

## **Werndale Hospital**

## **Unannounced Cleanliness Spot Check**

**Date of visit 22 February 2012**

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## 1. Introduction

1.1 In May 2006, in response to concerns raised by the 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 are 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 Werndale Hospital

1.5 Werndale Hospital is an independent hospital that was first registered in September 1991. The hospital is situated in the village of Bancyfelin approximately six miles from Carmarthen. The Hospital was registered to provide twenty eight (28) inpatient beds, outpatient facilities, a theatre suite, x-ray, pathology and pharmacy departments.

1.6 On 22 February 2012 HIW visited Werndale Independent Hospital and undertook cleanliness spot checks of the following areas:

- Theatre department.
- Ward area.

1.9 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 organisation 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 Werndale 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 Theatre Department

#### Environment

The general standard of cleanliness was considered to be **good**, however there was some high level dust found within the theatre room.



- New shelving has been placed in the sterile room which enables cleaning to be carried out more effectively.



- Within the dirty utility and sterile store room items had been removed from the walls leaving visible holes, these should be filled so that the areas can be cleaned appropriately.



- There is a hatch in the dirty utility which is used to transfer dirty theatre trays. However, these are being passed over the cleaning equipment which is being stored in the dirty utility. This is unacceptable. All cleaning equipment should be removed as the current practice gives rise to a risk of contamination.

The wall behind the sink in the female changing room was found to have damaged paintwork. In order to avoid any further damage appropriate splash backs should be put in place.

There was shelving available in the female changing room for theatre scrubs to be stored. However, some shelves were found to be damaged with areas of exposed wood. These should be replaced as wood cannot be cleaned effectively and can cause a potential risk of contamination.

During our visit to the theatre we identified that some of the air relief pressure dampers were sticking. This may disrupt the balance of air flow in theatre which aims to maintain outward positive ventilation to prevent surgical site infection. It is recommended that a monitoring process is put in place as part of routine checks and

the dampers are inspected by an engineer to ensure that air relief pressure dampers are working correctly and theatre ventilation is not compromised.

A clean circuit was fitted to the anaesthetic machine but the patient connection point was left open and exposed to the environment. This has the potential for the circuit to become contaminated. It is recommended that once fitted and tested the end is protected from contamination with the original circuit packaging or with a sterile re-breath bag.

The endoscopy unit had been set up appropriately with '*pass through*' washer disinfectant equipment. However, staff have been experiencing problems with the machine and due to its unreliability, a second mobile washer disinfectant has been installed in the corner of the room in case of failure of the main pass through machine. Within such a confined space this makes maintaining a '*dirty to clean*' process difficult to achieve. The scopes that are cleaned in the mobile washer disinfectant then have to be wheeled through the recovery room into the scope clean/storage room. This matter needs to be addressed as a matter of priority. If the issue is linked to under use then extra daily cycles should take place when not in use or a replacement of the main machine needs to be considered.

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

All clean linen was stored correctly and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal.



- While not in use, waste bins in the scrub area were being stored on the worktop. Waste bins should not be stored on worktops and should be removed.

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

### Equipment and Storage



- Equipment was being stored in the theatre room while not in use. These should be removed and stored appropriately.



- Sterile stock along with other equipment was being stored in the theatre store room. A more suitable method of storing items should be put in place in order to separate the sterile stock from the other items.

Generally equipment in the theatre department was found to be clean. A documented cleaning schedule was in place and completed to ensure that staff know who is responsible for cleaning what and when.

## 2.3 Ward Area

### Environment

The general standard of cleanliness was considered to be **good**. At the time of our visit a refurbishment programme was in place to upgrade patient rooms; this will include introducing disposable curtains and washable blinds. As part of the refurbishment programme carpets will also be renewed.



- The hospital should consider replacing the carpet with flooring that can be easily cleaned as carpet is not conducive to effective cleaning.



- Within the domestic room cleaning buckets were being stored on the floor, this is unacceptable. Buckets should be removed from the floor and stored appropriately above floor level.



- Shelving within the clinical room was found to be damaged which is not conducive to effective cleaning and should be replaced.



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

The commode was examined and was found to be clean and ready for use.

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

All clean linen was stored correctly and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal.

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. A documented cleaning schedule was in place and completed to ensure that staff know who is responsible for cleaning what and when.

A number of the blood pressure cuffs on the ward were found in a poor state of repair and should be replaced.



- Sterile stock along with paperwork and equipment was being stored in the clinical store room. A more suitable method of storing items should be put in place in order to separate the sterile stock from the other items.

A microwave was available in the kitchen pantry within the ward area for staff to heat up food for patients. However, it does not currently meet the correct standard and should be replaced with a more suitable stainless steel, digital microwave of 1000w.

## Staff Knowledge and Practice

All staff had received infection control training as the hospital closes over the Christmas period and mandatory training sessions are held, including infection control training.

Hand hygiene audits are being carried out on the ward and results are fed back to staff so that any issues identified can be addressed in a timely manner.

We found that alcohol gel / foam was not available at the point of care, the appropriate placement of alcohol based 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.

### **General Concerns**

We identified that domestic staff were using the hot water geyser in the kitchen to fill buckets and the used water was being disposed of in the washing up areas as there was no dedicated sink facilities. This practice is unacceptable and a dedicated sink should be available for domestic staff.

The bin within the x-ray room was an open bin and inappropriate for a clinical area, this should be removed and replaced with a bin of an appropriate specification for a healthcare setting. These should be foot operated, lidded and correctly labelled as to the type of waste is to be placed in it.

### **3. Conclusion**

3.1 The general standard of cleanliness was found to be good. However, a number of issues were highlighted within the areas visited including:

- Inappropriate storage of domestic equipment within the theatre departments' dirty utility;
- Inappropriate storage of equipment and sterile stock; and
- The use of the hot water geyser in the kitchen by domestic staff.



## **4. Next Steps**

4.1 The hospital is required to complete an action plan to address the key issues highlighted and submit it to HIW within two weeks of the report being published. The action plan should clearly state when and how the issues we identified on the two areas we visited have been addressed.

4.2 This action plan will then be published on HIW's website and monitored as part of HIW's regular monitoring process.

4.3 Healthcare Inspectorate Wales would like to thank Werndale Hospital as all staff were extremely helpful throughout the inspection.