



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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**INFECTION PREVENTION/HYGIENE
UNANNOUNCED INSPECTION REPORT**

**SOUTHERN AREA HOSPICE SERVICES
ST. JOHN'S HOUSE**

NEWRY

12 NOVEMBER 2010

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The Inspection Team

The members of the team were:

- Mrs Margaret Keating - Inspector, Infection Prevention and Hygiene team
- Mrs Sheelagh O'Connor - Inspector, Infection Prevention and Hygiene team
- Ms Jo 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. This report details the findings of the visit to St. John's House, Newry.

1.2 Approach and Scope

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

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

The inspections support the following key documents/campaigns:

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

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

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

1.3 The Audit Tool

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

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

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

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

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

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

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

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

1.4 Preparation

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

The hygiene inspection of this facility on 12 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 St. Johns Hospice representatives, inspectors/reviewers had a debrief session to review and agree findings. The key findings of the inspection were outlined to the following Hospice representatives:

- Mrs Ann Cooney - Chief Executive
- Mrs Carmel Campbell - Director of Nursing

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

The inspection team wishes to thank the staff of St. John's 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	65
Linen	77
Waste	100
Sharps	72
Patient Equipment	68
Hand Hygiene	86
Kitchen	52
Clinical Practice	85
AVERAGE SCORE	76%

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	65

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

Southern Area Hospice Services established in 1989 is a division of St John's House Healthcare Limited, a charitable organisation relying on **health and social care** (HSC) grants, voluntary contributions and fundraising to deliver services. It has one elderly care inpatient bed and 12 inpatient beds which provide specialist palliative care to patients suffering from Cancer, Motor Neurone Disease and Multiple Sclerosis throughout the Southern Health and Social Care Trust (Picture 1).



Picture 1 Main Reception

The care delivered aims to improve the quality of life of patients and provides a holistic approach to care, responding to the physical, psychological and spiritual needs of patients, their relatives and carers. The inspection focused on the 13 single bedded rooms and ward areas located over two floors and the external laundry.

In this section of the audit tool the facility was non compliant. It was recognised by the inspection team that some of the fabric of the environment was in a poor state or repair, notably wall and door damage, which has impacted negatively on the scoring.

Greater attention to detail is required when cleaning throughout the facility as dust and debris was observed on the floor edges and corners, high and low surfaces and behind radiators. The window frames throughout the facility were dusty or dirty and in poor decorative order, some wall mirrors were worn at the edges and there were dead flies present in some ceiling strip lights.

In the shower rooms tiles were damaged, marked or stained, especially behind the toilets, the rubber seals on the shower doors were dusty and faeces was observed on the seal of one shower door. Some floor joins were not sealed correctly underneath the toilet pipe, one shower had no curtain present to protect the floor from water and the underside of a shower chair and its castors were dirty. In the toilets it was observed, after several spot checks, that the outside of one toilet bowl was still stained, the inside of a second toilet bowl had faeces present and a raised toilet seat attachment was stained and stored on the floor.

The clinical rooms and clean stores were cluttered in appearance, with products and mattresses stored on the floor, impeding the cleaning process. In the clinical rooms the wooden shelving was exposed in some areas, with the formica covering split (Picture 2). All shelving and work surfaces should be sealed and intact to promote easy and effective cleaning. The inside of equipment storage boxes and the drugs trolleys were dusty, there were worn sticky labels present which were unable to be effectively cleaned and the venetian blind was old and worn and should be removed or replaced. Fridge temperature records were not taken consistently to identify if the fridge was maintaining its temperature range or if a cold chain failure had occurred. The maximum temperature recorded was 14°C which was outside the facilities recommended temperature range of 2 - 6.6°C. No action had been taken to address this issue.



Picture 2 Clinical room - dusty, damaged shelving

The dirty utility rooms were cluttered in appearance due to the amount of equipment present. The lid of one of the foot operated household waste bins was broken with the potential to cause hand contamination if the bin lid was manually lifted to dispose of waste. The equipment sink was stained and dirty and the plastic covering on the catheter stands was starting to wear, exposing the metal frame and compromising the cleaning process. The frame of one of the commodes was stained with faeces (Picture 3), the basin of one commode had debris present, the commode castors were rusty and worn and there was no system in place to identify if commodes were clean and ready for use. It was also observed that the bedpans in use were old and worn, with ground in stains present, and there was no drip tray present under the bedpan racks to collect water residue draining from the bedpans after disinfection in the bedpan washer.



Picture 3 Commode frame stained with faeces

The domestic store was in poor decorative order, with wall damage and dust and debris present on the floor edges and corners and the domestic floor polisher was rusty. Mop buckets were not stored inverted after use to assist with drainage and the drying process and staff advised that mop heads were steeped in Milton after use and prior to reuse rather than laundered. It is advised that this process should stop and mop heads are laundered after use on a daily basis to ensure effective cleaning, especially if an outbreak were to occur. There was no designated domestic sluice at ward level, however, staff advised that the sluice sinks in dirty utility rooms were used by both nursing and domestic staff. A protocol should be available for this practice. On questioning, domestic staff were unsure of the disinfection solution in use, its dilution rate and its components. Cleaning solutions were not locked away when not in use. A spray bottle of 'zoflora', with paper labels taped to the bottle, was observed hanging from a rail in the dirty utility, easily

accessible to the public. It was also observed that cleaning schedules on the back of room doors were not always signed off as complete. The inspectors noted that the facility had two domestic staff who work at ward level from 9.00am - 12.00 midday. It is advised that working hours are reviewed to ensure all necessary cleaning is carried out effectively throughout the day.

Improvement within this section of the audit tool could be achieved with greater attention to detail and a review of cleaning practices and procedures.

2.4 Handling and Disposal of Linen

Areas Visited	%
Scores	77

Introduction

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

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

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

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

Main Findings

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

On inspection it was observed that the linen trolley was dusty, unused linen was stored on top rather than inside the linen trolley and linen bags were more than two-thirds full. Staff were aware of how to segregate linen, however, there was no linen segregation poster available for new staff to reference to ensure practice was correct and there were no written guidelines available on the use of washing machines. Nursing staff launder their uniforms at home, however, guidelines on home laundering has not been issued to ensure this process is carried out correctly and effective cleaning has occurred.

2.5 Waste Handling and Disposal

Areas Visited	%
Scores	100

Introduction

The safe segregation, handling, transport and disposal of waste can, if not properly managed, present risks to the health and safety of staff, patients, the public and the

environment. The key legislation pertaining to healthcare organisations are broadly defined under the following legislation guidance:

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

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

Main Findings

Within this section of the audit tool a score of 100 per cent and full compliance has been achieved. Staff are commended for their hard work and commitment to safe practice when handling and disposing of waste.

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

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

It was observed during the inspection that the temporary closure mechanisms, to prevent spillage and impede access, were not in place when the sharps boxes were not in use and that re-sheathed needles were observed in a sharps box. Re-sheathing of needles should not occur as it is unsafe practice and increases the risk of the sharps user receiving a needle stick injury. Sharps trays, used to carry sharps boxes and equipment to the patient bedside, were available, however, although washed, were dirty on the underside and were drip drying on the window ledge rather than washed, dried and put away after use. There were no compatible 2.5 litre sharps boxes available for use with the sharps trays, therefore sharps were not disposed of directly at the point of care, increasing the potential for a

needle stick injury to occur as sharps were transported from the bedside in a dish and disposed of into a sharps box located in the clinical room.

The inspectors observed audit reports carried out at facility level that also identifies some of the practices outlined. These reports should be actioned to ensure that all staff practice safe handling and disposal of sharps.

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

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

The inspectors observed that the cleaning of patient equipment and staff knowledge on disinfection were areas where improvement is required. On inspection an IV stand was stained and dirty (Picture 4), the top and shelving tracks of the equipment trolleys were dusty and dirty, the hoist frame was dusty, not all posters were laminated and were attached to walls and cupboards with tape rather than blu tac, leaving tape marks. The top of the resuscitation trolley was dusty and an oxygen mask had been removed from its original packaging and placed inside a large white plastic bag. Equipment should not be removed from its original packaging until the point of use for infection control, identification and traceability in the case of a manufacturer's recall or safety alerts. It was also observed that the outside of a portable suction machine was dusty, the inside of the reusable canister was dirty and disposable suction canister liners were not in use.



Picture 4 Stained IV stand

Staff questioned were unaware of the symbol for single use on equipment in use and were also unsure of the disinfectant in use, its dilution rate and its components.

Cleaning schedules, although available, should be reviewed to ensure all equipment is cleaned regularly and all disciplines of staff are aware of their roles and responsibilities.

2.8 Hand Hygiene

Areas Visited	%
Scores	86

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

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

On inspection it was observed, however, that one soap dispenser was not working and greater attention to detail when cleaning the underside of some plug holes, soap, hibiscrub

and hand towel dispensers was required. It was also noted that clinical sinks did not conform to HTM64 as they had plugs and overflows present, sink fittings were old and worn and clinical sink taps were twist rather than elbow operated or automated.

2.9 Kitchens

Areas Visited	%
Scores	52

Introduction

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

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

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

Main Findings

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

On inspection it was observed that in both ward kitchen areas a concerted effort is required to improve practices. The inspectors observed that the floor, edges and inaccessible corners were dirty and had debris present (Picture 5), the extractor fans were dusty, radiators were stained, the kitchen trolley and castor required cleaning, the base of the water geysers had ground in stains present and a tea towel used for drying, rather than disposable roll, was hung over a radiator. Fixtures and fittings within the kitchens were old and worn, there were holes in some wall tiles and the shelves and cupboards were dirty around the edges with the formica covering missing from part of one worktop. National Patient Safety Agency (NPSA) colour coded guidelines adopted by the facility were not applied as cleaning equipment used in the kitchen was mixed, with a red cloth, yellow gloves and blue mop in use rather than the recommended green coloured equipment.



Picture 5 Debris in corners

It was observed on inspection of the fridges that the seals required cleaning and that fridge temperature records were recorded above 8°C on a regular basis. The recommended fridge temperature range is 2 - 8°C, however, no action was taken to address this issue. The inspectors also observed that foodstuffs inside the fridge were not labelled with the owner's name and the date it had been put into the fridge and there was a slice of pie uncovered in the fridge. Sugar was stored in uncovered bowls in the cupboard, easily accessible to pests, and an opened bottle of tomato sauce was not stored under refrigerator conditions.

On inspection of the microwaves the internal casings were dirty and staff advised that microwaves were used to heat patients' food. There was no policy in place to ensure this practice was carried out correctly. Staff did not temperature probe the food following heating to ensure hot spots were not present. It is advised that advice is sought from the local environmental health officer on this practice.

2.10 Clinical Practices

Areas Visited	%
Scores	85

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 that make them more susceptible to infection. *Reference:* The 'epic2: National Evidence - Based Guidelines for Preventing Health Care - Associated Infections in NHS Hospitals in England' (2007) and the Regional Infection Prevention and Control Manual.

Main Findings

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

During the inspection it was observed that single use jugs were used for emptying catheters, however, these were disinfected after use and reused. It is advised that re-usable jugs are purchased or single use jugs are discarded after use. On questioning staff inspectors noted that some staff were unable to locate the facilities' infection prevention

and control manual and were unaware of the regional on-line infection prevention and control manual. It was also observed that information leaflets on *Clostridium difficile* were not readily available for patients or visitors.

As part of good practice the inspectors did observe a variety of posters and information leaflets displayed on the use of personal protective equipment and management of infections for staff to reference. Personal protective equipment stations were also evident throughout the facility to allow staff to easily access equipment (Picture 6).



Picture 6 Personal protective equipment holder

The manager advised that as a proactive approach to infection prevention and control, managerial audits of the facility are carried out and there is a rotation of day and night staff to ensure all staff are familiar with policies and procedures.

2.11 Additional Observations

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

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

- An infection prevention and control link nurse has yet to be appointed after the previous nurse left

2.12 Good Practice

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

These are listed in Appendix 1.

- Liaison with Daisy Hill infection prevention and control team for advice.
- Personal protective equipment stations throughout the facility.
- Rotation of day and night duty staff to ensure all staff are familiar with policies and procedures.
- Hand hygiene campaign posters displayed.
- Posters available and displayed for staff on standard infection control precautions, the use of personal protective equipment for Pandemic flu, the Bristol stool chart poster, spillages and the management of MRSA and *Clostridium difficile*.

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

**Southern Area Hospice Services
St John's House**

12 November 2010

NOTES:

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

The timescales commence from the date of inspection.


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

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

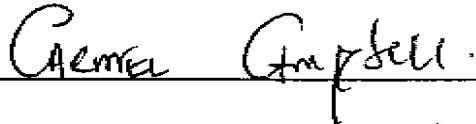
The Registered Provider is required to record comments on the Quality Improvement Plan.

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

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

SIGNED: 

NAME: ANN COONEY
(print) REGISTERED PROVIDER

SIGNED: 

NAME: CARMELO CAMPBELL
(print) REGISTERED MANAGER

Southern Area Hospice Services

St John's House

Newry

12 November 2010

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Environmental General	15(7) 25(2)(c)(d)	C18 C22 C23.1 C27.4	1.	Attention to detail was required when cleaning the floor edges and corners throughout the facility	Housekeeping	Thorough cleaning of all floors including edges and corners Issues addresses with staff	Immediate /Ongoing
Bathrooms/ Toilets			2.	Attention to detail was required when cleaning high and low surfaces	Housekeeping	All high and low surfaces cleaned – new schedule implemented	Immediate / ongoing
Clinical Room/ Clean Store			3.	Dust was observed behind radiators	Maintenance/ Housekeeping	Radiators removed and cleaned	19 November
			4.	There was wall and door damage noted throughout the facility	Organisation	Identified & awaiting finance regarding refurbishment	Within 1 year
			5.	The window frames throughout the facility were dusty/dirty and in poor decorative order	Overall/ Housekeeping	All window frames cleaned and ongoing maintenance	Within 3 years
			6.	Some mirrors were worn at the edges and corners	Overall	Identified & awaiting finance – awaiting	Within 1 year
			7.	Dead flies were present in some ceiling strip lights	Maintenance	All ceiling lights cleaned, new cleaning schedule	26.11.10
Shower Rooms			8.	The tiles in the shower rooms were damaged, marked or stained, especially behind the toilet	Housekeeping	Tiles cleaned and new schedule introduced – awaiting finance to upgrade rooms	20.11.10 On programme of works
			9.	The floor edges and corners were dusty	Housekeeping	Cleaned.	20.11.10
			10.	The rubber seals on the shower doors were dusty and faeces was observed on the seal of one shower door	Housekeeping	Cleaned	19.11.10
			11.	The floor join was not sealed correctly underneath one of the toilet pipe	Maintenance	Plumber addressing this issue	On programme of works schedule

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
Toilets	15(7) 25(2)(c)(d)	C18 C22 C23.1 C27.4	12.	There was no shower curtain present in one room	Housekeeping	Shower curtain erected	Within 1 week
			13.	The underside of a shower chair and its castors were dirty	Housekeeping	Cleaned/replaced	Dec 2010
			14.	The outside of one toilet bowl was stained, the inside of a second toilet bowl had faeces present and a raised toilet seat attachment was stained and stored on the floor	Housekeeping	Cleaned Toilet seat stored correctly	October 2010
			15.	Some of the toilet brushes were stained with faeces	Housekeeping	Remove and new toilet brushes in place	1 week
Clinical Room/ Clean Store			16.	The clinical rooms and clean stores were cluttered in appearance	Housekeeping	De-cluttered	1 week
			17.	The wooden shelving was exposed in some areas, with the formica covering split	Organisation	Work in progress	Within 3months
			18.	The floor edges and corners were dusty	Housekeeping	Cleaned	1 week
			19.	High and low surfaces were dusty	Housekeeping	Cleaned	1 week
			20.	The inside of equipment storage boxes were dusty	Nursing	Cleaned – schedule introduced	
			21.	Fridge temperature records were not taken consistently. The maximum temperature recorded was 14°C which was outside the facilities recommended temperature range of 2 - 6.6°C. No action has been taken to address this issue	Housekeeping	New reporting system introduced	1 week
			22.	The drugs trolley was dusty	Nursing	Cleaned	1 week
			23.	Products and mattresses were stored on the floor, impeding the cleaning process	Organisation	Investigating how best to store items	Within 3 months
			24.	Labels were worn and not easily cleaned	Housekeeping	New labels applied	Immediate

Location	Regulation	Standard	Ref. No.	Findings	Designated Department	Action Required	Timescale
Dirty Utility Rooms	15(7) 25(2)(c)(d)	C18 C22 C23.1 C27.4	25.	The venetian blind was old and worn	Organisation	Order replacement	Jan 2011
			26.	The dirty utility rooms were cluttered in appearance	Nursing	De-cluttered	Oct 2010
			27.	The lid of one of the foot operated household waste bins was broken	Housekeeping	Replaced	Oct 2010
			28.	The equipment sink was dirty and stained	Organisation	Cleaned – sourcing stainless steels sink	Oct 2010
			29.	The frame of one commode was stained with faeces, the basin of one commode had debris present and the commode castors were rusty and worn	Nursing	Cleaned. 2 nd commode replaced (new)	Dec 2010
			30.	There was no trigger system in place to identify if commodes were clean and ready for use	Nursing	New system to be introduced	Jan 2011
			31.	Bedpans were old, and worn with ground in stains and there was no drip tray present under the bedpan racks	Nursing	New bedpans purchased sourcing drip tray	Nov 2010
			32.	The plastic covering on the catheter stands was starting to wear, exposing the metal frame	Nursing	Replaced	Nov 2010
Domestic Store			33.	The domestic store was in poor decorative order, with wall damage noted	Housekeeping	Budgetary consideration	On programme of works
			34.	Mop buckets were not stored inverted after use	Housekeeping	Actioned	Oct 10
			35.	Mop heads were not laundered daily, mop heads were steeped in Milton prior to reuse	Housekeeping	Laundered daily	Oct 10
			36.	The floor edges and corners were dusty	Housekeeping	Cleaned	Oct 10
			37.	The floor polisher was rusty	Organisation	Budgetary consideration regarding replacement	On programme of works

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(7) 25(2)(c)(d)	C18 C22 C23.1 C27.4	38.	Cleaning solutions were not locked away when not in use. A spray bottle of 'zoflora', with paper labels taped to the bottle, was observed hanging from a rail in the dirty utility, easy accessible to the public	Housekeeping	New locked cupboards sourced Spray bottle removed	January 2011 Oct 10
			39.	Staff were unsure of the disinfection solution in use and its dilution rate and components	Housekeeping	Dilution rates and components available staff informed	Oct 10
			40.	There was no designated domestic sluice available	Housekeeping	There is a designated domestic sluice available on level 3	Already available
			41.	Cleaning schedules on the back of room doors were not always signed off as completed	Housekeeping	Spot checking of same	Oct 10
			42.	The facility has two domestic staff who work at ward level from 9am - 12midday, this should be reviewed to ensure all necessary cleaning is carried out effectively throughout the day	Housekeeping	Rota: 9-12pm wards 12 - 2pm Laundry duties 2 - 7pm there is one housekeeper on duty for wards.	Already in place
Handling and Disposal of Linen	15(7)	C18.12 C18.20	43.	The linen storage trolley was dusty	Housekeeping	cleaned	Oct 10
			44.	Unused linen was stored on top rather than inside the linen trolley	Housekeeping	More top up service by Housekeeping	Oct 10
			45.	Although staff were aware of how to segregate linen there was no linen segregation poster available for reference	Housekeeping	Poster available	Oct 10
			46.	Linen bags were more than 2/3 full	Housekeeping	Staff instructed	Nov 10

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(7)	C18.12 C18.20	47.	Nursing staff launder their uniforms at home however guidelines on home laundering has not been issued to ensure this process is carried out correctly. One staff member advised that she 'boil washes' her uniforms	Nursing	New policy currently being developed	Jan 2011
			48.	There is no written guidelines available for staff to reference on the use of the washing machines	Nursing	Instructions available	Oct 10
			49.	No risk factors identified			
Departmental Waste Handling and Disposal							
Safe handling and Disposal of Sharps	15(7)	C23.1	50.	Temporary closure mechanisms were not in place when the sharps boxes were not in use	Maintenance/ Nursing	Staff instructed to use mechanisms when sharps boxes not in use	Immediate Oct 10
			51.	Sharps trays were available, however there were no compatible 2.5 litre sharps boxes available for use	Maintenance	Sharps boxes now available	Nov 10
			52.	Sharps trays although washed, when inspected, were dirty on the underside. Sharps trays were left to drip dry on the window ledge rather than washed and dried immediately after use and stored away	Nursing	Cleaned	Nov 10
			53.	Sharps were not disposed of directly at the point of use as integral portable sharps trays and boxes were not in use	Nursing	Staff instructed regarding sharps	Immediate Oct 10
			54.	Re-sheathed needles were observed in a sharps box	Nursing / Medical	Staff instructed regarding sharps	Oct 10

Location	Regulation	Standard	Ref. No.	Findings	Designated Department	Action Required	Timescale			
Management of patient Equipment (General) Equipment	15(7)	C20 C21 C22	55.	Cleaning schedules, although available, should be reviewed to ensure all equipment is cleaned regularly and staff are aware of their roles and responsibility	Nursing / Housekeeping	All equipment cleaned and staff aware of roles & responsibilities	Oct 10			
			56.	An IV stand was stained and dirty	Nursing	Cleaned	Oct 10			
			57.	The top and shelving tracks of the equipment trolleys were dusty and dirty	Nursing	Cleaned	Oct 10			
			58.	The hoist frame was dusty	Nursing	Cleaned	October 2010			
			59.	The top of the resuscitation trolley was dusty and an oxygen mask had been removed from its original packaging and placed inside a large white plastic bag	Nursing	Cleaned, mask replaced	Oct 10			
			60.	The outside of a portable suction machine was dusty and the inside of the reusable canister was dirty	Nursing	Cleaned	Oct 10			
			61.	Disposable liners are not used inside suction canisters	Maintenance	Sourcing liners	Jan 11			
			62.	Not all posters were laminated and some posters were attached to walls and cupboards with tape rather than blu tac, leaving tape marks	Nursing	Poster laminated	Dec 10			
			Decontamination/ Disinfection			63.	Staff questioned were unaware of the symbol for single use	Nursing	All staff informed	Dec 10
						64.	Nursing staff are unsure of the disinfectant in use, its dilution rates and its components	Nursing	Dilution rates and components available	Nov 10
Hand Hygiene	15(2)(a) 15(7)	C18	65.	The underside of some soap, hibiscrub and hand towel dispensers were dirty and the soap dispenser in Room 2 was not working	Maintenance / housekeeping	Cleaned on schedule checked regarding working order	October 2010			

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(2)(a) 15(7)	C18	66.	Clinical sinks did not conform to HTM64 as they had plugs and overflows present	Organisation	Awaiting decision regarding funding to upgrade plugs & overflows	On programme of works
			67.	Dirt was observed around plug holes and sink fitting were old and worn	Housekeeping	Cleaned	On programme of works
			68.	Clinical sink taps were twist rather than elbow operated or automated	Organisation	Upgrading	On programme of works
			69.	The floor, edges and inaccessible	Housekeeping	Cleaned	October 2010
			70.	corners were dirty with debris present			
Ward Kitchens	15(7)	C18.12 C19.7	71.	The extractor fans were dusty	Maintenance	Cleaned – schedule introduced	20.11.10
			72.	Cleaning equipment did not conform to colour coded guidelines i.e. green in kitchen areas. Inspectors observed a red cloth used with yellow gloves and a blue mop	Housekeeping	Sourcing equipment - & same introduced	Dec 10
			73.	Fixtures and fittings were old and worn and there were holes in some of the wall tiles	Organisation	Budget considerations	On programme of works
			74.	Shelves and cupboard were dirty around the edges and the formica covering was missing from part of a worktop	Overall	Budget considerations awaiting approval to refurbish kitchenettes both floors – cleaned	Within 3 months
			75.	The kitchen trolley and castors required cleaning	Housekeeping	Cleaned	October 2110
			76.	The fridge seals required cleaning	Nursing	Cleaned	October 2010
			77.	Fridge temperature records were recorded above 8°C on a regular basis, the recommended fridge temperature range is 2 - 8°C. No action has been taken to address this issue	Nursing	New system introduced to address this issue	October 2010

Location	Regulation	Standard	Ref No.	Findings	Designated Department	Action Required	Timescale
	15(7)	C18.12 C19.7	78.	Foodstuff inside the fridges were not labelled with the name of the owner and the date it was put into the fridge. A slice of pie was uncovered in the fridge	Nursing	Staff informed. Monitoring of all items in fridge – daily	October 2010
			79.	The internal casing of the microwaves were dirty	Nursing	Cleaned	October 2010
			80.	Staff advised that microwaves are used to heat patients food however there was no policy in place to ensure this practice is carried out correctly. Staff do not temperature probe the food following heating to ensure hot spots are not present. It is advised that advise is sought from the local environmental health officer	Catering	Probe currently in place. Advice sought from environmental health office – reheating porridge, custard etc – low risk	Dec 10
			81.	Sugar was stored in uncovered bowls in the cupboard and an opened bottle of tomato sauce was not stored under refrigerator conditions	Nursing	Removed and replaced with individual sachets	Nov 10
			82.	A tea towel used drying was hanging over the radiator in one kitchen area	Nursing	Removed	Immediate Oct 10
			83.	The base of the water geysers had ground in stains present	Nursing	Cleaned	Oct 10
			84.	The radiators were stained	Maintenance	Radiators removed	Oct 10
			Clinical Practices	15(7)	C13 C21 C22	85.	Single use jugs were used for emptying catheters however these were disinfected after use and reused. It is advised that re-usable jugs are purchased or single use jugs are discarded after use
			86.	Information leaflets on <i>Clostridium difficile</i> were not available	Nursing	Awaiting supply of leaflets	Jan 11

