

## **Cwm Taf Health Board**

### **Unannounced Cleanliness Spot Check**

**Date of visit 17 January 2012**

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## 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 are 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 Cwm Taf Health Board

1.5 On 17 January 2012 HIW visited Prince Charles Hospital which is part of Cwm Taf Health Board and undertook cleanliness spot checks of the following areas:

- Ward 1, Medical Gastroenterology.
- Ward 8, Gynaecology.
- Ward 19, Medical 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.



## 2. Findings: Areas of Strength, Areas for Further Improvement and Actions that Need to be Taken

### 2.1 General Environment of Prince Charles Hospital

The Health Board is currently undertaking a hospital refurbishment programme at Prince Charles hospital; this includes improvements being made to wards, public corridors and walkways. Ward 1 and Ward 19 had been scheduled to close one month prior to our visit, but we understand from the Health Board that closure had been unavoidably delayed. Both wards closed ten days after the inspection and relocated to newly refurbished wards.

### 2.2 Ward 1, Medical Gastroenterology

#### Environment

During the time of our visit Ward 1 had not been refurbished and the ward staff were preparing to move to a newly refurbished ward. The general environment and fabric of Ward 1 was considered to be of a **poor** standard with the general cleanliness of the ward found to be **sub-optimal**.



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



- Shower curtains were found to be badly stained and should be replaced.



- The domestic room was found to be untidy and equipment was dirty. Staff should ensure that the room is well maintained and all domestic equipment is stored clean.

Patient record trolleys were found in poor condition, staff should ensure that all patient trolleys are maintained appropriately.

A number of boxes were found being stored on the floor of the dirty utility making it difficult to clean. All boxes should be stored above floor level to ensure effective cleaning can be carried out.

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

All clean linen on the ward was stored correctly and used linen was segregated in appropriate colour-coded bags and stored correctly prior to disposal.



- The waste room was found to be in a poor condition and visibly dirty, this is unacceptable. Staff should ensure all areas are cleaned and maintained to an acceptable standard.



- Unlocked clinical waste bins were found in an area that is accessed by the public, this is unacceptable and the Health Board needs to ensure that clinical waste bins are locked at all times.

## Equipment and Storage

Generally, equipment on the ward was found to be clean and instruments were safely and appropriately stored. There was a nurse cleaning schedule in place on the ward, however this was not available at the time of our visit due to the ward making preparations for moving to a refurbished ward.



- The clean / store room was found to be cluttered and storing inappropriate equipment such as contaminated mattresses being stored on the floor of the room, this is unacceptable as they should be segregated from clean items while awaiting collection.

## Staff Knowledge and Practice

Generally the staff spoken to during the visit had received infection control training within the last 12 months. However, 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 / foam and when to wear gloves.

Also, from our observations staff were not always taking the opportunity to carry out appropriate hand hygiene procedures. Staff should ensure that hand hygiene is performed following circumstances such as after removal of gloves, following patient contact and prior to clinical procedures.

Hand hygiene audits are taking place on the ward, however results are not being displayed for staff. Audit results should be displayed and staff informed of the results so that any issues identified can be addressed in a timely manner.

## 2.3 Ward 8, Gynaecology

### Environment

The ward has recently been refurbished and the cleanliness on the ward was found to be of a **good** standard.



- Corridors were clean and bright.



- A bed pan holder was found to be stained. This issue was raised with staff and cleaned immediately.



- During our visit we identified a patient being accommodated within the treatment room. Due to the potential risks including infection control and privacy and dignity this issue was escalated at the time of our visit with members of the Health Board. Following our visit the Health Board has provided supporting documents as to the rationale of the placement of the patient and HIW are currently following this up separately with the Health Board.

All commodes were examined and were found to be clean and ready to use.

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

All clean linen on the ward was stored correctly 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



- Due to the lack of space within the dirty utility inappropriate items such as linen skips and commodes were being stored in the main bathroom. The Health Board needs to consider a more appropriate solution to the storage of such items as the current practice is unacceptable.

Generally, equipment on the ward was found to be clean and instruments were safely and appropriately stored. However, there was no documented cleaning schedule in place on the ward. A documented cleaning schedule should be in place making it clear for staff who is responsible for what and when.

### Staff Knowledge and Practice

The staff we spoke to during the visit had received infection control training within the last 12 months and staff generally had a good knowledge of when they should wash their hands and when they should use gloves.

Hand hygiene audits are taking place on the ward; however results are not being displayed for staff. Audit results should be displayed and staff informed of these in order for any issues to be addressed in a timely manner.

## 2.4 Ward 19, Medical Ward

### Environment

The general standard of cleanliness was considered to be **acceptable**.



- All commodes were examined and were found to be clean and ready to use. Tape is used to indicate that the commode is clean and ready to use and this works well.



- A number of communal items were found on the ward, these should be removed as there is the potential, if used by a number of patients, for them to become contaminated.

There were drug cupboards in the clinical rooms that were unlocked. Immediate action was taken to address this during our visit. Staff should ensure that all cupboards containing medicine or hazardous substances are locked at all times.

### Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly and used linen was segregated in appropriate colour-coded bags and stored correctly prior to disposal.

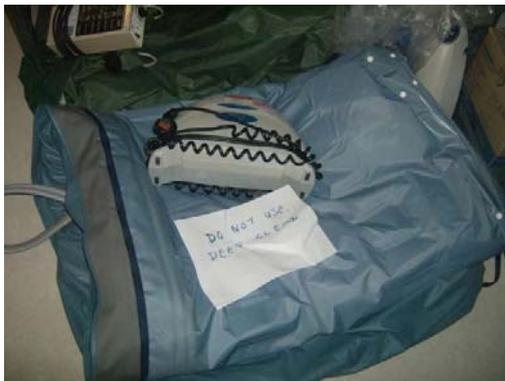


- Unlocked clinical waste bins were found in an area that is accessed by the public, this is unacceptable and the Health Board needs to ensure that clinical waste bins are locked at all times.

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 instruments were safely and appropriately stored. A documented cleaning schedule was in place on the ward however this was not consistently being completed by staff. Staff should ensure that cleaning schedules are routinely completed so that staff are clear who should clean what and when.



- A contaminated mattress was found being stored in the store room awaiting collection. This is unacceptable and should be segregated appropriately.



- The store room was found to be cluttered with boxes being stored on the floor; these should be removed and stored above floor level as effective cleaning cannot currently take place.



- Another store room was available on the ward, however the space is currently not being utilised effectively. The Health Board needs to consider a more appropriate use of the room as the current practice is not utilising the available space.

## Staff Knowledge and Practice

The staff we spoke to during the visit had received infection control training within the last 12 months and staff generally had a good knowledge of when they should wash their hands and when they should use gloves. However, from our observations staff were not always taking the opportunity to carry out appropriate hand hygiene procedures. Staff should ensure that hand hygiene is performed following circumstances such as; after removal of gloves, following patient contact and prior to clinical procedures.

Hand hygiene audits are taking place on the ward, however results are not being displayed for staff. Audit results should be displayed and staff informed of these in order for any issues to be addressed in a timely manner.

### 3. Conclusion

3.1 On the three wards that were visited the standard of cleanliness varied quite considerably: one ward was good, one acceptable and one sub-optimal.

3.2 However, we identified a number of concerns during the cleanliness spot check that were consistent issues for all three of the wards we visited, including:

- Unlocked clinical waste bins.
- Hand hygiene audits not being displayed for staff.
- Clutter and items being stored inappropriately.

3.3 We are concerned that this could indicate organisational wide issues. Therefore we require the Health Board to undertake its own audit of all wards at Prince Charles hospital to seek its own assurances and report back to HIW the results of the audit.



## 4. Next steps

4.1 The Health Board is required to complete an action plan to address the key issues highlighted and submit it 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 wards we visited have been addressed as well as timescales for ensuring the issues are not repeated elsewhere across the Health Board.

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 Cwm Taf Health Board, especially the staff on Ward 1, 8 and 19 who were extremely helpful throughout the inspection.