

## Hywel Dda NHS Trust

### Unannounced Hospital Cleanliness Spot Check

Date of visit                      20<sup>th</sup> January 2009



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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.

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 Hospital Cleanliness Spot Check Visit discussions are held with clinical staff, key documents are reviewed 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 Control Nurses Association (ICNA).

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 NHS Trust**

1.5 On the 20<sup>th</sup> January 2009 HIW visited Hywel Dda NHS Trust and undertook cleanliness spot checks of the following areas:

- Sunderland Ward, Rehabilitation, South Pembrokeshire Hospital.
- Ward 3, General Surgery, Withybush Hospital.
- Ward 4, Gynaecology, General Surgery and Orthopaedic , Withybush Hospital.
- Ward 7, Respiratory and Acute Medicine, Withybush 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 Trust is required to complete an improvement plan to address the key areas of concern and to submit it to HIW within two weeks of this report being published.

## **2. Findings: Areas of strength, areas for further improvement and actions that need to be taken**

### **2.1 Environment of Care**

#### **General observations common to all areas visited**

2.1.1 All of the wards visited were generally of an acceptable standard of cleanliness with two of the wards demonstrating a very good standard of cleanliness.

2.1.2 Staff informed us that infection control training is undertaken as part of a three year rolling programme, however most staff that we spoke to had completed infection control training within the last 12 months.

2.1.3 There were cleaning schedules in place on all wards visited and with the exception of Sunderland Ward all wards had documented nurse cleaning schedules in place and these were kept up to date.

#### **Actions to be taken:**

- The documented nurse cleaning schedules should be rolled out and used across the organisation.
- All staff should undertake infection control training/updates annually and we suggest that the Trust formalises the arrangements that are currently in place.

## **General observations common to areas visited at Withybush Hospital.**

2.1.4 Although the wards visited have been well maintained a focused refurbishment plan is needed for the hospital. The Trust informed us that a refurbishment programme is in place to address some of the estates issues identified but this needs to be re-looked at in light of the issues we have identified. In particular we recommend that the clinical handwashing sinks in the bays are moved to allow better access.

2.1.5 On the wards visited it was noted that the areas beyond the ward fire exit doors need attention and that inappropriate items were being stored.

2.1.6 There was a lack of hand hygiene posters on the wards visited and some of those that were visible were out of date.

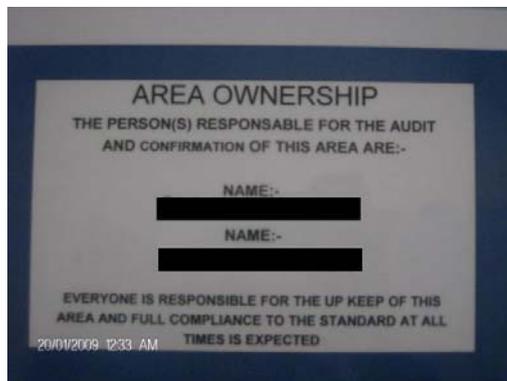
2.1.7 The staff that we spoke to were aware of the procedures for isolating patients who might have an infection. Staff felt there were good links with bed managers to ensure infection control risks were minimised.

2.1.8 On the wards visited we found that the radiators were of an older style and were not covered, we were concerned that this could result in someone being burnt. We were assured by the Trust that all radiators were temperature controlled and that a risk assessment had been undertaken.

### **Actions to be taken:**

- Inappropriate items should be removed from outside the ward fire exit doors and estates issues addressed.
- Up to date hand hygiene posters should be visible for patients and visitors throughout the ward.

2.1.9 Wards 3 and 7 have been involved in the “National Leadership and Innovation Agency for Healthcare (NLI AH) supported ‘Releasing Time to Care’ pilot initiative” that is an aspect of the ‘1000 lives’ campaign. The programme is aimed at improving patients’ experience of care and there are currently two pilot sites and Hywel Dda NHS Trust is on of the two pilot sites.



- On those wards that were part of the “National Leadership and Innovation Agency for Healthcare (NLI AH) supported ‘Releasing Time to Care’ pilot initiative” staff roles and responsibilities for auditing cleanliness and environment of care were clearly assigned for each. Notices showing the name of the member of staff responsible for ensuring that audits were undertaken were clearly displayed. We consider this to be noteworthy practice.

### **Ward 3, General Surgery, Withybush Hospital.**

2.1.10 We found the ward to be of a good standard of cleanliness with only slight dust on the bed frames and at high levels.

### Specific issues and actions to be taken:



- 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.

### Ward 4, Gynaecology/General Surgery/Orthopaedics, Withybush Hospital

2.1.11 We found the ward environment to be of a good standard of cleanliness, tidy and well organised. The ward has been part of the Trust's increased cleaning hours project and the positive impact of this was evident from the standard of cleanliness. However, there was some slight high and low level dust.



- The nurses station was an example of noteworthy practice as it was clean and free from clutter.

### Specific issues and actions to be taken:

- There were a number of bedside tables in the patient bays that were in poor condition and should be replaced.

## Ward 7, Respiratory Ward, Withybush Hospital.

2.1.12 The ward was generally of an acceptable level of cleanliness, however, there was some clutter and high and low level dust.



- We were pleased to note that in the treatment room and other rooms on the ward all cupboards and shelves had photographs of the stock or equipment that should be stored therein, to ensure that staff can easily find equipment. We consider this to be noteworthy practice.

### Specific issues and actions to be taken:

2.1.13 During our visit we were told that one of the bays on the ward was closed to visitors due to a potential infection control risk. It was not obvious that the bay was closed as the signage informing visitors and staff of this was poor. Clear signage should be put in place when areas are restricted indicating what staff and visitors are expected to do.



- Inappropriate items were stored in the bathroom. These should be removed as effective cleaning is unable to take place.



- 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 standard.

### **Sunderland Ward, South Pembrokeshire Hospital**

2.1.14 The ward has been refurbished and the level of cleanliness was generally acceptable, however, there was dust on the bed frames and in the air vents.

#### **Specific issues and actions to be taken:**



- 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.

2.1.15 As the ward is a rehabilitation ward a large amount of equipment such as occupational therapy and physiotherapy equipment is required. While we understand that equipment is needed for patients the space on the ward is not being used effectively and cleaning is made difficult. See examples below.



- 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.



- There was extensive overstocking of supplies. Procedures for the ordering of stock and equipment need to be reviewed.



- 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.

## 2.2 Handling and Disposal of Linen

### General observations common to all areas visited

2.2.1 All of the 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 stored correctly prior to disposal.

## **2.3. Departmental Waste Handling and Disposal**

### **General observations common to all areas visited**

2.3.1 On all of the wards visited we observed that not all bins were labelled to indicate what waste should be put in them. While staff indicated they were aware of what waste should be put in which bin by the colour liner that is inside, there is a potential risk that the wrong waste will be placed in the wrong bin as it is not clearly labelled. The Trust should ensure that all bins are appropriately labelled.

### **Specific issues for individual wards and actions to be taken:**

#### **Ward 3, General Surgery, Withybush Hospital**



During our observational visit we identified a black waste bag in a yellow clinical waste bin. This is a potential risk as incorrect waste could be placed in the bin.

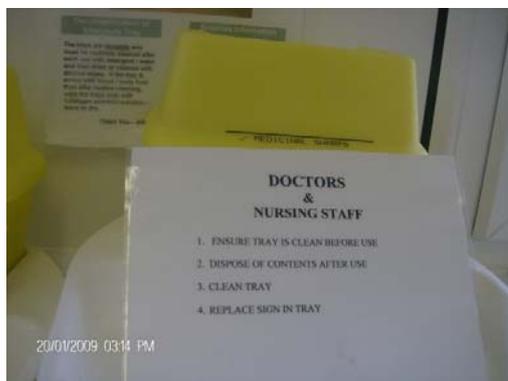
## **2.4. Safe Handling and Disposal of Sharps**

### **General observations common to all areas visited**

2.4.1 The wards visited handled and disposed of sharps appropriately. However, with the exception of Sunderland Ward all of the wards visited were using sharps bins as storage containers. This is an inappropriate use of sharps bins and could cause a risk of needlestick injury for staff as there is a chance if staff accidentally placing a sharp in a sharps bin being used for

storage and this would present a risk to subsequent staff. The Trust should minimise this risk by finding suitable storage containers.

### **Ward 3, General Surgery, Withybush Hospital.**



A laminated sign is placed in the sharps tray indicating that it should be cleaned after every use. We consider this noteworthy practice and recommend that it is shared with other wards.

### **Ward 7, Respiratory and Acute Medicine, Withybush Hospital.**

#### **Specific issues and actions to be taken:**

- One of the sharps bins was filled above the fill line which could lead to needlestick accidents. Staff should ensure that all sharps bins are changed when needed.

### **Sunderland Ward, Rehabilitation, South Pembrokeshire Hospital.**

#### **Specific issues and actions to be taken:**

- We identified sharps bins that were not correctly labelled. Each sharps container has attached to it a label which must be completed by the ward/department staff detailing who assembles and disposes of the bin.
- Some sharps bins had not been assembled correctly. All staff should ensure that sharps bins are assembled correctly to avoid any potential accidents.

## **2.5. Equipment**

### **General observations common to all areas visited**

2.5.1 Staff were aware of who was responsible for the cleaning of equipments e.g. beds and IV stands.

2.5.2 Equipment on the wards was generally found to be clean and instruments were appropriately and safely stored, however, on wards 4 and 7 the resuscitation trolley was found to be very dusty.

2.5.3 On the wards visited we found a number of dusty fans in use.

### **Actions to be taken:**

- Staff should ensure that all equipment in particular electric fans and resuscitation trolleys are cleaned on a regular basis.

## **2.6. Hand Hygiene**

### **General observations common to all areas visited**

2.6.1 Hand hygiene practices were observed as being acceptable in all areas visited. Staff had a good knowledge of when they should clean their hands, however, there was a tendency for staff to over use and rely on gloves for all patient contact and this should be addressed through training.

2.6.2 The wards visited promoted good hand hygiene and useful information on infection control for visitors and patients. In addition, as stated earlier there was a lack of hygiene posters and some were out of date and some of the signage around the wards in relation to hand hygiene was confusing.



- 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 need to ensure that a consistent and clear message is rolled out across the Trust.

2.6.3 None of the wards at Withybush hospital had a clinical hand washing sink in the dirty utility room, therefore there is not a designated sink for staff to wash their hands. This is unacceptable as it has implications for infection control and a clinical hand washing sink should be available for staff to use.

**Actions to be taken:**

- 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.
- The Trust needs to ensure that a clear and consistent message is rolled out across all hospitals regarding the use of alcohol gel and handwashing.
- A clinical hand washing sink should be available for staff to use in the dirty utility room.

## **Sunderland Ward, Rehabilitation Ward, South Pembrokeshire Hospital.**

### **Specific issues and actions to be taken:**



- 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 contact with each patient and not just on entering the bay. Gel should be available at the point of care.
- 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 alcohol gel should be used.

## **2.7 Ward/Departmental Kitchens**

2.7.1 All ward kitchens visited were of an acceptable standard of cleanliness.

## **Sunderland Ward, Rehabilitation Ward, South Pembrokeshire Hospital.**

### **Specific issues and actions to be taken:**

- Not all food was labelled in the fridge on the ward. Staff should ensure that food is labelled and check regularly.