

## **Betsi Cadwaladr University Health Board**

### **Unannounced Cleanliness Spot Check**

**Date of visit 23 February 2010**

**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 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 Betsi Cadwaladr University Health Board**

1.5 On 23 February HIW visited Wrexham Maelor hospital and Mold Community hospital which are part of Betsi Cadwaladr University Health Board and undertook cleanliness spot checks of the following areas:

- Clwyd Ward, Mold Community hospital.
- Cunliffe Ward, Wrexham Maelor hospital.
- Bonney Ward, Wrexham Maelor hospital.
- Mason Ward, Wrexham Maelor hospital.
- Glyndwr Ward, Wrexham Maelor hospital.
- Erddig Ward, Wrexham Maelor hospital.

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

As part of the fieldwork for our *All Wales Review of the Management of Patients with Diarrhoea and Vomiting* that was carried out in April 2009 we visited Wrexham Maelor hospital and as a result concerns were raised in relation to cleanliness and infection control. We issued an immediate action notice to the then North Wales NHS Trust and we required an action plan to address the issues of concern to be prepared and taken forward. We revisited the organisation in August 2009 and found some improvements had been made; we also advised the Health Board that we would revisit again as part of our programme of unannounced cleanliness spot checks.

### General Environments

The General environment of Wrexham Maelor hospital and Mold Community 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.

### Environment

We found Cunliffe, Bonney, Mason and Erddig Wards to be of a good standard of cleanliness and Clwyd and Glyndwr Wards to be of an acceptable standard of cleanliness.



- There were some maintenance issues on the wards visited especially Erddig ward, where there was damage to the floors in the patient bays.



- All wards had clean commodes with the exception of Glyndwr ward where we found commodes that had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be in place across the organisation, there should also be a visible sign to indicate that the commode is clean and ready for use.



- On a number of wards the fans were dusty. Staff should ensure that fans are cleaned on a regular basis.



- A number of bathrooms on the wards visited were being used to store inappropriate items. These items should be removed and stored in an appropriately designated room.



- A number of clinical rooms and store rooms on the wards visited were cluttered with boxes and other items. These should be removed and placed above floor level to allow effective cleaning to take place.



Staff told us that domestic cleaning was adequate and generally cleaning staff were considered to be more responsive than when we previously visited. However, it can be difficult to access the assistance of cleaning staff in the evenings and night time. The Health Board needs to ensure that adequate cleaning resources are in place at all times. It was also unclear as to whether cleaning is carried out more frequently during an outbreak of infection on the wards. During a D&V outbreak enhanced cleaning is needed, including cleaning toilets more frequently and staff should be available to carry this out.

On Bonney, Mason and Cunliffe wards there were drug cupboards in the clinical rooms that were not locked; this issue was immediately raised with ward staff. Staff should ensure that all cupboards containing medicine or hazardous substances are locked at all times

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

All of the wards visited handled and disposed of waste appropriately.

All wards visited stored and disposed of linen appropriately. Each of the wards had a supply of linen stored on trolleys, which are brought to the ward and restocked on a daily basis. These trolleys are situated in the main corridor of the ward and linen was stored correctly prior to disposal.

Clwyd, Erddig and Glyndwr Ward complied with national standards in relation to the safe handling and disposal of sharps.

However, on both Mason and Cunliffe Ward there were sharps bins that were undated or signed. Staff should ensure that all sharps containers are correctly labelled.

On Bonney Ward we found a sharps bin that had been overfilled which could lead to needlestick accidents. Staff should ensure that all sharps bins are changed when needed.

## Equipment and storage

Equipment on the wards visited was generally clean, however, on Mason and Glyndwr wards the resuscitation trolley and IV pumps were found to be visibly dusty. There were nurse cleaning regimes in place on the wards visited but there did not appear to be a consistent approach in place across the Health Board. An organisational wide documented cleaning system should be in place that is robust and clear for staff so they know who is responsible for cleaning what and when.

There were a number of drip stands on Mason ward that were in a poor condition and some were found to be covered in sticky tape. This sticky tape should be removed as it prevents appropriate cleaning and therefore there is the potential for contamination.

## Staff knowledge and practice

Hand hygiene audits are being carried out on the wards; however the results are not always being fed back to staff. Hand hygiene audits should be carried out on a monthly basis and staff should be engaged in these and informed of the results, so that any issues identified can be addressed in a timely manner.



- The notice board on Bonney ward is displaying hand hygiene audit results and other information for patients, visitors and staff. We consider this noteworthy practice.



- Signage on the wards visited had generally improved since our last visit. However there was still some confusing signage in place. It was also observed that not all wards had signs in place to alert staff and visitors to the need for barrier nursing. A consistent approach to this should be taken across the Health Board.

A number of wards are also carrying out environmental audits; however the results are not always being fed back to staff. Environmental audits should be carried out on a monthly basis and staff should be engaged in these and informed of the results so that any issues identified can be addressed in a timely manner.

The staff we spoke to during the visit generally had a good knowledge in relation to infection control. Hand hygiene practices were observed as being acceptable and staff had a good knowledge of when they should clean their hands and when they should wear gloves.

When staff are cleaning blood or body fluid spillages a diluted chlorine releasing agent is used to ensure that the correct dilution of the disinfectant is used. However, dilution charts and dedicated dilution bottles for the chlorine releasing agent were not always available for staff on the wards visited. There should be clear signage in place informing staff of what dilution needs to be used for different areas of cleaning and each ward should be supplied with a dedicated dilution bottle.

When a patient is admitted with or develops an infection they should be isolated as soon as possible in order to avoid the infection being transmitted to other patients. It was evident from discussions with staff that infectious patients were a priority for side room usage, however there was no clear guidance for staff to refer to when necessary. The Health Board should

ensure that there is guidance for the circumstances in which side rooms are used and this should be communicated to staff.

If there are a number of patients on a ward that have Norovirus or *Clostridium difficile* the ward should be closed to new patients being admitted in order to contain the infection effectively. While the organisation recognises the importance of keeping wards affected with outbreaks of Norovirus and *Clostridium difficile* closed for 48-72 hours after patients become symptom free, there are occasions during out of hours when this is not occurring. While, it is difficult to keep wards closed when bed pressures are high, opening a ward early has the potential to keep outbreaks, especially Norovirus outbreaks, alive for longer as new susceptible patients are introduced to the virus. As a consequence apart from the obvious impact on the health of those individuals infected, lengths of stay are increased and staff can become infected.