



*The voice of the Public, Patients and Clients*

***Western Health and Social Services  
Council  
Bugwatch Survey  
Summary of Findings***

***24 September  
2008***

## **CONTENTS**

Background

Summary of Findings

Surveyors

Questionnaire



## **Background**

In March 2008 the WHSS Council carried out a 'Bugwatch' survey at Altnagelvin. Using a specially designed toolkit, those carrying out the survey checked against a number of key indicators on hospital wards including handwashing, ward environment and storage.

The survey included within this toolkit focuses on simple observations and questions which are indications of good practice in hospital hygiene, a major factor in the control of healthcare associated infection. However, it does not give a direct indication of the likelihood of healthcare associated infection or other hospital acquired infections.

The 'Bugwatch' was first organised as part of the HSSC input into the development of the NI Infection Control Strategy. In addition to this, there has also been recent public interest around hygiene standards in hospital wards. It had been based on a similar exercise piloted in England by the Commission for Public and Patient Involvement in Health.

Following the survey a report was produced which identified a number of concerns about practices in the hospital and these were brought to the attention of the Trust's Chief Executive and Director with responsibility for infection control. The Trust responded immediately and put in place an Action Plan which they shared with the Council to address these concerns. It was agreed that the WHSS Council would carry out a repeat 'Bugwatch' exercise later in the year.

The repeat 'Bugwatch' exercise was carried out on 24 September 2008 in the same wards as previously surveyed in Altnagelvin Hospital.

Members and staff who carried out the survey received training in using the toolkit and where possible the same people who carried out the first survey were involved in the repeat survey.

As well as using the 'Bugwatch' toolkit those carrying out the survey also checked on the implementation of the Trust's own Action Plan to address the issues raised by the first survey.

For ease of reference, previous concerns identified in the March 2008 report have been highlighted at the beginning of each section followed by the findings during the repeat survey.

## **Bugwatch Survey Summary of Findings**

The WHSS Council carried out a repeat Bugwatch Survey in the following wards in Altnagelvin Hospital on 24 September 2008:

Wards 20 & 21 (Elderly)

Ward 31 (Surgical)

Wards 8 & 9 (Orthopaedic)

Ward 15 (Maternity)

## **Ward 8 & 9 (Orthopaedic)**

### **Previous comments/concerns:**

- Ward 8 & 9 had been refurbished and the wards were found to be clean and tidy.
- Ward staff had made a comment that more training on infection control was required for part-time nursing staff and cleaners, particularly those who are employed through an outside Agency, who are covering periods of absence.

### **Repeat survey findings:**

As in the previous survey, Wards 8 & 9 were found to be clean and tidy. Those carrying out the survey spoke to patients on both wards who confirmed these observations - all those spoken to said they are very happy with the standard of cleanliness in the wards.

The Ward Sister reported that the situation has improved with regard to Agency staff and they now have regular cleaning staff who are seen as very much part of the ward team.

The Ward Sister raised the issue of patients bringing luggage into the ward on admission which is not then taken home by relatives. The storage of these bags around patients' beds is causing problems for cleaning staff. Sister will review the information sent to patients prior to admission advising them on what they might need to bring into hospital for their stay.

## **WARD 20 & 21 (Elderly)**

### **Previous concerns/comments:**

#### **Ward environment**

- Bathrooms in both wards were cluttered. There was no access to the sink.
- There was no bath in either ward.
- A cleaning schedule in the bathroom of ward 20 was last dated and signed on 21/10/07.
- Toilet was not flushed.
- Sink was dirty.
- In the male toilet there were paper towels on the floor and the bin was full to overflowing.
- The treatment room in ward 21 was extremely cluttered – full to the door with various items of equipment. Members were informed that the

treatment room is not used for patients- - all treatments are carried out at the bedside.

- It was noted that there was no ventilation in the male toilet in ward 21 and therefore there was a strong odour. There was a container on the floor with urine in it.
- The sluice room looked dirty and was in a poor state of repair.
- The shower in ward 21 was very cluttered and was being used as a store. There was a portable toilet seat with a disposal sign dated 8/1/08.
- In ward 21 members were informed that patients with infections were being nursed in side wards but there was no notice for visitors and no aprons/gloves available outside the rooms

### **Repeat survey findings:**

Members were delighted to see that there is a significant improvement in the overall environment especially in Ward 20.

Following the previous survey on 12 March 2008 the Trust developed an Action Plan and all areas of concern highlighted have been addressed.

Staff informed members that Ward 21 is moving to a new building in February/March 2009.

## **WARD 31 (Surgical)**

### **Previous concerns:**

- Not everyone entering the ward used the sanitisers.
- A nurse was observed wearing jewellery
- Curtains were visibly clean and in good repair but some had curtain hooks missing and were hanging off the rails.
- Members were informed that a patient with MRSA was being nursed in a side room just inside the entrance to the main ward. The door to this side room was wide open during the time of the survey. There was a notice on the door telling visitors not to enter unless wearing a disposable apron and gloves. However these were only available from inside the room. There was a sign to ask visitors to report to the nurse in charge but it was quite small and could easily be missed. There was no sanitiser available outside the room.

### **Repeat survey findings:**

Members were pleased to report that again the ward was found to be clean and tidy.

New larger notices were noted to remind staff and visitors to use the sanitisers.

The Trust's Action Plan was seen to have addressed the concerns highlighted in the first 'Bugwatch' survey.

There were only 2 areas of concern:

Chairs in the bathroom with cloth material seats, which are not easily cleaned, were found to be soiled.

A patient informed members that the showers are blocking. Members discussed this with staff on the ward who were already aware of the problem and said it is due to a backflow of water because of the gradient of the floor of the shower. This has previously been reported and maintenance staff have been to the ward to look at the shower to try to address this issue. However the issue remains unresolved.

## **Ward 15 (Maternity)**

### **Previous concerns:**

- The sanitiser at the entry to the ward was stuck by a clip to the top of a blackboard – no notice was displayed to invite visitors to use the sanitiser
- The furniture in the ward is old but generally clean.
- The dado rail in corridors and paper towel dispenser in 1 bathroom were dusty.
- There were 3 chairs in one bathroom which were old and grubby looking.
- The tiles in bathrooms/showers were chipped and broken and dirty looking.
- One bath appeared rusty and looked stained.
- There are 4 bathrooms in total. 3 out of 4 did not look clean with stains on the floor.
- There were cigarette burns on a bath, on several paper towel dispensers and on the tops of toilet bowl cisterns. There was an assumption that these were old cigarette burns.
- Toilets looked fairly clean but members observed what looked like blood stains on toilet floor.
- There is no cleaning schedule or cleaning equipment in 2 of the bathrooms.
- Some curtains looked old and shabby and were hanging off hooks in places.
- There were stains on radiator in one of the double bed bays.
- In the single rooms there were cracks along the floor and staining in sink.
- The sink was not cleaned in blue bathroom – hair & toothpaste – no cleaning materials or cloths in bathroom or shower.
- Members observed 2 bins which were very full

- Sharps boxes were stored in sluice room. They were not at floor level but were easily accessible and the aperture was open. The door to the room was propped open by a clinical waste bin.
- Sharps boxes also in clinical room. This room was very ordered and everything was labelled but the aperture was open on the Sharps box. The door to the room was open but not propped open. There was a single tablet sitting on the counter.
- In the sluice room it was found that the bed pan washing machine, sink and counter tops needed to be cleaned properly.

### **Repeat survey findings:**

Most of the areas of concern highlighted have been addressed through the Trust's Action Plan.

Members noted a considerable improvement in the ward environment. The ward and particularly the bathrooms were clean and tidy, although 3 chairs in the bathroom were grubby looking.

Members were told that by the end of October 2008 all staff will have received infection control training.

There is still a concern in relation to the Sharps boxes. They were stored in the clinical room where there is a sign on the door to 'keep closed'; however the door was open. Sharps boxes were not stored above head height and at least 4 boxes checked had the aperture open.

### **OVERALL COMMENTS:**

All those taking part in the repeat survey at Altnagelvin hospital were impressed by the considerable improvements which had been made since their first survey in March 2008.

The survey team would wish to acknowledge the courteous and professional manner in which they were welcomed back to the wards to carry out the repeat survey.

Upon receiving the March 2008 Bugwatch report, the Director with responsibility for Infection Control, Mr Alan Corry Finn, responded immediately by putting in place an Action Plan to deal with the concerns raised. It was clear to all of the surveyors that the actions taken and those still being implemented indicated that the concerns had been taken seriously and dealt with in a very timely manner.

Staff in Ward 20 suggested having a large sign painted on the floor at the entrance to the ward: "STOP – DID YOU WASH YOUR HANDS? It is understood that this is being looked at on a regional basis and therefore it

could be some time before the idea is implemented. Could it perhaps be tried as a pilot in Altnagelvin?

In several wards medical students were observed to enter the ward without washing their hands. Members were reassured to see the Sister of one ward asking the students who had not used the dispenser to wait until she had spoken to them.



## **Bugwatch Survey**

**24 September 2008**

### **Surveyors**

<b>Hospital</b>	<b>Member</b>	<b>Ward assigned</b>
<b>Altnagelvin</b>	Valerie Brown/Mark Durkan	Ward 31 (Surgical)
	Joe Campbell/Jim McKeever	Ward 20 & 21 (Elderly)
	Ruth Lynch/Marilyn Trimble	Ward 15 (Maternity)
	Michael McIvor/Maureen Gormley*	Ward 8 & 9 (Orthopaedic)

\* WHSSC Business Support Manager



<b>PART ONE: HAND WASHING</b>			
	YES	NO	N/A
1. All staff are seen to wash their hands or use a hand sanitising agent between patients or between different caring tasks for the same patient.			
2. Liquid soap is available at all sinks			
3. Hand sanitising agents are readily available in all clinical areas			
4. Paper towels available at all sinks			
5. Hand washing basins are easily accessible			
6. Mixer taps available at all sinks			
7. Elbow control taps available at all sinks			
8. Staff seen to use correct hand washing techniques * <b>* refer to the Effective hand washing Technique on page 13</b>			
9. Poster showing correct hand washing techniques on display by at least one sink			
10. No wrist jewellery or rings with stones are worn by staff carrying out patient care			
11. Staff wear aprons and gloves when handling linen that is fouled with body fluids			
<b>NOTES:</b>			

<b>PART TWO: GENERAL INFORMATION</b>				
		YES	NO	N/A
1.	Staff wear a clean disposable apron and gloves when handling all body fluids such as urine or blood			
2.	Staff questioned have received training on infection control			
3.	Staff can name their infection control nurse			
4.	Staff know where to find the ward's infection control manual			

**NOTES:**

<b>PART THREE: THE WARD ENVIRONMENT</b>				
		YES	NO	N/A
1.	Ward furniture is clean and in a good state of repair			
2.	Ward is visibly clean and free from dust and dirt			
3.	Bath is cleaned after use			
4.	Bathrooms>Showers/ensuite facilities are clean and clutter-free			
5.	Cleaning materials are available for cleaning the bath			
6.	Toilets are clean and free from equipment			
7.	There is a procedure for patients to notify staff when toilets are dirty			

**NOTES:**

<b>PART FOUR: WASTE DISPOSAL</b>			
	YES	NO	N/A
1. Information about waste disposal policy is on display to staff			
2. Waste bags are not over-filled and are capable of being secured			
3. There are foot operated bins in working order for clinical waste			
4. Full waste bags are stored away from the public			

**NOTES:**

<b>PART FIVE: LINEN</b>			
	YES	NO	N/A
1. Linen is segregated into colour-coded bags			
2. Bags are not over filled and are capable of being secured			
3. Bags are not stored in public areas			
4. Curtains are visibly clean and in good repair			

**NOTES:**

<b>PART SIX: SHARPS</b>			
	YES	NO	N/A
1. Large yellow boxes for storing needles, blades and other 'sharps' are stored safely with the aperture closed when not in use and out of reach of children			

**NOTES:**

<b>PART SEVEN: CARE OF EQUIPMENT</b>			
	YES	NO	N/A
1. Nursing and medical equipment is visibly clean			
2. Bed frames, bed lamps and bed curtain rails are free from dust			
3. Surfaces of equipment are clean and free from dust			

**NOTES:**

<b>PART EIGHT: VISITORS AND PATIENT INFORMATION</b>			
	YES	NO	N/A
1. Information is available to visitors when visiting vulnerable 'at risk' patients			
2. Information is given to patients on healthcare associated infection <ul style="list-style-type: none"> <li>• When the patient develops an HCAI</li> <li>• Given to all patients before or on admission</li> </ul>			
<b>NOTES:</b>			

Any other observations or comments: