



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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**INFECTION PREVENTION/HYGIENE
UNANNOUNCED INSPECTION REPORT**

MARIE CURIE HOSPICE

BELFAST

9 NOVEMBER 2010

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The Inspection Team

The members of the team were:

- Margaret Keating - Inspector, Infection Prevention and Hygiene team
- Sheelagh O'Connor - Inspector, Infection Prevention and Hygiene team
- Joe Brown - 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 the Marie Curie 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 minimize 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 9 November 2010 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 Marie Curie 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 M McKeown Ward Manager
- Mr N Nixon Non Clinical services Manager

Apologies - Ms S Currie Hospice 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 the Marie Curie 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	87
Linen	83
Waste	86
Sharps	72
Patient Equipment	68
Hand Hygiene	91
Kitchen	84
Clinical Practice	97
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	87

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

The Marie Curie Hospice is located in a residential area of East Belfast which is serviced by a main orbital route and good public transport. The build was opened on the 11 October 2007 and was a mix of refurbishment and a new extension. (Picture1).

The unit has a bright welcoming reception area leading to both a day services area and an in patient care bed area (Picture 2).



Picture 1 Entrance to new building



Picture 2 Clean bright reception area

The inspection focused on the twenty one bedded ward area which specialities in care for people with life limiting illnesses. Twenty of the bedrooms are single en-suite rooms, all are located on the ground floor and each room opens out on to a garden area, which can be directly accessed through large glass doors. The rooms are large bright and spacious, comfortable for patients and well appointed to allow nursing staff easy unhindered space while attending to the patients needs. On the day of inspection the inspectors noted a team of painters had commenced an extensive painting programme for the building.

This section which looks at the environment achieved a compliant score, the standard of cleaning was very good, however clutter and supplies on the floor in some areas, such as the clean store is a barrier to the effective cleaning of the room. Through-out more attention to cleaning is required around the floor corners and door frames to prevent a build up of dirt. In a bathroom/ toilet area an open shelf unit is being used to store a supply of towels, two hoists are also being stored in this room. Both the linen and the hoists are exposed to possible aerosol contamination from the toilet therefore alternative storage should be considered for the hoist and either the towels removed or the open shelving replaced with enclosed cupboards.

The finish on some of cupboard doors in the clinical room was worn or damaged by water and paper notices and labels attached to walls and cupboards had been attached with adhesive tape. Paper and adhesive tape absorb moisture and can act as a reservoir for bacteria. The small blue storage units on the work surfaces in the clinical and dirty utility room were dusty and stained, liquid had pooled in the bottom of the box containing shower products. In the dirty utility room bed pans were stored on a rack, with a box of paper hand towels was stored under the rack. As the rack does not have a drip tray (Picture 3) water can drip directly on to the supplies with the risk of possible contamination.



Picture 3 Bed pan rack with no drip tray

The temperature of the drugs fridge in the clinical room is recorded each day, however on checking the records some of the temperatures recorded fell outside the hospice recommended guidelines. Fridge temperature checks are carried out on a daily basis to ensure medication is kept at the correct temperature and to identify if a fridge has failed to reach the required temperature and a cold chain failure has occurred. Failures need to be reported for investigation.

Cleaning staff share the dirty utility room with nursing staff; a stock of cleaning cloths and chemicals are stored in the room and mop buckets are emptied into the sluice hopper. The main domestic stores are located outside the ward area. The domestic equipment store which is used to hold cleaning trolleys and floor maintenance machinery could not be fully inspected as the light was not working. The floor of this room was not covered in a cleanable surface (Picture 4) and buckets were stored on the floor and were not inverted. The room had no means of ventilation and had a damp smell; there was no sluice or hand hygiene facility available for staff to use. A review of this room should be undertaken as currently it is not fit for purpose. The second domestic store was used to store cleaning chemicals, cloths and mop handles, this room was also used to store catering stock. The room did have wooden shelving units but was overstocked and cluttered, boxes were stored on the floor.



Picture 4 Cleaning store with unfinished floor

2.4 Handling and Disposal of Linen

Areas Visited	
Scores	83

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 trust to put in place arrangements for the laundering of staff uniforms".

Main Findings

The inspectors observed good staff practice in relation to handling and disposal of clean and used linen although care should be taken to ensure linen bags are less than 2/3 full; some bags were noted to be overfilled. Gloves and aprons were worn appropriately and the linen store was in good order. The main issues which resulted in a partial compliance score were in relation to the laundry. The laundry room is in poor decorative order, tiles are cracked and some are missing, the back door was open, resulting in the floor being scattered with fallen leaves and dust and debris from the service yard. The wooden shelving unit needs to be resealed, to allow for effective cleaning. The shelves should be tidied and unnecessary items removed. There were a number of pillows on a shelf, one of which was split and the other marked for disposal, as these pillows are wipe clean only there is no reason for their storage in the laundry. A fire blanket unit was lying on a lower shelf, this should be re-hung immediately.

The ironing board cover is stained and needs to be replaced. The twin stainless sink was dirty as was the undersides of the soap and hand towel dispensers. There was no foot operated lidded bin, a black bag was used to line a small office type bin. The inspectors were informed the hospices linen service is contracted out. The laundry is only used to wash duvet covers, blankets, curtains, a small amount of patient's property and cleaning mops, the laundry does not have dedicated laundry staff. A review of the laundry should be undertaken to ensure staff who use the equipment are trained in line with HSG 95 (15) and that the area is cleaned and maintained to an acceptable standard.

2.5 Waste Handling and Disposal

Areas Visited	
Scores	86

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

This section was compliant. The inspectors noted that in the clinical rooms, small office type open bins lined with a black plastic bag are in use, waste bins should be lidded and foot operated in clinical areas. The canisters for suction waste did not have a liner nor did they have gelling agents to solidify the contents. Staff when questioned stated the canister is disposed of in a clinical waste bag. This practice should be reviewed to ensure there is no accidental spillage.

2.6 Safe Handling and Disposal of Sharps

Areas Visited	
Scores	72

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

This section only achieved a minimal compliance score, staff need to review practice in relation to the safe handling and disposal of sharps. The temporary closure mechanisms on sharps bins were not in place and a re-sheathed needle was observed in a sharps bin. Sharps trays were available but staff were not using them correctly. Staff were observed using a disposable tray at the patients bedside then disposing of sharps into the sharps bin the clinical room. The sharps trays in the clinical room had a residue of adhesive tape on the underside; sticky marks are a barrier to effective cleaning.

2.7 Patient Equipment

Areas Visited	
Scores	68

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

This section achieved a minimal compliance score. There are no clearly defined cleaning schedules for nursing staff and the inspectors identified gaps in cleaning practices. A shower chair in the bathroom was stained with faeces (Picture 5) and the internal lining of a mattress cover was also stained (Picture 6).



Picture 5 Shower chair with faeces debris



Picture 6 Stained mattress cover

The current practice is that the cleaning service carries out a detailed clean of each room and the equipment in the room when it is vacated and that any additional cleaning of equipment is undertaken by night nursing staff. The nursing staff that the inspectors spoke to on the day of the inspection stated they do not carry out any cleaning duties. The cleaning of patient equipment is the responsibility of all staff, all equipment should be cleaned immediately after use.

Both nursing and domestic staff questioned were unsure of the correct dilution rates for disinfectants. Neither were there posters or charts available to show the correct dilution rates of disinfectants in use. The availability of a poster or chart in the area where cleaning chemicals are being made up, as a point of reference, can help underpin staff knowledge. No COSHH data sheets were available for nursing staff.

2.8 Hand Hygiene

Areas Visited	
Scores	91

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-mediated 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

The compliance score of ninety one is a good reflection of the hand hygiene practices observed on the day of the inspection. All staff carried out either hand washing or used hand gel to sanitize their hands in line with the World Health Organisations hand washing guidance and the five moments of care. Two risk factors identified related to the sinks in the clinical areas which do not conform to HTM 64, and the taps were not elbow operated. It was also noted that the underside of some soap and towels dispensers were dirty.

2.9 Kitchens

Areas Visited	
Scores	84

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 hospice has a large kitchen where fresh meals are made and a small ward based kitchen which caters for the preparation of light meals such as breakfast, tea, coffee and drinks as required. Only the ward based kitchen was inspected, and some cleaning issues were identified. The casing around the nozzle of the milk dispensing machine was stained with stale milk and the under side of the waste bin required cleaning. The kitchen had an ice dispensing machine which is on a regular service contract, however at the time of inspection the ice had been removed from the machine and deposits of debris were noted in the corners and the white plastic fittings were dirty. Arrangements should be put in place to ensure the ice machine is cleaned regularly between service visits.

The inspectors observed a plated meal which had been sitting on a bench for an unknown amount of time being reheated in a microwave. The ward manager stated there is a policy that prohibits the reheating of meals in a microwave, staff should be reminded of the policy and regular checks should be carried out to ensure compliance.

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

Staff achieved a good compliance score in this section. The ward 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. Staff are using the Royal Marsden's protocols in relation to catheter care and have access to the on line Regional Infection Control manual.

The hospice has an extensive range of advice leaflets on display but does not have any information on common infection such as MRSA or *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.

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 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
MARIE CURIE HOSPICE
BELFAST

9 NOVEMBER 2010

NOTES:

The details of the Quality Improvement plan were discussed with the Ward Manager and Non Clinical services 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: _____

SIGNED:

NAME: Susan Monroe
(print) REGISTERED PROVIDER

NAME: Sue Curry
(print) REGISTERED MANAGER

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale	
Environmental General	15 (7)	C18 C22 C23	1.	Dust and debris was noted on the floor around the frame work of the doors and in corners	Housekeeping	Facilities Manager has instructed head of Housekeeping to inform staff accordingly	Completed	
Bathrooms/ Toilets			2.	Two hoists and a chair with a wood frame were being stored in the disabled bathroom/toilet. Wooden furniture is not recommended in bathroom areas. Towels were being stored on open shelving	Ward Manager Facilities Manager	Chairs relocated to appropriate area. Closed storage units to be fitted	Completed Will be completed by end of Feb 2011	
Clinical Room/ Clean Store			3.	The surface of some of the wooden cupboard doors was worn; paper labels were taped to the shelves inside the cupboards. Plastic storage boxes were dusty	Facilities Manager	Refurbishment programme in progress	Will be completed by end of Feb 2011	
		C23.1 C27.4	4.	The temperature for the drugs fridge is recorded daily however some of the recordings fall outside the recommended minimum and maximum levels	Ward Manager	Protocol reviewed and clear instruction visible. Staff reminded to action if temperature falls outside recommended levels.	Completed	
		C18 C22 C23	5.	The clean store was cluttered, boxes were stored on the floor	Ward Manager	Clinical storage area cleaned and decluttered	Completed By end of Feb 2011	
			6.	The floor corners around and behind the door were dusty and the skirting was dusty	Ward Manager	Clinical storage area cleaned	Completed By end of Feb 2011	
Dirty Utility				7.	The inside of the blue storage units was dirty, sticky, some had small amounts of spilled liquid	Ward Manager	Cleaned and monitoring checks put in place	Completed
				8.	No trigger system was in place to identify that commodes were clean and ready for use	Ward Manager	New system to identify 'clean and ready for use' to be introduced	End of Dec 2010

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15 (7)	C18 C22 C23	9.	The bedpan rack did not have a drip tray and boxes of hand towels were being stored under the rack	Housekeeping	Items removed	Completed
Domestic Store			10.	Cleaning staff share the dirty utility room, a stock of cleaning cloths and chemicals are stored in the room. Buckets are emptied into the sluice hopper. The main domestic stores are located out side the ward area. The domestic equipment store is used to hold cleaning trolleys and floor maintenance machinery could not be fully inspected as the light was not working. This store is not fit for purpose as the floor of the room does not have a finished cleanable surface. Buckets were stored on the floor and were not inverted. The room had no means of ventilation, had a damp smell and there was no sluice or hand hygiene facility. The second domestic store was used for cleaning chemical cloths and mop handles. The room was also used to store catering stock. The room did have wooden shelving units but was overstocked and cluttered, boxes were stored on the floor	Housekeeping	Area cleaned and decluttered. Plans to relocate cleaning store and introduce separate sink by end of Feb 2011	By end of Feb 2011
Handling and Disposal of Linen			11.	Used linen bags were more than 2/3 full	Ward Manager	Staff informed and prompt signs in place	Completed
			12.	The sink and hand washing facility in the laundry room was dirty, it is also old and worn	Facilities Manager	Plans in place to refurbish laundry room subject to budget approval.	By end March 2011

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Departmental Waste Handling and Disposal	15 (7)	C18 C22 C23	13.	There was no foot operated bin, the bin in use was an office type with a black bin liner	Facilities Manager	Plans in place to refurbish laundry room subject to budget approval.	By end March 2011
			14.	Damage was noted to the floors and walls, tiles were cracked and missing	Facilities Manager	Plans in place to refurbish laundry room subject to budget approval.	By end March 2011
			15.	The back door was open and the floor was covered in leaves and dust	Facilities Manager	Signage in place to remind staff it is an Emergency Exit only	Completed
			16.	In the clinical and treatment room office type bins lined with black plastic bags were observed	Housekeeping	Bins removed and replaced	Completed
			17.	Suction canisters did not have liners or a solidifying gelling agent, staff when questioned stated the canister is disposed off in the clinical waste bag	Ward Manager	Current suction devices are closed system of suction canister as no wall mounted suction in place. Will explore purchase of new devices to meet standards by end Mar 2011	By end of March 2011
Safe Handling and Disposal of Sharps	15 (7)	C23 C18	18.	Temporary closure mechanisms were not in place on the sharps bins	Ward Manager	Now introduced	Completed
			19.	Sharps trays were available, but staff were observed using paper mache trays	Ward Manager	Now introduced	Completed
			20.	Sharps were not disposed off directly at the point of use	Ward Manager	Now introduced	Completed
			21.	The under sides of the sharps trays were grubby and had residue of sticky tape	Ward Manager	Addressed and monitoring introduced	Completed
			22.	A re-sheathed needle was observed in a sharps bin	Ward Manager	Addressed with staff and monitoring in place	Completed

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Management of Patient Equipment (General) Equipment	15 (7)	C18 C20 C21 C22	23.	There are no clear schedules for nursing staff defining cleaning responsibilities and methods	Ward Manager/Facilities Manager	MCCC are carrying out a national review of cleaning procedures across all Hospices. Audits will be in place before end of Jan 2011 Facilities Manager/Ward Manager and Hospice Manager to agree approaches	End of Jan 2011

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Decontamination/ Disinfection	15 (7)	C18 C20 C21 C22	24	The shower chair in the bathroom was stained with faeces	Ward Manager	Addressed by nursing staff. monitoring checks/audit introduced	Completed
			25	Mattress checks audits are not carried out, the internal lining of a mattress examined was stained	Ward Manager	Addressed by nursing staff. monitoring checks/audit introduced	Completed
			26	Both nursing and domestic staff questioned were unsure of the correct dilution rates for disinfectants	Nursing/Housekeeping	Dilution rates clearly displayed in dirty utility areas to inform nursing staff and housekeeping personnel. Housekeeping staff will attend one day course at British Institute of Chemical Science and instructed in best cleaning practices and use of cleaning chemicals.	Completed
			27	No posters or charts were available to show the correct dilution rates of disinfectants	Housekeeping	Posters in place	End of Dec 2010
			28	COSHH data sheets were available for all the products used by cleaning staff, no COSHH data sheets were available for nursing staff	Nursing/Housekeeping	Posters in place to inform nursing staff.	End of Dec 2010
Hand Hygiene	15 (7)	C18	29	The underside of some soap and hand towel dispensers were dirty	Housekeeping	Addressed by cleaning staff	Completed
			30	The sinks in the clinical room have overflows and do not conform to HTM 64	Facilities Manager	This will be rectified by end of Feb 2011	End of Feb 2011

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
			31	The taps at sinks in the clinical room are not elbow operated	Facilities Manager	This will be rectified by end of Feb 2011	End of Feb 2011
Ward/ Departmental Kitchens	15 (7)	C18.12 C19.7	32	The windows of the kitchen/ servery are fitted with fly screens but at the time of the inspection were open and the outside window was open	Facilities Manager	Addressed by cleaning staff	Completed
			33	The underside of the lid on the waste bin was dirty	Housekeeping	Addressed	Completed
			34	The ward manager stated there is a policy that prohibits the reheating of meals in a microwave. The inspectors observed a plated meal which had been sitting on a bench for an unknown amount of time was reheated in a microwave	Catering	Head of catering will instruct staff to prevent in future.	Completed
	15 (7)	C18.12 C19.7	35	The ice machine which was empty at the time of inspection had debris in the corners, and the white plastic fitting was dirty	Facilities Manager	Facilities Manager has now incorporated the cleaning of the ice machines as part of a maintenance schedule completed by an external contractor.	Completed
			36	The casing of the milk cooler around the dispensing nozzle was stained with stale milk	Catering	Cleaned and fit for purpose	Completed
Clinical Practices		C22	37	Information leaflets on common infections such as MRSA or C-difficile were not available	Ward Manager	Info leaflets to be introduced	By end Jan 2011
Additional Issues		C19.7	38	Each bed room has a fridge for patient use, temperature checks should be carried out and recorded to ensure they meet requirements	Housekeeping	Temperature checks now part of cleaning schedule	Completed

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Areas of Good Practice				Minutes of audit group meeting on the 21 October show staff have been interviewed and questioned on their access to regional guidelines for prevention and control of infection			
				The hospice has an Infection Prevention nurse who is current working on Hand hygiene audits, this was also noted in the minutes of the audit group meeting.			
				The hospice has established links with the Ulster Hospital Infection Prevention and Control Team who will act in an advisory capacity			
				There is a good supply of personal protective equipment stations throughout the facility			
				The hospice has an infection control strategy 2008 - 2010 which includes an auditing process in relation to the cleanliness of patient areas. Audits are carried out by the facilities and nursing team.			
				The cleaning supervisor is about to under take British Institute of Cleaning training and staff have a good knowledge of cleaning processes and disinfection.			

Additional Information

- With regard to issues such as the laundry room, etc that necessitates substantial refurbishments and expenses the FM has proposed these works begin in Feb'11 to better accommodate the budget for the year 2011 / 2012.
- Additional funding will need to be secured as this has not been put into budget for 2011/2012
- As the above works are not manageable by the in-house maintenance officer all will involve outside contractors.
- Additional storage will be made possible by the introduction of a port a cabin in Jan '11 to be sited in the service yard for use as a maintenance store.
- The redundant maintenance store will become a centrally located store for exclusive use by the house-keeping team and the 2nd adjoining store to house emergency light / heat units.
- The then vacated store used by house-keeping will serve as a store for physiotherapy
- Similarly the redundant outside wooded stores used by maintenance will be utilised by catering to store non-perishables such as table-ware, etc.
- All materials presently stored by others in electric meter boxes which breach fire regulations will be moved to the former under-stairs stores presently used by house-keeping.

Facilities Manager