



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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UNANNOUNCED HYGIENE INSPECTION REPORT

HORIZON HOUSE

31 January 2011

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The Inspection Team

The members of the team were:

- Mrs Lyn Gawley - Inspector, Infection Prevention and Hygiene team
- Mrs Margaret Keating - Inspector, Infection Prevention and Hygiene team
- Ms Jo Brown - Inspector for Independent Sector
- Mrs Winnie McGuire - Inspector for 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 the Horizon House Children's Hospice Belfast.

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 with the inspectors from the Independent Healthcare team to finalise arrangements for the visit and to identify areas to be audited.

The hygiene inspection of this facility on 31 January 2011 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 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:

- Ms Tina Mc Crossan - Registered Manager
- Ms Grace Stewart - Deputy Manager

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 Horizon House 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	93
Linen	90
Waste	94
Sharps	88
Patient Equipment	76
Hand Hygiene	97
Kitchen	94
Clinical Practice	97
AVERAGE SCORE	91

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	93

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).

Horizon House is a Children's Hospice and was first registered by the Northern Health and Social Services Board on 19 September 2001 to accommodate not more than ten children with life limiting conditions. The service was subsequently registered under the Independent Health Care Regulations (Northern Ireland) 2005 by RQIA.

The building is a substantial two storey purpose built structure comprising of accommodation for a maximum of ten children all located at ground floor level. Accommodation for relatives is located on the ground floor, administration offices and staff rooms are in a wing of the building on the ground and first floors, in an area not accessible to the children. There is a therapy pool and jacuzzi for the children to use.

Premises are presently located at O'Neill Road, Newtownabbey and enjoy panoramic views of Belfast Lough. Day care and respite services are provided for families from the

local community; the community nursing team provides assistance in arranging these services. On the day of the Inspection six children were being accommodated.

Main Findings

On entering the building the inspectors noted the bright, welcoming and well presented environment. There were large soft toys in the entrance vestibule which were for aesthetic rather than play purposes as staff were aware soft toys can harbour and be vectors for microorganisms which can cause disease. A key pad system was in place at the door to the main unit to ensure visitors are screened by staff before entering, alcohol gel was wall mounted at this entrance to encourage visitors to decontaminate hands whilst waiting for access.

The unit was generally in good repair however there was some wall damage mainly caused by the constant abuse of moving wheelchairs and specially adapted chairs. The inspectors noted that patients' bedrooms were carpeted, this included patients with a known Healthcare Associated Infection (HCAI). The carpets appeared visibly clean and stain free; staff report that as part of infection control within the unit, furnishings and patient equipment in a bedroom are all steam cleaned following discharge of a patient (Picture 1). Staff also confirmed that when the hospice closes for two to three days in January and May for staff training, domestic staff deep clean the unit. This is good practice and the hospice is to be commended.



Picture 1 Room ready for new admission



Some issues were raised for action within the environment. In the bathroom, the household waste bin was damaged and the shower chair was rusty at the base of the legs and in the toilet the waste bin was in a poor state of repair. The floors of both domestic stores are damaged. The vinyl was split under the sink in the store facing the laundry and the floor in the store at the entrance to the facility is worn to the concrete base (Picture 2). A waste bin was not available in the store facing the laundry.

Environmental audits have been introduced but are not carried out on a regular basis. Regular auditing will assist staff in the ongoing maintenance and/or improvement of environmental cleanliness.

Picture 2 worn floor of domestic store

2.4 Handling and Disposal of Linen

Areas Visited	%
Scores	90

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



Picture 3 Linen tidy and segregated in the linen store

This section of the audit achieved compliance. The laundry room was clean and tidy, records of machine maintenance are documented and posters are displayed on the walls to remind staff of good practice. The linen store was used to store linen and some incontinence products (Picture 3). The store was tidy and the linen and packages of incontinence products were well segregated, however some of the packaging was stored on the floor and some incontinence products were out of the packaging. A layer of dust was also noted on the shelves on the left side of the room.

Staff uniforms were neat, clean and tidy and staff questioned were knowledgeable on the hospice's home laundering policy and the handling of used and contaminated linen.

2.5 Waste Handling and Disposal

Areas Visited	%
Scores	94

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 general observations at department level.

Main Findings



Picture 4 Fill line on waste bins, good visual trigger

Compliance was achieved in this section of the audit tool and staff are to be commended for their good practices. Good visual signs are evident on the large bins to ensure waste bins are not filled above the 3/4 line (Picture 4). An issue raised is the poor state of repair of the waste bins in the laundry, bathroom, clinical room and toilet. Surfaces that are not intact can and act as a reservoir for bacteria, with the cleaning process compromised, as they are no longer smooth, sealed and easily cleaned. Hospice representatives reported that a recent audit had identified damaged bins and a process for costing replacements was in place.

2.6 Safe Handling and Disposal of Sharps

Areas Visited	%
Scores	88

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

Although compliance was achieved, the provision of integral sharps trays with integral sharps bins to ensure safe sharps disposal at the point of care, and staff using the temporary closure mechanism when sharps bins are not in use would have resulted in full compliance.

2.7 Patient Equipment

Areas Visited	%
Scores	76

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 following issues identified at the inspection contribute to the low partial compliance achieved in this section of the tool kit. The cleaning schedule outlining staff responsibilities for the cleaning of dedicated patient equipment and the decontamination policy requires defining and updating. Also identified were, staffs lack of awareness of the need for a decontamination certificate before equipment is maintained/serviced/repared within the area and/or transferred from the area and staffs inability to describe the symbol for single use equipment.

Staff knowledge on disinfection rates and the procedure for decontaminating equipment and toys was good, however the inspectors noted food debris in crevices in a wheel chair and buggy stored in the equipment store where posters displayed on the wall state equipment is to be cleaned after use and prior to storage. The completion of a detailed cleaning schedule and use of a trigger system to identify cleaned equipment would indicate to all staff equipment which is clean and ready to use.

The inspectors spot checked a mattress in a bedroom prepared for an admission, a small hole was observed on the exterior cover. Hospice representatives confirmed that mattress audits are carried out and compromised mattresses in the unit had recently been condemned.

There was a mixture of single use and reusable equipment in the resuscitation bag and staff were decontaminating all equipment with alcohol wipes. It is not good practice to mix single use and reusable items, staff become confused and some items require to be

autoclaved for decontamination. Items in the resuscitation bag were also dusty. Hospice representatives confirmed that a review of the resuscitation bag and equipment is in progress.

2.8 Hand Hygiene

Areas Visited	%
Scores	97

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

As procedures are performed behind closed doors, observations of hand washing practices were limited however the appropriate use of alcohol gel for decontaminating hands outside rooms with a known HCAI was observed.

Scoring was affected by the sinks in the clinical room not conforming to HTM 64 as they have plugs and an overflow. Overflows to sinks, basins, baths and bidets are not recommended, as they constitute a constant infection control risk much more significant than the possible risk of damage due to water overflowing. As hands are to be washed under running water, a plug should not be available in clinical areas.

2.9 Kitchens

Areas Visited	%
Scores	94

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

Catering staff are to be commended for achieving compliance in this section of the audit tool. The kitchen appeared clean, tidy and well organised, a few issues were raised for improvement. The inspectors observed that the fins of a free standing fan were dusty and there was no system in place to check that the temperature of the wash and rinse cycles of the dishwasher was achieving the correct temperature. Detailed cleaning schedules were in place and all kitchen, care staff and volunteers adhere to the strict non access policy to the kitchen.

2.10 Clinical Practices

Areas Visited	%
Scores	97

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



Picture 5 Tidy clean store

Staff achieved a good compliance score in this section. The unit has a supply of personal protective equipment stations located throughout, which allows staff easy access to gloves and aprons which were worn as single use items. The clean store was tidy, clean and supplies are segregated (Picture 5). The issue identified at this inspection was that staff questioned were unaware of the online regional infection control manual.

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.

2.12 Good Practice

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

These are listed in Appendix 1.

2.13 Recommendations

Areas of non-compliance for each area are detailed in Appendix 1. The hospice 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

HORIZON HOUSE

31 JANUARY 2011

NOTES:

The details of the Quality Improvement plan were discussed with the Registered Manager and Deputy Manager 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.

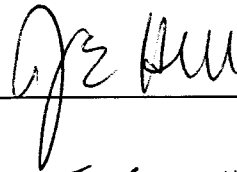
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients and residents.

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:



NAME:
(print)

J.E. HILL

REGISTERED PROVIDER

SIGNED:



NAME:
(print)

TINA MCCROSSAN

REGISTERED MANAGER

Northern Ireland Children's Hospice, Horizon House

31 January 2011

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Environment General	15(7)	C18 C22 C23	1.	Some of the walls were damaged, notably outside the bathroom	maintenance	Walls to be mended and additional protective strips purchased for the edges	May 2011
			2.	Environmental audits are carried out but not on a regular basis	Care team	Environmental audits will take place at 3 monthly intervals	May 2011 and quarterly from then on
3.			In the bathroom, the household waste bin was damaged and the shower chair was rusty at the base of the legs	Care team	The bin will be replaced	Replacement bins have been included in 11/12 draft budget. Shower will be reviewed in the environmental audits for implications to patient safety and will be considered for replacement under purchasing processes.	
							4.
Bathrooms/ Toilets			5.	The floors of both domestic stores are damaged. The vinyl is split under the sink in the store facing the	Maintenance	Floors will be recovered	April 2011
Domestic Store							

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
				laundry and the floor in the store at the entrance to the facility is worn to the concrete base			
			6.	There was no waste bin in the store facing the laundry	Care team	Bin will be installed	Replacement bins have been included in 11/12 draft budget and will be in place by June 2011
<u>Handling and Disposal of Linen</u>	15(7)	C18	7.	Dust was noted on the shelves on the left side of the linen store	House keeping	Shelf cleaning added to weekly cleaning schedule	Actioned March 2011
			8.	Incontinence products are stored in this room, some were out of packaging and the packaging was stored on the floor	Care team	Incontinence products reduced in quantity and no longer stored on floor. Opened items are now stored in plastic boxes.	Actioned March 2011
<u>Departmental Waste Handling and Disposal</u>	15(7)	C18	9.	Waste bins in the laundry, bathroom, clinical room and toilet were damaged	Care team	Bins will be replaced	Replacement bins have been included in 11/12 draft budget and are expected by June 2012
<u>Safe Handling and Disposal of Sharps</u>	15(7)	C23	10.	The temporary closure on the sharps bins was not in use	Care team	Staff updated on required action	Actioned March 2011
			11.	Sharps trays with integral sharps bins were not available	Care team	Risk assessment will be carried out and kept under review	April 2012
<u>Management of Patient Equipment (General)</u>	15(7)	C20 C21 C22 C23	12.	Detailed cleaning schedules defining responsibility of dedicated patient equipment are not in place	Care team	Each room includes a plan outlining the cleaning procedure and a sign off sheet for the staff member to complete to confirm that cleaning has taken place in accordance with the procedure. All items in the room are cleaned upon	Already in place

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
						discharge and the room prepared for the next admission.	
Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(7)	C20 C21 C22 C23	13.	A mattress spot checked had a hole in the exterior cover	Care team	Mattress to be replaced	May 2011
			14.	Food debris was noted in crevices in a wheel chair and buggy stored in the equipment store. There are posters in the stores stating equipment is to be cleaned after use and prior to storage	House keeping	Housekeepers alerted to these incidents. Opportunistic audit of 'clean' chairs/buggies will be instigated by infection control nurse. System will be developed to signal when equipment has been cleaned.	April 2011
			15.	Items in the resuscitation bag were dusty	Care team	Bag will be replaced	May 2011
			16.	There was a mixture of single use and reusable equipment in the resuscitation bag and staff were decontaminating all equipment with alcohol wipes. It is not good practice to mix single use and reusable items, staff become confused and some items require autoclaved for decontamination	Care team	A review of resuscitation equipment will be completed and single use items will be segregated from other items. Cleaning procedures will be reviewed to ensure these remain consistent with each item's requirements and Children's Hospice policy	May 2011
			17.	The decontamination policy requires updating	Care team	Policy and procedures to be updated	May 2011
			18.	Staff were unable to describe the symbol for single use equipment	Care team	Staff previously informed of this symbol-reminded through infection control meeting	Actioned-March 2011
			19.	Staff were unaware of the need for a decontamination certificate before equipment is maintained/serviced/	Care team	Protocol to be developed and by IPC nurse, and then implemented	May 2011

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
				repaired within the area and/or transferred from the area			
Hand Hygiene	15(2) 15(7)	C18	20.	The sinks in the clinical room do not conform to HTM 64 as they have plugs and an overflow	Maintenance	Can't change sinks but plugs have been removed	Actioned March 2011
Departmental Kitchens	15(7)	C19.7	21.	The table top fan had dust on the internal fins	Housekeeping	Fans to be included weekly cleaning schedule	Actioned March 2011
			22.	Temperature records of the wash and rinse cycles of the dishwasher were not recorded	Catering	Record now in place	Actioned March 2011
Clinical Practices	15(7)	C13 C22	23.	Staff questioned were unaware of the online regional infection control manual	Care team	Staff informed through infection control meeting and minutes	Actioned and ongoing
Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Additional Issues	15(7)	C21 C22	24.	Paper labels fixed with sellotape were observed on shelves in the clean store and on waste bins	Housekeeping	Labels removed	Actioned March 2011
			25.	The patient trolley in the pool changing room was old and worn with foam adhering to the surface impeding the cleaning process. Staff confirmed a new trolley has been ordered	Care team	This is not the trolley which is being replaced. Solutions are currently being considered and this will be progressed through the purchasing process as funds permit.	September 2011
			26.	Staff reported reusable medicine tubs are washed and dried after use. On the day of inspection the tubs were observed soaking in a basin containing a detergent solution	Care team	Practice improved to ensure medication cups are washed at end of medicine session	Actioned March 2011
Areas of Good Practice				Each patient has dedicated single patient equipment for use during their stay in the hospice e.g., slings, chairs, wheelchairs. This is good practice and helps prevent cross contamination			
				The kitchen is a good example of a tidy well organized work place			
				Following discharge of each patient,			

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
				the room is steam cleaned			
				When the hospice closes for 2-3 days in January and May for staff training, the domestic staff deep clean the rooms			
				Some waste bins were marked at the 3/4 fill line. This is a good visual trigger for staff to implement good practice in waste disposal			
				A wall mounted PPE station is available in the middle of the bedroom corridor however additional portable stations are positioned outside rooms which have a patient with a known HCAI			