

## **Powys Teaching Local Health Board**

### **Unannounced Cleanliness Spot Check**

**Date of visit    15 March 2011**

## **Healthcare Inspectorate Wales**

Bevan House  
Caerphilly Business Park  
Van Road  
CAERPHILLY  
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

**[www.hiw.org.uk](http://www.hiw.org.uk)**



ISBN 978 0 7504 6310 2

© Crown copyright June 2011

WG 12683

# Contents

|   | Page<br>Number |
|---|----------------|
| 1. Introduction .....   | 1              |
| Findings: Areas of Strength, Areas for Further Improvement<br>and Actions that Need to be Taken ..... | 3              |
| 2.1 General Environment of Machynlleth Community Hospital .....                                       | 3              |
| 2.2 Twymyn Ward, Rehabilitation Ward .....  | 3              |
| Environment .....   | 3              |
| Linen, Waste and Sharps Handling and Disposal .....   | 5              |
| Equipment and Storage .....   | 6              |
| Staff Knowledge and Practice .....  | 6              |



## 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 Powys Teaching Local Health Board

1.5 On 15 March 2011 HIW visited Machynlleth Community Hospital which is part of Powys Teaching Local Health Board and undertook a cleanliness spot check of the Twymyn Ward, Rehabilitation 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 Machynlleth Community 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 Twymyn Ward, Rehabilitation Ward.

#### Environment

We found the ward to be of a good standard of cleanliness, free from high and low level dust.



- Corridors were found to be tidy and free from clutter.



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



- The wooden surround in the dirty utility is not acceptable and should be replaced as wood cannot be cleaned effectively and this can cause a potential risk of contamination.



- We found a number of bandages attached to the emergency call strings as they were not a suitable length; this is unacceptable due to the risk of contamination. Emergency call strings of a suitable length should be introduced.



- The sinks in the patient side rooms are not clinical hand washing sinks and do not conform to Health Technical Memorandum (HTM) 64. All clinical hand washing sinks should have elbow, knee or sensor operated taps. In order to minimise the potential infection control risk taps should be easy to turn on and off without contaminating hands. The current taps should therefore be replaced.





- A number of 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 in place and a visible sign to indicate that the commode is clean and ready for use.

The commodes on the ward were also found to be rusty and the fabric was deteriorating making them difficult to clean. These should be replaced.

Within the dirty utility room there was no dedicated clinical hand washing sink available for staff to use. When the organisation is undertaking future refurbishment this issue should be addressed.

## **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 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 in a good state of repair and instruments were safely and appropriately stored.

Patient wash bowls were found to be used for the storing of patient belongings; this is unacceptable as patient wash bowls should be stored inverted and free from inappropriate items.

## Staff Knowledge and Practice

The staff we spoke to during our visit had generally received infection control training within the last 12 months and they had a good knowledge in relation to infection control for example: when they should wash their hands and when they should 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.

We found that alcohol gel 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 patients' locker.

Alcohol gel was available at the entrance to the ward; however it was not clearly visible for visitors, patients or staff. Clear signage should be in place to promote the use of hand hygiene facilities.