check the standard of fixtures and fittings by daily observations of the clinical area by her and other team members. Damaged equipment should be repaired if possible or replaced if required.	18.06.14
3	Staff should review arrangements for storage to ensure best use of the facilities and maintain a clutter free environment.	Nursing	Ward Manager reminded staff to maintain a clutter free environment, and review current stock/storage arrangements.	18.05.14
4	Nursing cleaning schedules should detail all available equipment and outline staff roles and responsibilities. The schedules should be robustly audited by senior staff.	Nursing	Cleaning schedules updated to give more details, roles and responsibilities. These should have regular review by senior staff- daily and spot checks by lead nurse monthly.	18.05.14

Ref number	Recommendations Ward 2	Designated department	Action required	Date for completion/ timescale
Standard 3: Linen				
	No further recommendations.			
Standard 4: Waste and Sharps				
5	Staff should ensure waste is disposed of into the correct waste stream in accordance with trust policy.	Nursing	All nursing staff reminded to follow policy for waste and sharps. Clarity is being obtained from Trusts Waste Officer to ensure compliance within guidance.	18.05.14
6	Staff should ensure that waste bins are in a good repair.	Nursing Domestic Services	Nursing staff have disposed of waste bins not in good repair. Nursing staff to reorder new bins as required. Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all waste bins are kept in a good state of repair and replacement requirements raised with the Ward Manager/Deputy Ward Manager. Daily Observational audits take place each afternoon by domestic supervisors to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff, and in the event of two re-occurrences of the same lapse in cleaning standards/practices, disciplinary action will be taken.	18.05.14 23.03.14

Ref number	Recommendations Ward 2	Designated department	Action required	Date for completion/ timescale
7	Staff should ensure that sharps boxes are labelled when assembled.	Nursing	Nursing staff reminded to label sharps boxes when assembled. Staff were informed of this by the Ward manager verbally following the report and discussed at a Ward meeting on 8 th May 2014. Compliance will be monitored by spot checks.	18.04.14
Standard 5: Patient Equipment				
8	All equipment should be clean and in a good state of repair.	Nursing	Nursing staff reminded to ensure that all equipment is clean and in good state of repair as per cleaning schedules. Any equipment not in a good state of repair should be reported to Estates by staff. Staff were informed of this by the Ward manager orally following the report and discussed at a Ward meeting on 8 th May 2014. Compliance will be monitored by spot checks.	18.05.14
9	Staff should ensure stock rotation is carried out.	Nursing	Rotate stock levels and monitor same. Staff were informed of this by the Ward manager orally following the report and discussed at a Ward meeting on 8 th May 2014. Compliance will be monitored by spot checks.	18.04.14
Standard 6: Hygiene Factors				
10	The ratio of clinical hand washing sinks should be in line with local/national guidance (HBN 04-01). A dedicated hand wash sink should be available in the domestic store.	Nursing	Minor Capital Works to be completed to increase sink numbers in patient bays.	18.05.14
11	Clinical hand wash sinks should be reviewed to comply with guidance; Health Building Note 00-09 (Infection Control in the Built Environment	Nursing	Minor Capital Works to be completed to comply with Best Practice Document.	18.05.14

Ref number	Recommendations Ward 2	Designated department	Action required	Date for completion/ timescale
	2013, Best Practice Document).			
12	Staff should ensure that hand hygiene consumables are clean and in a good state of repair.	Nursing Domestic Services	Nursing staff reminded to ensure that consumables are cleaned, monitored and recorded as clean in cleaning schedules. Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning duties are completed to the standard in which they have been trained. Daily Observational audits take place each afternoon by domestic supervisors to “quality check” the standards of Environmental cleaning are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff, and in the event of two re-occurrences of the same lapse in cleaning standards/practices, disciplinary action will be taken. All cleaning issues highlighted in the preliminary report have been addressed.	18.05.14 23.03.14
13	Domestic staff should ensure all ward cleaning equipment is clean, stored correctly and in a good state of repair.	Domestic Services	Domestic Services staff within the area have been advised of the preliminary findings and reminded of the importance of ensuring all cleaning equipment is kept clean, stored appropriately and maintained in a good state of repair, in line with the standard in which they have been trained. Daily Observational audits take place daily by domestic supervisors to “quality check” the standards of	23.03.14

Ref number	Recommendations Ward 2	Designated department	Action required	Date for completion/ timescale
			Environmental cleaning including the Domestic Services Store, to ensure standards are being sustained. The Ward Manager/ Deputy signs off the audit providing an opportunity to raise any concerns. Any issues noted are highlighted with the appropriate staff and in the event of two re occurrences relating to the same lapse in cleaning standards/practice, disciplinary action will be taken.	
14	Staff should always follow trust and manufacturer guidance in the use of chemical disinfectants	Nursing	Nursing staff reminded to follow guidance in the use of disinfectants at ward level. Staff were informed of this by the Ward manager orally following the report and discussed at a Ward meeting on 8 th May 2014. Compliance will be monitored by spot checks.	18.05.14
Standard 7: Hygiene Practices				
15	Staff should ensure PPE is removed on completion of a task.	Nursing	All Nursing staff reminded to remove PPE on completion of a task. Staff were informed of this by the Ward manager orally following the report and discussed at a Ward meeting on 8 th May 2014. Compliance will be monitored by spot checks.	18.04.14
16	Nursing staff should ensure they are familiar with the NPSA colour coding guidance for cleaning equipment.	Nursing	All Nursing staff reminded of colour coding and poster displayed for cleaning equipment. Staff were informed of this by the Ward manager orally following the report and discussed at a Ward meeting on 8 th May 2014. Compliance will be monitored by spot checks.	18.05.14



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