

Aneurin Bevan Health Board

Unannounced Cleanliness Spot Check

Date of visit 28 September 2011

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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 Gwent Hospital.....	3
2.2 C7 West, General Surgery.....	3
Environment.....	3
Linen, Waste and Sharps Handling and Disposal.....	5
Equipment and Storage	6
Staff Knowledge and Practice.....	6
2.3 D1 West, Medical Assessment Unit.....	7
Environment.....	7
Linen, Waste and Sharps Handling and Disposal.....	8
Equipment and Storage	8
Staff Knowledge and Practice.....	8
2.4 Ward B3, General Medicine.....	9
Environment.....	9
Linen, Waste and Sharps Handling and Disposal.....	11
Equipment and Storage	11
Staff Knowledge and Practice.....	11

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 Aneurin Bevan Health Board

1.5 On 28 September 2011 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
- Medical Assessment Unit
- B3, General Medicine

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

Environment

We revisited the ward in September 2011 to follow up concerns in relation to estate issues and infection control that had previously been raised during our visit in November 2010.

On our return we found the ward to be of a good standard of cleanliness and there had been improvements made since our previous visit.



- We are pleased to see that the damaged wall in the dirty utility has been repaired.



- The dirty utility was found to be clean and tidy.



- Commodes had been placed ready for use but on examination they had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be put in place and a visible sign to indicate that the commode is clean and ready for use.



- The domestic room was not locked; this issue was raised immediately with staff as the room stored hazardous substances which were accessible to patients and visitors. Staff should ensure that all cupboards containing hazardous substances are locked at all times.



- The store room was still not utilised effectively. There were a number of boxes 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 effectively.



- The walls behind a number of patient beds were found to be badly damaged.

During our previous visit to the ward we reported our concern that the drug fridge was unlocked. As it was accessible to patients and visitors it should be locked at all times. On our return the fridge was again found to be unlocked. Immediate action was taken to address this during our visit. Appropriate arrangements must be in place to ensure that drug fridges containing medication are locked at all times.

Linen, Waste and Sharps Handling and Disposal

A clinical waste bin was being stored in the domestic room; we found that both the domestic room and the bin were unlocked. Appropriate arrangements must be in place to ensure that clinical waste bins are locked at all times.



- A dirty linen bag was found in the clinical waste bin, staff should ensure that waste and linen is stored appropriately prior to disposal.

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 completed up to date. Staff should ensure that cleaning schedules are completed to make it clear who is responsible for cleaning what and when.

Staff Knowledge and Practice

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

Staff knowledge in relation to the decontamination of equipment was also acceptable.

Hand hygiene audits are being carried out on the ward; however results are not routinely 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 D1 West, Medical Assessment Unit

Environment

We found the ward to be of a good standard of cleanliness. Bathrooms and toilets were all found to be clean and tidy.



- The dirty utility was found to be clean and free from clutter.



- Commodes had been placed ready for use but on examination they had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be put in place and a visible sign to indicate that the commode is clean and ready for use.



- In one of the patient bays the wall behind a patient's bed was found to be badly damaged.

A number of the curtains in the trolley area were found to be stained. Staff should check curtains on a regular basis and remove them if they are marked or stained.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly on a linen trolley. Used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal. However, the linen trolley was found to be dusty. Used domestic items such as cloths and mop heads were also placed in plastic bags next to the linen trolley.

The ward handled and disposed of waste correctly.

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

Equipment and Storage

There was a documented cleaning regime in place. Generally equipment on the ward was found to be clean and appropriately stored. However the oxygen and suction and resuscitation trolley were found to be dusty.

Staff Knowledge and Practice

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

Staff knowledge in relation to the decontamination of equipment was also acceptable.

Hand hygiene audits are being carried out on a weekly basis and results are being fed back to staff.

2.4 Ward B3, General Medicine

Environment

The general standard of cleanliness was considered to be sub-optimal as patient areas were found with high and low level dust



- Bathrooms were found to be clean and free from inappropriate items.



- Treatment rooms were found to be clean and free from clutter.



- The seal around the patients' hand washing sinks should be replaced as they cannot be cleaned effectively and this can cause a potential risk of contamination.



- Within the dirty utility and domestic room a number of hazardous substances and detergents were found to be unlocked. As these rooms are accessible to patients and visitors staff should ensure that hazardous substances are locked at all times.



- The bed pan washer was found to be dirty and soiled.



- A chair in the day room was found 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.

Commodes had been placed ready for use but on examination they had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be put in place and a visible sign to indicate that the commode is clean and ready for use.

A number of the curtains in the washrooms were found to be stained. Staff should check curtains on a regular basis and remove them if they are marked or stained.

The domestic room floor was found to be dirty and cleaning buckets were found stored inside each other. Staff should ensure that buckets are stored clean and inverted when not in use.

There were drug cupboards in the clinical rooms that were unlocked. Immediate action was taken to address this during our visit. Staff should ensure that all cupboards containing medicine or hazardous substances are locked at all times.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly on a linen trolley and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal. However, the linen trolley was found to be dusty and we identified stained pillows. These were removed at the time of our visit.

The ward handled and disposed of waste correctly.

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

Equipment and Storage

There was a documented cleaning regime in place and generally equipment on the ward was found to be clean and appropriately stored. However the oxygen and suction and resuscitation trolley were found to be dusty.

Staff Knowledge and Practice

The staff we spoke to during the visit had received infection control training within the last 12 months. Staff had a good knowledge of when they should wash their hands and when they should use gloves.

Hand hygiene audits are being carried out on a weekly basis and results are being fed back to staff.

Staff knowledge in relation to decontamination procedures for beds and mattresses was unclear. There should be clear guidance in place for staff to refer to.

Information posters about the dilution of chlorine solutions which are used for cleaning were displayed on the ward for staff to refer to. However this information was incorrect. Chlorine solutions have to be prepared exactly as instructed by the manufacturer in order to produce the correct strength required. To make a solution too weak will mean that it may not necessarily disinfect properly and to make it too strong is wasteful. The dilution of chlorine solutions needs to be clarified to staff through the provision of clear guidance, signage and training.