

Cwm Taf Health Board

Unannounced Cleanliness Spot Check

Date of visit 1 February 2011

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



ISBN 978 0 7504 6091 0

© Crown copyright March 2011

WAG10-11577

F7441011

Contents

	Page Number
1. Introduction	1
2. Findings: Areas of Strength, Areas for Further Improvement and Actions that Need to be Taken.....	3
2.1 General Environment of the Royal Glamorgan Hospital.....	3
2.2 Ward 6, Admissions Medical Unit	3
Environment.....	3
Linen, Waste and Sharps Handling and Disposal.....	5
Equipment and Storage	5
Staff Knowledge and Practice.....	6
2.3 Endoscopy Unit.....	6
2.4 Ward 5, Day Surgery	6
Environment.....	6
Linen, Waste and Sharps Handling and Disposal.....	7
Equipment and Storage	7
Staff Knowledge and Practice.....	7
Theatre Room.....	8
2.5 Ward 3, Trauma and Orthopaedic.....	10
Environment.....	10
Linen, Waste and Sharps Handling and Disposal.....	11
Equipment and Storage	11
Staff Knowledge and Practice.....	11
2.6 Ward 19, Respiratory Ward	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 1 February 2011, 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, Admissions Medical Unit
- Endoscopy Unit
- Ward 5, Day Surgery
- Ward 3, Trauma and Orthopaedic
- Ward 19, Respiratory Ward

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 the 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.

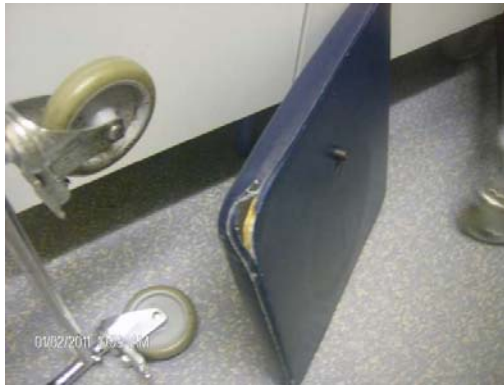
2.2 Ward 6, Admissions Medical Unit

We previously visited the Ward in March 2010 and raised concerns in relation to estates, infection control and found the general standard of cleanliness on the ward to be poor. We revisited the ward to ensure that previous actions had been completed and we are pleased to note that we found the ward to be of an acceptable standard of cleanliness. Since our visit in March 2010 staff have worked hard to address many of the issues that we identified. However, there are still some issues that need to be addressed these are set out below.

Environment



- A number of the 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. We were advised at the time of our visit that the Health Board were awaiting the arrival of a number of new chairs.



- The commodes on the ward were found to be in a poor state of repair allowing fluids, dirt and bacteria to penetrate the material. These should be recovered or replaced.



- A commode had been placed ready for use but on examination it had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be in place across the organisation.

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

During our visit we also identified that three of the four patient bays were mixed gender. This is inappropriate and where possible mixed gender bays should be avoided as it presents issues in relation to dignity and respect for patients. We are aware that this can be a challenge in emergency admission units and as such is not a requirement of the Ministerial initiative '*Free to Lead, Free to Care*'. However the Health Board needs to review the use of mixed gender bays as a matter of priority and ensure that it is managing dignity and respect issues in the best way that it can.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly in a designated area which was free from inappropriate items and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal.

The ward handled and disposed of waste appropriately.

The ward complied with national standards in relation to the safe handling and disposal of sharps. However, sharps trays were found to be dirty.

Equipment and Storage

Generally, equipment on the ward was found to be clean and instruments were safely and appropriately stored. Documented cleaning schedules were in place to ensure that staff are clear and understand who should clean what and when. It was evident that staff clearly understood and took responsibility for this.



- A number of mattresses were found to be stored in one of the patient bays, this is unacceptable and should be removed.



- Items of equipment were also being stored in the same patient bay and these should also be removed.

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.

There was a tendency for staff to over use and rely on gloves for all patient contact. Staff should be reminded/trained as to when it is appropriate to use gloves such as when dealing with soiled linen, bodily fluids or for barrier nursing as it is inappropriate for gloves to be used for all patient contact.

There were also inconsistencies in staff knowledge in relation to decontamination of equipment. There should be clear guidance for staff to refer to.

Hand hygiene audits are being carried out on the ward; however results are not being fed back to staff. Staff should be engaged in these and informed of the results so that any issues can be addressed in a timely manner.

2.3 Endoscopy Unit

We visited the Endoscopy Unit and refurbishment work was being carried out. During this time there are often challenges in relation to maintaining cleanliness and we are pleased to note that the standard of cleanliness was found to be good and areas were free from clutter and inappropriate items.

2.4 Ward 5, Day Surgery

Environment

We found Ward 5 to be of an acceptable standard of cleanliness.

A commode had been placed ready for use but on examination it had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be in place across the organisation.

The commodes on the ward were found to be in a poor state of repair allowing fluids, dirt and bacteria to penetrate the material. These should be recovered or replaced.

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

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly in a designated area which was free from inappropriate items and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal.

The ward handled and disposed of waste appropriately.

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

Equipment and Storage

Equipment on the ward was generally found to be clean and instruments were safely and appropriately stored.

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.

There was a tendency for staff to over use and rely on gloves for all patient contact. Staff should be reminded/trained as to when it is appropriate to use gloves such as when dealing with soiled linen, bodily fluids or for barrier nursing as it is inappropriate for gloves to be used for all patient contact.

There were also inconsistencies in staff knowledge in relation to decontamination of equipment. There should be clear guidance for staff to refer to.



- The promotion of good infection prevention and control practice was evident on the ward. There was a notice board which displayed the results of hand hygiene audits and other infection control information for patients, visitors and staff. We consider this noteworthy practice.

Theatre Room

On Ward 5 there is a theatre room that carries out minor surgical procedures and a number of concerns were raised in relation to the room which are detailed below.

The room was found to be cluttered with a number of inappropriate items being stored and due to the high infection risk of the area these items should be removed.



- The walls in the theatre room were found to be damaged.



- A fabric chair was found in the theatre room, this is unacceptable as fabric material is not conducive to effective cleaning allowing fluids, dirt and bacteria to penetrate the material. All chairs should be covered with an impermeable material so that they can be cleaned appropriately.



- A number of storage containers were found to be dusty and stained.



- Equipment such as endotracheal tubes and sterile strips were found to be out of date. Staff should ensure that equipment dates are checked, rotated and replaced when required.

2.5 Ward 3, Trauma and Orthopaedic

Environment

We found the ward to be of a good standard of cleanliness.



- The nurses' station was clean, free from clutter and paperwork was appropriately stored.



- Ward staff were using a tape to indicate that the raise toilet seats were clean and ready for use. This was considered noteworthy practice.



- A commode had been placed ready for use but on examination it had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be in place across the organisation.



- A number of the patient lockers had handles missing which is allowing untreated wood to be exposed; as this cannot be cleaned effectively it therefore gives rise to a risk of contamination.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly in a designated area which was free from inappropriate items and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal.

The ward handled and disposed of waste appropriately.

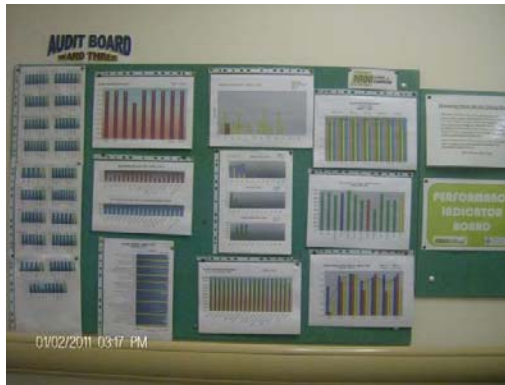
The ward complied with national standards in relation to the safe handling and disposal of sharps.

Equipment and Storage

Generally, equipment on the ward was found to be clean and instruments were safely and appropriately stored. Documented cleaning schedules were in place to ensure that staff are clear and understand who should clean what and when.

Staff Knowledge and Practice

Generally the staff we spoke to during our visit had received infection control training within the last 12 months and they were generally aware of when they should wash their hands and when they should wear gloves.



- The promotion of good infection prevention and control practice was evident on the ward. There was a notice board which displayed the results of hand hygiene audits and other infection control information for patients, visitors and staff. We consider this noteworthy practice.

2.6 Ward 19, Respiratory Ward

We previously visited the Ward in March 2010 and raised concerns in relation to estates, cleanliness and infection control and found the general standard of cleanliness on the ward to be sub-optimal. We revisited the ward to ensure that previous actions had been completed and we are pleased to note that we found the ward to be of an acceptable standard of cleanliness. Since our visit in March 2010 staff have worked hard to address many of the issues that were raised. However, there are a number of issues that still need to be addressed such as; the poor condition of the commodes and chairs.