

## **Hywel Dda Health Board Unannounced Cleanliness Spot Check**

**Date of visit 21 March 2012**

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications and Facilities Manager  
Healthcare Inspectorate Wales  
Bevan House  
Caerphilly Business Park  
Van Road  
CAERPHILLY  
CF83 3ED**

Or via

**Phone:** 029 20 928850  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 029 20 928877  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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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 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 Hywel Dda Health Board

1.5 On 21 March 2012 HIW visited Wthybush Hospital which is part of Hywel Dda Health Board and undertook cleanliness spot checks of the following areas:

- Ward 8, Coronary Care Unit.
- Ward 1, Trauma and Orthopaedic.
- Ward 12, General Medical.

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 action 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 Withybush 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, Trauma and Orthopaedics

#### Environment

The general standard of cleanliness was found to be **sub-optimal** with high level dust.



- The corridor was found to be cluttered with trolleys, thus making it difficult to move patients in and out of the ward. This issue can also impact on the ability of staff to clean the area appropriately.



- The treatment room was found to be cluttered.



- The drug preparation area was found to be clean and free from clutter.



- The store room was found to be cluttered with a number of items being stored on the floor. A more suitable method of storing such items needs to be considered as the space is currently not being utilised effectively.

The dirty utility was found cluttered with stock being stored on the floor and therefore making it difficult to clean. All stock should be stored above floor level to ensure effective cleaning can be carried out.

The hand washing sink in the dirty utility does not conform to Health Technical Memoranda (HTM) 64.<sup>1</sup> An appropriate dedicated clinical hand washing sink should be made available for staff.

A number of clean items such as incontinence pads and wipes were found being stored open on shelves in the dirty utility; this is unacceptable as this can cause a risk of contamination.

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<sup>1</sup> Health Technical Memoranda (64) compliance includes, no plugs, no overflows, water from taps should not be directly situated above the plug hole and elbow mixer taps are required to be in situ.



A commode had been placed ready for use but on examination it had not been cleaned to an acceptable standard. A consistent approach to the effective cleaning of commodes should be put in place and a visible sign to indicate that the commode is clean and ready for use.

Cleaning equipment within the domestic room was found to be dirty. Staff should ensure that all domestic equipment is stored clean.

Cleaning products were also found unlocked in the domestic room. As the room is accessible to patients and visitors, staff should ensure that all hazardous substances are locked at all times.

### **Linen, waste and sharps handling and disposal**

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

The ward handled and disposed of waste correctly, however a number of the bins were becoming rusty and should be replaced.

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

### **Equipment and storage**

There was a documented cleaning schedule in place on the ward, however equipment was generally found to be dusty. This included dressing trolleys, the resuscitation trolley and also intravenous stands. Staff should ensure that they are clear and understand who is responsible for cleaning what and when and that all equipment is included as part of their cleaning regime.



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

### Staff knowledge and practice

The staff we spoke to during our visit had received infection control training within the last twelve months and had a good knowledge in relation to hand hygiene procedures (for example, when they should use alcohol gel/foam, wash their hands and when they should wear gloves).

Hand hygiene audits are being carried out and the results are displayed on the ward in order to inform staff, patients and visitors of the outcome of the audits.

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 the elbow), with no jewellery, watches or rings (other than a plain wedding band), in line with the *'All Wales NHS Dress Code'*.

## 2.3 Ward 8, Coronary Care Unit (CCU)

### Environment

The general standard of cleanliness was found to be **sub-optimal** with high level dust.



- A mattress was being stored behind chairs as it was awaiting collection, this is unacceptable and mattresses should be suitably stored if not in use.



- A shower chair was found to be contaminated. This issue was raised with staff and cleaned immediately.



- A number of the visitors' chairs on the ward were badly torn, allowing fluids, dirt and bacteria to penetrate the material. These should be recovered or replaced with an impermeable material so that they can be cleaned appropriately.



- A number of boxes storing intravenous fluids were being stored on the floor making it difficult to clean. All boxes should be stored above floor level to ensure that effective cleaning can be carried out.

All commodes were examined and were 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.

A number of clean items such as incontinence pads and wipes were found being stored open on shelves in the dirty utility; this is unacceptable as this can cause a risk of contamination.

The hand washing sink in the drug preparation area does not conform to Health Technical Memoranda (HTM) 64. An appropriate, dedicated clinical hand-washing sink should be made available for staff.

The dirty utility situated on Ward 8 was found to be cluttered and was being utilised to store domestic cleaning equipment. Domestic equipment should not be stored in the dirty utility as this gives rise to a risk of contamination and should be removed.

In the dirty utility situated on Ward 8 we identified that there was no soap dispenser or paper towel holder available above the hand washing sink, this is unacceptable. A soap dispenser and paper towel holder should be put in place in order for staff to carry out appropriate hand washing.

Cleaning products were also found in the toilet. As the room is accessible to patients and visitors, staff should ensure that all hazardous substances are locked at all times.

During our visit we also identified issues in relation to the siting of toilets. There was a toilet available in the Coronary Care Unit (CCU), however as there was no call bell available, this had been designated as a staff toilet. The patient toilets were outside the entrance doors to the unit, thus making it difficult for patients to easily access the facilities. The Health Board needs to reconsider the designation of staff and patient toilets in order to provide facilities for patients that are easily accessible.

### **Linen, waste and sharps handling and disposal**

All clean linen on the ward was stored correctly on a linen trolley and used linen was segregated in appropriate colour-coded bags and stored correctly prior to disposal. However, the linen trolley cover was found to be worn and cracks were beginning to emerge and should be replaced.

The ward handled and disposed of waste correctly, however a number of the bins were becoming rusty and should be replaced.



- A sharps box was found with a blood spill on the lid. Staff should ensure that all sharps containers are free from spillages.

We also identified one sharps containers being filled above the fill line. Staff should ensure that national standards are met in relation to the safe handling and disposal of sharps.

### Equipment and storage

There was a documented cleaning schedule in place on the ward and equipment such as oxygen and suction devices in patient areas was found to be clean. However, communal equipment such as hoists and blood pressure machines were found to be dusty. Staff should ensure that they are clear and understand who is responsible for cleaning what and when and that all equipment is included as part of their cleaning regime.



- The floor buffer which is used to clean the floors was also found to be dirty, staff should ensure that all equipment including cleaning equipment is cleaned appropriately.

### Staff knowledge and practice

The staff we spoke to during our visit had received infection control training within the last twelve months and had a good knowledge in relation to hand hygiene procedures, (for example, when they should use alcohol gel/foam, wash their hands and when they should wear gloves).

Hand hygiene audits are being carried out and the results are displayed on the ward in order to inform staff, patients and visitors of the outcome of the audits

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 the elbow), with no

jewellery, watches or rings (other than a plain wedding band), in line with the 'All Wales NHS Dress Code.'

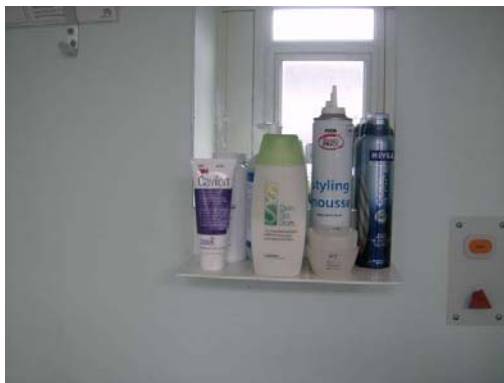
## 2.4 Ward 12, General Medical

### Environment

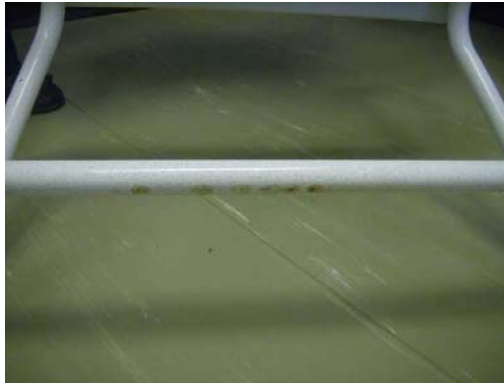
The general standard of cleanliness was found to be **acceptable**.



- In the bathroom an apron had been attached to the emergency call as the length of the call bell was too short. This is unacceptable due to the risk of contamination. This should be removed and a suitable length string fitted so that the emergency call bell is long enough.



- A number of communal toiletry 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.



- A commode had been placed ready for use but on examination it had not been cleaned to an acceptable standard. A consistent approach to the effective 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 such as incontinence pads and wipes were found being stored open on shelves in the dirty utility; this is unacceptable as this can cause a risk of contamination.

The hand washing sink in the dirty utility does not conform to Health Technical Memoranda (HTM) 64. An appropriate, dedicated clinical hand washing sink should be made available for staff.

The domestic room was found to have dusty cleaning equipment and a number of inappropriate items were being stored in the room. Staff should ensure that all domestic equipment is stored clean and the room is free from inappropriate items.

We identified that there was a washing machine in use on the ward. However there was no tumble dryer available, therefore staff were drying items in bathroom areas. This is unacceptable and a tumble dryer should be made available in order for staff to dry items appropriately. Staff should also ensure that both the washing machine and tumble dryer conform to a planned maintenance programme.

### **Linen, waste and sharps handling and disposal**

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



The ward handled and disposed of waste correctly, however a number of the bins were becoming rusty and should be replaced.

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. A documented cleaning schedule was in place and completed to ensure that staff know who is responsible for cleaning what and when.



- A new racking system enables cleaning to be carried out more effectively.

### Staff knowledge and practice

The staff we spoke to during our visit had received infection control training within the last 12 months and had a good knowledge in relation to hand hygiene procedures, (for example, when they should use alcohol gel/foam, wash their hands and when they should wear gloves).

Hand hygiene audits are being carried out and the results are displayed on the ward in order to inform staff, patients and visitors of the outcome of the audits.

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 the elbow), with no

jewellery, watches or rings (other than a plain wedding band), in line with the '*All Wales NHS Dress Code.*'

### 3. Conclusion

3.1 On the three wards visited the level of cleanliness ranged from sub-optimal to an acceptable standard.

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

- Not all hand washing sinks conform to HTM 64.
- Clean items being stored in dirty utilities.
- Rusty bins.
- Clutter in domestic rooms; and dirty utility rooms.

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 Withybush 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 and 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.

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 HIW would like to thank Hywel Dda Health Board, especially the staff on Ward 1, 8 and 12 who were extremely helpful throughout the inspection.