

**Cardiff and Vale University
Health Board
Unannounced Cleanliness
Spot Check**

Date of visit 19 October 2010

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

Visit to Cardiff and Vale University Health Board

1.5 On 19 October 2010 HIW visited Llandough hospital and the University Hospital of Wales (UHW) which is part of Cardiff and Vale University Health Board and undertook cleanliness spot checks of the following areas:

- East 8, Care of the Elderly, Llandough Hospital
- Renal Dialysis Unit, UHW
- B4, Neurosurgery, UHW

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

The general environment of both of the hospitals visited 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 East 8, Care of the Elderly Ward, Llandough Hospital

Environment

We had previously visited the ward in November 2009 and concerns were raised in relation to estate issues, cleanliness and infection control. Following our visit the Health Board closed the ward so that a comprehensive refurbishment could take place.

We are pleased to note that on this visit the ward was considered to be of a good standard of cleanliness.



- The ward has been redecorated and the flooring replaced.



- Bathrooms on the ward have been refurbished and were found to be clean and free from inappropriate items.



- The dirty utility has been upgraded with new fixtures and fittings.



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



- The ward has invested in gel dispensers with a drip tray to avoid excess gel staining the wall and floor, this is considered noteworthy practice.

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 appropriately.

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



- Ward staff were using a tape that is signed and dated to indicate when the linen trolley was last cleaned, this was considered noteworthy practice.

Equipment and Storage

Equipment on the ward was found to be clean and instruments were safely and appropriately stored.



- Patients have been allocated individual lockers in which clothing, wash bowls and hoist slings are stored. This is considered noteworthy practice.

Staff Knowledge and Practice

The staff we spoke to during our visit had received infection control training within the last 12 months and hand hygiene practices were observed as being acceptable. Staff had a good knowledge of when they should clean their hands and when they should wear gloves.

Following the refurbishment the infection control team have been visible on the ward undertaking audits and providing appropriate support for the staff.

Environmental audits are being undertaken on the ward and there has been a consistent level of compliance in relation to housekeeping, waste and commodes and the results are available for staff.

2.30 Documented nurse cleaning schedules are in place to ensure that staff are clear and understand who is responsible for cleaning what and when.

Hand hygiene audits are being carried out on the ward and these should continue. 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 Renal Dialysis Unit, University Hospital of Wales

Environment

The standard of cleanliness on the ward was found to be of an acceptable standard of cleanliness, however, the general environment was in a poor condition.



- A number of the walls were found to be badly damaged.



- A number of pipes have been moved on the ward and as a result there are holes and bare plaster, this is unacceptable: all holes of bare plaster should be recovered.

The commodes on the ward were examined and they were all found to be clean and ready for use.

Linen, Waste and Sharps Handling and Disposal



- Clinical waste was found in a domestic waste bin. This is unacceptable as clinical waste should be segregated appropriately.

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

Equipment and Storage

Equipment on the ward was found to be clean and instruments were safely and appropriately stored.



- The dirty utility room was also being utilised as a domestic room. Domestic equipment should not be stored in the dirty utility as this gives rise to a risk of contamination.

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 training should cover practical hand hygiene practices.

Staff knowledge in relation to hand hygiene procedures was inconsistent. Not all staff were clear as to when it is appropriate to wash their hands, use alcohol gel and when to wear gloves.

We were also concerned that aseptic procedures were being carried out using the patients' over-bed tables rather than a designated dressing trolley and this is unacceptable. Aseptic procedures should be carried out on a dedicated work surface, either dressing trolley or tray.

We also found vascular clamps soaking in open buckets of hydrochloride which is a solution that is used to clean the equipment. These buckets were placed underneath the sinks within patient areas. This has a number of potential infection control, Control of Substances Hazardous to Health (COSHH) and health and safety issues relating to contamination, spillages and access of hazardous materials by patients. There is also concern in how these items are transferred from the ward area and the procedure in place for cleaning and disinfection before they are reused.

2.4 Ward B4, Neurosurgery, University Hospital of Wales

Environment

The standard of cleanliness on the ward was found to be of an acceptable standard of cleanliness, however, the general environment was in a poor condition. We were informed by the Health Board that there is a programme in place for the ward to be refurbished.



- The walls were found to be badly damaged.



- The macerator in the dirty utility was found to be in a poor state of repair and being held together with tape. This is unacceptable as there is the potential for contamination as the macerator cannot be cleaned effectively.

The commodes on the ward were examined and they were all found to be clean and ready for use.

Linen, Waste and Sharps Handling and Disposal

The ward handled and disposed of waste appropriately.

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 in the linen room and these should be removed.

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

Equipment and Storage

Equipment on the ward was found to be clean and instruments were safely and appropriately stored.



- The clinical room was found to be cluttered with boxes and other items. These should be removed and placed above floor level to allow effective cleaning to take place.

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 training should cover practical hand hygiene practices.

There were also inconsistencies in staff knowledge in relation to cleaning and decontamination. There should be clear guidance available for staff to refer to.