



PEMBROKESHIRE SERVICES
WITHYBUSH GENERAL HOSPITAL/SOUTH PEMBROKESHIRE HOSPITAL
HIW UNANNOUNCED HOSPITAL CLEANLINESS SPOT CHECK
AREAS OF STRENGTHS & AREAS FOR FURTHER IMPROVEMENT PLAN
Date of Visit: 20 JANUARY 2009

LEARNING AND SHARING PRACTICE				
Environmental of Care:				
On the Wards Visited:				
<ul style="list-style-type: none"> • There was generally an acceptable standard of cleanliness with two of the wards demonstrating a very good standard of cleanliness • Most staff spoken to had completed infection control training within the last 12 months • All wards (with the exception of Sunderland) visited had documented nurse cleaning schedules in place and kept up to date 				
Findings	Action/Comments	By Whom	By When	Review at June 2009
General observations common to all areas visited				
The documented nurse cleaning schedules should be rolled out and used across the organisation	Cleaning schedules are in use, with use monitored, in all general ward areas across Pembrokeshire Services. Ward monitoring/ unannounced internal audits and to confirm measure in place to continue on ongoing basis	Ward Sisters/ Infection Control Team (ICT)	Weekly/ Quarterly	
All staff should undertaken infection control training/updates annually and we suggest that the Trust formalises the arrangements that are currently in place	Recommendation and proposed mechanism for implementation and recording of training agreed in principle and now updates to be taken through Mandatory Training Group for confirmation. Implementation to be overseen through Infection Control service.	Associate Director of Nursing (ADN) (Safeguarding) / ICT	May 2009	

Findings	Action/Comments	By Whom	By When	Review at June 2009
General observations common to areas visited at Withybush Hospital				
To confirm that a risk assessment undertaken re radiators	Estates Dept have confirmed that a risk assessment has been undertaken and adequate controls are in place	Estates Manager	End March 2009	
Inappropriate items should be removed from outside ward fire exit doors and estates issues addressed	All Ward Sisters and Estates Dept asked to remove all items left on stairwells; regular checking mechanisms to maintain this status initiated.	ICT/ Senior Nurse Managers/ Ward Sisters	End March 2009 and ongoing	
Up to date hand hygiene posters should be visible for patients and visitors throughout the ward.	Infection Control Nurse (ICN) to work with 'Clean Your Hands' Champions (CYHC) across hospitals to ensure consistent and standardised poster campaign.	ICN (JR) / Ward Sisters and Ward- based CYHC	April 2009 and ongoing	
Ward 3 General Surgery, WGH				
<ul style="list-style-type: none"> Ward to be of a good standard of cleanliness with only slight dust on the bed frames at high levels 				
There were items stored on the floor of the clinical room, this is not appropriate and makes cleaning difficult. The items should be removed or suitable shelving put in place	Review of clinical room environment/storage underway as part of Releasing Time To Care project.	Ward 3 Sister/nursing team	End April 2009	
Ward 4, Gynae/General Surgery, WGH				
<ul style="list-style-type: none"> Ward environment to be of a good standard of cleanliness, tidy and well organised Nurses station was an example of noteworthy practice as it was clean and free from clutter 				
There were a number of bedside tables in the patient bays that were in poor condition and should be replaced	Order placed for new bedside tables by Ward Sister; delivery awaited	Ward 4 Sister	Delivery expected imminently	

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Ward 7, Respiratory Ward, WGH <ul style="list-style-type: none"> Ward was generally of an acceptable level of cleanliness In treatment room and other rooms all cupboards and shelves had photos of stock or equipments that should be stored therein which was considered to be a noteworthy practice 				
Clear signage should be put in place when areas are restricted indicating what staff and visitors are expected to do	Infection Control Team has revised system for provision of advice for infected patients/outbreak situations; ICT now issue laminated, A3 posters and information packs in such situations.	ICT/ Ward Sisters	In place and ongoing	
Inappropriate items were stored in the bathroom. These should be removed as effective cleaning is unable to take place	Clearing bathrooms of inappropriate items are being added onto cleaning schedules and all wards reminded of need to keep bathrooms clear of clutter/ personal items; To be kept under review.	ICT/ Ward Sisters	March 2009	
On examination, a commode had not been cleaned to an acceptable standard. Both nursing staff and domestic staff should ensure that cleaning is carried out to an acceptable level.	Cleaning of commodes clearly designated as a nursing team role. Importance reinforced through training/communications to Ward Sister: Cleanliness levels to be kept under review. ICT to investigate benefits of using 'commode cleaned' labelling for commodes.	ICT/ Ward Sisters	April 2009	
Sunderland Ward, SPH <ul style="list-style-type: none"> Level of cleanliness was generally acceptable 				
There were inappropriate items stored on the floor in the dirty utility room. These should be removed and stored correctly as effective cleaning is inhibited.	Storage facilities in clinical room and dirty utility room now revised by Estates Dept. Work complete and storage much improved. To be kept under review.	Ward Sister	Initial work complete at end March 2009; and ongoing	

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The work surfaces in the clinical room were very cluttered with stock and equipment. The room has adequate storage facilities and these should be fully utilised	Storage facilities in clinical room and dirty utility room now revised by Estates Dept. Work complete and storage much improved. To be kept under review.	Ward Sister	Initial work complete at end March 2009; and ongoing	
There was extensive overstocking of supplies. Procedures for the ordering of stock and equipment need to be reviewed.	Stock levels revised and reduced. To be kept under review	Ward Sister	Ongoing from March 2009	
The dining room and day room had a number of inappropriate items stored in them. The dining room and day room need to be decluttered so that all areas can be effectively cleaned.	Most inappropriate items removed and now stored elsewhere. Some items remain stored discretely in these areas as ward has limited storage but ward making stringent efforts to manage environment effectively to facilitate cleaning.	Ward Sister	Ongoing from March 2009	
<i>Department Waste Handling and Disposal</i>				
The Trust should ensure that all bins are appropriately labelled.	Laminated signs for colour coding of bins/waste bags to be developed.	ICT	End April 09	
	Longer term, a review of types of bins/waste bags to be undertaken.	ICT/Estates/Hotel Services	End June 09	
<i>Safe Handling and Disposal of Sharps</i>				
<ul style="list-style-type: none"> Laminated sign placed in sharps tray indicating that it should be cleaned after every use. This is a noteworthy practice and is recommended that it is shared with other wards. 				
Ward 7, WGH				
Staff should ensure that all sharps bins are changed when needed.	Staff reminded of importance of this; issue to be added onto cleaning schedules as reminder	Ward Sisters / ICT	End March 2009 and ongoing	

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Sunderland, SPH				
Sharps bins were identified that were not correctly labelled. Each sharps container has attached to it a label which must be completed by the ward/dept staff detailing who assembles and disposes of the bin	Staff reminded of importance of this; issue to be added onto cleaning schedules as reminder	Ward Sisters / ICT	End March 2009 and ongoing	
Some sharps bins had not been assembled correctly. All staff should ensure that sharps bins are assembled correctly to avoid any potential accidents.	Staff reminded of importance of this; issue to be added onto cleaning schedules as reminder	Ward Sisters / ICT	End March 2009 and ongoing	
Equipment				
<ul style="list-style-type: none"> • Staff were aware of who was responsible for the cleaning of equipments, eg beds and IV stands • Equipment on wards was generally found to be clean 				
Staff should ensure that all equipment, especially fans and Resus trolleys are cleaned on a regular basis	<p>Estates 'Handyman' role to undertake fan cleaning responsibility on pilot basis for 3 months to test effectiveness of this system.</p> <p>All nursing staff reminded of importance of cleaning Resus Trolleys when doing daily checks but Resus Dept to be asked to investigate alternative covers for trolleys also.</p>	<p>Estates Dept</p> <p>Ward Sisters/ ICT/ Resus Training Dept</p>	<p>End June 2009</p> <p>End April 2009</p>	
Hand Hygiene				
<ul style="list-style-type: none"> • Hand hygiene practices were observed as being acceptable in all areas visited • Staff had good knowledge of when they should clean their hands • Wards visited promoted good hand hygiene and useful information on infection control for visitors and patients. 				

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Wards 3 and 4: For example a notice board on entering wards 3 and 4 asked visitors if they had washed their hands but the notice had an arrow pointing to the alcohol gel. This can be confusing for visitors and the Trust needs to ensure that a consistent and clear message is rolled out	ICT to work with ward-based 'Clean Your Hands' Champions to ensure consistent and standardised poster campaign and availability of gel in compliance with NPSA Alert.	ICN (JR)/Ward Sisters and Ward-based CYHC	April 2009 and ongoing	
Staff should be reminded/trained as to when it is appropriate to use gloves such as when handling soiled lined, body fluids or for barrier nursing as it is inappropriate for gloves to be used for all patient contact	This is included in infection control training already. Clean Your Hands Champions and Sisters have been asked to reinforce key messages. The content of training/advice to be benchmarked with other ICT's in Trust for consistency	ICT/CYHC/Ward Sister	April 2009 and ongoing	
The Trust needs to ensure that a clear and consistent message is rolled out across all hospitals regarding the use of alcohol gel and hand washing.	Pembs ICT is finalising a discussion paper for consideration through Trust's Infection Control structure to establish the evidence-based position to be adopted by the Trust. Consistent approach will then be implemented across all Trust sites.	ICN (JR) / ADN (Safeguarding)	End May 2009	
A clinical hand washing sink should be available for staff to use in the dirty utility room.	Sink to be put in place imminently	Estates Dept	End March 2009	
Sunderland, SPH				
Signs are placed outside the patient bays informing staff to use alcohol gel on entering the bay. This message is not helpful as staff should clean their hands before	ICT to work with ward-based 'Clean Your Hands' Champions to ensure consistent and standardised poster campaign and availability of gel in	ICN (JR)/Ward Sisters and Ward-based CYHC	April 2009 and ongoing	

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contact with each patients and not just on entering the bay. Gel should be available at the point of care.	compliance with NPSA Alert.			
Alcohol gel was not available at point of care in bays and this needs to be addressed. Alcohol gel should be available at point of care either at the end of the bed or portable/pocket gel should be used.	ICT to work with ward-based 'Clean Your Hands' Champions to ensure consistent and standardised poster campaign and availability of gel in compliance with NPSA Alert.	ICN (JR)/Ward Sisters and Ward-based CYHC	April 2009 and ongoing	
Ward/Department Kitchens:				
<ul style="list-style-type: none"> All ward kitchens visited were of an acceptable standard of cleanliness 				
Sunderland Ward, SPH				
Not all food was labelled in the fridge on the ward. Staff should ensure that food is labelled and check regularly	Nursing staff and Hotel Staff reminded of relative responsibilities.	Ward Sisters/Hotel Services Supervisor	End march 2009	
	Notices regarding required actions being placed on all fridges	ICT/Hotel Services	End April 2009	