

Betsi Cadwaladr University Health Board

Unannounced Cleanliness Spot Check

Date of visit 14 December 2011

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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

Visit to Betsi Cadwaladr University Health Board

1.5 On 14 December 2011 HIW visited Glan Clwyd hospital which is part of the Betsi Cadwaladr University Health Board and undertook cleanliness spot checks of the following areas:

- Ward 5, Colorectal Ward
- Ward 6, General Surgery
- Ward 8, Vascular Ward
- Ward 9, Renal and Diabetic 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 Glan Clwyd 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 5, Colorectal Ward

Environment

The general standard of cleanliness was found to be good with no high or low level dust.



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



- The commodes on the ward were examined and were all found to be clean and ready for use. Tape is placed around the commode to indicate that it is ready for use and this works well.



- The hand washing sink in the dirty utility does not conform to Health Technical Memoranda (HTM) 64 as the sink has a plug and an overflow. An appropriate dedicated clinical hand washing sink should be available for staff.



- The worktop and radiator in the dirty utility were found to be damaged, due to the potential risk of contamination these should be repaired or replaced.



- The domestic room which is managed by the facilities and estates department rather than ward staff is shared with Ward 6 and was found to be dirty with inappropriate items being stored in it. This is unacceptable and staff should ensure that the room is kept clean and free from inappropriate items.

The domestic room is used to store number of hazardous substances and detergents but we found it to be unlocked. As the room is accessible to patients and visitors, staff should ensure that it is locked at all times.

There were insufficient clinical hand washing sinks available for the number of beds on the ward, this is not acceptable. In order to conform to national guidance additional hand washing sinks should be made available throughout the ward.

The drug fridge and drug cupboards in the clinical room were found to be unlocked. Immediate action was taken to address this during our visit. Staff should ensure that all cupboards and fridges containing medicine or hazardous substances are locked at all times.

There were patient lockers available on the ward for patients to store their belongings and although the storage available was adequate, during our visit there was a large amount of patient belongings being stored on top of the lockers and potentially making it difficult for staff to clean. In order to maintain the ward's cleanliness to a good standard the Health Board should consider a suitable approach in which to inform patients of the possible impact that a large amount of belongings can have on the ability to clean patient areas effectively.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly and used linen was segregated in appropriate colour coded bags. However, we noted that prior to disposal used linen is being stored in the public corridor, this is unacceptable.



- The waste disposal room was found to be storing a large amount of waste. Staff should ensure that waste is removed in a timely manner.

The waste disposal room was also found to be unlocked and as it is accessible to patients and visitors staff should ensure that it is kept locked at all times.

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. However, there was no documented cleaning schedule in place on the ward. During our previous visit to the Health Board we recommended that an organisational wide documented cleaning system should be in place that is robust and clear for all staff so they know who is responsible for cleaning what and when. This recommendation was accepted by the Health Board as part of its action plan that was submitted to HIW following our last inspection. However, it was clear that during this most recent inspection, there was no evidence that a documented cleaning system was in place or had been disseminated to staff. The Health Board now needs to ensure that an organisational wide documented cleaning schedule is made available to all wards throughout their hospitals.

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 practices should cover practical hand hygiene.

There were inconsistencies in staff knowledge in relation to appropriate hand hygiene. Not all staff were clear as to when it is appropriate to wash their hands, use alcohol gel/foam and when to wear gloves.

Housekeepers were in place on the ward whose role is to co-ordinate cleaning and ensure that the ward is kept orderly. This role seems to work well in relation to the areas for which housekeepers are responsible. This was clearly in contrast to the poor standard of cleanliness and maintenance of the domestic room. Therefore, we recommend that the Health Board should consider whether the management of the domestic room can also be allocated to the responsibility of the housekeeper to ensure that it is maintained to an acceptable standard.

2.3 Ward 6, General Surgery

Environment

The general standard of cleanliness was found to be good with no high or low level dust.



- The commodes on the ward were examined and were all found to be clean and ready for use. Tape is placed around the commode to indicate that it is ready for use and this works well.

The drug fridge in the clinical room was found to be unlocked. Immediate action was taken to address this during our visit. Staff should ensure that all cupboards and fridges containing medicine or hazardous substances are locked at all times.

There were insufficient clinical hand washing sinks available for the number of beds on the ward, this is not acceptable. In order to conform to national guidance additional hand washing sinks should be made available throughout the ward.

Linen, Waste and Sharps Handling and Disposal



- A number of sharps containers were found to be overfilled and not labelled. Staff should ensure that all sharps containers are labelled and disposed of correctly.

Equipment and Storage

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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 practices should cover practical hand hygiene.

There were inconsistencies in staff knowledge in relation to appropriate hand hygiene. Not all staff were clear as to when it is appropriate to wash their hands, use alcohol gel/foam and when to wear gloves.

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.

Housekeepers were in place on the ward whose role is to co-ordinate cleaning and ensure that the ward is kept orderly. This role seems to work well in relation to the areas for which housekeepers are responsible. This was clearly in contrast to the poor standard of cleanliness and maintenance of the domestic room. Therefore, we recommend that the Health Board should consider whether the management of the domestic room can also be allocated to the responsibility of the housekeeper to ensure that it is maintained to an acceptable standard.

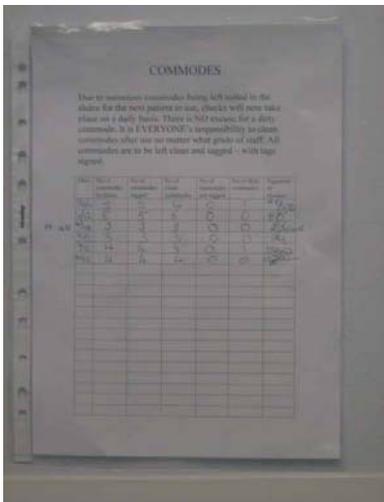
2.4 Ward 8, Vascular Ward

Environment

The general standard of cleanliness was found to be good with no high or low level dust.



- The treatment room was found to be clean and free from inappropriate items.



- The commodes on the ward were examined and were all found to be clean and ready for use. Tape is placed around the commode to indicate that it is ready for use and this works well. There is also a daily checklist in place which signed by staff this is considered noteworthy practice.



- The domestic room which is managed by the facilities and estates department rather than ward staff was found to be in a poor state of repair including a badly damaged wall. The Health Board needs to ensure that this is repaired in a timely manner.

There were insufficient clinical hand washing sinks available for the number of beds on the ward, this is not acceptable. In order to conform to national guidance additional hand washing sinks should be made available throughout the ward.

Linen, Waste and Sharps Handling and Disposal



- All clean linen on the ward was stored correctly and used linen was segregated in appropriate colour coded bags. However, we noted that prior to disposal used linen is being stored in the public corridor, this is unacceptable.

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

Generally equipment on the ward was found to be clean and instruments were safely and appropriately stored. However, there was no documented cleaning schedule in place on the ward. During our previous visit to the Health Board we recommended that an organisational wide documented cleaning system should be in place that is robust and clear for all staff so they know who is responsible for cleaning what and when. This recommendation was identified as part of the Health Board's action plan that was submitted to HIW; however there was no evidence that a documented cleaning system had been disseminated to staff. The Health Board now needs to ensure that an organisational wide documented cleaning schedule is made available to all wards throughout their hospitals.

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There were inconsistencies in staff knowledge in relation to appropriate hand hygiene. Not all staff were clear as to when it is appropriate to wash their hands, use alcohol gel/foam and when to wear gloves.

Housekeepers were in place on the ward whose role is to co-ordinate cleaning and ensure that the ward is kept orderly. This role seems to work well in relation to the areas for which housekeepers are responsible. This was clearly in contrast to the poor standard of cleanliness and maintenance of the domestic room. Therefore, we recommend that the Health Board should consider whether the management of the domestic room can also be allocated to the responsibility of the housekeeper to ensure that it is maintained to an acceptable standard.

2.5 Ward 9, Renal and Diabetic Ward

Environment

The general standard of cleanliness was considered to be acceptable. However, there was some high level dust.



- Patient lockers were found to be damaged; these should be repaired or replaced.



- The commodes on the ward were examined and were all found to be clean and ready for use. Tape is placed around the commode to indicate that it is ready for use and this works well.



- The domestic room which is managed by the facilities and estates department rather than ward staff was found to be in a poor state of repair, dirty with inappropriate items being stored in it. This is unacceptable and staff should ensure that the room is kept clean and free from inappropriate items.

The domestic room is used to store number of hazardous substances and detergents but we found it to be unlocked. As the room is accessible to patients and visitors staff should ensure that it is locked at all times.

There were insufficient clinical hand washing sinks available for the number of beds on the ward, this is not acceptable. In order to conform to national guidance additional hand washing sinks should be made available throughout the ward.

The drug fridge and drug cupboards in the clinical room were found to be unlocked. Immediate action was taken to address this during our visit. Staff should ensure that all cupboards and fridges containing medicine or hazardous substances are locked at all times.

During our visit we identified that the toilets/washrooms on the ward had signs on the doors that referred to both male and female therefore making it unclear to patients as to which toilet/washroom to use. We were advised by the Health Board at the time of our visit that the arrival of new signage was imminent and that due to the variation of males and females on the ward the new signage would enable them to change the gender of the toilet/washroom as required.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly and used linen was segregated in appropriate colour coded bags. However, we noted that prior to disposal used linen is being stored in the public corridor, this is unacceptable.



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

The ward complied with national standards in relation to the safe handling and disposal of sharps. However there was no evidence of sharps trays being used on the ward.

Equipment and Storage

Generally equipment on the ward was found to be clean and instruments were safely and appropriately stored. However, there was no documented cleaning schedule in place on the ward. During our previous visit to the Health Board we recommended that an organisational wide documented cleaning system should be in place that is robust and clear for all staff so they know who is responsible for cleaning what and when. This recommendation was identified as part of the Health Board's action plan

that was submitted to HIW; however there was no evidence that a documented cleaning system had been disseminated to staff. The Health Board now needs to ensure that an organisational wide documented cleaning schedule is made available to all wards throughout their hospitals.

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 practices should cover practical hand hygiene.

There were inconsistencies in staff knowledge in relation to appropriate hand hygiene. Not all staff were clear as to when it is appropriate to wash their hands, use alcohol gel/foam and when to wear gloves.

We found that alcohol gel/foam was not always available at the point of care, the appropriate placement of alcohol based hand rub products within the patients immediate environment can support hand hygiene compliance. Placement can be at the foot of the bed or on a patient's locker.

Hand hygiene audits are being carried out and in order to inform staff of the outcome of the audits the results are displayed on the ward.

Housekeepers were in place on the ward whose role is to co-ordinate cleaning and ensure that the ward is kept orderly. This role seems to work well in relation to the areas for which housekeepers are responsible. This was clearly in contrast to the poor standard of cleanliness and maintenance of the domestic room. Therefore, we recommend that the Health Board should consider whether the management of the domestic room can also be allocated to the responsibility of the housekeeper to ensure that it is maintained to an acceptable standard.

General Comments

A number of the issues that were raised during the cleanliness spot check were consistent throughout the four wards visited, such as:

- Linen being stored in corridors prior to disposal.
- Insufficient clinical hand washing sinks for the number of beds on the ward.
- Cluttered domestic rooms with dirty equipment and inappropriate items being stored.
- Not all staff undertaken infection control training within the last 12 months.
- Inconsistent staff knowledge in relation to hand hygiene procedures.

We are concerned that these could be hospital wide issues and we therefore require the Health Board to undertake its own audit of all wards at Glan Clwyd hospital and report back to us within six months.