

Betsi Cadwaladr University 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 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 Betsi Cadwaladr University Health Board

1.5 On 16 March HIW visited Ysbyty Gwynedd which is part of Betsi Cadwaladr University Health Board and undertook cleanliness spot checks of the following areas:

- Conwy Ward, Trauma Ward
- Gogarth Ward, Medical Ward
- Dulas Ward, General Surgery

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 Ysbyty Gwynedd

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 Conwy Ward, Trauma Ward.

Environment

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



- Patient over bed tables were found to be worn and as wood cannot be cleaned effectively there is a potential risk of contamination. These should be replaced.



- A bathroom on the ward was being used to store inappropriate items. These items should be removed and stored in an appropriately designated room.



- Diluted general purpose cleaner was found on the ward. Cleaning materials should not be diluted into general containers; they should be clearly labelled and dated. These items should be removed from all wards.



- A number of clean items were found being stored in the dirty utility; this is unacceptable as this can cause a potential risk of contamination.



- The cupboard and table in the domestic room were wooden and also found to be badly damaged. As wood cannot be cleaned effectively there is a potential risk of contamination. These should be replaced.

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 put in place and a visible sign to indicate that the commode is clean and ready for use.

There were insufficient clinical hand washing sinks available for the number of beds on the ward, this is not acceptable in order to conform to national guidance. When the Health Board is undertaking future refurbishment additional clinical hand washing sinks should be made available throughout the ward.



- On a positive note the patient showers on the ward have been refurbished.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly on a linen trolley which was free from inappropriate items and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal. However, the top of the trolley was found to be dusty.

All bins were found to be in a good state of repair, however a number of them were found to be dirty around the foot pedal area.

Clinical waste carts are stored in a waste room which can be accessed from public areas; as the carts do not have a cover they are unable to be locked. The Health Board needs to ensure that the clinical waste carts are locked in a room which cannot be accessed by the public.

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

Equipment and Storage

Equipment on the ward was generally found to be clean with the exception of the blood pressure machine which was found to be dusty. Instruments were safely and appropriately stored. However, there was no documented cleaning regime in place on the ward. An organisational wide documented cleaning system should be put in place making it clear to staff who is responsible for the cleaning of equipment.



- Bed pan holders were found to be stacked on top of each other in the dirty utility, this is inappropriate as bed pan holders should be stored in a bed pan rack in order to allow them to dry appropriately.

Staff Knowledge and Practice

Staff spoken to during our visit had generally received infection control training within the last 12 months; however, there were inconsistencies in relation to staff knowledge of appropriate hand decontamination procedures.

Hand hygiene audits are being carried out on the ward and results are fed back to staff.

We are pleased to note that all staff on the ward were found to be bare below the elbow, working in short sleeves (or long sleeves rolled up to above the elbow), with no jewellery, watches, or rings (other than a plain wedding band).

2.3 Gogarth Ward, Medical Ward

Environment

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



- A store room was not being utilised appropriately on the ward and found to be storing a number of inappropriate items. A more suitable method of storing such items needs to be considered as the space is currently not being utilised effectively.



- The cupboards in the treatment room were wooden and should be replaced. Wood cannot be cleaned effectively and hence there is a potential risk of contamination.



- Diluted general purpose cleaner was found on the ward. Cleaning materials should not be diluted into general containers; they should be clearly labelled and dated. These items should be removed from all wards.



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



- A number of clean items were found being stored in the dirty utility; this is unacceptable as this can cause a potential risk of contamination.

There were insufficient clinical hand washing sinks available for the number of beds on the ward, this is not acceptable in order to conform to national guidance. When the Health Board is undertaking future refurbishment, additional clinical hand washing sinks should be made available throughout the ward.

The cupboard and table in the domestic room were wooden and also found to be badly damaged. As wood cannot be cleaned effectively there is a potential risk of contamination. These should be replaced.

Patient over bed tables were found to be worn and as wood cannot be cleaned effectively there is a potential risk of contamination. These should also be replaced.



- On a positive note the patient showers on the ward have been refurbished

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly on a linen trolley which was free from inappropriate items and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal. However, the top of the trolley was found to be dusty.

All bins were found to be in a good state of repair, however a number of them were found to be dirty around the foot pedal area.

Clinical waste carts are stored in a waste room which can be accessed from public areas; as the carts do not have a cover they are unable to be locked. The Health Board needs to ensure that the clinical waste carts are locked in a room which cannot be accessed by the public.

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

Equipment and Storage

Equipment on the ward was generally found to be clean with the exception of the Cannulation trolley and Intravenous (IV) stands which were found to be very dusty. There was no documented cleaning regime in place on the ward; an organisational wide documented cleaning system should be put in place making it clear to staff who is responsible for cleaning of equipment.

Patient wash bowls were found to be dirty and were being stored in a cupboard in the dirty utility room, this is unacceptable. They should be stored clean, dry and inverted in an appropriate storage area.

Staff Knowledge and Practice

The staff we spoke to during our visit had a good knowledge in relation to infection control. For example; when they should wash their hands and when they should wear gloves.

However, 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 include practical hand hygiene.

Hand hygiene audits are being carried out on the ward; however results are not being 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.

We are pleased to note that all staff on the ward were found to be bare below the elbow, working in short sleeves (or long sleeves rolled up to above the elbow), with no jewellery, watches, or rings (other than a plain wedding band).

2.4 Dulas Ward, General Surgery

Environment

We found the ward to be of an acceptable standard of cleanliness. The ward has undergone refurbishment and fixtures and fittings have been upgraded.



- Cupboards within the dirty utility and treatment rooms have been upgraded.



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

A stool within the treatment room was found to be badly torn, allowing fluids, dirt and bacteria to penetrate the material. However, we are pleased to note that this was condemned at the time of our visit.

Patient over bed tables were found to be worn and as wood cannot be cleaned effectively there is a potential risk of contamination. These should be replaced.

The cupboard and table in the domestic room were wooden and also found to be badly damaged. As wood cannot be cleaned effectively there is a potential risk of contamination.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly on a linen trolley which was free from inappropriate items and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal. However, the top of the trolley was found to be dusty.

All bins were found to be in a good state of repair, however a number of them were found to be dirty around the foot pedal area.

Clinical waste carts are stored in a waste room which can be accessed from public areas; as the carts do not have a cover they are unable to be locked. The Health Board needs to ensure that the clinical waste carts are locked in a room which cannot be accessed by the public.

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

Equipment and Storage

Equipment on the ward was generally found to be clean with the exception of the IV stands as a number of them were found to be stained. As there was no documented cleaning regime in place on the ward, an organisational wide documented cleaning system should be put in place making it clear to staff who is responsible for cleaning of equipment.

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 and results were available for staff.

We are pleased to note that all staff on the ward were found to be bare below the elbow, working in short sleeves (or long sleeves rolled up to above the elbow), with no jewellery, watches, or rings (other than a plain wedding band).

General Comments

A number of the issues that were raised during the cleanliness spot check were consistent throughout all three of the wards visited, such as;

- Wooden and damaged cupboards and tables within the domestic rooms.
- Diluted general purpose cleaner being used on the wards.
- Commodes not cleaned to an acceptable standard of cleanliness.
- Clinical waste carts being stored in an unlocked waste room which can be accessed from public areas.

The Health Board needs to undertake its own hospital wide review as part of it's response to this report and ensure that the above issues are fully addressed.