

## **Powys Teaching Local Health Board**

## **Unannounced Cleanliness Spot Check**

**Date of visit 25 November 2009**

**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 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 25 November 2009 HIW visited Adelina/Patti Ward at Ystradgynlais hospital which is part of Powys Teaching Local Health Board (LHB) and undertook a cleanliness spot check.

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 LHB 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 Ystradgynlais 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 Adelina/Patti Ward**

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 Ystradgynlais hospital and as a result concerns were raised in relation to estates, cleanliness and infection control on Adelina/Patti ward. We issued an immediate action notice to Powys LHB and we required an action plan to address the issues of concern to be prepared and taken forward. As part of the action plan the LHB confirmed that all actions for the ward would be completed by October 2009.

This visit confirmed that while many of the issues we identified had been addressed, the refurbishment work was still to be completed and we were advised that this was due to the HB having taken the opportunity to consider which would be the best option for taking the refurbishment forward in terms of patient care. We were also advised that deliberation was being given to whether a total refurbishment of the sluice was needed or whether the replacement of units and worktops would be sufficient to meet the concerns we raised.

## Environment

We found the ward to generally be of an acceptable standard of cleanliness and domestic cleaning to be good.



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



- The ward had a clear process in place for the use of patient hoist slings that was displayed for all staff. This was considered noteworthy practice.



- The wardrobes in the patient bays are wooden, damaged and in a poor condition. They should be replaced as wood cannot be cleaned effectively and this can cause a potential risk of contamination.



- 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.



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



- Some of sinks on the ward had broken seals, these should be replaced as they cannot be cleaned effectively and this can cause a potential risk of contamination.



- The domestic room was found to be visibly dirty and had a number of inappropriate items being stored in it. This is unacceptable and staff should ensure that the room is kept clean and free from inappropriate items.

There was no hand washing sink available in the domestic room for staff to wash their hands. This issue should be addressed.

### **Linen, waste and sharps handling and disposal**



- The linen cupboard had wooden shelving in place. This is not acceptable and should be replaced as wood cannot be cleaned effectively and it can cause a potential risk of contamination.

All clean linen on the ward was stored correctly in a designated area and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal. However, there were some inappropriate items being stored within the linen room and these should be removed.

The ward complied with national standards in relation to the safe handling and disposal of sharps apart from the use of sharps trays. We could see no evidence of them being used on the ward and therefore it is unclear how staff are disposing of sharps while at the patients bedside.

### **Equipment and storage**

Generally, equipment on the ward found to be clean and instruments were safely and appropriately stored, however the resuscitation trolley was found to be dusty. An organisational wide documented cleaning system should be in place that is robust and clear for staff so they know who is responsible for cleaning what and when.

A bathroom on the ward is no longer being used as a bathroom as it is being used to store equipment and other items, this is inappropriate. If the bathroom is no longer needed then the bath and toilet should be removed and the room designated for a different purpose as the current practice is unacceptable.

### **Staff knowledge and practice**

Most of the staff that were spoken to during our visit had received infection control training. However, our observations of hand hygiene practices highlighted 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, when to use alcohol gel and when to wear gloves.

The hand washing sink located in one of the patient bays is not acceptable as the taps do not conform to HTM 64. All clinical hand washing sinks should have elbow, knee or sensor operated taps. Taps should be easy to turn on and off without contaminating the hands.

Hand hygiene audits are being carried out and the results of previous audits have shown that there is high compliance by staff. However, during our visit we undertook a hand hygiene audit and found there to be only 60% compliance by staff. To ensure hand hygiene practice is maintained at a high level hand hygiene audits should be undertaken on a monthly basis and staff should be engaged in the process and informed of the results to ensure that any issues identified are addressed in a timely manner.

There was a lack of signage for the use of alcohol gel around the ward. Greater awareness should be raised with staff, patients and visitors regarding hand hygiene and so appropriate posters should be placed around the ward.