

9	17-Sep-13	S.D 3	S.D 3.1	Mobile step ladder unclean	Ladder cleaned. SOP has been developed for cleaning of step ladder	Support Services Manager	31-Oct-13	31-Aug-13	Completed			
10	17-Sep-13	S.D 3	S.D 3.1	Sluice room was cluttered with waste awaiting collection hindering access to hand washing sink.	Addressed through In-house Education & Training. Waste collection schedule has been revised regarding collection of waste with ongoing monitoring hence providing access to sinks. Ongoing monitoring.	Support Services Manager		31-Jul-13	Completed			
11	17-Sep-13	S.D 3	S.D 3.1	Sluice room / sluice hopper issues	Issues being addressed through Maintenance, painting schedule with review of cleaning schedule.	Ward Manager, Support Services Manager	31-Oct-13		Not yet due			
12	17-Sep-13	S.D 3	S.D 3.1	Waste management posters not displayed at relevant points.	Health & Safety advise sought - posters displayed at relevant points.	IPCN		31-Jul-13	Completed			
13	17-Sep-13	S.D 3	S.D 3.1	Cleaning products were stored on a shelf in the cleaners room.	All cleaning products stored in locked cupboard in dirty utility room. Continued monitoring through the internal audit programme.	Ward Manager		31-Jul-13	Completed			
14	17-Sep-13	S.D 3	S.D 3.1	Patients been cared for in isolation rooms with doors left open	Individual patient risk assessments to be completed on all patients in isolation on an ongoing basis.	IPCN	30-Sep-13					
15	17-Sep-13	S.D 3	S.D 3.1	Inappropriate items stored in linen room.	Items have been removed and stored elsewhere. Continued monitoring through the internal audit programme.	Ward Manager		31-Aug-13	Completed			
16	17-Sep-23	S.D 6	S.D 6.1	Hand Hygiene practices of staff entering and leaving isolation rooms was not in line with best practice. Staff were observed not performing hand hygiene following removal of PPE and on leaving the isolation room.	Schedule for all staff to attend mandatory hand hygiene to be continued. Monitoring of mandatory attendance at hand hygiene education sessions required. Reports of hand hygiene attendance and non attendance data for each department will be reviewed quarterly by the Hygiene Services Team. Hand Hygiene e learning programme to be promoted through workplace reminders. Observational hand hygiene audits performed in line with national HPSC guidance. Results fed back locally to HODS and reported at Hygiene Services Team meeting and at Hygiene Steering Group meetings. Spot checks will be carried out and disciplinary process will be evoked where there is no compliance.	IPCN Hospital Administrator, Heads of Department	31-Dec-13		Not yet due	BICS training identified as being required for household cleaning staff - this was rolled out late 2010/early 2011		

17	17-Sep-13	S.D 6	S.D 6.1	Sinks in isolation rooms on Step Down Ward were not compliant with SARI Hand Hygiene Guidance 2005.	Sinks in isolation rooms on Step Down Ward are designated patient sinks - not intended for staff usage. Alcohol gel available for staff hand decontamination, hand washing sink available outside patients room. Refurbishment of single rooms required to comply with SARI building guidelines 2009.	Hospital Administrator Group General Manager	31-Dec-13		Not yet due			
18	17-Sep-13	S.D 6	S.D 6.1	The authority observed 35 hand hygiene opportunities, however only 24 opportunities were taken and 20 complied with best practice hand hygiene procedures.	Audit of hand hygiene technique to be carried out with resultant action plan and feedback to HODS and Hygiene Services Team. In-house Education and Training. Continued monitoring through the internal audit programme.	CNS IP&C Hygiene Services Team		02-Sep-13	Completed	Reviewed 1.12.2010 Completion expected 8.12.2010.	Reviewed 3.11.10 Ongoing Proposal sent to Roisin and expect recommendations by end Nov. 16Feb11 With Procurement for Command System selection	31/03/2011
19	17-Sep-13	S.D 6	S.D 6.1	There was evidence of overuse of gloves with failure by staff to remove gloves between patients and between areas of the ward.	Audit of hand hygiene technique to include audit of glove usage and recommendations to be actioned. Continuing in-house Education and Training.	CNS IP&C Hygiene Services Team		02-Sep-13	Completed			
20	17-Sep-13	S.D 6	S.D 6.1	Signage instructing on the correct hand hygiene procedure was not displayed at all designated hand washing sinks.	Hand Hygiene posters placed at all designated hand washing sinks in Step Down Ward and MIU. All HODS to ensure hand hygiene procedure posters are displayed at designated hand washing sinks and report to Hygiene Services Team.	Ward Manager / HODS	20-Aug-13	25-Jul-13	Completed			