

# **Cardiff and Vale University Health Board**

## **Unannounced Cleanliness Spot Check**

**Date of visit 29 September 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 Cardiff and Vale University Health Board

1.5 On 29 September 2011 HIW visited the University Hospital of Wales which is part of Cardiff and Vale Health Board and undertook cleanliness spot checks of the following areas:

- The Renal Dialysis Unit
- T4, Neurosurgery
- Surgical Assessment Unit
- B4, Neurosurgery

1.6 Our findings are set out in the following sections of this report. Areas of strength 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

### 2.1 General Environment of the University Hospital of Wales

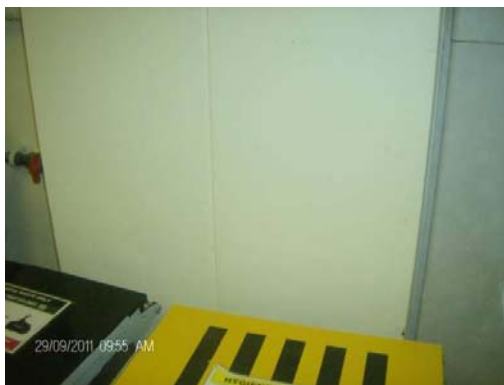
The general environment of the hospital was considered to be of an acceptable standard of cleanliness. Public corridors and walkways were found to be free from clutter and inappropriate items.

### 2.2 The Renal Dialysis Unit

#### Environment

We previously visited this ward in October 2010 and since our visit a number of actions have been addressed. However, there were a number of new issues identified during this visit that now need to be taken forward.

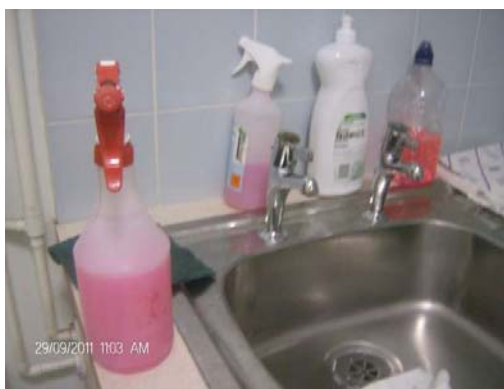
The general standard of cleanliness of the ward was found to be unacceptable with high and low level dust.



- A damaged wall had been repaired since our previous visit.



- Ceiling tiles in the patient area have been damaged due to a leak; staff have reported the issue to the estates department but at the time of our visit work had yet to be undertaken. The Health Board needs to ensure that action is taken to resolve the issue.



- Diluted general purpose cleaner was found in the domestic room. Cleaning materials should not be diluted into general containers; they should be clearly labeled and dated. These items should be removed.

The domestic room was found to be dirty with inappropriate items being stored in it. This is unacceptable and staff should ensure that the room is clean and free from inappropriate items.

A number of the curtains in the trolley area were found to be stained. Staff should ensure that curtains are checked on a regular basis and should be removed if marked or stained.

A number of items were found stored on the floor of the clinical room making it difficult to clean. A more suitable method of storing items needs to be considered in order to ensure that cleaning can take place more effectively.



A number of inappropriate items such as paper towels, buckets and mops were being stored in the dirty utility. This is unacceptable and items should be removed from the room.

The commode on the ward was examined and was 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**

The ward has a designated linen cupboard. However, clean linen was also being stored on a trolley alongside clinical items. The ward should ensure that the linen room is utilised effectively.



- A number of the bins were found to be dirty and not in good working order.

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

### **Equipment and Storage**

There was a documented cleaning schedule in place on the ward to ensure that staff are clear and understand who should clean what and when. Despite this, a number of dialysis machines were found to be dusty.

## Staff Knowledge and Practice

Not all staff we spoke to during the visit had undertaken infection control training within the last 12 months. All staff should undertake infection control training/updates annually, and such training should cover practical hand hygiene.

Hand hygiene audits are taking place on the ward. However the results are not being fed back to staff. Staff should be engaged in the audits and informed of the results in a timely manner so that any issues can be addressed as quickly as possible.

## 2.3 T4, Neurosurgery

### Environment

The general standard of cleanliness was considered to be acceptable; however there was some high and low level dust.



- Corridors were found to be clean and free from clutter.



- The domestic room had a number of hazardous substances and detergents that were found to be unlocked. These rooms are accessible to patients and visitors. Staff should ensure that hazardous substances are locked at all times.

Boxes were found stored on the floor of the clinical room making it difficult to clean. A more suitable method of storing items needs to be considered in order to ensure that cleaning can take place more effectively.

The drug fridge in the clinical room was unlocked; this issue was raised immediately with staff as the room was accessible to patients and visitors. Staff should ensure that all fridges and cupboards containing medication or hazardous substances are locked at all times.

Commodes had been placed ready for use but on examination they had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be put in place and a visible sign to indicate that the commode is clean and ready for use.

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



- Clean linen was found stored in the designated room in linen bags, however the bags were not stored above floor level. Staff should ensure that linen is stored above floor level.

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 cleaning

schedules were in place to ensure that staff are clear and understand who is responsible for cleaning what and when.

### **Staff Knowledge and Practice**

Staff spoken to during our visit had not undertaken infection control training within the last 12 months. All staff should undertake infection control training/updates annually, and such training should cover practical hand hygiene.

Hand hygiene audits are taking place on the ward, however results are not being fed back to staff. Staff should be engaged in these and informed of the results in a timely manner so that any issues can be addressed as quickly as possible.

## **2.4 Surgical Assessment Unit**

### **Environment**

The general standard of cleanliness was considered to be sub optimal with high and low level dust.



- In the shower room the shower chair was found to be soiled.



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



- Bandages were found being used to hang various items around the ward. This is unacceptable and should be removed due to the potential risk of contamination.



- There were storage containers in the clinical room. These were visibly dirty and stored on the floor of the clinical room. This is inappropriate and makes cleaning difficult. Items should be stored above floor level to ensure effective cleaning takes place.



- The store room was not being utilised appropriately. Items were being stored on the floor making it difficult to clean. Suitable shelving should be installed to ensure that this space is utilised and that cleaning can place more efficiently.



- The ward was cluttered and there was an extensive amount of overstocking of supplies. The storage and ordering of stock should be reviewed.

Commodes had been placed ready for use but on examination they had not been cleaned to an acceptable standard. A consistent approach to the cleaning of commodes should be put in place and a visible sign to indicate that the commode is clean and ready for use.

One commode also had tape placed around the bottom. This is unacceptable and the tape should be removed to avoid the risk of contamination as the commode cannot be cleaned appropriately.

There was dirty equipment and inappropriate items in the domestic room. This is unacceptable. Staff should ensure that all domestic equipment is stored clean and that the room is free from inappropriate items.

The domestic room also had a number of hazardous substances and detergents that were found to be unlocked. As these rooms are accessible to patients and visitors staff should ensure that hazardous substances are locked at all times.

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

All clean linen on the ward was stored correctly in a designated room. However there were boxes being stored on the floor of the room and these should be removed.

The ward handled and disposed of waste correctly, however there were a number of rusty bins found on the ward.

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

### **Equipment and Storage**

There was a documented nurse cleaning schedule in place on the ward to ensure that staff are clear and understand who should clean what and when. However, equipment on the ward was generally found to be dusty. This included the intravenous stands and cardiac monitors.

### **Staff Knowledge and Practice**

The staff we spoke to during our visit had not undertaken infection control training within the last 12 months. All staff should undertake infection control training/updates annually and such training should cover practical hand hygiene.

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.

## **2.5 B4, Neurosurgery**

During our visit to the Health Board in October 2010 we highlighted that although the standard of cleanliness of the ward was acceptable the general environment of B4 was in a poor condition. At that time, we were informed by the Health Board that there was a programme in place for the ward to be refurbished. We discussed progress in relation to this matter with the Health Board at the time of our visit and further information will be provided within the action plan the Health Board is required to submit to HIW.