

## **Hywel Dda Health Board**

### **Unannounced Cleanliness Spot Check**

**Date of visit** 27 July 2011

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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](http://www.hiw.org.uk)

### **Visit to Hywel Dda Health Board**

1.5 On 27 July 2011 HIW visited Bronglais hospital which is part of Hywel Dda Health Board and undertook cleanliness spot checks of the following areas:

- Owain Glyndwr Ward, General Surgery.
- Rhiannon Ward, Gynaecology.
- Maternity Ward.

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**

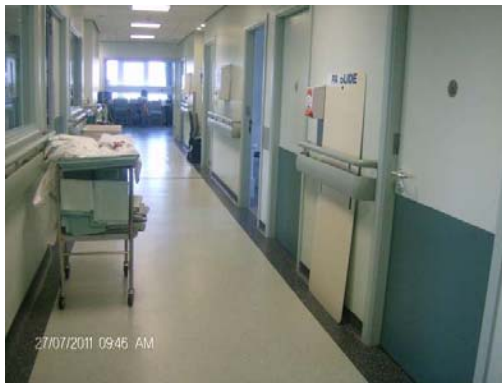
### **General Environment of Bronglais Hospital**

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.

### **Owain Glyndwr Ward, General Surgery**

#### **Environment**

We previously visited the ward in 2008, while the ward was undergoing some refurbishment, and concerns were raised in relation to the deterioration of the fixtures and fittings. We are pleased to note that on this visit we found the ward to be of an acceptable standard of cleanliness with no high or low level dust and fixtures and fittings had been upgraded.



- The ward has been redecorated and the flooring has been replaced.



- Cupboards in the clinical room have been upgraded.



- 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 works well.

### **Linen, Waste and Sharps Handling and Disposal**

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

The ward handled and disposed of waste correctly with the exception of an open bin found in a patient side room. This should be removed and replaced with a bin of the appropriate specification for a healthcare setting e.g. foot operated and lidded.

The ward complied with national standards in relation to the safe handling and disposal of sharps.

## Equipment and Storage

Generally equipment on the ward was found to be clean and in a good state of repair; instruments were safely and appropriately stored. However, there were no documented cleaning regimes in place on the ward; an organisational wide documented cleaning system should be put in place making it clear to staff who is responsible for cleaning what and when.



- Patient wash bowls were stored in a cupboard stacked inside each other, this is inappropriate as they should be stored inverted in an appropriate storage area.

## Staff Knowledge and Practice

The staff we spoke to during the visit had received infection control training within the last 12 months and they had good knowledge of when they should clean their hands and when they should wear gloves.

However, staff knowledge in relation to decontamination procedures for beds and mattresses was poor. There should be clear guidance in place for staff to refer to.

Hand hygiene audits are being carried out on the ward and results are available for staff.

## Rhiannon Ward, Gynaecology

### Environment

The general standard of cleanliness was considered to be acceptable and at the time of our visit refurbishment was taking place on the ward. However, there were still a number of issues that need to be addressed.



- The wooden surround in the dirty utility is not acceptable and should be replaced as wood cannot be cleaned effectively and this can cause a potential risk of contamination.



- We found a pen attached to a bandage in the shower room which is used to identify patient bedpans, this is unacceptable due to the risk of contamination and should be removed.





- The bathroom was being used to store inappropriate items such as boxes and patient tables. These items should be removed and stored in a designated room.

The fridge on the ward is used to store food for patients; however a number of items were not labelled or dated. Staff should ensure that all food is labelled and dated.

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 works well.

### **Linen, Waste and Sharps Handling and Disposal**

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

The ward handled and disposed of waste correctly.

The ward complied with national standards in relation to the safe handling and disposal of sharps.

### **Equipment and Storage**

Generally equipment on the ward was found to be clean and in a good state of repair; instruments were safely and appropriately stored. However there were no documented cleaning regimes in place on the ward, an organisational wide documented cleaning system should be put in place making it clear to staff who is responsible for cleaning what and when.

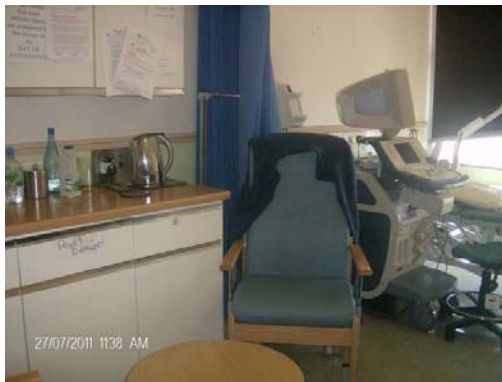
## **Staff knowledge and Practice**

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 training should cover practical hand hygiene.

Staff knowledge in relation to decontamination procedures for beds and mattresses was poor. There should be clear guidance in place for staff to refer to.

## **Examination Room**

During our visit a number of concerns were raised in relation to the use of the examination room which we found to be being used as an office and refreshment area as well as for examinations giving rise to significant infection control and privacy and dignity issues. At the time of our visit we were advised that the room was no longer going to be used for examinations and that the change was to be made later that day. Following our visit the Health Board has confirmed to us that these new arrangements have been put in place.



- The examination room was being used for multiple purposes including an examination room, office and refreshment area.

## **Colposcopy Room**

There were also infection control and privacy and dignity issues raised in relation to the Colposcopy Room. The room was being used as an office, changing area and examination area. Due to the nature of the procedures that are undertaken in the room the Health Board needs to revisit the use of the room for such purposes.

# Maternity Unit

## Environment

The cleanliness of the ward was found to be of an acceptable standard. The ward was in need of refurbishment; however, both nursing and domestic staff are maintaining the ward cleanliness well.



- Labour rooms were found to be clean and free from inappropriate items.



- A number of the fixtures and fittings on the ward are in need of upgrading.



- The water birth room was being used to store inappropriate items. These items should be removed and stored in a designated room.



- Sticky tape was found on the foot of one of the labour room beds, this is unacceptable and should be removed due to the potential risk of contamination.



- The arms of the chairs have become worn and as wood cannot be cleaned effectively there is the potential risk of contamination.

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 works well.

The dirty utility room was also being utilised to store the domestic cleaning equipment. Domestic equipment should not be stored in the dirty utility as this gives rise to the risk of contamination.

## **Linen, Waste and Sharps Handling and Disposal**

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

The ward handled and disposed of waste correctly.

The ward complied with national standards in relation to the safe handling and disposal of sharps.

## **Equipment and Storage**

Generally equipment on the ward was found to be clean and in a good state of repair; instruments were safely and appropriately stored. Documented nurse cleaning schedules were in place to ensure that staff are clear and understand who should clean what and when.

A number of mattresses on the ward could not be unzipped, this was due to the design of the mattress and therefore staff can not check if the mattress is suitably clean for use.

## **Staff Knowledge and Practice**

The staff we spoke to during the visit had received infection control training within the last 12 months and they had good knowledge of when they should clean their hands and when they should wear gloves.

Staff had a good knowledge in relation to the decontamination procedures for beds and mattresses. This was also observed during the time of our visit.

Hand hygiene audits are being carried out on the ward and results are available for staff.