

Abertawe Bro Morgannwg University Health Board

Unannounced Cleanliness Spot Check

Date of visit 27 October 2011

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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
Fax: 029 20 928877
Website: www.hiw.org.uk

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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 Abertawe Bro Morgannwg University Health Board

1.5 On 27 October 2011 HIW visited Morriston hospital which is part of Abertawe Bro Morgannwg University Health Board and undertook cleanliness spot checks of the following areas:

- Ward F, Stroke Rehabilitation Ward
- The Clinical Decision Unit
- Ward W, Trauma and Orthopaedic

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 Morriston 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 F, Stroke Rehabilitation

Environment

We previously visited this ward in September 2010 and found it to be of a sub-optimal standard of cleanliness. On our return we noted some improvements such as the replacement flooring and repainting however we still considered the ward to be of a sub-optimal standard with high and low level dust. It was disappointing that there was little evidence that the issues identified during our previous visit had been actioned by the Health Board. In addition a number of new issues emerged. The Health Board needs to ensure that the following issues are addressed and identified within the action plan they will be required to submit to HIW.



- The clinical room was found to be cluttered and a number of the storage boxes were dusty.



- The bathroom was found to be cluttered with a number of items being stored. Inappropriate items should be removed in order to provide easy access to the bathroom facilities.



- 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 shower room on the ward is no longer in use as the shower facilities available are not suitable. The current shower should be removed and more suitable facilities made available.

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

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 additional clinical hand washing sinks should be made available throughout the ward.

The hand washing sink located in the clinical room is not acceptable as it does not conform to Health Technical Memoranda (HTM) 64. All clinical hand washing sinks

should have wrist, elbow or sensor operated taps. Taps should be easy to turn on or off without contaminating the hands.

Cleaning products and medication were found unlocked in the clinical room. Immediate action was taken to address this during our visit. Staff should ensure all medicines or hazardous substances are locked at all times.

The domestic room was found to be cluttered, equipment was dirty and there were 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.

Diluted general purpose cleaner was also found in the domestic room. Cleaning materials should not be diluted into general containers; they should be clearly labelled and dated. These items should be removed.

Linen, Waste and Sharps Handling and Disposal

All clean linen was stored in a designated cupboard on the ward. However linen was found on the floor of the cupboard, these items should be removed as all linen should be stored above floor level.

The dirty linen trolley had a number of clean items attached to it, this is unacceptable. Dirty and clean items should be segregated appropriately.



- A number of clinical waste bags were found to be overfilled and not tied up correctly. Waste bags should not be filled more than three quarters full with a swan neck tie in order to ensure that the bag is tied securely.

Waste posters were not available on the ward to enable staff to identify appropriate waste segregation. Waste posters should be displayed to ensure that staff are aware of the appropriate handling and disposal of waste.

The ward complied with national standards in relation to the safe handling and disposal of sharps. However, sharps trays were found to be stained.

Equipment and Storage

Equipment such as the resuscitation trolley, hoists and oxygen and suction were found to be dusty. There was a documented cleaning schedule in place on the ward however this was not routinely completed by staff. Staff should ensure that cleaning schedules are completed routinely to make it clear who is responsible for cleaning what and when.



- Dressing trolleys were found to be stained.



- Patient wash bowls were stored in the dirty utility, this is unacceptable. They should be stored in a clean room as the current practice can cause a potential risk of contamination.

Staff knowledge and Practice

We found that alcohol gel/foam 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.

Not all staff spoken to during the visit had undertaken infection control training within the last 12 months. All staff should undertake infection control training/updates annually, such as training should cover practical hand hygiene.

Staff knowledge in relation to hand hygiene procedures was inconsistent. There was a tendency for staff to over use and rely on gloves for all patient contact. Staff should be trained as to when it is appropriate to wash their hands, use alcohol gel/foam and when to wear gloves.

2.3 Clinical Decision Unit – Medicine

Environment

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



- The ward was using disposable shower curtains, this is considered noteworthy practice.



- The ward staff were using a tape to indicate when the slipper pans were last cleaned, this was considered noteworthy practice.



- The domestic room was found to be cluttered, equipment was dirty and there were 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.

The commodes on the ward were examined and they were all 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.

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 additional clinical hand washing sinks should be made available throughout the ward.

The drug fridge in the clinical room was found to be unlocked. Immediate action was taken to address this during our visit. Staff should ensure that all fridges and 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 in a designated area and used linen was segregated in appropriate colour coded bags and stored correctly prior to disposal.

Waste transporter bins are used on the ward in order to transfer waste from patient areas, these were found to be dirty.



- A number of clinical waste bags were found to be overfilled and not tied up correctly. Waste bags should not be filled more than three quarters full with a swan neck tie in order to ensure that the bag is tied securely.

Clinical waste bins were stored in a room which can be easily accessed from public areas; we found that the door was unable to be locked due to a broken lock. The Health Board needs to ensure that clinical waste rooms within public areas are locked at all times.

Waste posters were not available on the ward to enable staff to identify appropriate waste segregation. Waste posters should be displayed to ensure that staff are aware of the appropriate handling and disposal of waste.

Equipment and Storage

Equipment such as the portable workstation, resuscitation trolley and standing aids were found to be dusty. There was a documented cleaning schedule in place on the ward however this was not routinely completed by staff. Staff should ensure that cleaning schedules are completed routinely to make it clear who is responsible for cleaning what and when.

We identified a stained mattress in one of the patient bays, this should be removed. All mattresses should be checked as part of a mattress audit to ensure that they are free from stains so that the potential risk of contamination is reduced.

Staff Knowledge and Practice

Generally staff spoken to 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.

Staff knowledge in relation to decontamination of equipment was found to be acceptable.

Hand hygiene audits are taking place 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.

2.4 Ward W, Trauma and Orthopaedic

Environment

We found the ward to be of a good standard of cleanliness. Rooms such as the dirty utility were well organised.



- The commodes on the ward were examined and they were all 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 seems to work well.



- A footstool was found to be badly torn, allowing fluids, dirt and bacteria to penetrate the material. This should be recovered or replaced with an impermeable material so that they can be cleaned appropriately.



- A bathroom is no longer being used as a bathroom and has been designated as a store room. However, the toilet remains in the room, if this room is now a store room the toilet should be removed.

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 additional clinical hand washing sinks should be made available throughout the ward.

The hand washing sink located in the clinical room is not acceptable as it does not conform to Health Technical Memoranda (HTM) 64. All clinical hand washing sinks should have wrist, elbow or sensor operated taps. Taps should be easy to turn on or off without contaminating the hands.

The domestic room was found to be cluttered and equipment was found to be dusty. Staff should ensure that all domestic equipment is stored clean and the room is free from clutter.

Linen, Waste and Sharps Handling and Disposal

All clean linen on the ward was stored correctly in a designated area which was free from inappropriate items and used linen was segregated in appropriate colour coded bags and correctly prior to disposal.



- The linen, waste and clinical waste holding rooms were found to be dirty.

Waste posters were not available on the ward to enable staff to identify appropriate waste segregation. Waste posters should be displayed to ensure that staff are aware of the appropriate handling and disposal of waste.

A number of sharps boxes on the ward were found not dated and signed. Staff should ensure that all sharps boxes are labelled correctly.

Equipment and Storage

Generally, equipment on the ward was found to be clean and instruments were safely and appropriately stored, however the resuscitation trolley was found to be dusty. Cleaning schedules were in place to ensure that staff are clear and understand who should clean what and when.

Staff Knowledge and Practice

Generally staff spoken to had received infection control training within the last 12 months. However, staff knowledge in relation to hand hygiene procedures was inconsistent. There was a tendency for staff to over use and rely on gloves for all

patient contact. Staff should be trained as to when it is appropriate to wash their hands, use alcohol gel/foam and when to wear gloves.

Staff knowledge in relation to decontamination of equipment was found to be good.

Hand hygiene audits are taking place 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.

General Comments

We were disappointed to note a lack of improvement to Ward F Stroke Rehabilitation and we will be meeting with the Health Board to ensure that improvement action is taken forward as a matter of priority.

In addition a number of the issues identified were common to all three of the wards visited, such as:

- Insufficient clinical hand washing sinks for the number of beds on the ward.
- Cluttered domestic rooms with dirty equipment and inappropriate items being stored.
- A lack of waste posters displayed on the wards.
- Inconsistent staff knowledge in relation to hand hygiene procedures

We are concerned that these could be hospital wide issues and we therefore require the Health Board to undertake its own audit of all wards at Morriston and report back to us within six months.