

# **Aneurin Bevan Health Board Unannounced Cleanliness Spot Check**

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**Healthcare Inspectorate Wales**

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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 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 Aneurin Bevan Health Board**

1.5 On 4 December 2009 HIW visited the Royal Gwent and Nevill Hall hospitals which are part of the Aneurin Bevan Health Board and undertook cleanliness spot checks of the following areas:

- C7 West, General Surgery Ward at the Royal Gwent hospital.
- Theatre department at the Royal Gwent hospital.
- Accident and Emergency department at Nevill Hall hospital.

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 Ward

#### Environment

The standard of cleanliness on the ward was poor, with high and low level dust.



- The floor of the store room was contaminated and had not been cleaned, all staff should ensure that an acceptable standard of cleaning is carried out in a timely manner.



- A bathroom on the ward is being used to store inappropriate items such as drip stands and mattresses. These items should be removed and stored in an appropriately designated room.



- We found the skirting in a number of areas to be in a poor state of repair, this issue should be addressed.



- The sink in the dirty utility had a broken seal, this should be replaced as it cannot be cleaned effectively and this can cause a potential risk of contamination.



- From our previous visit we identified that the store room was being used for multiple purposes including a staff room. There were inappropriate items kept in the room such as a kettle and microwave. The room should be clearly identified for one purpose as the current practice is unacceptable.



- The domestic cupboard had a number of inappropriate items stored in it, this is unacceptable and staff should ensure that the room is clean and free from inappropriate items.

On examination we found a commode that had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be in place across the organisation, there should also be a visible sign to indicate that the commode is clean and ready for use.

A number of chairs in the clinical area had splits in them, allowing fluids, dirt and bacteria to penetrate the material. They should be recovered in an impermeable material so they can be cleaned appropriately.

There were also a number of medicine cupboards in the clinical room that were not locked, this issue was immediately raised with ward staff. The clinical room is accessible to patients and visitors and staff should ensure that all cupboards containing medication or hazardous substances are locked at all times.

## Linen, waste and sharps handling and disposal



- A sharps bin was identified as being undated or signed. Staff should ensure that all sharps containers are correctly labelled.



- We found unsealed water soluble/alginate linen bags in the dirty utility containing contaminated linen. To minimise contamination, once infected linen has been placed in a red water soluble/alginate bag, they should be immediately sealed using an appropriate water soluble tie and placed in a red coloured laundry bag for storage/transportation.

We also observed that linen trolleys were not being brought to the patients bedside necessitating staff to handle linen for longer than necessary. This is unacceptable staff should be placing dirty linen directly into the trolleys to minimise contamination.

A number of bins were found to be in a poor state of repair with damaged paint work and rust and should be replaced.

## Equipment and storage

Clinical equipment on the wards was generally found to be clean and instruments were appropriately and safely stored.

## 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. Staff had a good knowledge of when they should clean their hands and when they should use gloves.

However, hand hygiene audits are not being carried out on a regular basis and the last documented audit was completed in September 2009. Hand hygiene audits should be undertaken on a monthly basis and staff should be engaged in these and informed of the results so that any issues identified can be addressed in a timely manner.

## 2.3 Theatres

### Environment

The general environment within the operating theatres, anaesthetic rooms and recovery area was found to be acceptable. We found the changing areas, operating theatres and recovery area generally clean and tidy and free from dust. However, the cleanliness of the back corridors was not acceptable.



- The rubbish chute was found in a poor condition, staff should ensure that cleaning is carried out on all equipment within the department.



- The clog washing area was found to be visibly dirty and this issue needs to be addressed.



- The sinks and surrounding areas in the anaesthetic rooms need replacing. This had been identified as an issue by the organisation prior to our visit and plans are in place for upgrading.

### Linen, waste and sharps handling and disposal



- A metal frame is being used to hold a waste bag and this is inappropriate as the bag could rip should it become overfull and cause a hazard to staff. The frame should be replaced by an enclosed metal bin so that the waste sack is fully encased.

## Equipment and storage



- A number of items in the anaesthetic room such as head supports were found to be covered with sticky tape. This sticky tape should be removed as it prevents appropriate cleaning and therefore there is the potential for contamination.

## Staff knowledge and practice

Generally staff knowledge and understanding of clinical practices in relation to infection control was acceptable. However, food was being stored in the anaesthetic fridges and disposed of in a sharps bin. This is not acceptable and all staff should ensure that food and drink is not taken into clinical areas.

During our visit we observed staff and their use of protective clothing. Staff generally wore their clothing appropriately, however we did observe some theatre staff wearing masks while they were in the corridor and surrounding areas. Staff should ensure that they do not wear items of protective clothing outside of designated areas.

Hand hygiene practices were observed and there was a tendency for staff to over use and rely on gloves for all patient contact. Staff were also observed as not always decontaminating their hands after removing their gloves. All staff should be trained as to when it is appropriate to wash hands, use alcohol gel and when to wear gloves.

## **2.4 Accident and Emergency department**

As part of the fieldwork for our *All Wales Review of the Management of Patients with Diarrhoea and Vomiting* that was carried out in July 2009 we visited Nevill Hall hospital and raised concerns in relation to estate issues, cleanliness and infection control in the accident and emergency department. We issued an immediate action notice to the then Gwent Healthcare NHS Trust and requiring an action plan to address the issues of concern to be prepared and taken forward. We are pleased to note that on our revisit the actions detailed in the action plan had been completed and in addition the Health Board has installed a patient toilet in the department.