



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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UNANNOUNCED HYGIENE INSPECTION REPORT

FOYLE HOSPICE

24 NOVEMBER 2010

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The Inspection Team

The members of the team were:

- Elizabeth Colgan - Senior Inspector, Infection Prevention and Hygiene team
- Sheelagh O'Connor - Inspector, Infection Prevention and Hygiene team
- Winnie Maguire - Inspector, Independent Sector

1. Background Information

1.1 The Role and Responsibilities of the Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Regulation and Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulations (Northern Ireland) Order 2003 to inspect Hospices. A minimum of one inspection per year is required and this may be announced or unannounced. The service is also inspected to determine compliance with the requirements of the Independent Health Care Regulations (Northern Ireland) 2005 and Draft Independent Health Care Minimum Standards for Hospices March 2005.

In his statement of 23 January 2008, The Minister for Health, Social Services and Public Safety, Michael McGimpsey, announced a package of new initiatives aimed at tackling Healthcare Associated Infections.

One of these measures was the commencement of a rolling programme of unannounced hygiene inspections. The RQIA have now commenced this programme of inspections. This report details the findings of the visit to Foyle Hospice.

1.2 Approach and Scope

The unannounced hygiene inspection was a snapshot of hygiene and infection control standards within the specified functional areas on the day of the visit and should not be taken as a representation of standards in the hospice over a period of time. The unannounced hygiene inspection collected information through direct observations of the areas visited, some observation of clinical practice, staff and patient questioning and review of key documentation in the wards and departments visited.

The inspections focus on promoting public confidence as a clean, tidy and well maintained environment is an important foundation to promote patient confidence and support other infection prevention measures. Cleanliness is not a full indication of safe care but rather is used as an indicator. Good hygiene and infection control practices are measures, which can be taken to provide safe care, however, they will not provide a guarantee that patients will not contract an infection as a result of care. Not all HCAs can be prevented, however, consistent application and compliance with cleaning and infection control principles can reduce or minimise the risk. Health care associated infections and cleanliness are challenges faced by all health care environments and the message that this is "everybody's business" needs to be firmly embedded in a "Board to Ward" approach where everyone takes responsibility for their behaviour and practice.

The inspections support the following key documents/campaigns:

- *'Changing the Culture'*
- *'Cleanliness Matters'*
- *'Ward Sisters Charter'*
- *'Clean your Hands' campaign*
- *'Regional Infection Control Manual'*

The RQIA as a driver for continuous improvement believes that unannounced inspections are a valid approach to assess patient experience as good hygiene and infection control practices should be available on a constant and ongoing basis.

The inspection team included RQIA staff with the relevant knowledge and experience.

1.3 The Audit Tool

The audit tool used for the hygiene inspection was based on an adapted version of the Infection Control Nurses Association (ICNA) toolkit. The decision to use this toolkit was based on the principle that a multi disciplinary approach to hygiene and infection control standards is required.

The standard sections of the audit tool used for the hygiene inspections are listed below. Additional sections for specific specialised areas will be added as required.

- Environment
- Handling and Disposal of Linen
- Waste Handling and Disposal
- Safe Handling and Disposal of Sharps
- Management of Patient Equipment (General)
- Hand Hygiene
- Kitchens
- Clinical Practices

The audit tool used in 2008 has been revised to include additional areas such as Decontamination and Disinfection Knowledge, and clinical practices that could be reviewed in the time period. The questions do not cover all aspects of the practice but can give some indication that appropriate infection control measures are in place. Various elements within the tool now include staff questions and the Hand Hygiene and Personal Protective Equipment sections include observation of practice. These two observational areas are normally carried out over a period of time however these may be observed as part of the inspection. The hand hygiene audit includes three questions for patients.

The standard audit has eight sections. Each section is devised to achieve a particular standard that covers a number of areas. All criteria within each section are marked *yes/no* or *non-applicable*. Inspectors/Reviewers are informed that it is not acceptable to record a non-applicable response where an improvement in a standard must be achieved for example when a national standard is not being met. However, if a standard is absent or not observed then it can be marked as non-applicable.

Milliward et al (1993) reported that weighting of criteria did not significantly influence overall scores. The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007) states that all recommendations are endorsed equally and none is regarded as optional.

The audit tool also is considered as an evolving document that will be reviewed and adapted as required.

In addition the team were advised on the use of digital cameras provided to record areas of particular concern. Team members agreed that images should be taken only of the environment and at no time would images of patients, staff or visitors be included. Where appropriate, images have been included in the report.

1.4 Preparation

The team met prior to the inspection to finalise arrangements for the visit and to identify areas to be audited.

The hygiene inspection of this facility on 24 November was unannounced.

2. The Inspection

The inspections are not intended to be paper based, they seek information from observations in functional areas, and this is supplemented by documentary and photographic evidence where appropriate. Some areas of direct questioning and observation of clinical practice have been included.

Inspectors/ reviewers are aware of and follow the RQIA's Inspection Protocol.

If the inspector/ reviewer identifies any serious concerns during the review, they should bring this to the attention of the team leader in the first instance. Any area of serious concern that requires immediate action will be brought to the attention of the person in charge and Senior Management before the team leave the premises. These concerns will be reported to the RQIA's Senior Management Team in accordance with the Hygiene Inspection Escalation Policy.

Inspectors/reviewers are also advised to note areas of good practice or any additional observations that could pose a risk to patients or staff.

Prior to the feedback session to the Foyle Hospice representatives, inspectors/ reviewers had a debrief session to review and agree findings. The key findings of the inspection were outlined to the following Hospice representatives:

- Mrs Yvonne Martin - Director of Nursing

Audit scores and compliance levels are not given at this feedback session, as the audit tool requires to be quality assured before final results are issued.

The inspection team wishes to thank the staff of Foyle Hospice who willingly facilitated this visit, and responded constructively during the feedback session.

2.1 Main Findings

This section discusses the main findings of the inspection giving a collective overview of areas visited under each section of the audit tool. Each section begins with references or good practice statements. The findings are first formatted into bullet points that give a detailed account of the findings for individual wards and departments (Appendix 1). The full report is agreed by all members of the team and then forwarded to the trust.

2.2 Areas Visited

The following table outlines the scores achieved by each section of the audit tool.

Areas Visited	%
Environment	81
Linen	80
Waste	88
Sharps	80
Patient Equipment	82
Hand Hygiene	94
Kitchen	82
Clinical Practice	88
AVERAGE SCORE	84%

Level of Compliance

Green - Compliant 85% or above

Amber - Partial compliance 76% - 84%

Red - Minimal compliance 75% or below

2.3 Environment and Facilities

Areas Visited	%
Scores	81

Introduction

Good hygiene is an integral and important component of the overall strategy for preventing health care associated infections.

The environment must be visibly clean, free from dust and soilage and acceptable to patients, their visitors and staff.

Reference: The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007).

Main Findings

Foyle Hospice is situated in its own tastefully landscaped grounds in a quiet residential setting on the Culmore Road, overlooking the River Foyle and the City of Londonderry. It provides a Hospice service for up to 12 inpatients from the North West areas of Northern Ireland and Donegal and day care for up to 10 patients three days per week in the attached day hospital.

The Hospice layout is such that the privacy and dignity of patients are maintained at all times. There are a selection of single and double bedrooms (all overlooking the River Foyle), a choice of spacious sitting areas, interviews rooms, toilet/ washing facilities, kitchen, laundry, staff accommodation and offices. The inspection focused on the 12 inpatient rooms, sanitary facilities, ward areas, the kitchen and the laundry.

In this section of the audit tool the facility was partially compliant.

The inspectors observed that the reception and main entrance lounge had a welcoming atmosphere and was in good decorative order (Picture 1), however, there was minor wall damage at the nurses' station, the edges of formica covered shelving throughout the unit were worn, compromising the cleaning process, and there was minor door damage. Greater attention to detail is required when cleaning the edges and underside of the recliner chair cushions and dust was noted in some air vents and behind radiators.



Picture 1 - Entrance lounge

In the communal bathroom, the underside of the blue bath hoist cover was stained and the underside of the en-suite shower chairs required cleaning as there was a build up of dirt present in the hard to clean water drainage holes. Communal items, e.g, shampoo and shower gel, were also observed in the bathroom and on the patient trolley. Use of communal products should be avoided as there is the potential for cross contamination especially if used during an outbreak situation.

Inspectors noted that in the clinical room and clean store the outside of the drugs trolley was rusty (Picture 2) and there were worn sticky labels on shelving, compromising the cleaning process. In the clean store some sterile equipment checked was out of date, e.g. bottles of Nutrison food supplements expired on the 23/3/10 and two gastrostomy tube kits expired in 2009.



Picture 2 - Rusty drugs trolley

The dirty utility room was in poor decorative order with wall damage noted. The wooden plinth where the bedpan washer stands was exposed, there was limescale on the taps and there was debris present on the floor edges and corners. It was also observed that there was no separate handwashing sink available for staff to wash their hands following the handling of bodily fluids and waste and there were three clinical and two household waste bins within this area. This should be reviewed as duplication of bins is unnecessary, reduces space and gives a cluttered appearance.

Inspectors observed that the underside of one commode was stained and that there were three different styles of commodes in use within the unit, some of which were difficult to clean due to a large number of joins and crevasses. It is advised that when replacing commodes advice is sought from the local trust infection prevention and control team on the preferred design for commodes to allow for easy cleaning.

The domestic sluice store was in poor decorative order with the edges of the shelving exposed and ground in stains present on the floor (Picture 3); mops and buckets were not stored inverted when not in use, to aid the drainage and drying process, there was no household waste bin present to dispose of paper hand towels after hand washing and some products used for cleaning were unable to be identified as they were stored in bottles with worn labels. The inspectors noted that domestic staff were using Hycolin in a spray bottle to clean. This product has been removed from general use since September 2006 as it contains active substances which, as part of the Biocidals Products Directive review, cannot be placed on the EU market or stored for any purpose (except export and disposal). This has been implemented under the UK Biocidal Product Regulations (2001). The inspectors advised during the inspection that this product should be removed immediately.



Picture 3 - Ground in stains on domestic store floor

2.4 Handling and Disposal of Linen

Areas Visited	%
Scores	80

Introduction

The provision of an adequate laundry service is a fundamental requirement of direct patient care.

Guidelines for these arrangements are set out in HSG (95) 18.

The Health and Safety at Work legislation outlines obligations related to the protection of staff that handle and launder linen.

"The Dress Code Policy" DHSSPS requires facilities to put in place arrangements for the laundering of staff uniforms".

Main Findings

The facility has achieved partial compliance in this section of the audit tool.

The floor in the linen store was dusty, dirty and part of the vinyl was missing. The wooden shelving in the linen store and laundry room was exposed and the linen trolley was old and

worn, compromising the cleaning process. Staff coats were stored inappropriately in the laundry and there was no linen segregation poster available for staff to reference.

The inspectors noted two additional issues during inspection of these areas to be addressed. Linen is stored in shelving inside the plant room. This room is dusty and uncovered linen has the potential to become contaminated. It is advised that linen is removed from this room and placed in an appropriate designated linen store with easy cleanable shelving and flooring. Staff were observed steeping mops in water prior to washing, this practice is unnecessary as the ordinary washing process will remove debris present (Picture 4).



Picture 4 - Mops steeping

2.5 Waste Handling and Disposal

Areas Visited	%
Scores	88

Introduction

The safe segregation, handling, transport and disposal of waste can, if not properly managed, present risks to the health and safety of staff, patients, the public and the environment. The key legislation pertaining to healthcare organisations are broadly defined under the following legislation guidance:

- *"The Waste Collection and Disposal Regulations (NI) 1992"*
- *"The Waste and Contaminated Land (NI) Order 1997"*
- *"The Controlled Waste Regulation (NI) 2002"*
- *"The Hazardous Waste Regulations (NI) 2005"*
- *"Health Technical Memorandum 07:01 Safe Management of Healthcare Waste"*

The overall management of waste within the facility was not reviewed, the inspection focused on observations at ward and department level.

Main Findings

Within this section of the audit tool a score of compliant has been achieved. Staff are commended for their hard work and commitment to safe practice when handling and disposing of waste.

Two issues that were observed and, if addressed, would improve scoring were that the underside of some waste bin lids were dirty and that prescription medication bottles were

disposed of into a yellow lidded burn bin, used for 'free fluids' rather than a black lidded burn bin designated for pharmaceutical waste. Staff stated that this practice was advised by the local trust infection prevention and control team, clarification on this practice is advised.

2.6 Safe Handling and Disposal of Sharps

Areas Visited	%
Scores	80

Introduction

The safe handling and disposal of needles and other sharp instruments should form part of the overall strategy for clinical waste disposal to protect staff, patients and visitors from exposure to blood borne pathogens. *Reference:* The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007).

A report from Health Protection Agency in 2006 noted that needlestick injury had increased by 49 per cent in three years even though such exposures are largely preventable. *Reference:* Health Protection Agency "Eye of the Needle". United Kingdom Surveillance of Significant Occupational Exposure to Blood Borne Viruses in Health Care Workers.

Main Findings

The facility has scored partially compliant in this section of the audit tool.

The inspectors observed that sharps brackets were not in use to secure sharps boxes to the drugs trolley, temporary closure mechanisms were not in place on sharps boxes to prevent spillage or easy access, needles were re-sheathed and needles and syringes were not disposed of as one unit. It was also observed that needles were detached from the syringes and disposed of into the sharps boxes, increasing the risk of a needlestick injury to the sharps user and unsafe practice (Picture 5).



Picture 5 - Re-sheathed and detached needles

2.7 Patient Equipment

Areas Visited	%
Scores	82

Introduction

Medical devices and items of equipment that are shared may act as a receptacle by which microorganisms are transferred between patients that may result in infection.

All these devices must therefore be decontaminated between patient use. Depending on the item of equipment used decontamination will include cleaning, which may be followed by disinfection, or sterilisation and manufacturing instructions must be followed.

Reference: "The Northern Ireland Infection Prevention and Control Manual" (2008).

"Directive 93/42 EEC" implemented into law by the Medical Device Regulation 2002 in general covers the Management of medical devices.

Main Findings

The facility has scored partially compliant in this section of the audit tool.

Cleaning schedules were available for both nursing and domestic staff, however, they did not detail all areas within the environment or all equipment used by nursing staff that required cleaning. This was evidenced as a portable suction machine, with trigger tape present identifying it had been cleaned in September 2010, was dusty. There was no mechanism in place to ensure that equipment cleaned, and not used for a period of time, is checked on a regular basis to ensure there is no build up of dust or debris.

Staff questioned were unable to describe the symbol for single use and while disinfectant dilution charts were available, staff were unsure of the correct dilution rates to use when cleaning blood spillages or isolation rooms. The inspectors observed that a container of actichlor disinfectant tablets was stored in an unlocked cupboard in the dirty utility room, easily accessible.

2.8 Hand Hygiene

Areas Visited	%
Scores	94

Introduction

Compliance with the correct hand hygiene procedures is crucial to the prevention of health care associated infections. Hands are the most common route of transmission therefore Hand Hygiene is the single most effective measure that can be taken to prevent the spread of infection.

Cross-transmission or the transfer of micro-organisms between people which occurs directly via hands or indirectly via an environment surface such as a commode or wash bowl and overviews of epidemiological evidence conclude that hand-medicated cross transmission is a major contributory factor in the current infection threats to patients. *Reference:* The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007).

In Northern Ireland the "Clean your hands" campaign highlights the significance that the Department of Health and Social Services and Public Safety place on effective hand hygiene.

Main Findings

Within this section of the audit tool a compliant score has been achieved. Staff are commended for their hard work and commitment to good hand hygiene practices and for the posters on display to encourage visitors, patients and staff to wash their hands (Picture 6).

Inspectors observed that the clinical sink in the clinical room did not conform to HTM 64 as it had a plug and overflow present and that the taps were wrist operated rather than sensor operated or automated. At the feedback session management advised that these issues were currently under review.



Picture 6 - Handwashing station

2.9 Kitchens

Areas Visited	%
Scores	82

Introduction

Good hygiene and food safety practices and informed staff are vital in the preparation, storage, distribution and service of food.

Health care facilities have a legal obligation to comply with the provisions and requirements of food hygiene legislation. The key legislation is:

- "The Food Safety (Northern Ireland) Order 1991"
- "The Food Safety (General Food Hygiene) Regulations (Northern Ireland) 1995"
- "The Food Safety (Temperature Control) Regulations (Northern Ireland) 1995"

Main Findings

The facility has scored partially compliant in this section of the audit tool.

During the inspection it was observed that the flooring at the edges and corners were worn, with debris present, the dishwasher frame required cleaning and the microwave tray in the ward pantry, used to heat patients' food, was stained. Cleaning schedules while available were not detailed to include all areas within the environment or all equipment.

On observation and discussion with staff it was advised that foodstuff, e.g. flour, was decanted from its original packaging into sealed plastic containers. At the time of inspection it was observed that these containers were unlabelled therefore the contents or expiry dates could not be easily determined. Staff also advised that there was no regular system in place to monitor the dishwasher temperature wash cycles to ensure it reaches and maintains a temperature effective for cleaning.

An additional observation was that kitchen staff were diluting milton into a container and using it along with reusable cloths for cleaning surfaces. This process promotes contamination of the milton solution. Cloths were steeped in milton after use and prior to laundering. It is advised that a review of the cleaning solution in use is carried out to prevent contamination and that cloths are laundered immediately after use or disposable cloths are used.

2.10 Clinical Practices

Areas Visited	%
Scores	88

Introduction

This section of the audit covers the use of Personal Protective Equipment (PPE), and includes a few questions to cover some aspects of care relating to enteral feeding, catheter care, peripheral intravenous lines and isolation. The general questions include staffs' awareness of the E-learning infection control programme and Regional Infection Prevention and Control Manual.

The questions do not cover all aspects of care but can give some indication that appropriate infection control measures are in place.

The use of Personal Protective Equipment is based on legislation "*Personal Protective Equipment at Work Regulations (Northern Ireland) 1993*".

Insertion of invasive devices presents a risk of infection; also many patients requiring these devices have underlying conditions, which make them more susceptible to infection. *Reference:* The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007) and the Regional Infection Prevention and Control Manual.

Main Findings

Within this section of the audit tool a compliant score has been achieved. Staff are commended for their hard work in the safe delivery of patient care and for liaising with the local trusts infection prevention and control team for advice if required.

On observation and questioning, staff were unable to locate eye and face protection, to protect against splashes and were unable to locate respiratory equipment to use if clinically indicated, e.g. Pandemic Flu. It was also noted that there were no information leaflets available on common infection, e.g. MRSA and *C. difficile*.

2.11 Additional Observations

Although not part of the audit some additional observations were made which may impact on cleanliness, infection control or patient safety.

These are listed in Appendix 1 and should be included in the Action Plan.

- Inspectors observed that there were three different styles of commodes in use within the unit, some of which were difficult to clean due to a large number of joins and crevasses. It is advised that when replacing commodes advice is sought from the local trust infection prevention and control team on the preferred design for commodes to allow for easy cleaning
- Linen is stored on shelving inside the plant room. This room is dusty and uncovered linen has the potential to become contaminated. It is advised that linen is removed from this room and placed in an appropriate designated linen store with easy cleanable shelving and flooring
- Staff were observed steeping mops in water prior to washing. This practice is unnecessary as the ordinary washing process will remove debris present
- The inspectors noted that kitchen staff were diluting milton into a container and using it along with reusable cloths for cleaning surfaces; this process promotes contamination of the milton solution. Cloths were steeped in milton after use and prior to laundering. It is advised that a review of the cleaning solution in use is carried out to prevent contamination and that cloths are laundered immediately after use or disposable cloths are used
- Vinyl gloves are in use throughout the unit for all practices however it is advised by the Infection Control Nurses Association that these are used during low risk procedures. Vinyl gloves are not recommended for tasks where there is a high risk of contact with blood or blood-stained body fluids. It is advised that there is a review of the types of gloves in use within the unit to ensure staff are using the correct gloves, with the correct protection for all care activities

2.12 Good Practice

As part of the inspection areas of good practices were highlighted.

These are listed in Appendix 1.

- Proactive infection prevention and control link nurse, with links to the local infection prevention and control team for advice
- The infection prevention and control link nurse is currently updating the infection control and decontamination policies

- Infection prevention and control audits carried out to monitor and improve practices
- Regular staff training on infection prevention and control carried out for all disciplines of staff
- Personal protective equipment located throughout the facility

2.13 Requirements/Recommendations

Areas of non-compliance for each area are detailed in Appendix 1. The facility is expected to develop an improvement plan to ensure appropriate steps are taken to address each point of non-compliance. The improvement plan should be submitted to the RQIA within two weeks of receiving the report. Further visits will be undertaken in the future to ascertain the action taken to address the recommendations of the inspection.



QUALITY IMPROVEMENT PLAN
UNANNOUNCED INSPECTION

FOYLE HOSPICE

24 NOVEMBER 2010

NOTES:

The details of the Quality Improvement plan were discussed with the Director of Nursing as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Independent Healthcare Regulations (NI) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients and residents.

The Registered Provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be signed below by the Registered Provider and Registered Manager and returned to:

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

SIGNED: _____

DR TOM MC GINLEY
NAME: _____
(print) REGISTERED PROVIDER

SIGNED: _____

YVONNE MARTIN
NAME: _____
(print) REGISTERED MANAGER

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Environment General	15(7) 25(2)(c)(d)	C18.12 C18.21 C20 C23.1 C26.1	1.	Attention to details is required when cleaning the edges and underside of the recliner chair cushions	Cleaning Staff	Alert staff to thoroughly clean all parts of recliner chair used by patients. Include on their weekly daily cleaning schedule. The airvents have all been cleaned.	Immediate & ongoing
			2.	Some air vents were dusty	Cleaning Staff	To include regular cleaning of airvents on daily/weekly schedule. The airvents have all been cleaned.	Immediate
			3.	Dust was observed behind radiators	Cleaning Staff	To include regular cleaning behind radiators on daily/weekly schedule	Immediate
			4.	There was minor wall damaged noted at the nurses station, the edges of formica covered shelving throughout the unit were worn, with the wood exposed, and there was minor bedroom door damage observed	Administrative Services Manager	Do thorough assessment of damage/wear and tear within the unit and make list of same. Get costing to have work completed. Commence a programme of repairs throughout the unit.	6 months
Bathrooms/ Toilets			5.	Communal items, e.g. shampoo and shower gel, were present in the bathroom and on the patient trolleys	Nursing Staff	Communal items have been removed from trolleys/bathrooms. Encourage patients to have own toiletries. Supply individual toiletries to patients when necessary and store in their own lockers.	Immediate & ongoing
			6.	The underside of the blue bath hoist cover was stained and the underside of the ensuite shower chairs required cleaning as there was a build up of dirt present in the hard to clean water drainage holes	Nursing staff Cleaning staff	Alert nursing staff and include thorough cleaning of bath hoist to include underside, on cleaning schedule. The bath hoist has been cleaned thoroughly. Alert cleaning staff and include thorough cleaning of drainage holes on the ensuite seats.	Immediate & ongoing
Clinical Room/ Clean Store			7.	The outside of the one drugs trolley was rusty, compromising the cleaning process	Nursing staff	Remove the rusted drug trolley from use in the unit and replace with a new trolley	1 – 2 months
			8.	Worn, sticky labels were present on	Nursing staff	Remove old sticky labels from	1 – 2 months

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
				shelving in the clean store		the shelving in the clean store and replace with clean labels.	
			9.	Some sterile equipment checked was out of date, e.g. bottles of Nutrison food supplements expired on the 23/3/10 and two gastrostomy tube kits expired in 2009	Nursing staff	Remove all expired equipment/food supplements from the unit and dispose of safely. Delegate a member of staff to do a monthly check to ensure all medical supplies are in date in the Hospice	Immediate & ongoing

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Dirty Utility	15(7) 25(2)(c)(d)	C18.12 C18.21 C20 C23.1	10.	The dirty utility room was in poor decorative order with wall damage noted. The wooden plinth which supports the bedpan washer was exposed, compromising the cleaning process, and there was limescale on equipment sink the taps	Hospice Management Team	Do thorough assessment of damage to dirty utility room. Get costing to have the work completed. Refurbishment on the dirty utility room to meet a high standard of infection control within control within Hospice budgeting plans	6 – 9 months
			11.	There was no separate handwashing sink available	Hospice Management Team	Ensure separate handwashing sink included in the refurbishment of the dirty utility room	6 – 9 months
			12.	There were three clinical and two household waste bins within this area. This should be reviewed as duplication of bins is unnecessary, reduces space and gives a cluttered appearance	Nursing staff	Assess the requirement of bins needed in the dirty utility room and remove bins that are unnecessary. Excess bins have now been removed.	1 month
			13.	There was debris present on the floor edges and corners	Cleaning staff	Alert cleaning staff to the importance of cleaning floor edges/corners in all areas of the hospice.	Immediate & ongoing
			14.	The underside of one commode was stained	Nursing staff	Alert nursing staff to clean underside of commodes at all times. Include on cleaning schedule. The commode has now been thoroughly cleaned.	Immediate & ongoing
			Domestic Store	15.	The domestic sluice store was in poor decorative order with the edges of the shelving exposed and ground-in stains present on the floor	Hospice Management Team	Assess and get costing for the refurbishment of the domestic sluice store to ensure it meets infection control measures
16.	Mops and buckets were not stored inverted when not in use	Cleaning staff		Alert cleaning staff to the importance of correct storage of mops & buckets. They are now storing buckets inverted as required.	Immediate & ongoing		

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(7) 25(2)(c)(d)	C18.12 C18.21 C20 C23.1	17.	Domestic staff were using hycolin in a spray bottle to clean, however, this products has been removed from general use since September 2006 as it contains active substances which, as part of the Biocidals Products Directive review, cannot be placed on the EU market or stored for any purpose (except export and disposal) implemented under the UK Biocidal Product Regulations (2001). The inspectors advised during the inspection that this product should be removed immediately.	Hospice Management Team Cleaning staff	Hycolin was immediately removed from use within the Hospice on the day of the unannounced inspection on 24th November 2010. This product will not be available for use in the hospice at any safe in the future.	Immediate
			18.	Some products used for cleaning were unable to be identified as they were stored in bottles with worn labels	Cleaning staff	Cleaning staff have been alerted to ensuring cleaning products are correctly and clearly labelled at all times. They are now ensuring cleaning products are labelled.	Immediate & ongoing
			19.	There was no household waste bin present to dispose of paper hand towels after hand washing	Administrative Services Manager	A household waste bin for the disposal of paper hand towel has been placed in the domestic store	Immediate
Handling and Disposal of Linen	15(7)	C18.12 C18.20	20.	Linen is stored on shelving inside the plant room. The floor in this store was dusty, dirty and part of the vinyl was missing	Hospice Management Team	Storage for clean linen will be changed to a more suitable store room. Estate services will assess and look at replacing the floor covering in the boiler room.	2 – 3 months
			21.	The wooden shelving in the linen store and laundry room was exposed and the linen trolley was old and worn	Administrative Services Manager	Linen store room is being relocated within the Inpatient Unit. Shelving in the laundry room will be refurbished as necessary. Linen trolley will be replaced.	2 – 3 months
			22.	Staff coats were stored inappropriately in the laundry	Administrative Services Manager	Advise staff to store their coats in the staff changing rooms at all times. Staff are now using the changing rooms.	Immediate & ongoing
			23.	There was no linen segregation poster	Infection	Assess and then display posters	1 month

				available for staff to reference	Control Link Nurse	with relevant information regarding line segregation.	
Department Waste Handling and Disposal	15(7)	18.21	24.	The underside of some waste bin lids were dirty	Cleaning staff	Alert cleaning staff to this and include on their cleaning schedule. The underside of waste bins in the Hospice have all been cleaned.	Immediate & ongoing

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(7)	18.21	25.	Prescription medication bottles were disposed of into a yellow lidded burn bin, used for 'free fluids' rather than a black lidded burn bin designated for pharmaceutical waste. Staff stated that this practice was advised by the local trust infection prevention and control team. Clarification on this practice is advised	Nursing staff & Cleaning staff	Contact pharmacy staff in Altnagelvin Hospital to seek advice and clarification on guidelines for pharmaceutical waste. Once clarified, adapt posters to suit Foyle Hospice and display in appropriate places in the Inpatient Unit. Alert staff to the correct procedure for disposal of pharmaceutical waste	1 month
Safe Handling and Disposal of Sharps	15(7)	C23.1	26.	Sharps brackets were not in use to secure sharps boxes to the drugs trolley	Hospice Management Team	Cost, purchase and secure brackets suitable for attaching sharps boxes to the drugs trolley	1 month
			27.	Temporary closure mechanisms were not in place on sharps boxes to prevent spillage or easy access	Nursing staff	Alert nursing/medical staff to use the temporary closing mechanisms on sharps boxes at all times to prevent spillage or easy access	Immediate & ongoing
			28.	Needles and syringes were not disposed of as one unit. The inspections observed that needles were detached from the syringes and disposed of into the sharps boxes, increasing the risk of a needlestick injury to the sharps user	Nursing staff	Alert nursing/medical staff and re-educate them on the correct procedures for the safe disposal of needles & syringes. Audit the incidence of needle stick injuries in the unit.	Immediate & ongoing
			29.	Needles were re-sheathed	Nursing staff	Re-educate nursing/medical staff not to resheath needles before disposal	Immediate & ongoing
Management of Patient Equipment (General)	15(7) 25(2)(c)(d)	C20 C21 C22 C23.1	30.	While cleaning schedules were available for both nursing and domestic staff, they did not detail all areas within the environment or all equipment used by nursing staff that required cleaning	Administrative Services Manager Infection Control Link Nurse	Reassess the equipment and areas within the Hospice environment that needs to be included on the updated schedule. Make out new updated cleaning schedules for both nursing and cleaning staff to include findings from assessment	1 – 2 months

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(7) 25(2)(c)(d)	C20 C21 C22 C23.1	31.	A portable suction machine, with trigger tape present identifying it had been cleaned in September 2010, was dusty. There was no mechanism in place to ensure that equipment cleaned, and not used for a period of time, is checked on a regularly basis to ensure there is no build up of dust or debris	Nursing staff	Ensure equipment not used on a regular basis for patients is cleaned and checked on a regular basis, and recorded on the aforementioned updated cleaning schedule	1 month
			32.	Staff were unable to describe the symbol for single use	Nursing staff	Re-educate staff on the symbols for single use. Display poster in unit to inform staff of same.	Immediate & ongoing
			33.	Disinfectant dilution charts were available, however, staff were unsure of the correct dilution rates to use when cleaning blood spillages or isolation rooms	Infection Control Link Nurse & Cleaning staff	Re-educate nursing/medical/cleaning staff on the correct dilution rates for disinfectants in the hospice. Display posters in relevant areas informing staff of dilution rates used for blood spillages and isolation rooms	Infection Control Link Nurse
			34.	The inspectors observed that a container of actichlor disinfectant tablets was stored in an unlocked cupboard in the dirty utility room, easily accessible and not in compliance with COSHH	Nursing staff & Infection Control Link Nurse	Alert staff and re-educate on COSHH guidelines. Ensure actichlor disinfectant is stored in a locked cupboard at all times.	Infection Control Link Nurse
Hand Hygiene	15(7)(2)(a)	C18	35.	The clinical sink in the clinical room did not conform to HTM 64 as it had a plug and overflow present	Hospice Management Team	Cost the replacement of a sink and refurbish to meet and conform with HTM 64 and infection control guidelines	3 – 6 months
			36.	The taps on the clinical room sink were wrist operated rather than elbow operated or automated	Hospice Management Team	When replacing the sink in the treatment room, ensure taps supplied are wrist/elbow operable	3 – 6 months
Ward/ Departmental Kitchen	15(7)	C18.2 C19.7	37.	The flooring at the edges and corners were worn, with debris present	Administrative Services Manager	Cost and refurbish staff kitchen to include floor covering within Hospice budgeting	6 – 9 months
			38.	The dishwasher frame required cleaning	Kitchen staff	Include the task of thorough cleaning of the dishwasher frame on the kitchen cleaning schedule	Immediate & ongoing

			39.	The microwave tray in the ward pantry was stained	Infection Control Link Nurse	Include the task of thorough cleaning of the microwave in ward kitchen on the nursing cleaning schedule	1 month
	15(7)	C18.2 C19.7	40.	Foodstuffs, e.g. flour, were decanted from their original packaging into sealed plastic containers. At the time of inspection it was observed that these containers were unlabelled, therefore the contents or expiry dates could not be easily determined	Kitchen staff	Ensure that all foodstuffs, not stored in their original packaging, are clearly labelled so contents and expiry dates are easily determined by relevant staff. The kitchen staff have already labelled containers and contents in the kitchen.	Immediate & ongoing
			41.	There was no regular system in place to monitor the dishwasher temperature wash cycles to ensure it reaches and maintains a temperature effective for cleaning	Kitchen staff	The temperature of the dishwasher is now being probed on a regular basis and recorded	Immediate & ongoing
			42.	Cleaning schedules, while available, were not detailed to include all areas within the environment or all equipment	Kitchen staff	Cleaning schedules throughout the Hospice will be updated to include all equipment in use and all areas within the environment	1 month
Clinical Practices	15(7)	C22.6 C23.1	43.	Staff were unable to locate eye protection to protect against splashes to eyes	Administrative Services Manager	Order protective eye equipment for nursing/medical/cleaning personnel and keep stock on the unit. Encourage use of same as required	1 month
			44.	Staff were unable to locate face protection	Administrative Services Manager	Alert staff to the availability of face masks in the store and use as needed	Immediate & ongoing
			45.	Staff were unable to locate respiratory equipment to use if clinically indicated, e.g. Pandemic Flu	Administrative Services Manager	Staff have already been fitted with appropriate respiratory equipment for use in swine flu pandemic. Be able to source this equipment from the Trust when and if a pandemic occurs	Ongoing
			46.	There were no information leaflets available on common infection, e.g. MRSA and <i>C.difficile</i>	Infection Control & Link Nurse	To source appropriate information leaflets on common infections and display in appropriate areas within the Hospice.	1 month

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Additional Issues	15(7)	C20 C18.20 C23.1	47.	Inspectors observed that there were three different styles of commodes in use within the unit, some of which were difficult to clean due to a large number of joins and crevasses. It is advised that when replacing commodes advice is sought from the local trust infection prevention and control team on the preferred design for commodes to allow for easy cleaning	Nursing staff & Infection Control & Link Nurse	Alert staff to the importance of thorough, deep cleaning of commodes at all times. Include detail in updated cleaning schedules. When appropriate, in the future, seek advice on commodes that are easily cleaned.	Immediate & ongoing
			48.	Linen is stored on shelving inside the plant room. This room is dusty and uncovered linen has the potential to become contaminated. It is advised that linen is removed from this room and placed in an appropriate designated linen store with easy cleanable shelving and flooring	Hospice Management Team	Action plan as highlighted for point/standard c.18.12 c18.20 Point 20 in the report	2 – 3 months
			49.	Staff were observed steeping mops in water prior to washing. This practice is unnecessary as the ordinary washing process will remove debris present	Cleaning staff	Alert staff to avoid the practice of steeping mops in water prior to use. Ensure correct storage of mops at all times. Staff are not steeping mops in water prior to use.	Immediate & ongoing
	15(7)	C20 C18.20 C23.1	50.	The inspectors noted that kitchen staff were diluting milton into a container and using it along with reusable cloths for cleaning surfaces; this process promotes contamination of the milton solution. Cloths were steeped in milton after use and prior to laundering. It is advised that a review of the cleaning solution in use is carried out to prevent contamination and that cloths are laundered immediately after use or disposable cloths are used	Kitchen staff	Kitchen staff have been alerted not to use Milton, in any form, to clean re-usable cloths. Reusable cloths have been disposed of for cleaning, and disposable cloths will only be used. The teatowels will be sent to laundry immediately as required, for laundering and Milton will not be used pre-laundry.	Immediate & ongoing

			51.	Vinyl gloves are in use throughout the unit for all practices however it is advised by the Infection Control Nurses Association that these are used during low risk procedures. Vinyl gloves are not recommended for tasks where there is a high risk of contact with blood or blood-stained body fluids. It is advised that there is a review of the types of gloves in use within the unit to ensure staff are using the correct gloves, with the correct protection for all care activities	Infection Control & Link Nurse	Reiterate with all staff who use gloves, that vinyl gloves are only to be used during low risk procedures with the hospice. Nitrile gloves are stored in the hospice and these are to be used in situations where there is a high risk of contact with blood or blood stained body fluids and in isolation areas when patients are being barrier nursed. Posters clarifying the use of gloves will be displayed in relevant areas to keep staff informed of this practice	Immediate & ongoing
Areas of Good Practice				Proactive infection prevention and control link nurse, with links to the local infection prevention and control team for advice			
				The infection prevention and control link nurse is currently updating the infection control and decontamination policies			
				Infection prevention and control audits carried out to monitor and improve practices			
				Regular staff training on infection prevention and control carried out for all disciplines of staff			
				Personal protective equipment located throughout the facility			