

Spire Cardiff Hospital

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 Spire Healthcare, Cardiff Hospital

1.5 On 13 January 2011 HIW visited Spire hospital, Cardiff which is part of Spire Healthcare and undertook cleanliness spot checks of the following areas:

- Ward 1
- Ward 2

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 organisation 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 Spire 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 Ward 1

Environment

We found the ward to be of a good standard of cleanliness. At the time of our visit a refurbishment programme was in place to upgrade patient rooms. As can be seen from the pictures and comments below, where rooms had been refurbished, carpet had been replaced by flooring that could be easily cleaned.



- A number of patient rooms are carpeted and this is not conducive to effective cleaning as they can harbour bacteria and organisms.



- The refurbished patient rooms had appropriate flooring that can be easily cleaned.



- On examination we found that a commode had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be in place.

The sinks in the patient rooms are used by both staff and patients and do not comply with Health Technical Memorandum (HTM) 64. Having discussed this issue with the Registered Manager we understand the rationale for the decision. However, due to the potential infection control risk we understand that there is a robust process in place for the cleaning and checking of the sinks to minimise cross infection. When the organisation is undertaking future refurbishment consideration should be given to the need of a dedicated clinical hand washing sink.

Linen, Waste and Sharps Handling and Disposal



- The ward complied with national standards in relation to handling and disposal of linen, however within the linen room an area of the floor had bare concrete, this is not conducive to effective cleaning and suitable flooring should be in place.

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. Documented cleaning schedules were in place to ensure that staff are clear and understand who should clean what and when. It was evident that staff clearly understood and took responsibility for this.

Staff Knowledge and Practice

The staff we spoke to during our visit had 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. Staff are informed of the results so that any issues identified can be addressed in a timely manner.

Staff also felt that there was a good relationship with the infection control nurse and that appropriate support is provided to them.

2.3 Ward 2

Environment

The standard of cleanliness on the ward was found to be of an acceptable standard of cleanliness.



- A number of the patient rooms were found to be carpeted and this is not conducive to effective cleaning and the refurbishment programme will address this issue.



- The worktop in the dirty utility was found to be damaged and should be replaced.



- Ceiling tiles within patient rooms were found to be badly stained and should be replaced.



- The commodes on the ward were found to be in a poor state of repair allowing fluids, dirt and bacteria to penetrate the material. These should be recovered or replaced.

The sinks in the patient rooms are used by both staff and patients and do not comply with Health Technical Memorandum (HTM) 64. Having discussed this issue with the Registered Manager we understand the rationale for the decision. However, due to the potential infection control risk we understand that there is a robust process in place for the cleaning and checking of the sinks to minimise cross infection. When the organisation is undertaking future refurbishment consideration should be given to the need of a dedicated clinical hand washing sink.

Linen, Waste and Sharps Handling and Disposal



- We found a bin designated for clinical waste to be lined with a domestic waste bag. All bins should be labelled as to what waste should be put in them.

The domestic trolley which carries clean items such as toilet rolls and paper towels had a clinical waste bag attached to it. This is unacceptable as clean and dirty items should be kept separate as there is the potential risk of contamination.

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

All clean linen on the ward was stored correctly in a designated area which was free from inappropriate items.

Equipment and Storage

Equipment such as the oxygen cylinders and data scopes were found to be visibly dusty.



- The storage rack in the pre assessment room was also found to be dusty.

Staff Knowledge and Practice

The staff we spoke to during our visit had 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. Staff are informed of the results so that any issues identified can be addressed in a timely manner.

Audits are also undertaken by staff within different areas of the hospital in order to share knowledge and practice, this is considered noteworthy practice.

The staff we spoke to felt that there was a good relationship with the infection control nurse and that appropriate support is provided to them.