

## **Aneurin Bevan Health Board**

### **Unannounced Cleanliness Spot Check**

**Date of visit    24 November 2010**

## **Healthcare Inspectorate Wales**

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ISBN 978 0 7504 6087 3

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WAG10-11573

F7461011

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## 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](http://www.hiw.org.uk)

### **Visit to Aneurin Bevan Health Board**

1.5 On 24 November 2010 HIW visited the Royal Gwent hospital which is part of Aneurin Bevan Health Board and undertook cleanliness spot checks of the following areas:

- C7 West, General Surgery
- C4 East, Acute Medical/Gastroenterology
- B4 and B5, Maternity Unit

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 Gwent 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 C7 West, General Surgery, Royal Gwent Hospital

#### Environment

We revisited the ward in November 2010 to follow up concerns in relation to estates issues, cleanliness and infection control that had been previously raised during our visit in December 2009.

We found the ward to be of an acceptable standard of cleanliness; however there was some high and low level dust.



- We were pleased to see the seal on the sink in the dirty utility room had been replaced since our previous visit.



- Walls were found to be damaged in the dirty utility room.



- A number of storage containers in the treatment room were found to be dusty.



- The fridge on the ward stores food for patients, however a number of items were found to be out of date. Staff should ensure that checks are undertaken to prevent out of date food being stored in the fridge.

We also found the drug fridge in the clinical room to be unlocked. The clinical room is accessible to patients and visitors and staff should ensure that fridges containing medication are locked at all times.

Chlohexidine; a scrub that is used for invasive procedures in high risk areas such as Intensive Care Units was in the ward showers and at hand washing sinks. It is not appropriate for routine hand washing and should therefore be removed from these areas.

While testing the hand washing facilities on the ward, we identified the water was not draining efficiently from two of the sinks and was remaining in the sink for a period of time. This issue needs to be resolved as this can harbour bacteria and organisms.

The commodes on the ward were examined and they were all found to be clean and ready for use.

### **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. There was a nurse cleaning schedule in place on the ward; however, this was not routinely completed by staff. Staff should ensure that cleaning schedules are completed to make it clear who is responsible for cleaning what and when.



- The bathroom is no longer being used as a bathroom and has been designated as a store room. However, the room could be utilised more effectively for storage if inappropriate items were removed.

### **Staff Knowledge and Practice**

The staff we spoke to during the visit had received infection control training within the last 12 months, hand hygiene practices were observed as being acceptable and staff had a good knowledge of when they should wash their hands and when they should use gloves.

However, staff did have a limited knowledge in relation to infection rates and results of audits being carried out. Staff should be engaged in these and informed of the results so that any issues can be addressed in a timely manner.

## 2.3 C4 East, Acute Medical/Gastroenterology, Royal Gwent Hospital

### Environment

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



- The tiles in the shower room were in a poor state of repair, making it difficult for them to be cleaned appropriately.



- The storage facility in the clinical room was found to be dusty.

The commodes on the ward were examined and they were all found to be clean and ready for use.

While testing the hand washing facilities on the ward, we identified the water was not draining efficiently from two of the sinks and was remaining in the sink for a period of time. This issue needs to be resolved as this can harbour bacteria and organisms.

### Linen, Waste and Sharps Handling and Disposal



- Clinical waste bins are stored in rooms which can be easily accessed from public areas; we found that both the store room and the bin were unlocked. The Health Board needs to ensure that clinical waste rooms and bins within public areas are locked at all times.

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 nurse 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.

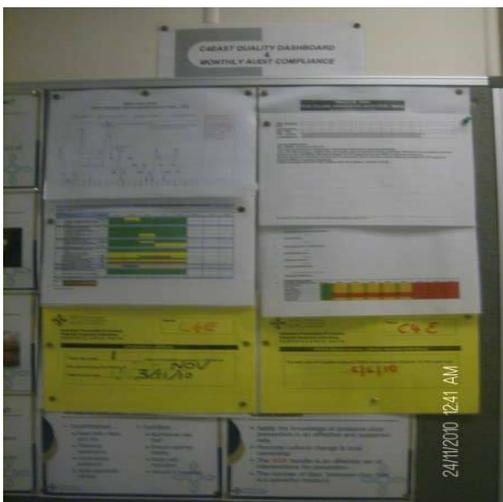


- Store room one was found to be cluttered with a large number of boxes being stored. A more suitable method of storing such items needs to be considered as the space is currently not being utilised effectively.



- Store room two was not being utilised appropriately. Items such as patient feeds were being stored on the floor making it difficult to clean. Suitable shelving should be installed to ensure this space is utilised and that cleaning can take place more efficiently.

## Staff Knowledge and Practice



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

Hand hygiene audits are being carried out on the ward and in order to inform staff, patients and visitors of the outcomes the audit results are displayed on the ward notice board.

The staff we spoke to during the visit 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.

However, 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 practices should cover practical hand hygiene.

## 2.4 B4 and B5, Maternity, Royal Gwent Hospital

### Environment

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



- All bathrooms and toilet facilities were found to be clean and free from inappropriate items.



- The cupboards in the treatment rooms were wooden and should be replaced. Wood cannot be cleaned effectively and hence there is a potential risk of contamination.



- Many of the patient and visitor chairs on the wards 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 hand washing sinks in the treatment rooms were not acceptable as the taps are incorrect and do not conform to Health Technical Memorandum (HTM) 64. All clinical hand washing sinks should have elbow, knee or sensor operated taps. The current taps should therefore be replaced.

We also found the drug fridges in the clinical rooms on B4 and B5 to be not locked. The clinical rooms are accessible to patients and visitors and staff should ensure that fridges containing medication are locked at all times.

### **Linen, Waste and Sharps Handling and Disposal**

All clean linen on B4 and B5 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.

Both B4 and B5 handled and disposed of waste appropriately.

The wards generally complied with national standards in relation to the safe handling and disposal of sharps, however we did identify a sharps bin on B4 was identified as being undated or unsigned. Staff should ensure that all sharps containers are correctly labelled.

## Equipment and Storage

Generally, equipment on the wards was found to be clean however the baby resuscitator on B5 was found to be dusty.



- Baby baths were found to be wet and stored inside each other, this is unacceptable. They should be stored clean, dry and inverted in an appropriate storage area.



- The bedpan rack situated in the dirty utility on B4 was found to be rusty and damaged. This should be replaced.

The wards have a number of security tags that they use in order to protect new born babies, however we identified these tags being soaked in jugs of hydrochloride which is a solution that is used to clean and decontaminate equipment. This has a number of potential infection control, Control of Substances Hazardous to Health (COSHH) and health and safety issues relating to contamination, spillages and access of hazardous materials by patients. There is also concern as to the procedure in place for cleaning and disinfection before they are reused.

Out of date cut down sets were also found on the ward, these sets include the instruments that are used in order to expose and gain access to a vein when necessary. Staff should ensure that equipment dates are checked and replaced when required.

A documented cleaning schedule was in place on B5 to ensure that staff are clear and understand who is responsible for cleaning what and when. However, the cleaning schedule on B4 was not consistent with those found on other wards nor was it completed and up to date. The organisational cleaning schedule should be in place on all wards to ensure a consistent approach throughout the Health Board.

### **Staff Knowledge and Practice**

The staff we spoke to during the visit had received infection control training within the last 12 months; staff had an acceptable knowledge of when they should wash their hands and when they should wear gloves.

Some staff that were spoken to were unaware of how to access or the location of the infection control manual on the Maternity Ward, all staff should be aware of how to access or how to locate the infection control manual.