



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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**INFECTION PREVENTION/HYGIENE
UNANNOUNCED INSPECTION REPORT**

Northern Ireland Hospice

Belfast

9 NOVEMBER 2010

Contents

1	Background Information	2
1.1	The Role and Responsibility of the Regulation and Quality Improvement Authority (RQIA)	2
1.2	Approach and Scope	3
1.3	The Audit Tool	4
1.4	Preparation	5
2	The Inspection	6
2.1	Main Findings	6
2.2	Areas Visited	7
2.3	Environment and Facilities	7
2.4	Handling and Disposal of Linen	9
2.5	Waste Handling and Disposal	9
2.6	Safe Handling and Disposal of Sharps	10
2.7	Patient Equipment	11
2.8	Hand Hygiene	12
2.9	Kitchens	12
2.10	Clinical Practices	13
2.11	Additional Observations	14
2.12	Good Practice	14
2.13	Recommendations	14
Appendix 1	Areas for Action	15

The Inspection Team

The members of the team were:

- Mrs E Colgan - Senior Inspector, Infection Prevention and Hygiene team
- Mrs L Gawley - Inspector, Infection Prevention and Hygiene team

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. This report details the findings of the visit to the Northern Ireland 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 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 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 Northern Ireland 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 Heather Weir - Director of Clinical Services

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 Northern Ireland 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	75
Linen	79
Waste	88
Sharps	76
Patient Equipment	76
Hand Hygiene	88
Kitchen	88
Clinical Practice	94
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	75

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).

The Northern Ireland Hospice is a 17 bedded unit based on the Somerton Road in North Belfast. The Hospice caters for the population of Northern Ireland. The majority of their patients come from the Northern and Eastern Health Boards.

Their mission statement is "To provide holistic, specialist palliative and rehabilitative care services, within Hospice and the community, in an environment of accountability, education and research, enabling individuals with a life-threatening illness and their families, to maximise the quality of their lives".

Main Findings

On arrival to the Northern Ireland Hospice the inspectors observed that the carpet on the steps at the main entrance to the building was very soiled and moss was observed at the corners and edges. On entering the building the reception area was bright and well

presented and the coffee shop off the reception had been recently refurbished to a high standard and provides a very pleasant and comfortable environment. A wall mounted alcohol hand rub was available at the entrance desk.

The age of the building creates challenges with maintenance and cleaning and storage and this partly reflects the score achieved in this section, greater attention to detail in the cleaning of the environment would further improve compliance. The inspectors noted the skirting along some areas of the corridor required cleaning and in the drugs preparation room, a stool was dirty, the floor was dusty and soiled, horizontal surfaces were very cluttered which makes cleaning difficult, sticky labels were noted on the cupboard doors which impedes the cleaning process and inside the cupboards were damaged and untidy with excess amount of medication.

The clinical room also presented as very cluttered and untidy, especially horizontal surfaces (Picture 1). The floor was dusty and numerous O₂ cylinders were stored on the floor, some were stored correctly others were not secured.

Some minor damage was observed to the walls and doors of the bathrooms and showers and the vinyl flooring in the toilet at room 2 was lifting and a section was missing. The bin in the bathroom was slightly rusted and the lid was marked, the toilet seat is old and worn and difficult to clean and the bath mat was soiled. As storage is an issue in the hospice the bathroom is used to store hoists which results in a cluttered room. Excess toiletries were found in the bathroom cupboard and in the toilet at bay 2, the communal use of toiletries creates the potential of contamination and risk of cross infection. The air vent in the shower room was dusty and staff should ensure showers are cleaned immediately after use to ensure the privacy and dignity of patients.



Picture 1 Untidy cluttered clinical room



Picture 2 Well presented dirty utility room

The dirty utility room while small, is clean and well presented with modern fixtures and fittings (Picture 2). However a separate sink is not available for the decontamination of patient equipment, a soap dispenser was not supplied at the hand washing sink and paper towels were stored out of the dispenser. A bedpan rack is available but due to lack of storage space, staff are storing catheter and urinal stands on pipe work. A triggering system is not available to identify that commodes are clean and ready to use and a seat of one commode was torn.

In contrast, the domestic store was in a poor state of repair, there was wall and paintwork damage to pipes, the area is in need of a detailed clean especially hard to reach areas, the sluice is old and worn and a waste bin was not available for the disposal of paper waste.

As the domestic store was unlocked, products were not stored in accordance with COSHH regulations and staff when questioned confirmed cleaning products were not used at the correct dilution. The storage of inappropriate items added to the cluttered environment, buckets were not stored inverted to aid the drying process and posters displayed were not laminated.

2.4 Handling and Disposal of Linen

Areas Visited	%
Scores	79

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

In this section of the audit tool a partially compliant score was achieved, a review of practices would easily raise the compliance level. Staff bring linen up to the ward as and when it is needed from the basement store. There needs to be a defined segregation area in this store for the storage of clean linen.

Staff spoken to were aware of the correct segregation of linen however there was no poster for staff to reference. Staff use household plastic type laundry baskets to carry used linen to the skip instead of bringing the skip to the point of care and a member of staff was observed not wearing a disposable plastic apron when handling used linen.

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 general observations at ward and department level.

Main Findings

Compliance was achieved in this section of the audit tool and staff are to be commended for their good practices. A few issues were raised which if addressed would give full compliance. Posters on waste segregation should be supplied for staff to reference and a magpie box was not available for staff to safely dispose broken glass and crockery. Inspectors observed a small household type lidded bin in the dirty utility area was used this contained broken glass and used medication bottles. (Picture 3)



Picture 3 Household type bin with broken crockery and used medicine bottles

2.6 Safe Handling and Disposal of Sharps

Areas Visited	
Scores	76

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

A low partial compliance score was achieved in this section and an improvement in staff practice is required. The inspectors observed that the temporary closure mechanism on the sharps bin in the drugs preparation room was not in place, re-sheathed needles were noted in this sharps bin. There were no sharps trays with integral bins provided to ensure safe disposal at the point of care or poster for the management of an inoculation injury.

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 lack of a well defined cleaning schedule outlining staff responsibilities and staff knowledge on disinfecting equipment have contributed to the low partially compliant score achieved. During the inspection the inspectors spot checked two mattresses, one was blood stained and one had a cigarette burn an audit system should be in place to ensure that mattresses are checked on a regular basis.



Patient washbowls were not stored inverted and the nebuliser in the drug preparation room still had the chamber and tubing attached (Picture 4). Staff were unsure of the disinfection in use or the dilution rate required for the decontamination of blood spillages and isolation rooms and senior staff were not aware that a "Declaration of Decontamination Certificate" is required prior to equipment being sent for servicing or repair. Appropriate disinfectant and dilution charts should also be available for staff to reference.

Picture 4 Nebuliser stored with tubing and chamber attached

2.8 Hand Hygiene

Areas Visited	
Scores	88

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

It is encouraging to note compliance was achieved in this section of the toolkit. Practices observed were generally good although the supply of anti-bacterial hand washing solution (Hibiscrub Hydrex) in the sluice and at other areas, would suggest this solution is being used instead of soap for social hand washing. Other factors which affected compliance were soap dispensers were not available at the hand washing sinks in the drug preparation room or dirty utility, not all sinks are elbow operated or automated or comply with HTM 64.

2.9 Kitchens

Areas Visited	
Scores	88

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 and the kitchen was generally clean, tidy and well organised a few issues were raised for improvement. The inspectors observed that the fins of free standing fans were dusty and the waste bin was rusted. There was a build up of lime scale on the grid of the ice-making machine and there was no system in place to check that the temperatures of the dishwasher cycle were achieving the correct temperature. Detailed cleaning schedules were in place and all care staff and volunteers adhere to the strict non access policy to the kitchen. (Picture 5)



Picture 5 Tidy, well presented kitchen

2.10 Clinical Practices

Areas Visited	
Scores	94

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

A high compliance was achieved in this section and staff should be commended. Two issues were identified for improvement in relation to staff practice there was no evidence of regular site inspections of peripheral intravenous lines and a replacement protocol for peripheral intravenous lines was not available.

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
NORTHERN IRELAND HOSPICE
BELFAST

9 NOVEMBER 2010

NOTES:

The details of the Quality Improvement plan were discussed with the Director of Clinical Services 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: _____
(print) REGISTERED PROVIDER

NAME: _____
(print) REGISTERED MANAGER

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale	
Environmental General	15 (7)	C23 C18 C22	1.	The carpet on the steps at the front entrance was soiled and had moss at the edges.	Maintenance	Cleaned and cleared – repair.	10/11/10 01/12/10	
			2.	A stool in the drugs preparation room needs to be thoroughly cleaned.	Housekeeping	Clean.	Completed 25/11/10.	
			3.	The skirting board along some areas of the corridor required cleaning	Housekeeping	Cleaned and cleaning procedures reviewed to include regular cleaning of same.	Completed 25/11/10.	
Bathrooms /Showers			4.	The air vent in the shower room was dusty.	Maintenance	Cleaned on a monthly rota.	19/11/10	
			5.	Excess toiletries were found in the bathroom cupboard and in the toilet at bay	Housekeeping Nursing	Removed.	Completed 25/11/10.	
			6.	Showers should be cleaned immediately after use to ensure privacy and dignity of patients.	Housekeeping Nursing	All staff informed and processes reviewed to ensure all areas are cleaned after patient use.	Completed 09/11/10.	
			7.	Some minor damage was observed to walls and doors.	Maintenance	Repairs to be included in monthly report.	15/12/10	
			8.	The bath mat in the main bathroom was soiled.	Nursing	Removed.	Completed 09/11/10.	
			9.	The bin in the bathroom was slightly rusted and the lid was marked.	Maintenance Nursing	Replace.		
			10.	As storage is an issue in the hospice the bathroom is used to store hoists.	Nursing	Excess items removed to basement.	22/11/10	
			Toilets	11.	The vinyl flooring in the toilet at room 2 was lifting and a section was missing.	Maintenance	Maintenance has repaired this flooring on 1 Dec 2010.	01/12/10
				12.	The toilet seat in the bathroom is old and worn and difficult to clean.	Maintenance	A new one to be purchased when funding acquired.	ongoing

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Drug Preparation Room	15 (7)	C23 C18 C22	13.	The floor was dusty and soiled.	Housekeeping	Cleaned and daily cleaning of this area has been addressed.	Completed 10/11/10.
			14.	The horizontal surfaces were very cluttered which makes cleaning difficult.	Nursing	Decluttered and cleaned. Regular cleaning plan with staff responsible now in place.	Completed 10/11/10.
			15.	Sticky labels were noted on the cupboard doors which impedes the cleaning process.	Nursing	Labels removed.	Completed 10/11/10.
			16.	Inside the cupboards were untidy with an excess amount of medication.	Nursing Pharmacist	4 monthly check by pharmacist. Excess removed.	Completed 10/11/10.
Clinical Room			17.	This room was very cluttered and untidy, especially horizontal surfaces.	Nursing	Decluttered and cleaned. Regular cleaning plan with staff responsible now in place.	Completed 10/11/10.
			18.	The floor was dusty.	Housekeeping	Cleaned and now included in regular cleaning plan.	Completed 10/11/10.
			19.	Numerous O ₂ cylinders were stored on the floor, some were stored correctly others were not secured.	Maintenance	Metal storage rack to be installed when funding acquired. Excessive portable cylinders returned to pharmacy. We have a plan of how to create more space for this in the clinical room.	ongoing
Dirty Utility			20.	A separate sink was not available for the decontamination of patient equipment.	Maintenance	This will be difficult to achieve due to building limitations.	Ongoing.
			21.	A soap dispenser was not supplied at the handwashing sink and the paper towels were stored out of the dispenser.	Maintenance	Soap dispenser erected.	Completed 25/11/10.
			22.	A triggering system was not available to identify that commodes are clean and ready to use. A seat of one commode was torn.	Ward Manager	New procedure being developed.	December 2010
	23.	Catheter and urinal stands were stored on pipework.	Nursing	Removed from pipework and placed in the bottom cupboard.	25/11/10		

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Domestic Store	15 (7)	C23 C18 C22	24.	The domestic store was not in a good state of repair, there was wall and paintwork damage to pipes.	Maintenance Housekeeping	Cleaned, excess items removed. One shelf to be removed and painted.	22/11/10
			25.	The area is in need of a detailed clean especially hard to reach areas.	Housekeeping	Cleaned and now cleaned daily.	Completed 25/11/10.
			26.	Posters on display should be laminated.	Ward Manager	Removed and laminated.	Completed 25/11/10.
			27.	Mop buckets were not stored inverted.	Housekeeping	Housekeepers informed regarding storage of mops.	Completed 10/11/10.
			28.	The domestic store was unlocked, therefore products were not stored in accordance with COSHH regulations.	Housekeeping	Staff made aware of policy. To be monitored by ward manager.	25/11/10
			29.	Cleaning products were not used at the correct dilution, domestic staff stated they use four tablets of actichlor per litre.	Housekeeping	Housekeepers educated by ward manager and daily signature sheet introduced.	25/11/10
			30.	Inappropriate items were stored in this room.	Housekeeping	Removed.	25/11/10
			31.	A sluice is available but is old and worn.	Maintenance	Difficult to address due to building limitations.	Ongoing.
			32.	A waste bin was not available for the disposal of paper waste.	Maintenance	Bin to be sourced. To be purchased from Bristol Maid. We have relooked at this and decided that in this store there is no requirement of a paper waste bin as normal waste goes directly into the normal waste bags on housekeepers trolleys. There is also no space for another bin in this room.	01/12/10
Linen	15 (7)	C18	33.	Linen is stored in the basement in a general store. The linen was covered in plastic but no defined segregated area was available. Staff bring linen up to the ward as and when it is needed.	Nursing	Linen separated onto two shelves.	22/11/10

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15 (7)	C18	34.	Staff spoken to were aware of the correct segregation of linen however there was no poster for staff to reference.	Nursing	Notice erected.	22/11/10
			35.	Linen skips available were not taken to the point of care, staff use household plastic type launder baskets.	Nursing	Plastic laundry baskets removed. Extra linen skips ordered.	25/11/10
			36.	A member of staff was observed not wearing a disposable plastic apron when handling used linen.	Ward Manager	All nursing staff reminded of safe handling of linen.	22/11/10
			37.	Posters on waste segregation should be supplied for staff to reference.	Ward Manager	To be sourced.	ongoing
Waste		C23	38.	A small household type lidded bin was observed in the dirty utility area. The bin contained broken glass and medication bottles. A magpie box should be used for the disposal of broken glass, crockery etc.	Nursing	Bin removed. Magpie box supplied. Staff reminded of correct procedure for disposal.	Completed 22/11/10.
Sharps	15 (7)		39.	The temporary closure mechanism was not in place.	Nursing	Staff informed to use mechanism.	Completed 22/11/10.
			40.	Sharps trays with integral bins were not available.	Nursing	To be ordered.	ongoing
			41.	Re-sheathed needles were observed in the sharps bin.	Nursing	Staff reminded of policy.	Complete 22/11/10.
			42.	A poster was not available for the management of an inoculation injury.	Nursing	Poster to be sourced.	ongoing
Patient Equipment		C20 C21 C22 C23	43.	There were no clear cleaning schedules available which outline staff responsibilities.	Nursing	Schedule compiled and communicated with staff.	Completed 22/11/10.
			44.	Two mattresses were spot checked, one was blood stained and one had a cigarette burn.	Nursing	Mattress disposed of.	Completed 22/11/10.

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Patient Equipment	15 (7)	C20 C21 C22 C23	45.	Patient washbowls were not stored inverted.	Nursing	No area available for this, washed and dried prior to store at back of patient locker.	Completed 22/11/10.
			46.	The nebulizer in the drug preparation room still had the chamber and tubing attached.	Nursing	Removed and disposed of. All staff reminded of decontamination of nebulizer after use.	Completed 22/11/10.
			47.	Appropriate disinfectant and dilution charts should be available for staff to reference.	Nursing Housekeeping	Dilution chart erected. Disinfection charts to be developed.	Completed 22/11/10.
			48.	Staff were unsure of the disinfection in use and the dilution rate required for the decontamination of blood spillages and isolation rooms.	Nursing Housekeeping	Information sheet displayed.	26/11/10
			49.	Staff were not aware that a "Declaration of Decontamination Certificate" is required prior to equipment being sent for servicing or repair.	Maintenance	Infection control team have discussed and agreed a plan to remedy the whole process of decontamination of equipment., plan to be completed by February 2011	February 2011
Hand Hygiene	(9)15 (7) 15 (2)	C18	50.	Soap dispensers were not available at the hand washing sinks in the drug preparation room or dirty utility.	Maintenance	Soap dispensers erected in both areas.	Completed 22/10/10.
			51.	Not all sinks are elbow operated.	Maintenance	This is a limitation of current building.	Ongoing.
			52.	Not all sinks are compliant with HTM 64.	Maintenance	This is a limitation of current building.	Ongoing.
	15 (2) (9) 15 (7)	C18	53.	Anti-bacterial handwashing solution (Hibiscrub Hydrex) was present in the sluice and at other areas, this should not be used for social handwashing.	Nursing	Hibiscrub removed. New hand wash dispenser erected in the sluice room.	25/11/10
Kitchen	15 (7)	C18.12 C19.7	54.	The fins of free standing fans were dusty.	Maintenance Housekeeping	To be cleaned. Sodexo to include this in their rotas.	26/11/10 29/11/10
			55.	The waste bin was not labelled and was rusted.	Maintenance	New bin to be purchased from Bristol Maid.	ongoing

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15 (7)	C18.12 C19.7	56.	There was a build up of limescale on the grid of the ice-making machine.	Maintenance	Sodexo to include this in their rota.	29/11/10
			57.	There is no system to check the temperatures of the dishwasher cycle to ensure it is achieving the correct temperature.	Maintenance	Sodexo to carry out a daily check and record findings.	29/11/10
Clinical Practice		C13 C22	58.	There is no evidence of regular site inspection of peripheral intravenous lines.	Ward Manager	To be added to existing policy.	December 2010
			59.	A replacement protocol for peripheral intravenous lines should be in place.	Nursing	To be added to existing policy.	December 2010
Good Practice				Good use of PPE			
				Well placed PPE stations			
				Due to long term sick leave followed by retirement of the Infection Prevention and Control nurse, the good processes put in place have not been strictly followed and some updating is required. However, a member of staff has recently been identified to take over the role, update processes and encourage/inform staff in infection prevention and control practices and knowledge			