



**REPORT**

Item No: 9

<b>SUBJECT:</b>	HealthCare Improvement Scotland/Healthcare Environment Inspectorate
<b>TO:</b>	Performance, Finance & Audit Committee
<b>Lead Officer for Report:</b>	Director of Nursing
<b>Author of Report:</b>	Operational Manager
<b>DATE:</b>	3 January 2018

**1. PURPOSE OF REPORT**

1.1 This paper is coming to the Performance, Finance & Audit Committee:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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1.2 The purpose of the report is to inform the committee of a recent inspection of Udston Hospital by HealthCare Improvement Scotland (HIS) and Healthcare Environment Inspectorate (HEI) and provide a copy of the inspection report and associated action plan.

**2. ROUTE TO THE BOARD**

2.1 The inspection report has been reviewed by the Health & Social Care North Lanarkshire Support Care & Clinical Governance Committee.

**3. RECOMMENDATIONS**

3.1 The Committee is asked to note the contents of the Inspection report and the resultant action plan.

3.2 The Committee should seek assurance from the Chair of the Support Care and Clinical Governance Committee that the agreed actions will be completed and that opportunities for shared learning across other similar environments will be taken.

**4. BACKGROUND/SUMMARY OF KEY ISSUES**

4.1 An announced inspection by HIS/HEA to Udston Hospital, Hamilton was carried out in September 2017. This was the first inspection of the hospital against the HIS/HEI standards (February 2015).

4.2 In advance of the inspection, NHS Lanarkshire was asked to complete a self-assessment.

4.3 The wards inspected included Brandon ward and Clyde ward which are designated old age psychiatry wards, operationally managed as hosted services within Health & Social Care North Lanarkshire.

4.4 The inspection report is attached as Appendix 1. The report highlights areas of good practice and key findings against the standards

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4.5 One area of improvement highlighted was around correct management of blood and body spillage with a specific issue being highlighted in Brandon and Clyde wards around the process for managing a urine spillage.

**5. CONCLUSIONS**

5.1 The report highlighted a requirement to ensure that staff can correctly manage a body fluid spillage in line with Health Protection Scotland's National Infection Prevention and Control manual and that non-compliant wash hand basins be replaced.

5.2 An action plan has been developed to address the issues raised and is attached as Appendix 2

5.3 Conclusion of the actions identified will be monitored via the Health & Social Care North Lanarkshire Support Care & Clinical Governance meeting.

**6. IMPLICATIONS**

**6.1 NATIONAL OUTCOMES**

The inspection has particular relevance to Outcomes 7.

**6.2 ASSOCIATED MEASURE(S)**

Reference standards highlighted within the report.

**7.3 FINANCIAL**

No specific financial input from IJB. Costs to replace the non-compliant wash hand basins will be met by NHS Lanarkshire.

**7.4 PEOPLE**

None

**7.5 INEQUALITIES**

EQIA Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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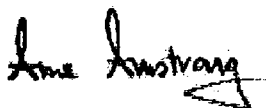
**8. BACKGROUND PAPERS**

None

**9. APPENDICES**

Appendix 1 – Announced Inspection report

Appendix 2 – Action Plan



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Director of Nursing - Members seeking further information about any aspect of this report, please contact **Anne Armstrong** on telephone number **01698 858116**.

## **Announced Inspection Report**

**Udston Hospital  
NHS Lanarkshire**

20–21 September 2017

***[This report is embargoed until 10.00am  
on Tuesday 28 November 2017]***

The Healthcare Environment Inspectorate was established in April 2009 and is part of Healthcare Improvement Scotland. We inspect acute and community hospitals across NHSScotland.

You can contact us to find out more about our inspections or to raise any concerns you have about cleanliness, hygiene or infection prevention and control in an acute or community hospital or NHS board by letter, telephone or email.

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**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

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# 1 Summary of inspection

## About the hospital we inspected

Udston Hospital, Hamilton, is a 90-bedded community hospital providing intermediary care for elderly patients, a rehabilitation unit and mental health admission assessment units for people over 65 years of age. A range of outpatient services are provided, including physiotherapy, occupational therapy, dietetics, podiatry, and speech and language therapy.

## About our inspection

We carried out an announced inspection to Udston Hospital, NHS Lanarkshire, from Wednesday 20 to Thursday 21 September 2017. This was our first inspection to this site.

The inspection team was made up of two inspectors, with support from a project officer. Although we try hard to involve members of the public as public partners on our inspections, none were available for this inspection.

## Inspection focus

This was the first inspection of the hospital against the Healthcare Improvement Scotland *Healthcare Associated Infection (HAI) Standards* (February 2015). Before carrying out this inspection, we reviewed NHS Lanarkshire's self-assessment. This informed our decision on which standards to focus on during this inspection:

- Standard 2: Education to support the prevention and control of infection
- Standard 6: Infection prevention and control policies, procedures and guidance, and
- Standard 8: Decontamination.

We inspected the following areas:

- Brandon ward (psychiatry of old age)
- Clyde ward (psychiatry of old age), and
- Douglas ward (care of the elderly).

We received 24 completed patient questionnaires.

## What NHS Lanarkshire did well

- Staff uptake of mandatory infection prevention and control training was good. We saw good examples of further education in infection prevention and control.
- The standard of environmental cleanliness and patient equipment cleanliness was very good.
- Staff compliance with standard infection control precautions was good.

## What NHS Lanarkshire could do better

- Staff must correctly manage a blood or body fluid spillage in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

Detailed findings from our inspection can be found on page 6.

**What action we expect NHS Lanarkshire to take after our inspection**

This inspection resulted in one requirement. The requirement is linked to compliance with the Healthcare Improvement Scotland HAI standards (see Appendix 1 on page 11).

An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website  
[www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

We expect NHS Lanarkshire to carry out the actions described in its improvement action plan to address the issues we raised during this inspection. These actions should be completed within the timeframes given in Appendix 1.

We would like to thank NHS Lanarkshire and, in particular, all staff and patients at Udston Hospital for their assistance during the inspection.

The flow chart in Appendix 2 summarises our inspection process. More information about the Healthcare Environment Inspectorate (HEI), our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

## 2 Key findings

### Standard 2: Education to support the prevention and control of infection

NHS Lanarkshire's self-assessment states that HAI is a key element of induction for new staff. As well as attending the corporate induction programme, staff must also complete an online hand hygiene module as part of their compulsory infection prevention and control education. This module must be completed every year. Senior charge nurses on two of the three wards inspected were unsure of the compulsory infection prevention and control education requirements for their staff. However, we received details of the percentages of staff completion of the hand hygiene module. This ranged between 87–100%.

Staff told us they receive an annual performance review and appraisal, which includes a discussion about infection prevention and control. They could direct us to the electronic training and education learnPro system. They told us about the compulsory modules they have to complete.

Staff told us they were encouraged by their senior charge nurse to complete further HAI training and education modules relevant to their own practice and development. We were shown examples of staff training and education records in Douglas ward. We saw that the majority of staff had completed additional HAI topics such as:

- norovirus
- *Clostridium difficile* infection (*C diff* infection)
- meticillin resistant *Staphylococcus aureus* (MRSA), and
- managing patients in isolation.

We were provided with evidence of other infection prevention and control education delivered on a proactive basis through the Surveillance, Education, Engagement, Devices (SEED) monitoring programme. This allows the infection prevention and control team to provide targeted education based on surveillance intelligence, for example from audit results and HAI-related data. The education is delivered face to face on the wards in short 'golden hour' or 10-minute 'nugget' sessions. This demonstrates a positive approach to providing infection prevention and control education in a busy ward that may have difficulty in releasing staff for classroom-based education sessions.

We found some staff were unfamiliar with the terminology of SEED and other education resources provided by the infection prevention and control team such as the golden hour and nugget sessions. However, the majority of staff told us about face-to-face ward-based education sessions provided by the infection prevention and control nurse. For example, staff told us about the recent face-to-face norovirus education delivered by the infection prevention and control nurse. This theme had been identified through the SEED monitoring programme.

We were told that staff have been made aware of the new NHS Education for Scotland (NES) Scottish Infection Prevention and Control Education Pathway (SIPCEP). We saw evidence of the programme being discussed at a recent NHS Lanarkshire north hygiene meeting. We saw that some staff on Douglas ward had started this new education programme.



Senior charge nurses told us they meet with their senior nurse at one-to-one meetings every month. Staff training and education needs and compliance rates are discussed as a standing agenda item.

Domestic staff told us they receive education from the domestic supervisor through monthly face-to-face 'tool box' talks. These cover a range of topics, including infection prevention and control education.

## **Standard 6: Infection prevention and control policies, procedures and guidance**

NHS Lanarkshire's infection prevention and control manual and guidance describes standard infection control and transmission-based precautions. These are the minimum precautions that healthcare staff should take when caring for patients to help prevent cross-transmission of infections. There are 10 standard infection control precautions, including hand hygiene and the use of personal protective equipment (such as aprons and gloves). The transmission-based precautions describe how to care for patients with known or suspected infections.

NHS Lanarkshire's staff intranet has a dedicated infection prevention and control section for staff to access. This includes the infection prevention and control manual as well as infection prevention and control policies, procedures and guidelines. We asked staff where they would find the infection prevention and control manual. Some staff in Brandon and Clyde wards told us they would refer to a hard copy manual. When prompted, they referred to the staff intranet. However, we found differences in their ability to locate the manual once on the system. All staff in Douglas ward were aware of the location of the manual on the staff intranet.

Staff told us they would be notified of any updates to infection prevention and control policies and procedures through email, staff handovers and ward safety briefs. A safety brief is used as a communication tool to focus on patient safety issues.

Staff displayed a good level of knowledge and understanding of the various standard infection control precautions, with the exception of the management of blood and body fluid spillages.

Staff could describe the correct precautions to take when assisting patients with infection and the action to take in the event of a needlestick injury. They told us they felt supported to challenge any staff members who were not complying with standard infection control precautions.

During the inspection, there were limited opportunities for us to observe staff practice of all of the standard infection control precautions due to the nature of the wards. All disciplines of staff we could observe performed hand hygiene correctly and used personal protective equipment appropriately. We found that the management of linen, waste and sharps was good.

Of those patients and visitors who responded to our survey during our inspection, 91% stated that ward staff always washed their hands.

We noted that staff carried personal issue alcohol-based hand gel in Brandon and Clyde wards. In Brandon ward, for patient safety reasons specific to this ward, personal protective equipment is stored in locked cupboards in all bathrooms and other appropriate locations,

such as the day room, that staff can access as needed. Each staff member has a key to open these cupboards.

Single patient use toiletries should be allocated to one patient or be disposed of when no longer required by that patient to prevent the risk of cross-infection. They should not be used for multiple patients. All toiletries seen during the inspection were identified as single patient use only.

NHS boards are required to measure staff compliance with standard infection control precautions. The frequency of this compliance monitoring is determined by individual NHS boards.

We were provided with NHS Lanarkshire's infection prevention and control monitoring audit programme for 2017. This rolling audit programme includes all 10 standard infection control precautions as well as additional HAI-related topics such as staff compliance with the completion of HAI education, and patient, public and staff information. Hand hygiene is monitored every month and we saw audit results displayed on noticeboards in the wards. All other standard infection control precautions are monitored on an agreed rolling basis. This results in all 10 standard infection control precautions being monitored every year. Senior charge nurses are responsible for implementing the audit programme. We were told that ward staff have ownership of their audits and action plans, for example they can increase the frequency of their audits if felt necessary. Additional support can also be requested from the infection prevention and control team if necessary. We saw evidence that audits were being carried out and action plans were generated.

We saw evidence that the results from these audits are entered into the NHS board's electronic data recording and management system, LanQIP. We were told that senior nurses and the infection prevention and control team have oversight of this system. Staff told us that senior charge nurses share audit results and any areas for improvement through email, staff handovers and ward safety briefs.

In addition to the audits carried out by ward staff, the infection prevention and control team carries out environmental quality assurance audits and spot check audits of standard infection control precautions. We were provided with evidence of these audits and the resulting action plans. Ward staff can also ask for additional support from the infection prevention and control team, if necessary.

If an action plan is required following an audit, senior charge nurses told us these are overseen by the service manager and senior nurse. We saw evidence that audit activity and results is a standing agenda item at the monthly NHS Lanarkshire north hygiene meeting. These meetings provide a forum to discuss HAI-related issues, and any learning and good practice are shared. These groups are chaired by the chief nurses for each site. Each clinical area is represented at these meetings, including acute and mental health, estates team, service managers and community teams. The infection prevention and control team also attends these meetings to provide advice and support. Each hospital hygiene group reports to the NHS board's infection control committee.

We saw evidence that the wards inspected were also carrying out Care Assurance and Accreditation System (CAAS) audits. Information displayed in the wards included audit scores and areas for improvement. The Care Assurance and Accreditation System audits differ from other infection prevention and control audits as they encompass many aspects of patient safety and care as well as infection prevention and control. We were told that link nurses are nominated to have ownership of an audit priority area which they monitor every

month. Information from these standards is collated and presented at the hospital hygiene group meeting by the senior nurses every 6 months.

Across the wards inspected, staff told us they had a positive working relationship with the infection prevention and control team. Staff described when and how they would contact the team for advice and support. Staff told us an on-call consultant microbiologist is available during the out-of-hours period for infection control guidance and patient-specific advice. We saw evidence of the infection prevention and control team proactively and regularly visiting the wards to carry out patient reviews, audits and ward walkrounds.

Staff told us about the infection prevention and control information they would provide to patients, relatives or carers. We saw a wide range of HAI-related patient information leaflets available on the wards.

Staff told us the majority of carers and relatives are encouraged to take patients' clothing home to wash. They told us they would give relatives or carers instructions on how to wash patients' clothing at home. We saw this patient information leaflet available on the ward.

### **Area for improvement**

We spoke with several staff and asked them to describe how they would safely manage a blood and body fluid spillage. We acknowledge that staff do not often have to manage a blood spill. On Douglas ward, staff were unsure about the correct management of a blood spillage, although they could direct us to guidance on display in the wards. On Brandon and Clyde wards, the majority of staff incorrectly described the process for managing a urine spillage.

- **Requirement 1:** NHS Lanarkshire must ensure that staff can correctly manage a body fluid spillage in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

### **Standard 8: Decontamination**

We found the cleanliness of the ward environments was very good, including high level surfaces. We highlighted any minor exceptions to the senior charge nurse at the time of the inspection. Ward staff told us they were happy with the standard of cleanliness in their areas. Domestic staff told us they had adequate time and resources to complete their duties, and that a sufficient supply of equipment was provided. Senior charge nurses told us that the domestic supervisor was a regular visitor to the wards and any issues with the standard of cleanliness could be discussed.

Ward staff and domestic staff told us they had a good collaborative working relationship. In Douglas ward, we saw evidence of a communication diary used between domestic and nursing staff. Due to the long-term nature of a number of patients, domestic staff use the diary to detail which bed spaces are due to be deep cleaned. Nursing staff can then prioritise clearing the area to allow domestic staff easy access. Domestic staff confirmed they could access all areas to clean effectively.

We saw evidence of domestic cleaning schedules and found these to be complete and up to date. These schedules are completed by domestic staff and then signed off by nursing staff every day to confirm they are satisfied with the standard of cleaning. The domestic supervisor then signs off the cleaning schedule every week.

We looked at a variety of patient equipment across the wards inspected. This included patient monitoring equipment, commodes, bed tables, bed frames, procedure trolleys, patient chairs, wheelchairs, and patient activity and therapy equipment. We found the majority of equipment inspected was clean and in a good state of repair. We highlighted any minor exceptions to the senior charge nurse at the time of the inspection.

We were told a recent audit of the cleanliness and condition of patient mattresses had taken place. Some mattresses had been identified as requiring replacement. We saw evidence that new mattresses had been ordered. We spoke with staff about the process for checking mattresses. We were told that mattresses were unzipped and checked every week. We saw evidence of these checks documented in a folder kept on the ward.

Patients we spoke with were happy with the standard of cleaning. Of the 24 patients and visitors who responded to our survey during our inspection:

- 100% stated that they thought the standard of cleanliness on their wards was good, and
- 100% stated that the equipment used by staff for their care was clean.

Some patients and visitors who responded to our survey said:

- 'Always exceptionally clean.'
- 'Staff strive to maintain the highest of standards.'

'Cleanliness in hospital is good.'

We found the ward environments were in a good state of repair. Staff described how they report estates and maintenance issues. Although they told us that response times can vary, they told us they can telephone the estates team to re-prioritise a previously reported issue for a quicker response time. In Douglas ward, staff told us the third bathroom was temporarily out of use as it was awaiting a repair. We saw evidence of the requested repair work reported to the estates department.

### **Area for improvement**

We noted a number of non-compliant clinical wash hand basins in single patient rooms and patients' bathrooms in Brandon and Douglas wards. We were told that these non-compliant basins had already been identified by the NHS board and risk assessments had been completed. Following the inspection, we were provided with the risk assessments for the use of the non-compliant clinical wash hand basins and evidence that a review to replace the basins is in progress.

## Appendix 1 – Requirements and recommendations

The actions the HEI expects the NHS board to take are called requirements and recommendations.

- **Requirement:** A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland, or its predecessors. These are the standards which every patient has the right to expect. A requirement means the hospital or service has not met the standards and the HEI is concerned about the impact this has on patients using the hospital or service. The HEI expects that all requirements are addressed and the necessary improvements are made within the stated timescales.
- **Recommendation:** A recommendation relates to national guidance and best practice which the HEI considers a hospital or service should follow to improve standards of care.

### Prioritisation of requirements

All requirements are priority rated (see table below). Compliance is expected within the highlighted timescale, unless an extension has been agreed in writing with the lead inspector.

Priority	Indicative timescale
1	Within 1 week of report publication date
2	Within 1 month of report publication date
3	Within 3 months of report publication date
4	Within 6 months of report publication date

### Standard 6: Infection prevention and control policies, procedures and guidance

Requirement	HAI standard criterion	Priority
1 NHS Lanarkshire must ensure that staff can correctly manage a body fluid spillage in line with Health Protection Scotland's <i>National Infection Prevention and Control Manual</i> (see page 9).	6.11	1
<b>Recommendations</b>		
None		

## Appendix 2 – Inspection process flow chart

We follow a number of stages in our inspection process.

### Before inspection

The NHS board undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help us prepare for on-site inspections.



Before

### During inspection

We arrive at the hospital or service and undertake physical inspection.

We use inspection tools to help us assess the physical environment and compliance with standard infection control precautions.

We have discussions with senior staff and/or operational staff, people who use the hospital or service and their carers.

We give feedback to the hospital or service senior staff.

We carry out further inspection of hospitals or services if we identify significant concerns.



During

### After inspection

We publish reports for patients and the public based on what we find during inspections. NHS staff can use our reports to find out what other hospitals and services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require NHS boards to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.



After

More information about the Healthcare Environment Inspectorate, our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on the equality protected characteristics in line with the Equality Act 2010.

Please contact the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [contactpublicinvolvement.his@nhs.net](mailto:contactpublicinvolvement.his@nhs.net) to request a copy of:

- the equality impact assessment report, or
- this inspection report in other languages or formats.

**HEI** Healthcare  
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 Healthcare  
Improvement  
Scotland

The Healthcare Environment Inspectorate is part of Healthcare Improvement Scotland.

**Improvement Action Plan**

**NHS Lanarkshire**

**Udston Hospital**

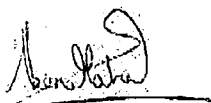
**Healthcare associated infection (HAI) inspection**

**Inspection date: Wednesday 20–Thursday 21 September 2017**

**Improvement Action Plan Declaration**

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

**NHS board Chair**




Signature: \_\_\_\_\_

Full Name: Neena Mahal

Date: 13 November 2017

**NHS board Chief Executive**

  
Signature: \_\_\_\_\_

Full Name: Calum Campbell

Date: 13 November 2017

File Name: Action plan-HAI Announced Inspection Udston Hospital 20-21-09-2017	Version: 1.0	Date: 22 September 2017
HAI: Udston Hospital, NHS Lanarkshire	Page: Page 1 of 2	Review Date:
Produced by: HEI/NHS Lanarkshire		



**Improvement Action Plan**

**NHS Lanarkshire**

**Udston Hospital**

**Healthcare associated infection (HAI) inspection**

**Inspection date: Wednesday 20–Thursday 21 September 2017**

<b>Ref:</b>	<b>Action Planned</b>	<b>Timescale to meet action</b>	<b>Responsibility for taking action</b>	<b>Progress</b>	<b>Date Completed</b>
	<b>Requirement 1</b> Safe management of Blood and Body Fluid Spillages	Priority 1	Emer Shepherd	Training has been delivered to all wards at Udston over several weeks. Literature taken from the National Control of Infection Manual has been used in the IPC Notice Boards to raise awareness.	October 2017
	Infection Prevention and Control Education Programme		Emer Shepherd	IPCNS completed training with staff regarding IPC Education programmes available and how to access training and support.	October 2017
	Access to Infection Prevention and Control E-Manual		Emer Shepherd	E Link resent to all staff in Udston Hospital. IPCNS completed training with clinical staff regarding access of manual.	October 2017

File Name: Action plan-HAI Announced Inspection Udston Hospital 20-21-09-2017	Version: 1.0	Date: 22 September 2017
HAI: Udston Hospital, NHS Lanarkshire		
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