

# **Welsh Ambulance Service NHS Trust**

## **Unannounced Cleanliness Spot Check**

**Date of visit 27 & 28 March 2012**

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# Contents

	Page Number
<b>1. Introduction.....</b>	<b>1</b>
<b>2. Findings: Areas of Strength, Areas for Further Improvement and Actions that need to be Taken .....</b>	<b>3</b>
South East Region – Hawthorn Ambulance Station.....	3
Central and West Region – Neath Ambulance Station .....	6
North Region – Wrexham Ambulance Station .....	10
<b>3. Conclusion .....</b>	<b>15</b>
<b>4. Next Steps .....</b>	<b>16</b>

## 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 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 Welsh Ambulance Services NHS Trust

1.5 On 27 and 28 March 2012 HIW visited ambulance stations within each of the three regions of the Welsh Ambulance Services NHS Trust (WAST) and undertook cleanliness spot checks of ambulance stations, emergency medical service vehicles and high dependency service vehicles. The following stations were visited:

- Hawthorn Ambulance Station – South East Wales Region
- Neath Ambulance Station – Central and West Region
- Wrexham Ambulance Station – North Region

1.6 Our findings are set out in the following sections of this report. Areas of strength as well as areas for further improvement, including recommendations for action are highlighted. The Trust 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

### South East Wales Region - Hawthorn Ambulance Station

#### Environment

2.1 The fabric of the building was found to be old and tired and the standard of cleanliness was considered to be **poor**.



2.2 Shower and toilet facilities for staff were in a poor condition.



2.3 We were advised that clear processes had been put in place for decontamination of vehicles. However, these were not being implemented at the time of our visit. Mops were being stored in buckets filled with water. This is unacceptable as mops should be removed from buckets while not in use and buckets stored empty and inverted.

2.4 In the garage area of the station there was a sink available for staff to wash their hands. However there was no soap dispenser or paper towel holder above the sink, this is unacceptable. A soap dispenser and paper towel holder should be put in place in order for staff to wash their hands appropriately.

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



2.5 The station had a designated cupboard for storing clean linen, however the shelving was found to be marked and stained. Staff should ensure that clean linen is stored in a clean area free from stains.

2.6 There was no evidence of waste being disposed of at the ambulance station. Staff informed us during our visit that the disposal of waste is carried out while the ambulance is at accident and emergency departments.

2.7 Sharps bins were available at the ambulance station for when staff need to restock the ambulance.

## Equipment and Storage



2.8 In the storage room a number of boxes were being stored on the floor making it difficult to clean. All boxes should be stored above floor level to ensure effective cleaning can be carried out.

2.9 The storage room storing equipment was also found to be dusty. Staff should ensure that appropriate cleaning is carried out within this area.

## Emergency Medical Service Vehicle

2.10 At the Hawthorn Ambulance Station there was one emergency medical service vehicle available for inspection at the time of our visit

## Environment

2.11 The stretcher was found to be clean and ready for use. However, other surface areas within the ambulance were found to be dusty and oily. This included suction units and oxygen cylinders.



2.12 The underneath of the chairs in the patient area of the ambulance were found to be rusty and therefore making it difficult to clean.



2.13 The alcohol gel/foam dispenser on board was found to be empty; this is unacceptable as this is the only hand decontamination facility available on the vehicle. Staff should ensure that dispensers are checked regularly and restocked when required.

2.14 Personal protective equipment (PPE) was available on the vehicle for staff to use. This included gloves, aprons and masks.

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

2.15 Clean linen was stored correctly; however, there were no bags available on the ambulance for infected linen to be disposed of if required.

2.16 Clinical waste bags were in situ on the vehicle for staff to use when required.

2.17 National standards were met in relation to the handling of sharps.

### **Equipment and Storage**

2.18 A Blood and Body Spill Kit was available on the ambulance, however it was identified as being out of date (2008). Staff should ensure that equipment dates are checked, rotated and replaced when required.

## **Central and West Wales Region - Neath Ambulance Station**

### **Environment**

2.19 The general standard of cleanliness was found to be **poor**. The station has not had a domestic cleaner employed for some time and the impact of this was evident



2.20 Shower and toilet facilities for staff were in a poor condition.



2.21 The dirty utility was in a poor condition and cluttered with a number of items being stored by the sink and on the work surfaces.



2.22 We were advised that clear processes had been put in place for decontamination of vehicles. However, these were not being implemented at the time of our visit. Mops were being stored in buckets filled with water. This is unacceptable as mops should be removed from buckets while not in use and buckets stored empty and inverted.

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

2.23 The ambulance stations utilises the linen facilities at the accident and emergency departments of District General Hospitals to access clean linen and dispose of used linen. However, staff informed us that clean linen is not always available for them to utilise.

2.24 There was no evidence of waste being disposed of at the ambulance station. Staff informed us during our visit that the disposal of waste is carried out while the ambulance is at accident and emergency departments.

2.25 Sharps bins were available at the ambulance station for when staff need to restock the ambulance when required.

### Equipment and Storage



2.26 The storage room was found to be cluttered with a number of boxes being stored on the floor and therefore making it difficult to clean. All boxes should be stored above floor level to ensure effective cleaning can be carried out.

2.27 Some of the equipment was found to be out of date. Staff should ensure that equipment dates are checked, rotated and replaced when required.

### Emergency Medical Service Vehicles

2.28 At Neath Ambulance Station there were two emergency medical service vehicles available for inspection at the time of our visit

2.29 The stretchers were found to be clean and ready for use. However, other surface areas within both of the vehicles were found to be dusty and oily. This included suction units and oxygen cylinders.



2.30 The chairs in the patient area of both of the vehicles were found to be torn, allowing fluids, dirt and bacteria to penetrate the material. These should be re-covered or replaced with an impermeable material so that they can be clean appropriately.

2.31 Alcohol gel/foam was available in both vehicles in order for staff to decontaminate their hands appropriately when required.

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

2.32 Clean linen was stored correctly and soiled linen could be segregated appropriately.

2.33 Clinical waste bags were in situ on both the vehicles for staff to use when required. However, on one of the vehicles we identified a full clinical waste bag that had not been disposed of. Staff should ensure that waste is disposed of in line with the WAST Waste Management Policy.

2.34 National standards were met in relation to the handling of sharps.

### **Equipment and Storage**

2.35 Personal protective equipment (PPE) was available on both of the vehicles for staff to use. This included gloves, aprons and masks.

## North Wales Region - Wrexham Ambulance Station

### Environment

2.36 The standard of cleanliness was generally found to be acceptable.



2.37 Staff changing and toilet facilities were in a poor condition.



2.38 Mops were found stored in buckets filled with water. This is unacceptable as mops should be removed from buckets while not in use and buckets stored empty and inverted.

2.39 Shower facilities were available for staff; however these were in a poor condition.

### Linen, Waste and Sharps Handling and Disposal

2.40 The ambulance stations utilises the linen facilities at the accident and emergency departments of the District General Hospitals to access clean linen and dispose of used linen. However, staff informed us that clean linen is not always available for them to utilise.

2.41 There was some evidence of waste being disposed of at the ambulance station. However, staff informed us during our visit that the disposal of waste is usually carried out while the ambulance is at accident and emergency departments. Staff should ensure that waste is disposed of in line with the WAST Waste Management Policy.

2.42 Sharps bins were available at the ambulance station for when staff need to restock the ambulance.

### Equipment and Storage



2.43 There were designated cupboards and rooms for storing equipment. However the shelving was found to be dusty and badly damaged. Staff should ensure that cleaning is carried out to an acceptable standard.

### Emergency Medical Service Vehicles and High Dependency Service Vehicles

2.44 At Wrexham Ambulance Station there were three emergency medical service vehicles available and two high dependency service vehicles available for inspection at the time of our visit.

2.45 The stretchers were found to be clean and ready for use on all vehicles. However, other surface areas within the vehicles were found to be dusty and oily.



2.46 Oxygen cylinders were found to be dirty and rusty on all vehicles.



2.47 In three of five vehicles chairs within the patient area were found to be torn, allowing fluids, dirt and bacteria to penetrate the material. These should be re-covered or replaced with an impermeable material so that they can be clean appropriately.

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

2.48 Clean linen was stored correctly and soiled linen could be segregated appropriately.

2.49 Clinical waste bags were in situ on all of the vehicles for staff to use when required.



2.50 Within all of the vehicles the sharps boxes were undated or unsigned. Staff should ensure that all sharps containers are correctly labelled.



## Equipment and Storage

2.51 Personal protective equipment (PPE) was available on all the vehicles for staff to use. This included gloves, aprons and masks.

2.52 The alcohol gel/foam dispenser was found to be empty on four of the five vehicles; this is unacceptable as this is the only hand decontamination facility available on the ambulance. Staff should ensure that dispensers are checked regularly and restocked when required.

## Staff knowledge and practice

2.53 Our discussions 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 practices should cover practical hand hygiene.

2.54 The staff that we spoke to from each of the three regions were not aware of a documented cleaning schedule being in place for either the station or vehicles. An organisational wide documented cleaning system should be in place that is robust and clear for all staff so that they know who is responsible for cleaning what and when.

2.55 Staff felt that they did not have enough time to carry out the required level of cleaning on the vehicles in order to maintain an acceptable standard of cleanliness. They informed us that they would generally clean the stretcher between patient use, however due to time constraints the full decontamination process was not always being carried out. We consider this to be unacceptable and where possible, staff should be afforded the time to clean the vehicles and equipment or alternative arrangements should be made in order for the required standard of cleanliness to be maintained.

2.56 Staff identified issues in relation to the supply of uniform. The majority of staff we spoke to felt that they did not have a sufficient supply of uniform either due to their work pattern, or due to their uniform becoming contaminated during a shift



following which there is a need to change their uniform. The Trust needs to ensure that all staff has an adequate supply of uniform and that replacement uniform is made available when required.

2.57 We were also informed that if during a shift a member of staff becomes badly contaminated and needs to shower and change their uniform, they will often return to their own home in order to do this. We consider this to be unacceptable practice. Appropriate facilities should be made available for staff so that in circumstances where they need to shower and change their uniform they are able to do this at the ambulance station.

2.58 Inconsistencies were also identified around staff usage of gloves. Not all staff were clear as to when they should first put their gloves on or when it was appropriate to change them. The appropriate usage of gloves needs to be clarified to staff through the provision of clear guidance, signage and training.

2.59 We also identified a number of staff members wearing an excessive amount of jewellery. Staff should ensure that they wear no jewellery other than a plain wedding band.

### 3. Conclusion

3.1 We identified a number of concerns during the cleanliness spot check that were consistent throughout across stations and regions , including:

- Vehicles not being cleaned to an acceptable standard of cleanliness.
- Chairs in patient area of vehicles found to be torn.
- Not all staff having received infection control training within the last 12 months.
- No documented cleaning schedules in place.
- An insufficient supply of staff uniforms.
- Mops found being stored in buckets containing water.
- Poor facilities in ambulance stations for staff.
- Suction units/oxygen cylinders found to be dirty.
- Alcohol gel/foam not available on all vehicles.

3.2 We are concerned that these common themes indicate organisational wide issues. We therefore require that the NHS Trust to undertake its own audit of all stations and vehicles in order to seek assurance that these issues have been addressed across all regions and stations and report the outcome of this review to HIW.

## 4. Next Steps

4.1 The NHS Trust is required to complete an action plan to address the key issues highlighted and submit 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 three 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 the Welsh Ambulance Service NHS Trust as all staff were extremely helpful throughout the inspection.