

Abertawe Bro Morgannwg University Health Board

Unannounced Cleanliness Spot Check

Date of visit 30 September 2010

Healthcare Inspectorate Wales

Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

www.hiw.org.uk

Contents

	Page Number
1. Introduction	1
2. Findings: Areas of Strength, Areas for Further Improvement and Actions that need to be taken	3
General Environment of Morriston Hospital	3
The Renal Unit	3
Environment	3
Linen, Waste and Sharps Handling and Disposal	6
Equipment and Storage	7
Staff Knowledge and Practice	7
Ward F, Stroke Rehabilitation	8
Environment	8
Linen, Waste and Sharps Handling and Disposal	10
Equipment and Storage	10
Staff Knowledge and Practice	11
Ward H, General Surgery	11

Environment	11
Linen, Waste and Sharps Handling and Disposal	13
Equipment and Storage	14
Staff Knowledge and Practice	14
Ward S, Medical Admission Unit	15
Ward Kitchen	15

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 30 September 2010 HIW visited Morriston hospital which is part of Abertawe Bro Morgannwg University Health Board and undertook cleanliness spot checks of the following areas:

- The Renal Unit
- Ward F, Stroke Rehabilitation
- Ward H, General Surgery

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

General Environment of Morriston Hospital

2.1 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 Hand hygiene practices were being promoted by the playing of a DVD in the restaurant area in order to raise awareness to both staff and the public, this was considered noteworthy practice.

The Renal Unit

Environment

2.3 We found the ward to be of an acceptable standard of cleanliness, although there were a number of issues identified that now need to be addressed. There were areas of noteworthy practice which are referred to below.



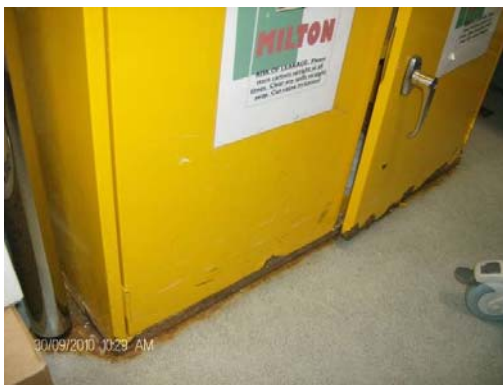
- Air vents on the ward were visibly dirty. All staff should ensure that cleaning is completed to an acceptable standard.



- There were a number of walls next to the clinical hand washing sinks that were damaged and this issue should be addressed.



- We found the skirting in a number of areas to be badly worn, this issue should be addressed.



- The storage unit was badly rusted causing the floor to be badly stained; this should be replaced as effective cleaning is not able to take place.

2.4 We were concerned that the bed spacing on the unit was inadequate as a number of the beds were in close situ. The Health Board needs to take into consideration the potential infection control risk that this gives rise to and an appropriate risk assessment should be carried out.

2.5 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.

2.6 The domestic room was found to be cluttered, also there was no hand washing sink and so staff have to leave the room in order to wash their hands.

2.7 We were also concerned that aseptic procedures were being carried out using the patients over-bed tables rather than a designated dressing trolley this is unacceptable. Aseptic procedures should be carried out on a dedicated work surface, either dressing trolley or tray.



- The ward has invested in disposable curtains, this is considered noteworthy practice.



- 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.

Linen, Waste and Sharps Handling and Disposal

2.8 The ward complied with national standards in relation to the safe handling and disposal of sharps; however there were a number of concerns in relation to the handling of linen and waste specifically.



- The ward did not have a designated area for storing clean linen and items were found in a general store room, this is not acceptable and clean linen should be segregated from other items.



- The ward had a waste disposal room; however, we found a large amount of waste and linen being stored in the room. Staff should ensure that waste and linen is removed in a timely manner.



- The Health Board has been experiencing some delays in the timely removal of clinical waste. This has been due to issues with external contractors and prompt action was taken during our visit to resolve the issue. However, the Health Board needs to

ensure that clinical waste is locked away in public areas and removed in a timely manner.

Equipment and Storage

2.9 Generally, equipment on the ward was found to be clean and instruments were safely and appropriately stored, however there were some dialysis machines being stored that were stained with residue from the cleaning solution. An organisational wide documented cleaning system should be in place that is robust and clear for all staff so they know who is responsible for cleaning what and when.

Staff Knowledge and Practice

2.10 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.

2.11 However, our conversations with staff highlighted that not all staff had received infection control training within the last 12 months. All staff should undertake infection control training/updates annually, such practices should cover practical hand hygiene.

2.12 Staff also felt that there was a good relationship with the Infection Prevention and Control Team and that appropriate support is provided to them during outbreaks and incidences of increased infections.

2.13 There was a lack of signage encouraging the use of alcohol gel around the ward. Greater awareness should be raised with staff, patients and visitors regarding hand hygiene and appropriate posters should be placed around the ward.

Ward F, Stroke Rehabilitation Ward

Environment

2.14 The cleanliness of the ward was found to be sub-optimal with dust at high levels.



- The floor of the bathroom was badly stained.



- 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.



- The shower was found to be mouldy, this is unacceptable and staff should ensure that cleaning is carried out to an acceptable standard.



- 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.

2.15 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.

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

2.17 A number of clean items were being stored in the dirty utility, this is unacceptable as this can cause a potential risk of contamination.

2.18 The domestic room was found to be cluttered, also there was no hand washing sink and so staff have to leave the room in order to wash their hands.

Linen, Waste and Sharps Handling and Disposal



The ward had a waste disposal room; however, we found a large amount of waste and linen being stored in the room. Staff should ensure that waste and linen is removed in a timely manner.

Equipment and Storage

2.19 Generally, equipment on the ward was found to be clean and instruments were safely and appropriately stored, however, there was no evidence of a cleaning schedule in place. 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.



- A shower room on the ward is no longer being used as a shower room as it is being used to store drip stands, this is inappropriate. If the shower room is longer needed then the shower should be removed and the room designated for a different purpose.

Staff Knowledge and Practice

2.20 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.

2.21 Staff also felt that there was a good relationship with the Infection Prevention and Control Team and that appropriate support was provided to them during outbreaks and incidences of increased infections.

2.22 However, our conversations with staff highlighted that not all staff had received infection control training within the last 12 months. All staff should undertake infection control training/updates annually, such practices should cover practical hand hygiene.

2.23 We found that alcohol gel 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.

Ward H, General Surgical

Environment

2.24 The ward was generally found to be of an acceptable standard of cleanliness; however, there were a number of issues identified that now need to be addressed.



- The bins on the ward have badly damaged the floor.



- The shower was found to be mouldy, this is unacceptable and staff should ensure that cleaning is carried out to an acceptable standard.



- 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.

2.25 A number of clean items were being stored in the dirty utility; this is unacceptable as this can cause a potential risk of contamination.

2.26 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.

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

2.28 The domestic room was found to be cluttered also there was no hand washing sink and so staff have to leave the room in order to wash their hands.

Linen, Waste and Sharps Handling and Disposal



- The ward was using sharps bins as storage containers, this is an inappropriate use of sharps containers and suitable storage containers should be used.



- The Health Board has been experiencing some delays in the timely removal of clinical waste. This has been due to issues with external contractors and prompt action was taken during our visit to resolve the issue. However, the Health Board needs to ensure

that clinical waste is locked away in public areas and removed in a timely manner.

2.29 The ward had a waste disposal room; however, we found a large amount of waste and linen being stored in the room. Staff should ensure that waste and linen is removed in a timely manner.

Equipment and Storage

2.30 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. We found that there was a robust, nurse cleaning regime in place on the ward and this could be used as an organisational wide documented cleaning system that is clear for staff so they know who is responsible for cleaning what and when.

Staff Knowledge and Practice

2.31 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.

2.32 Staff also felt that there was a good relationship with the Infection Prevention and Control Team and that appropriate support was provided to them during outbreaks and incidences of increased infections.

2.33 Our conversations with staff highlighted that not all staff had received infection control training within the last 12 months. All staff should undertake infection control training/updates annually, such practices should cover practical hand hygiene.

2.34 We found that alcohol gel 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 patient's locker.

Ward S, Medical Admission Unit

Ward Kitchen

2.35 We visited Ward S in October 2007 as part of an unannounced cleanliness spot check and highlighted concerns in relation to the ward kitchen as it was found to be cluttered, untidy and dusty with items being inappropriately stored. Since our previous visit we are pleased to note that the ward kitchen has been upgraded with new fixtures and fittings.



- The kitchen was well organised and clutter free.