

July - September 2024 Environmental Cleanliness Audit Dashboard

as of 18 October 2024 11:42

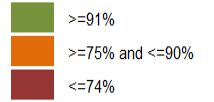
End of the Quarter's
audit compliance of 105
areas



End of the 6-Monthly's
audit compliance of 72
areas



Managerial audit's
compliance as of
September 2024 of 230
areas

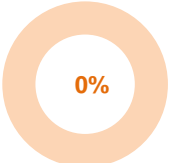


Wards' Performance on Bi-Monthly Audit

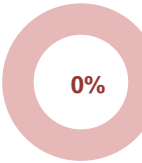
Wards in Green



Wards in Amber

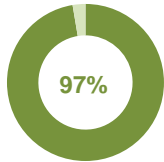


Wards in Red

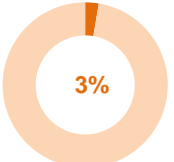


Wards' Performance on Quarterly Audit

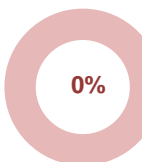
Wards in Green



Wards in Amber

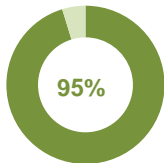


Wards in Red

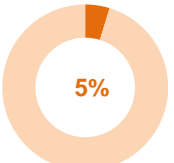


Wards' Performance on 6-Monthly Audit

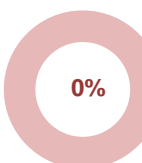
Wards in Green



Wards in Amber

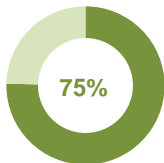


Wards in Red

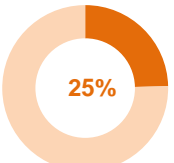


Wards' Performance on Managerial Audit

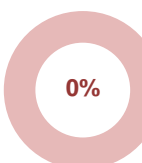
Wards in Green



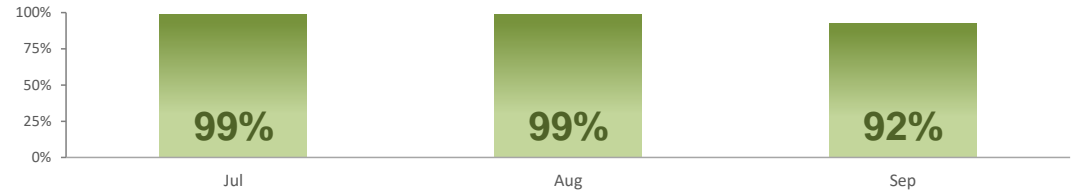
Wards in Amber



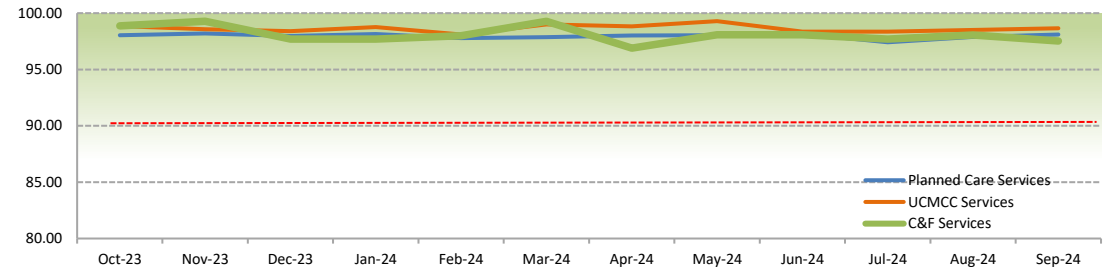
Wards in Red



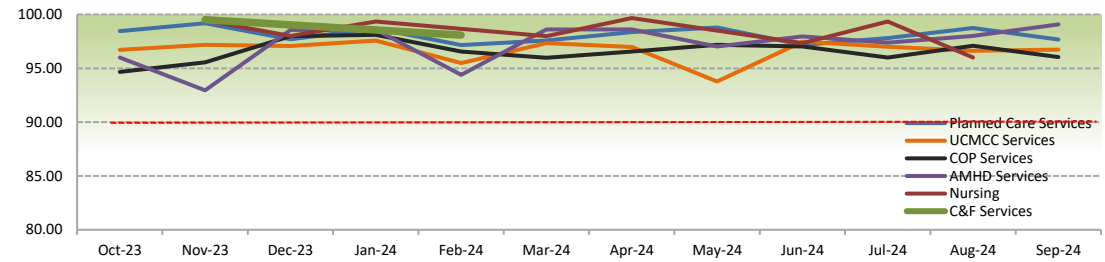
Bi-Monthly Audit Compliance of 39 areas



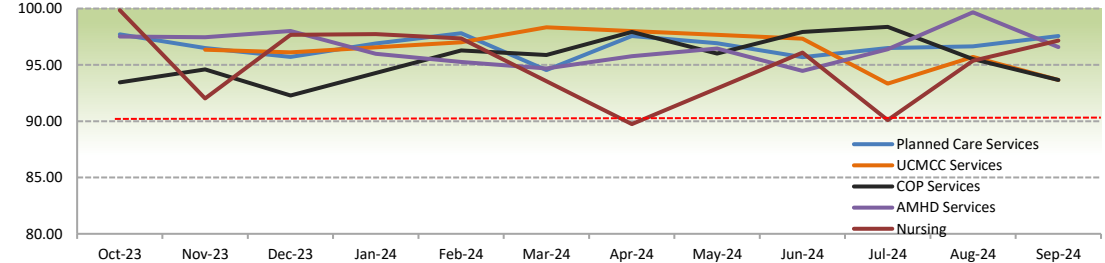
Directorates' Bi-Monthly Environmental Cleanliness Audits Average Scores



Directorates' Quarterly Environmental Cleanliness Audits Average Scores



Directorates' 6-Monthly Environmental Cleanliness Audits Average Scores



List of Areas Not Compliant with ECA Standards

July - September 2024

Bi-Monthly:		Exception Report
July		
Area/s in red score:	None	N/A
Area/s in amber score:	None	N/A
Partial-compliant 1 out of 2 audits completed and reported	ALT-Sperrin Suite	No report
August		
Area/s in red score:	None	N/A
Area/s in amber score:	ALT-Theatre 1 (E=88%)	Awaiting estates to come reoccurring issues. Several reports sent awaiting allocation from estates.
Partial-compliant 1 out of 2 audits completed and reported:	ALT-Cath Lab 1	Unable to do the audit as per schedule, as cath lab 1 was using for procedure. Contacted support service to re-schedule many times but not slots were available and short staffing to do the audit. To keep try to re-schedule the dates
September		
Area/s in red score:	None	N/A
Area/s in amber score:	ALT-Theatre 1 (E=85%)	Awaiting estates again this month, floor failing in theatre scrub and theatre. Allocation from estates.
	ALT-Theatre 4 (E=89%)	No report
No audit completed/reported:	ALT-Pharmacy Aseptics	No report
Partial-compliant 1 out of 2 audits completed and reported	ALT-DCU Eye Theatre 11	No report
	ALT-Imaging Interventional Rooms	No report
	ALT-Theatre 2	No report
Quarterly:		
Area/s in red score:	None	N/A
Area/s in amber score:	ALT-Pharmacy Dispensary Area (P=83%, E=88%)	No report
	Rapid Response Fermanagh (C=89%, P=82%)	FF25 - Clinical Intervention Room - Bag hung on back of bin. FF22 - Dirty Utility - Door Frame dusty; Bag hung on back of bin; limescale on taps; sluice sink dirty. FF23 - Clinical Room - Bag hung on back of bin. Patient Toilet - Door Frame dusty; Bag hung on back of bin; Soap dispenser dirty, inside of towel dispenser needs cleaned; toilet seat dirty; mirror. Cleaner informed. The following staff have been informed: Interim Assistant Director of COPS Paula Devine, Interim Head of Service for Community Nursing (Southern Sector) Marianne Walsh, Team Lead Lisa Mullan and Head of Support Services Sonia Gormley.
	SWAH-Cardiac Investigations (P=86%)	No report

	Waterside-Ward 2 (C=88%)	No report
No audit completed/reported:	ALT-Hydrotherapy	No report
	ALT-Ward 26	Ward 26 environmental audit was cancelled at the end of September as we were having encompass work done which included daily drilling etc so I felt it wouldn't be a true reflection while this was ongoing there was a lot of dust gathering etc. This was re arranged for this morning and was carried out and should be uploaded soon this will be Septembers one as the next one is December.
	ALT-Ward 47 Midwifery Led Ward	No report
	Asha Addiction Treatment Centre	No report
	Heather House	No report
	OHPCC-Childrens Centre	No report
	PCOPS-OPALS South Wing Clinics	No report
	Rathview House	No report
	Rosebud Cottages	No report
	SWAH - Children's Ward	No report
	SWAH - Ward 2	No report
	SWAH - Ward 5	We have had our environmental audit last week. There was a delay as Caroline Domestic supervisor was off on sick which I was unaware of end late September. I will get the results from this audit and add to dashboard asap
	SWAH - Ward 7	No Environmental Audit was carried out between June and September. This was complete oversight. I have emailed Housekeeping supervisors to arrange an Audit as soon as possible. To try and schedule Audits more timely
	T&F-Ash Villa	No report
	T&F-Oak A&B	No report
Waterside-Ward 4	No report	
6-Monthly:		
Area/s in red score:	Irvinestown HC Podiatry (P=61%)	No report
Area/s in amber score:	ALT-Outpatients (C=88%)	No report
	Drumcoo Day Centre (E=82%)	No report
	Irvinestown HC Podiatry (E=86%)	No report
	OHPCC-Womens and Family Health (C=84%)	No report
	Seymour Gardens RHE (C=89%, E=85%)	No report

SWAH-Adult's AHP (P=90%)

1. boxes on floor in linen room 2. gloves dispenser dusty 3. screens need replaced after 6 months 4. no stock of gloves available 5. dishes and cutlery 6. sharps not disposed of at point of use 7. dust on crash trolley/checks not completed and recorded 8. light dust PC/keyboards 9. gloves expired
 Ronan O'Kane Principal Physiotherapist in SS was informed and following has been completed: 1. boxes now moved to a shelf in storeroom 2. gloves dispenser now clean 3. E-mail has been sent to PTA on 8/8/24 to replace screens and this will be actioned. 4. gloves replenished 5. team lead in MSK OP Department Chloe to ensure staff are made aware of the importance of cleaning the communal area after use. 6. staff made aware of sharps policy. 7. crash trolley now clean. Audit completed last week and staff aware of day to check/record crash trolley, 8. pc/keyboards have been cleaned 9. new gloves have been replenished

No audit completed/reported:	Acute Day Care, Gransha	No report
	ALT-AHP Centre Adults	No report
	ALT-Orthoptic Room	No report
	Creamery House	No report
	Gortmore Day Centre	I wasn't aware the audit was to be completed in the financial year terms. I assumed the audit in March covered the 1st 6 months and our next was due Oct 2024. I will stick to the financial year dates now. I have put this in my diary for April 2025
	Hillside Day Centre, Strabane	No report
	SWAH - Ambulatory Day Care	No report

Managerial:

Area/s in red score:	None	N/A
Area/s in amber score:	ALT-Cardiac Investigations (E=86%)	No report
	ALT-ED (C=88%, P=85%)	No report
	ALT-Theatre 5 (C=89%, P=80%)	Bin rusty at edge; generally cluttered due to busy working environment; sticky tapes residue on mattress To be cleaned by orderlies. New bin ordered
	ALT-Theatre 6 (P=82%)	Previous reporting of flooring and waste bins ordered. Awaiting new waste receptacles. Labels replaced on Waste receptacles. Flooring failing on previous audits. Orderlies/ nursing staff spoken to regarding cleaning of theatre when setting up again. Chase up when awaiting estates work to be done. Ensure all staff are aware of proper cleaning requirements and policies related too.
	ALT-Theatre 7 (P=81%)	Waste receptacles already ordered for replacement. Busy daily operating schedule and staffing. Awaiting new waste receptacles. Labels applied to bins. Nursing staff and Orderlies spoken to regarding cleaning and setting up of theatre environment. All other estates needs reported. Follow up on any outstanding works required.

ALT-Theatre Recovery P=80%)

Stick residue on trolleys; general clutter; signs need laminated
Cleaning carried out . Signs laminated. Genral tidy up but difficult due to busy working environment

ALT-Ward 31 (C=85%, P=79%, E=84%)

To ensure that the 7 step hand washing sign is placed above all sinks in the ward. All areas of the ward cleaned immediately post audit and dust free. It was discussed with staff that this must be maintained on a daily basis. All staff given a copy of the proposed recommendations from the audit and made aware of the audit score and the improvements needed in each area. After all equipment on the ward cleaned, green cleaning sticker must be applied, signed and dated daily. Daily cleaning duties are again written back in the duty book against staff names, and to be signed daily on completion of duties. Condemned mattresses immediately removed from patient bed and replaced with new mattress. All fridges checked and locked immediately. Daily team discussions at a team brief and proposed recommendations monitored.

ALT-Ward 32 (P=82%, E=88%)

To ensure that the 7 step hand washing sign is placed above all sinks in the ward. All areas of the ward cleaned immediately post audit and dust free. It was discussed with staff that this must be maintained on a daily basis. All staff given a copy of the proposed recommendations from the audit and made aware of the audit score and the improvements needed in each area. After all equipment on the ward cleaned, green cleaning sticker must be applied, signed and dated daily. Daily cleaning duties are again written back in the duty book against staff names, and to be signed daily on completion of duties. Condemned mattresses immediately removed from patient bed and replaced with new mattress. All fridges checked and locked immediately. Daily team discussions at a team brief and proposed recommendations monitored.

Erne HC Treatment Room (C=90%,
P=89%)

FCKU02 Sluice Area: No hibiscrub available - sanitiser empty; Sink plug hole requires cleaning; Noticeboard posters – dusty. FCKU03 Store: Shelves dusty, personal clothing stored, also uniform. FCKU04 Venepuncture Clinical Room: Exam couch dusty; hand lotion stored at sink; magnesium sulphate out of date. FCKU06 Venepuncture Clinical Room: Dust on trolley in corridor between treatment rooms. FCKU10 Waiting Area: Noticeboard posters dusty. FCKU12 Nurses Station: Gloves – no stock of gloves and dust in glove holder; Medical fridge used as staff fridge – requires cleaning and requires PAT test.; Metal trolley dusty; Need to remove sellotape from posters on worktop, remove blutac. FCKU13 Clinical Room: Dust on notice poster in office; dust on telephone and PC in office.

FCKU04 Venepuncture Clinical Room: Sink – scale build up; Waste bins dusty. FCKU06 Venepuncture Clinical Room: Patient Chair dusty; Old Clinell stickers still on equipment in some rooms; Dust on top of wall mounted hand sanitiser; Waste bins require cleaning; roll of bags stored at base of bin. FCKU07 Sluice Area: Clinell sticker out of date; waste bin requires cleaning. FCKU10 Waiting Area: Old Clinell stickers need removed. FCKU11 Patient Toilet: Sink plug hole requires cleaning; Toilet seat requires cleaning.

FCKU12 Nurses Station: Surfaces dusty; Need to remove sellotape from soap/towel dispenser (raised at previous audit); dust on desks around PCs; Roll of bin bags at base of bins (raised at previous audit). FCKU13 Clinical Room: Need to remove sellotape from trunking in office.

The following staff have been informed: Interim Assistant Director PCOP Paula Devine; Head of Community Nursing (southern) Marianne Walsh; Treatment room Services Coordinator Helen Brolley & Head of Support Services Sonia Gormley.

Claudy Health Centre (C=78%, P=83%) 01-01001 DN Office: Cellotape - sticky residue on windows needs removed.; PIC box, single-use scissors x2 opened and stored, should be disposed of; Sterile gloves out of packaging - need disposed; Blood glucose machine needs cleaned. 05-B0001 Corridor/Staff Room: Alcohol fell dispensers duty, need cleaning; Chairs should be wipeable, torn chair needs disposed of; signs stuck up using cellotape - need removed and bluTac used; microwave dirty; Out of date food in the fridge - no cleaning schedule, no temperature displayed. 06-B0005 Disposable St: Gloves out of date 2023; Nothing flammable should be stored in here due to distribution boards (4/5 volt new electrical switch board); cluttered/untidy; No access to sharps cupboard - A lot of Closed sharp boxes stored on top of sharps cupboard for collection. 16-G0013 Store: Box of gloves out of date Feb 2024; signs not laminated. 23-G0021 Waiting Area: No sanitiser in containers outside HV room; cellotape in use - needs removed and blutac used instead. 28-G0032 Multi-purpose area: Trolley couch arm torn/damaged, needs repaired; sink cluttered; Pillows torn x3, placed on top of trolley couch by auditor; Podiatry equipment needs cleaned, pans and brushes need cleaned and removed; Sharps procedure not adhered to - No partial closure, Not dated and signed, More than 3/4 full; Not disposable curtains, need removed and replaced with disposable curtains. The following staff have been informed: Interim Assistant Director PCOP Paula Devine; Interim Head of Community Nursing (northern) Joanne Torrens; Health Visiting MDT Implementation Manager Joyce McKittrick and Interim Head of AHP Services Eileen Dolan.

CMHT Key Worker Accommodation (P=89%, E=85%)

No report

Dromore Day Centre (E=87%)

No report

Grangewood-Carrick (P=88%)

No report

Grangewood-Evish (P=84%)

No report

Irvinestown HC Treatment Room (P=80%)

Main Treatment Room 1: Bed frame dusty ; Notes/Drugs/Dressing/Resus Trolley: Sticky Tape/Blutack - Items out of date: Items stored out of date tympanic probe covers, tongue despressers, EGG machine, forceps, Gallipat. Clinell tape,also all equipment for patient use; No clinell tape on patient equipment. Sluice Room: Patient Equipment - Gallopot out of date. Treatment Room 2: Alcohol gel out of date: Detachable Bedrails, mattresses, examination couches, pillow - Add clinell tape; No face or eye protection available (masks out of date); Staff Not Adhering to Hand Hygiene procedure (gel nails); Medical fridge - Not locked,records not consistent; Sharps procedure not adhere to - Not locked full; Waste receptacles - missing/replace labels. The following staff have been informed: Interim Assistant Director PCOP Paula Devine; Interim Head of Community Nursing (southern sector) Marianne Walsh and Treatment room Cordinator Helen Brolly.

Lisnaskea Health Centre (C=86%,
P=77%)

Dental Waiting Area: ventilation grills dusty. Domestic's Store: Hoovers require pat tested; insects present in light fittings; Community Midwives Office: ventilation grills dirty; Main Waiting Area: Windows require cleaning, green algae on all windows; Tape on man hole covers needs replaced; Remove tape of floor at reception. Staff Toilets: Cover missing from hot tap. Staff Room: Flies in Insectocutor (fans) requires cleaning. Corridor/Small Waiting Area: Tape at man hole cover dental area needs replaced; Lights in corridor at dental area; Bracket for fire extinguisher in corridor at dental area needs repaired. Public Toilet: Male toilet door needs repainted; Lights in all toilets require cleaning; Loose socket on ceiling in disabled toilet; Boxed in channel needs painted in women's toilet. Waiting/Main Reception Area: Roof window at waiting area 2 requires cleaning, interior and exterior; Wall mounted fan in waiting area 2 requires cleaning.

The following staff have been informed: Interim Assistant Director COPs Paula Devine; Interim Head of Community Nursing (southern sector) Marianne Walsh; Clinical Director Community Dental Catherine McGrade; Lead Nurse Public Health Joyce McKittrick; Operations & Maintenance Manager. Estates Ryan Smyth.

OHPCC-Outpatients (P=88%)

OHPCC-Podiatry (P=88%, E=89%)

Poor compliance of Staff in ensuring day to day clinical standards.
All staff informed of sub standard clinic environment and clinic safety via email with results of audit failures. Issues identified addressed today where possible.
Will discuss at next locality meeting.
Emphasis that we will not accept substandard clinical environment and safety

OHPCC-Urgent Care Centre (C=88%,
P=84%)

1. SN gel nails. 2. SN wristwatch. 3. rust base of bin 4. trolley with open food items
1. dust on obs machine 2. dust in danicentres 3. sharps bin not on temporary close 4.
poster not laminated 5. non wipable chair in clinical area 6. No soap in dispenser 7. airfryer
dirty 8. wheels of commode need cleaning

Staff have been reminded of the uniform policy via email and safety brief. New bins ordered. Reminded not to leave food items out on trolley and opened
Dust has been removed from all areas above. Cleaning of Dani centre added to weekly cleaning list. Staff reminded at safety brief correct closing of sharps bins.
All posters are laminated, non wipable chair removed. Staff reminded to clean airfryer daily.
Commode cleaned and clinell sticker applied

Rapid Response Fermanagh (C=89%,
P=82%)

FCNL101 FF25 Clinical Store: Universal wipes out of date and no date on hand sanitiser; Dust on runners of equipment trollies; No Clinell tape on patients equipment in use; Rust on back of one bin. FCNL102 FF24 Store: Noticeboard - posters dusty. FCNL103 FF22 Dirty Utility: Sink - Limescale around sluice sink; Dust on laundry trolley; Noticeboard - dust on posters. FCNL106 FF21 Disabled Toilet: Waste bin rusty/damaged.

FCNL101 FF25 Clinical Store: Dust on chairs in waiting room; Dust on surfaces; Dust on top of cupboard and need to remove excess tape residue on cupboard doors; Waste bins dusty. FCNL103 F33 Dirty Utility: Waste bins x2 - base of bins need cleaned. FCNL106 FF21 Disabled Toilet: Lime scale on toilet and seat.

The following staff have been informed: Interim Assistant Director PCOP Paula Devine; Head of Community Nursing (southern) Marianne Walsh; Team Leader Lisa Mullan & Head of Support Services Sonia Gormley.

Rathmore Belleek Health Centre
(C=89%, P=82%, E=89%)

FCAU03 Female Toilet: Lights not working - pull cord needs to be wipeable; Soap dispenser damaged - needs replaced; Hand rail rusty - needs replaced. FCAU04 Health Visitors Store/Clinic: Lights not working - bulb needs replaced. FCAU05 Male Toilet: Soap dispenser damaged - needs replaced; Toilet seat damaged - needs replaced; Coat hook needs to be removed. FCAU06 Speech Therapy Office: Desk - handles damaged - need repaired. FCAU08 General Store: Lights - 5 lights not working in corridor between rooms; Walls - tiles missing from walls.

FCAU01 Dental/Chiropody Clinical Room: PPE face masks out of date; Two posters at sink not laminated; Overall appearance untidy - not date of hand cream(wall mounted unit); Clinell tape out of date - Equipment needs clinell label; mouth props out of date. FCAU02 District Nurse Store/Clinic: Black desk chair - needs condemned; PC and Keyboards dusty; Sharps box not in temporary close; Cupboards untidy, some products out of date, need disposed of. FCAU03 Female Toilet: Cleaning products - Free Reese needs to be removed, hand washing needs to be removed - not Trust approved products. FCAU04 Health Visitors Store/Clinic: Chairs - should be wipeable (not fabric); Filing cabinet not locked (patient notes accessible); Patient equipment - dust on changing mat and weighing scales; waste bin rusty or damaged. FCAU06 Speech Therapy Office: Gloves out of date - no stock of gloves available. FCAU07 Staff Room: Cleaning products - not Trust approved; Signs on cupboard doors need to be laminated; Food deposits in fridge, inside oven and toaster - require cleaning; out of date food in fridge and cupboards; all cupboards need decluttered and cleaned.

FCAU01 Dental/Chiropody Clinical Room: Phone including public phone dusty. FCAU02 District Nurse Store/Clinic: High & low surfaces dusty in Health Education Room; Grime build up at edges of carpet - require cleaning. FCAU03 Female Toilet: Toilet/Saet/Lid - stains - require cleaning. FCAU04 Health Visitors Store/Clinic: Soap Dispenser - Hand wash not Trust approved; phones dusty; Need to remove sticky tape/Blu Tac from white board. FCAU05 Male Toilet: Soap dispenser - Hand wash not Trust approved; Toilet brush/holder - cracked, needs replaced. FCAU06 Speech Therapy Office: Window sill needs cleaned - debris. FCAU07 Staff Room: Domestic cleaning - Vileda device requires a detailed clean. FCAU08 General Store: Door to area not locked; Mops/Buckets/Brush - missing - need to replace; Hard floor stained, rusted - remove items stored on floor, Overall - high level of dust in corridor between rooms.

Strabane Health Centre (P=90%,
E=85%)

GF05 ??5 - Waiting Area : Dirt external window, Hard floor lifting up/damaged, G0096 Area : Posters need replaced/Information leaflet on wall damaged, walls/skirting damaged. G0014 - Disabled toilet/WC/basin : sealant on sinks/splash backs/taps need replaced, dirt on ventilation grills/extract/inlet. G45 0018 - Clinic Room 3 basin : damaged hard floor, clean frame external window,. GF46 G0020 - Clinic room basin : chairs/stools ripped/torn, dust internal fans, hard floor damaged,. GF47 G0022 - Clinic room 1 basin : hard floor damaged, clean frame external window, desk table worn/tables/worktops/cupboards damaged. GF49 G0025 - Health Education office : ceilings worn/discoloured/damaged, chairs/stools torn/ripped, external window painted/seal required damaged, walls/skirting damaged. GF51 G0027 - Toilet : hard floor damaged, sinks/splash backs/taps sealant needs replaced, toilets/bidets including seats/lids sealant needs replaced, dirt ventilation grills/extract/inlet. GF54 G0043 - Nurse office : ceilings marks/stains, cover missing light fittings/pullchords. GF56 G0046 - Store : walls/skirting damaged. GF62 G0053 - Stairs/landing : damaged walls/skirting. GF64 G0056 - Corridor : dirt ceilings, upstairs near disabled toilet damaged walls/skirting. GF13 01008 - Disabled toilet /WC/basin : Insects present light fittins/pull chords, dirt ventilation grills/extract/inet, skirting needs repaired damaged walls/skirting. GF34 1026 - Speech therapy room 10 : dirt fans internal,.
The following staff have been informed : Interim Assistant Director of COPS Paula Devine : head of Community Nursing (Southern Sector) Marianne Walsh : Manager of Estates Operations Maintenance Ryan Smyth : Una Isdell

SWAH-Delivery Suite (P=86%)

Linen store-bags of laundry on floor, dust on trolley, dirty utility room-bin to be replaced sharp boxes not closed, bed pan clean utility - dust on posters, no clinell stickers, blu tack on walls, confidential waste bin, cups & kettle at nurses station, water bottles at nurses station, fan not pat tested, black marks on trolley, dust on cots
Laundry bags removed from floor, email sent to all staff to ensure clinell wipes are placed on all equipment after cleaning, confidential bin moved to behind nurses station, kettle and cups removed from nurses station, blu tack removed, bin ordered (job no- 12104632)
It is everyone's responsibility to ensure the clinical area remains clean and clutter free.

SWAH-ED (P=87%)

No report

SWAH-Medical Imaging (P=88%)

No report

SWAH-Milk Bank (P=84%)

1. items stored on the floor 2. Cellotape on shelving/signs not laminated 3. personal items stored incorrectly cups etc 4. store cluttered 5. insects gathered between window frames 6. dust on medical fridge 7. outdoor clothing on hooks
1. more storage space acquired by business service manager 2. Now all removed and cleaned/all signs laminated 3. all personal items now stored in kitchen space and/or lockers 4. as per #1 5. Building the responsibility of mitie - request for cleaning raised 27/08/24 6. all cleaning completed 7. all now removed

T&F-Forensic Service (C=89%)

No report

T&F-Lime Ward (C=89%)	No report
T&F-Psychiatric Intensive Care (E=89%)	No report
Waterside Health Centre (C=88%, P=84%)	F10 02004 - ICATS Store : Overall appearance very untidy/products stored on the floor/needs stored away. F13 02007 - Opthamology ICATS Test Room : Chairs/stools specialised chair dirty/body fluids, detachable bedrails/mattresses/examination couches/pillow under examination couch dirty, no face or eye protection available/surgical masks out of date, medical fridge dirty/no temperatures recorded, notice boards/posters/information stands are dirty, overall appearance cluttered/box with loose batteries/no clinical assurance, cello tape on top of fridge untidy, patient equipment/specialist trolley dirty (grey sonosite trolley), patient personal items untidy/Note - not patient personal item, but used towels on top of trolley, half filled sharps box in store with this room not dated or partial closure sharps procedure not adhered to, single use aprons are not available/store within this room cluttered, waste receptacles/bin rusty/damaged. F14 02008 - Kitchen staff : food fridge cluttered/damaged/dirty/untidy, staff fridges/microwave/dish washer dirty. F25 02020 -Disabled toilet/WC/basin : Waste receptables/wrong bin in bathroom. F29 02028 - Clinic room 3/basin : chairs/stools not wipeable, medical fridge untidy/gaps in records/no temperature recorded from 26/07/2024, notes/drug/dressing/resuscitation trollies dusty sticky tape or blue tac/untidy/no clinical clean label, tables/workstops/cupboards untidy/COSHH/control cupboard dirty, curtains not disposable. F31 02030- Clinic room 1 : beds/patient trolley frames/bases cracked not bed but scanner dusty, chairs/stools torn/ripped/exposed chairs not wipeable, cleaning/disfectant products untidy/COSHH/control cupboard dusty, external fan casing dusty, clinical trolley dusty, dirty/no clinical clean label, trolley couch dusty, waste receptables dirty/missing/one bin has no label to identify waste, window curtains/screens/blinds/privacy screens damaged one blind cord broken. F37 03005 - Clinical patient area physio room : No face or eye protection available/surgical masks out of date. F40 3008 - Clinical patient area cubicle 3 therapy room : Alcohol gel/wipes/hibiscrub dirty, chairs/stools torn/ripped/exposed chairs not wipeable. F46 03014 - Clinical patient area SALT 3 : Cleaning/disinfectant products damaged supervalu washing up liquid at hand wash sink not trust approved, no face or eye protection available/surgical mask out of date. F50 03021 - Clinical patient area dental 2 treatment room : overall appearance untidy not overall appearance but store in room. F60 03034 - Podiatry room 1 treatment room : detachable bedrails/mattresses/examination couches/pillows/trolley couch dusty, waste receptables damaged/bin bent needs replaced, patient equipment near patient testing white mobile leg support dirty. F85 03068- Clinic room 1/basin : detachable bedrails/mattresses/examination

Waterside HC Treatment Room
(C=90%)

F100 01007 - Examination/Clinical Rooms 1 Basin : Dust on high/low horizontal surface, light dust on light fittings/pull chords. F101 01008 - Examination/ClinicalRoom 2 Basin : Dust on ligh/low horizontal surface, movable light dust on light fittings/pull chords, dirt on waste receptacles. F102 01010 - Emergency/Clinical Room Basin : Dust on high/low horizontal surface. F107 Main Treatment Area : Dirt on waste receptacles. F99 01006 Minor Ops/Clinical basin : Dust on cleaning/disinfectant products, high dust evident on high/low horizontal surface, dust on light fittings/pull chords, dirt on waste receptacles.
The following staff have been informed : Interim Assistant Director of COPS Paula Devine : Head of Community Nursing (Northern Sector) Joanne Torrens : Treatment Room Co-ordinator Helen Brolly : Head of Support Services Sonia Gormley