

List of Areas Not Compliant with ECA Standards

April - June 2024

Bi-Monthly:		Exception Report
April		
Area/s in red score:	None	
Area/s in amber score:	ALT-Theatre 1 (E=89%)	
	ALT-Theatre Recovery (E=87%)	Ongoing flooring issues still recurring and fly screens require attention. Reported to Estates.
Partial-compliant 1 out of 2 audits completed and reported	SWAH-Neonatal Unit	No report
May		
Area/s in red score:	None	
Area/s in amber score:	ALT-Theatre 1 (E=85%)	No report
	ALT-Theatre Recovery (E=87%)	Ongoing flooring issues still recurring and fly screens require attention. Reported to Estates.
Partial-compliant 1 out of 2 audits completed and reported:	ALT-Theatre - 3 ALT-Ward 50	No report Only one environmental audit was performed. Ward 50 Team did not allocate time to attend so the audit could not be performed. Ward Sister has discussed with Band 6 team that they are to attend environmental audits
June		
Area/s in red score:	None	
Area/s in amber score:	ALT-Theatre 6 (E=86%)	No report
	ALT-Theatre Recovery (E=87%)	Ongoing flooring issues not yet corrected. Reported to Estates, escalated to ASM and Kathy Mackey
Partial-compliant 1 out of 2 audits completed and reported	ALT-Imaging Interventional Rooms ALT-Sperrin Suite	No report No report
Quarterly:		
Area/s in red score:	ALT-Medical Imaging (C=60%)	Can only assume that this was due to staff shortages because of sickness/ annual leave etc This would be the responsibility of Support Services Team so would direct this action to this team. How short staffing will ultimately impact on results achieved

	<p>ALT-Pharmacy (P=73%)</p>	<p>Hand gel/wipes out of date. Dust in alot of areas. Marks on floors and use of cellotape/blue tac on doors. Dirt eg walls,windows,mirrors. Damaged celing tiles, Skirting, bins. Untidy areas. Chipped paint work. Chairs & notice boards not wipeable. Bins rusted/damaged need replaced.</p> <p>Meeting with estates/cleaning/nursing to discuss areas of much needed improvement within pharmacy. Training fro staff completeing quarterly enviromental audits.</p> <p>PFI building (Integral) – estates and cleaning provided by PFI company. Report shared and meeting arranged to go through detail and ensure actioned. Improvements seen already.</p> <p>Report shared at pharmacy senior managers group and actions noted and being taken forward – tidiness, replace cellotape with Bluetac, laminate notices.</p> <p>Listing items that need replaced e.g. bins, non-wipeable chairs and noticeboards.</p>
<p>Area/s in amber score:</p>	<p>ALT-Ward 6 (E=87%)</p>	<p>Dirty utility-light fittings/pull cords; treatment room-hard floor; patient rooms-doors and frames/window frames and sills/light fittings/pull cords</p> <p>Discussed area of failing with staff that carried out the audit. Made a list or reccomendations/that failed as per environmental audit results. Logged request with estates department.</p>
	<p>ALT-Pharmacy (C=77%; E=89%)</p>	<p>Hand gel/wipes out of date. Dust in alot of areas. Marks on floors and use of cellotape/blue tac on doors. Dirt eg walls,windows,mirrors. Damaged celing tiles, Skirting, bins. Untidy areas. Chipped paint work. Chairs & notice boards not wipeable. Bins rusted/damaged need replaced.</p> <p>Meeting with estates/cleaning/nursing to discuss areas of much needed improvement within pharmacy. Training fro staff completeing quarterly enviromental audits.</p> <p>PFI building (Integral) – estates and cleaning provided by PFI company. Report shared and meeting arranged to go through detail and ensure actioned. Improvements seen already.</p> <p>Report shared at pharmacy senior managers group and actions noted and being taken forward – tidiness, replace cellotape with Bluetac, laminate notices. Listing items that need replaced e.g. bins, non-wipeable chairs and noticeboards</p>
	<p>ALT-Radiotherapy (P=80%)</p>	<p>No report</p>
	<p>ALT-Ward 41 (P=88%; E=84%)</p>	<p>Rusty bins; Cellotape in use on signage or not laminated; Bodily fluids in dirty utility; dirty commode; Ripped chairs; General untidyness and cluttered areas in staff room and staff bases; Rusty fridge</p> <p>All above were actioned. 4 times a day commode checks monitored. Condemned furniture. A/W housekeeper to be in post. Fridge condemned.</p> <p>Shared with staff via safety brief of appropriate storage and disposal of bodily fluids.</p>

Erne HC Treatment Room (C=86%) Room1: High surfaces - dusty. Room 2 - High surfaces dusty area below sink at floor appears dirty, floor dusty, cobwebs. Room 3 - high surfaces dusty.
The following staff have been informed: Interim Assistant Director PCOP Paula Devine; Head of Community Nursing (southern) Marianne Walsh; Treatment Room Services Co-ordinator Helen Brolly and Head of Support Services Sonia Gormley. The Treatment Room sister has informed the cleaners and the Health Centre Manager.

Lisnaskea HC Treatment Room (E=88%) Entrance area: Sealant needs replaced around hand washing sink; Need to remove radiator cover and clean radiator; Seal around worktop needs replaced; paintwork chipped on walls and skirting. Treatment/Emergency Area: Wall under glove holder needs repaired and painted, black water stains on wall below ceiling. Cubicle 1 Eye Clinic: Need to remove radiator cover and clean radiator; Walls & Skirting - need to repair holes and paintwork. Cubicle 2 Gynae: Need to remove radiator cover and clean radiator; Paintwork on walls chipped. Sluice: Paintwork on walls chipped.
The following staff have been informed: Interim Assistant Director of COPS Paula Devine; Head of Community Nursing (northern sector) Joanne Torrens; Treatment Room Services Coordinator Helen Brolly; Operations & Maintenance Manager, Estates Ryan Smyth.

No audit completed/reported:	ALT-Ward 22	No report
	PCOPS-OPALS South Wing Clinics	No report
	Rosebud Cottages	No report
	SWAH - Children's Outpatients	No report

6-Monthly:

Area/s in red score:	None	
Area/s in amber score:	Evergreen Centre (C=89%)	This audit will have included the Dragonfly Room which had been affected by a shortage of cleaning hours which we had been working through. This has impacted on cleaning throughout the centre. We had our funding agreed for additional cleaning hours agreed last week (end of June) so will be able to directly address any shortcomings in the cleaning moving forward. We will continue to monitor for improvements in cleaning across the centre including in the Dragonfly room.

Lackaboy 2 (E=88%) Ceiling tiles stained due to condensation. Dust behind radiators. Holes in wall where toilet roll holder was replaced. Sealant worn at sink.
Job requested submitted to Estates on 30th April 2024 for all of the above.
Ceiling tiles an ongoing issue since building was opened in 2000.
Check behind radiators for dust as part of staff weekly/monthly cleaning schedule. Submit requisition to Estates if any remedial work needed after repair works completed e.g. holes left in walls. Sealant on sinks to be checked as part of staff weekly/monthly cleaning audit.

OHPCC-Medical Imaging (P=88%) Ventilation grills and inlets need attention in toilet area. Dirty walls and skirting in CT area. A new request placed on Estate Services page. Follow up on Estate requests

Seymour Gardens RHE (E=86%)	No report
SWAH-Orthoptics (C=88%; P=89%)	Dust on window sill, floor, desk. Dust on equipment. Informed relevant staff of the score and asked them to action areas where they have responsibility for maintaining cleanliness for

Managerial:

Area/s in red score:	ALT-Pharmacy (P=73%)	Hand gel/wipes out of date. Dust in alot of areas. Marks on floors and use of cellotape/blue tac on doors. Dirt eg walls, windows, mirrors. Damaged ceiling tiles, Skirting, bins. Untidy areas. Chipped paint work. Chairs & notice boards not wipeable. Bins rusted/damaged need replaced. Meeting with estates/cleaning/nursing to discuss areas of much needed improvement within pharmacy. Training fro staff completeing quarterly enviromental audits. PFI building (Integral) – estates and cleaning provided by PFI company. Report shared and meeting arranged to go through detail and ensure actioned. Improvements seen already. Report shared at pharmacy senior managers group and actions noted and being taken forward – tidiness, replace cellotape with Bluetac, laminate notices. Listing items that need replaced e.g. bins, non-wipeable chairs and noticeboards.
Area/s in amber score:	ALT-Biochemistry (C=85%; P=85%)	Not enough resources in lab to clean. No dedicated cleaning staff to clean lab areas, staff clean when they can, but with workload pressures this may not always be possible. The lab is not a patient facing area. No patients enter the lab at any time. Estates notified of there requirements via the report for sorting out. ntegral notified of their areas of improvement to sort out. Within the lab, the staff are notofied of the actions to be taken to clear these audit findings. Employ dedicated cleaning staff for these areas
	ALT-Cancer Centre Radiology (P=84%)	Bins to be replaced; Detergent wipes expired, Gloves expired, Zidac hand gel to be disposed of; No Clinell sticker on urinalysis machine or glucometer; Crash trolley not checked @ 9:00; Anaphylaxis & COSHH cupboards left unlocked; Clutter Bins now replaced. All stock checked with expired items discarded. Urinalysis & Glucometer cleaned & sticker applied. Staff start work at 9:00, crash trolley is checked every day shortly after this- Memo to staff. Cupboards locked & staff made aware of key location- Memo to staff. Clutter removed. Check expiry dates of items that we use everyday ie wipes, disposable gloves.
	ALT-DCU - Theatre (C=86%; P=75%)	Support severices not cleaning the areas that they are assigned to do. Cleaning that would normal work in DCU off on leave/ removed to go to another areas whos audits have failed. Reported to support services. Cleaning carried out.

ALT-Pharmacy (C=77%; E=89%)

Hand gel/wipes out of date. Dust in alot of areas. Marks on floors and use of cellotape/blue tac on doors. Dirt eg walls, windows, mirrors. Damaged celing tiles, Skirting, bins. Untidy areas. Chipped paint work. Chairs & notice boards not wipeable. Bins rusted/damaged need replaced.

Meeting with estates/cleaning/nursing to discuss areas of much needed improvement within pharmacy. Training fro staff completeing quarterly enviromental audits.

PFI building (Integral) – estates and cleaning provided by PFI company. Report shared and meeting arranged to go through detail and ensure actioned. Improvements seen already.

Report shared at pharmacy senior managers group and actions noted and being taken forward – tidiness, replace cellotape with Bluetac, laminate notices. Listing items that need replaced e.g. bins, non-wipeable chairs and noticeboards

ALT-Pre-Op Assessment (P=90%)

Skirting in multi-purpose room reported to estates, unable to be fixed, there is no ventliation in room so gets very hot and humid, so the glue comes un-stuck.

Bins rusty in some areas. The room designated as a dirty utility is not, it is a storage room as there is no clinical activity within it. We do not have a tea room in the unit.

We had our fire training at the beginning of May and the fire officer was aware that the fire doors into the clinical area are kept open as we cannot see if the patients have arrived, and as long as there were staff there during the day he was happy with that. There are locked when there is no staff both with a keypad and a key. Crash trolley stained, from cleaning. Posters not all laminated.

Skirting reported to estates. Bins ordered. I will source suction tubing from another area or appropraite code. Report shared with orthopaedics as shared area with orthopaedic pre-op assessment and some issues OT related. Contacted support services to get use of room changed on MICAD from dirty utility to storage. All posters laminated. Signage added in room. Ensure at end of day all areas are cleaned down and labelled.

Share with staff that all areas need to be kept uncluttered and tidy, make sure that staff place labelled after cleaning at end of day.

ALT-Theatre - 3 (P=88%)

Alcohol gel/ products out of date . chairs broken and one torn. sharps boxes no partial closure. soap dispenser to be cleaned . chloricide not dated.sinks and cupboards untidy and out of date stock to be cleaned . staff jewellery and polish.

Alcohol gel/ products out of date replaced. chairs replaced sharps boxes partial closure soap dispenser to be cleaned . chloricide dated.sinks and cupboards to be cleaned . staff reminded re jewellery and polish.

ALT-Ward 26 (P=88%)

Very little audited only 12.5% of rooms audited, to have a validated audit at least 25% of the area needs audited.
All areas actioned that failed. audit result shared with staff at safety brief and areas of failure highlighted. Jobs logged AGAIN for all the outstanding estate jobs.
support services highlighted to the audit team how validated was the audit as only 12.5% of the ward audited. not true reflection.
Learning for the audit team. Audit team very fastidious. a patient literally transferred to icu in an emergency situation and the room was audited straight away before any staff got in to clear the room!! The audit procedure has to be carried out correctly with the audit team using their initiative.

ALT-Ward 41 (P=88%; E=84%)

Rusty bins; Cellotape in use on signage or not laminated; Bodily fluids in dirty utility; dirty commode; Ripped chairs; General untidyness and cluttered areas in staff room and staff bases; Rusty fridge
Hard floor damages; Sealant to be replaced on sinks; Chipped paintwork; Damaged pull cords and blind cords; Broken lights; Broken water fountain
All above were actioned. 4 times a day commode checks monitored. Condemned furniture. A/W housekeeper to be in post. Fridge condemned.
All areas of failure were requested on estates to be addressed. Paint request has been requested in April/ March time. Floor addressed on 2 occasions.
Shared with staff via safety brief of appropriate storage and disposal of bodily fluids.

Beltany Respite Facility (C=83%; E=88%) No report

Castlederg Health Centre (P=82%)

GGF04-12 OT Therapy Room: Clinell wipes out of date; shelves cluttered; need to remove items from floor to aid cleaning; cushion on floor requires cleaning. GGF07-15 Kitchen: Untidy overall - Cupboards need cleared out; food items need checked and out of date items disposed of; fridge & microwave require cleaning; out of date food in fridge needs disposed of. GGF09-17 DN Office: No hibiscrub available/sanitiser out of date; non detergent wipes out of date; Patient bed needs cleaned, body fluids, wipes leaving smear; sink cluttered - carex soap to be removed; noticeboard signs not laminated; overall appearance dirty - blue trays needs cleaned; no disinfectant wipes; patient equipment - grime build-up - need to clean suction machines and remove from floor - all machines need cleaned. GGF12-2 Reception: Wipes not dated/hand sanitiser out of date; overall cluttered - boxes need removed from floor, out of date face masks at front reception. GGF15-22 Corridors: Sanitiser out of date: GGF16-3 Podiatry Treatment Room: Clinell tape out of date; sharps box left open and full; incorrect storage of sterile equipment - possible contamination; out of date biscuits stored in drawers; window blind damaged, needs replaced. GGF18-5 Store: Loose dressing pads to be removed-lying on floor; all flining cabinets unlocked, door to store unlocked, confidential files in store; Admin & nursing equipment mixed in store - should be separate; Files of deceased need filed away in locked cabinets in chronological order; patient mattress in corner - unable to identify if it's in use or needs to be condemned; shredder needs removed if not in use; sharps box in store with items in box - no signature on box. GGF20-0 Waiting Room: Clinell wipes out of date. GGF22-9 Health Visitors/school Nurses Office: Face masks out of date; dental packs on floor; no clinell sticker on scales; PC keyboards, phones and computers require cleaning; window blind needs fixed. The following staff have been informed: Interim Assistant Director PCOP Paula Devine; Head of Community Nursing (southern) Marianne Walsh; Community Nursing Service Manager Debbie Campbell; Interim Head of AHP Services Eileen Dolan; Head of Service Public Health, W&C, Hilary Campbell/Denise Armstrong and Health Visiting MDT Implementation Manager Joyce McKittrick.

OHPCC-Renal Unit (P=90%)

Temperature in staff fridge. Corrosive substance not in COSHH cupboard. Coat hooks ligature risk
Temperature tracer ordered and temp recording will be started once received. Corrosive substance not in COHSS cupboard- COSHH cupboard to be sourced and ordered. Coat hooks ligature risk- Ligature risk assessment to be completed and unnecessary coat hooks removed.
Needs to be communicated to all areas that staff food fridges require dily temperature checks

Omagh Centre (P=87%)

No report

SWAH - Ward 6 (C=82%; P=84%; E=8)

No report

SWAH-Laboratory (C=88%; P=89%)

Audit performed and highlighted non-compliance in Laboratory areas. These have been communicated to Laboratory Management Personnel. Deviations are highlighted in the managerial Audit report.

Laboratory personnel have reviewed the Managerial audit report. Corrective action plan has been agreed to target and address the noncompliances in the managerial audit report. Applicable services have been contacted to undertake cleaning and repair jobs and a separate internal corrective action plan has been produced and distributed to relevant staff to identify and address necessary actions.

Report format can be used for other work areas.

SWAH-Main Theatres (P=86%; E=86%)

Rusty bottom bins- 6 in total; Face masks out of date - 2 boxes; Tea room table cluttered? with staff lunch bags- nothing on the floor; Staff shower - shower gel bottles left by staff; One piece of paper within main store not laminated; Large boxes in main store on floor; 1 packet of Wipes out of date- not dated; Health +Safety Poster - no name;

New urinal bottle stored within a drawer within utility recovery area; Chair in staff shower- broken back; Chairs in tea room- covering cracked; Out of date hand gel in domestics store; Medical team member wearing a watch - corridor not going into theatre; Lime scale on every tap- approx 6; external window- build up of grime; Light fittings not working disposal area room- due to sensorsanaesthetic room; Ambu bags- some bags have expiry date on the package others dont; Numerous estate issues regarding flooring/ decor

New bins ordered; Masks removed; Staff requested to keep lunch bags in lockers- not acceptable practise to be leaving lunch in own lockers- table was full with various bags however there was nothing on the floor. New table to be ordered to enable staff to leave lunch bags within rest room as lunch bags are not permitted to be placed in the fridge; Shower gel removed and staff informed nothing to be left in shower area- all personel belongings to be kept in lockers- Laminated sign in place now; Piece of paper removed from main store; Large boxes- nothing much currently can be done to remove from floor; Wipes discarded- staff informed to ensure all wipes are dated on opening

H+S Poster- staff name is allocated on white board outside of office along with Fire safety Officer for shift lead; New urinal bottle removed; Chair in shower room removed- portering staff to discard; Chairs in tea room - ongoing for 4 years as an issue and has been raised to purchase- has been declined at finance level- emails can be attached

Domestic staff advised and will ensure to check dates; Medical team advised to remove watch; Lime scale has been reported through MITIE; External window- MITIE reported Light fittings not working reported to MITIE; Ambu bags with packaging stating expiry date has been removed and discarded; All issues with floors/ decor been reported through via email

SWAH-Orthoptics (C=87%; P=88%)

Dust on window sill, floor, desk. Dust on equipment.

informed relevant staff of the score and asked them to action areas where they have responsibility for mantaining cleanliness for.

SWAH-Podiatry (C=84%; E=89%)	Paint work in need of update and ceiling tile discolored due to water damage. Request has been submitted for paint work update and ceiling tile to be replaced. Request update in paintwork regularly
SWAH-PreOp Assessment (P=90%)	<p>Cleaning wipes dated March 2023; Sharps box dated September 2023; Cluttered Store; Some Equipment missing Clinell tape; Inappropriate storage of staff; Cutlery/soup/Crockery in Clean Utility Cupboard; Dressings and Urea Cream out of date; Dust on computer; Gloves and Aprons in patient toilet.</p> <p>Above findings identified in Outpatients Area 3 which is a shared space. All staff informed of audit scores and failures at safety brief and by email. All failures addressed, Sharps boxes replaced, Equipment cleaned and Clinell tape applied. Shared store decluttered and cleaned, staff who use same informed and asked to maintain to expected level of cleanliness. All staff working in shared space in OPD Area 3 kindly asked to adhere to policies and procedures to improve and maintain high standards of environmental cleanliness in Outpatients. Expired items removed and disposed of, staff informed and asked to check expiry dates regularly. Gloves and aprons retained in patient toilet - this toilet is used for patients attending continence clinic, aprons and gloves are required by staff assisting patients at this clinic. Staff cups/ cutlery/ food removed from Clean Utility Cupboard, manager informed and asked to share findings with all staff. Staff to be accountable for personal belongings and store appropriately in designated area provided.</p>
SWAH-Ward 2 (P=80%) T&F-Oak A&B (C=88%)	<p>No report</p> <p>Nursing Station - dirt on stool/chairs, dust on work tops; Manager's Office - dirt on stool/chair, dust on high/low surface; RO 08 - trolley dusty; RO 11 - dust on window ledge, dust at base of chair, dust at back of TV, dust on picture; RO 19 - dust at base of chair, remove curtains; RO 21 - food opened should be labelled and put lidded containers, dirt on hard floor, toaster requires cleaning, dust on top of cupboard, dirt on microwave; RO 48 - marks/stains on sink and splashback, toilet marks/stains, dirt on walls and skirting</p> <p>Spoke with Support Services Manager and advised of the following: (We completed a deep clean before Patients moved back form Ash Villa, since then our permanent staff have been off on leave quite a number of days up until Wednesday of this week; The Bank/relief staff covering these areas over the past weeks have not been the same which means the cleaning has not been effective nor consistent).</p> <p>Support Services will be in this weekend to bring the cleaning back up to the standard we are accustomed to and Support Services will monitor these areas going forward.</p> <p>It is essential that the Ward Sister is reviewing the department regularly and that all staff are aware of everyone's responsibility to ensure environmental cleanliness.</p>
Waterside-Ward 3 (C=89%; P=85%; E= No report)	No report