

Cwm Taf Health Board

Unannounced Cleanliness Spot Check

Date of visit 24 March 2010

Healthcare Inspectorate Wales

Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

www.hiw.org.uk

Contents

	Page No.
1 Introduction	1
2 Findings: Areas of strength, areas for further improvement and actions that need to be taken	3
2.1 General Environment	3
2.2 Ward 6, Acute Medical Unit	3
Environment	3
Linen, waste and sharps handling and disposal	5
Equipment and storage	7
Staff knowledge and practice	8
2.3 Ward 19, Medical/Respiratory Ward	9
Environment	9
Linen, waste and sharps handling and disposal	10
Equipment and storage	11
Staff knowledge and practice	12

1. Introduction

1.1 In May 2006, in response to concerns raised by public and patients across Wales, Healthcare Inspectorate Wales (HIW) announced its intention to undertake unannounced cleanliness spot checks of healthcare organisations across Wales and a programme of unannounced visits is carried out every year.

1.2 Many different sources of information relevant to this agenda is considered and used to shape the direction of the spot check programme, which is kept under review in light of any new information that comes to our attention.

1.3 As part of our Unannounced Cleanliness Spot Check discussions are held with clinical staff and direct observations of clinical areas are undertaken. The check list used to guide the spot checks is based on the Infection Control audit tool developed by the Infection Prevention Society (IPS).

1.4 Further information about HIW, its spot check visits and the audit tool used can be found at www.hiw.org.uk

Visit to Cwm Taf Health Board

1.5 On 24 March 2010 HIW visited the Royal Glamorgan hospital which is part of Cwm Taf Health Board and undertook cleanliness spot checks of the following areas:

- Ward 6, Acute Medical Unit, Royal Glamorgan Hospital.
- Ward 19, Medical/Respiratory, Royal Glamorgan Hospital.

1.6 Our findings are set out in the following sections of this report. Areas of strengths as well as areas for further improvement, including recommendations for actions are highlighted. The Health Board is required to complete an improvement plan to address the key areas of concern and to submit it to HIW within two weeks of this report being published.

2. Findings: Areas of strength, areas for further improvement and actions that need to be taken

2.1 General Environment of the Royal Glamorgan Hospital

The general environment of the hospital was considered to be of an acceptable standard of cleanliness. Public corridors and walkways were found to be free from clutter and inappropriate items.

2.2 Ward 6, Acute Medical Unit, Royal Glamorgan Hospital.

Environment

The standard of cleanliness on the ward was poor.



- There were a number of storage containers stored on the floor of the clinical room. These were visibly dusty. Items should be stored above floor level to ensure effective cleaning takes place.



- Many of the patient and visitor chairs on the ward were badly torn, allowing fluids, dirt and bacteria to penetrate the material. These should be recovered or replaced with an impermeable material so that they can be cleaned appropriately.



- A number of clean items were being stored in the dirty utility; this is unacceptable as this is a potential risk of contamination.



- The clinical hand washing sink in the dirty utility was obstructed by a number of different items including urinal bottle holders. These are considered to be dirty items and therefore should not be placed on or near a clinical hand washing sink.



- The domestic room had a number of inappropriate items stored in it such as food and personal belongings. This is unacceptable and staff should ensure that the room is clean and free from inappropriate items.

The commodes on the ward were examined and they were all found to be clean and ready for use. Tape was placed around the commodes to indicate that they were clean and ready for use and this seems to work well. However, staff should ensure that the commode tape is signed and dated.

As the unit is designed for short stay patients there are no patient lockers available for patients to store their belongings in and therefore they were being stored on the floor. This issue needs to be addressed as effective cleaning is unable to take place and there is a potential health and safety issue.

The challenges to maintaining dignity and respect for patients in the AMU were acknowledged by staff who aim to provide single gender bays whenever possible. During our visit we identified that three of the four bays were mixed gender as a result of a high number of emergency admissions to the hospital. Providing single gender accommodation across Wales is a priority within the Free to Lead, Free to Care Ministerial initiative and the Health Board should as a priority put mechanisms in place to avoid where possible mixed gender bays.

We were concerned that the bed spacing in the bays did not comply with national recommendations. Health Building Notes (HBN) 04 recommends that the clinical space around beds within an acute setting is 3.6m x 3.7m. The Health Board should review the bed spacing to ensure it is appropriate in relation for infection prevention and control.

In two of the patient bays curtains were only three-quarters in length thus providing little privacy and dignity to patients when being examined on the bed or sitting on the commode beside their bed. The Health Board should ensure that all curtains are of a suitable length in order to provide privacy for patients.

Drug cupboards in the clinical rooms were not locked; this issue was raised at the feedback meeting. Staff should ensure that all cupboards containing medicine or hazardous substances are locked at all times.

Linen, waste and sharps handling and disposal

The ward complied with national standards in relation to the safe handling and disposal of sharps.



- A number of bins on the ward were found to be rusty and to have damaged paint work. These should be replaced.



- The dirty linen trolley was placed next to the clean linen trolley. Dirty and clean linen should be segregated appropriately.



- The ward had a designated linen room; however items were being stored on the floor. All items should be stored above floor level.

The linen room also had a number of inappropriate items stored in it, these items should be removed.

Equipment and storage

Equipment on the ward was generally found to be dusty this included the electrocardiography (ECG) machine, fans and the resuscitation trolley. There was no nurse cleaning regime in place on the ward. An organisational wide documented cleaning system should be put in place making it clear who is responsible for cleaning what and when.



- The medicine trolley was visibly dirty. This is unacceptable and staff should ensure that cleaning is carried out to an acceptable standard.



- Patient wash bowls were stored in the dirty utility. This is unacceptable; they should be stored in a clean room as the current practice gives rise to a potential risk of contamination.

We identified a stained mattress in one of the patient bays and this, we were advised, was to be removed from the ward. All mattresses should be checked as part of a mattress audit to ensure that they are free from stains so that the potential risk of contamination is reduced.

Staff knowledge and practice

Our conversations with staff highlighted that not all staff had received infection control training within the last 12 months. All staff should undertake infection control training/updates annually, such training should cover practical hand hygiene practices.

Hand hygiene practices were observed as being unacceptable as staff were not always decontaminating their hands after removing their gloves. All staff should be trained as to when it is appropriate to wash hands, when to use gel and when to wear gloves.

We were pleased to note that hand hygiene audits were being carried out on the ward. However, we were concerned that as they were taking place up to three times a week, staff were aware of when they were carried out and the results were, therefore, not reflective of the real hand hygiene practice on the ward. Hand hygiene audits should be undertaken on a weekly basis; staff should be engaged in these and informed of the results so that any issues identified can be addressed in a timely manner.

There was a lack of signage encouraging the use of alcohol gel around the ward. Greater awareness should be raised with staff, patients and visitors regarding hand hygiene and appropriate posters should be placed around the ward.

A chlorine releasing agent is used to clean up blood or body fluid spillages. The staff that were spoken to were clear about the dilution of solution that was required. However, a solution was found decanted into a general container with a handmade label and not dated. This is unacceptable and all cleaning agents should be in dedicated dilution bottles with appropriate labels including dates.

2.3 Ward 19, Medical/Respiratory, Royal Glamorgan Hospital.

Environment

The standard of cleanliness on the ward was sub-optimal.



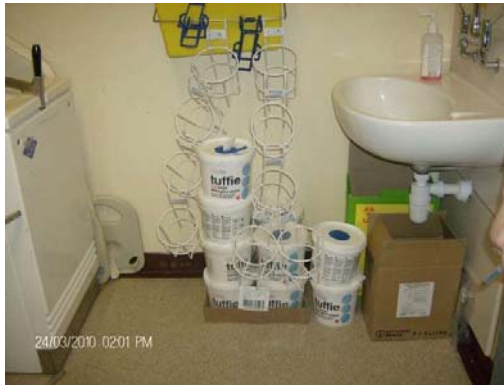
- Many of the patient and visitor chairs on the ward were badly torn, allowing fluids, dirt and bacteria to penetrate the material. These should be recovered or replaced with an impermeable material so that they can be cleaned appropriately.



- The bathroom was being used to store inappropriate items such as air flow mattresses and a raised toilet seat. These items should be removed and stored in a designated room.



- The clinical room was being used for multiple purposes including a staff room. There were inappropriate items kept in the room such as a kettle and microwave. The room should be clearly identified for one purpose as the current practice is unacceptable.



- There were a number of urinal bottle holders hanging from a sharps container. This is unacceptable as these are considered dirty items and should be removed and stored appropriately.

On examination we found commodes that had not been cleaned to an acceptable standard. Tape was placed around the commodes to indicate that they were clean and ready for use; however this approach was not consistently applied. A consistent approach to the cleaning of commodes should be in place across the organisation and a visible sign to indicate that the commode is clean and ready for use.

Communal wash items were found on the ward, these should be removed as there is a potential, if used by a number of patients, for them to become contaminated.

A number of clean items were being stored in the dirty utility; this is unacceptable as this can cause a potential risk of contamination.

Drug cupboards in the clinical rooms were not locked; this issue was raised at the feedback meeting. Staff should ensure that all cupboards containing medicine or hazardous substances are locked at all times.

Linen, waste and sharps handling and disposal

The ward complied with national standards in relation to the safe handling and disposal of sharps.

The dirty linen trolley was placed next to the clean linen trolley. Dirty and clean linen should be segregated appropriately.



- A number of bins on the ward were found to be rusty and to have damaged paint work. These should be replaced.



- We identified a bin for domestic waste was lined with a clinical waste bag. All bins should be clearly labelled as to what waste should be put in them.

Equipment and storage



- The floor of the bathroom was badly stained. Items should be removed in order for the room to be cleaned effectively.

Equipment on the ward was generally found to be dusty this included the medicine and the resuscitation trolley. There was a nurse cleaning regime in place on the ward, however this was not being complied with by staff. An organisational wide, documented, cleaning system should be put in place making it clear to staff, who is responsible for cleaning what and when.

Staff knowledge and practice

Our conversations with staff highlighted that not all staff had received infection control training within the last 12 months. All staff should undertake infection control training/updates annually, such training should cover practical hand hygiene practices.

Hand hygiene audits are not being carried out on a regular basis. The last audit results on display were from December 2009. Hand hygiene audits should be undertaken on a weekly basis. Staff should be engaged in these and informed of the results so that any issues identified can be addressed in a timely manner.

The staff we spoke to during the visit generally had a good knowledge in relation to infection control. Hand hygiene practices were observed as being acceptable and staff had a good knowledge of when they should clean their hands and when they should wear gloves.