Unannounced Inspection Report

Queen Margaret Hospital | NHS Fife
29–30 September 2015
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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1  About this report

This report sets out the findings from our unannounced inspection to Queen Margaret Hospital, NHS Fife, from Tuesday 29 to Wednesday 30 September 2015.

This report summarises our inspection findings on page 5 and detailed findings from our inspection can be found on page 7.

The inspection team was made up of two inspectors and a public partner, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members agreed about the findings reached. A key part of the role of the public partner is to talk with patients about their experience of staying in hospital and listen to what is important to them. Membership of the inspection team visiting Queen Margaret Hospital can be found in Appendix 3.

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
2 Summary of inspection

About the hospital we inspected

Queen Margaret Hospital, Dunfermline, is a 193-bedded hospital providing healthcare services to people within the Fife area. Following the previous inspection to Queen Margaret Hospital, the majority of acute services have been moved to Victoria Hospital, Kirkcaldy.

About our inspection

We previously inspected Queen Margaret Hospital in November 2012. That inspection resulted in four requirements and seven recommendations. The inspection report is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/HEI.aspx

We carried out an unannounced inspection to Queen Margaret Hospital on Tuesday 29 and Wednesday 30 September 2015.

This was the first inspection of the hospital against the new Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015).

Inspection focus

Before carrying out this inspection, we reviewed NHS Fife’s self-assessment and previous Queen Margaret Hospital inspection reports. This informed our decision on which standards to focus on during this inspection. We focused on:

- Standard 2: Education to support the prevention and control of infection
- Standard 3: Communication between organisations and with the patient or their representative
- Standard 6: Infection prevention and control policies, procedures and guidance, and
- Standard 7: Insertion and maintenance of invasive devices.
- Standard 8: Decontamination.

We inspected the following areas:

- ward 4 (mental health)
- ward 5 (geriatric/medical)
- ward 6 (geriatric rehabilitation), and
- ward 7 (long term/end of life care).

We carried out 11 patient interviews and received 26 completed patient questionnaires.
What the hospital did well
- Peripheral venous catheters were well managed.
- We saw staff adhered to the majority of standard infection prevention and control precautions.

What the hospital could do better
- Standard infection control precautions audits must be completed in line with local policy.

What action we expect NHS Fife to take after our inspection
This inspection resulted in four requirements. The requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards. A full list of the requirements can be found in Appendix 1.

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

We would like to thank NHS Fife and in particular all staff and patients at Queen Margaret Hospital for their assistance during the inspection.
3 Key findings

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

In its self-assessment, NHS Fife told us it had identified HAI as one of the 10 ‘core skills’ training areas applicable to all staff. All staff must complete core skills training every 3 years.

We spoke with members of the senior management team about education provided in the NHS board. They told us all staff must complete electronic induction training. Staff have education packages specific to their job role. NHS Fife recently introduced practical training sessions to the junior doctors’ induction training. The practical sessions included invasive device insertion and hand hygiene training. Senior managers told us staff had given good feedback about these practical training sessions. Staff could access e-learning programmes developed by NHS Education for Scotland (NES).

Following our inspection, we requested additional evidence of total staff compliance with the 3-yearly core skills training, which includes HAI education. NHS Fife considered staff to have met the requirement to complete HAI-refresher training through one of the following five sources of provision:

- completing an HAI e-learning module on NHS Fife’s learnPro
- attending corporate induction programmes, including corporate, nurse and junior doctors
- attending the corporate core update training programme
- participating in a formal stand-alone training session, programmed and delivered by the infection prevention and control team, and
- completing a formal clinical skills-refresher training programme with elements of infection control, such as asepsis, cannulation or intravenous (IV) additives.

All participation in these five areas of provision are recorded and form the basis of the performance monitoring figures reported to NHS Fife’s senior management team.

NHS Fife reported that in the 3-year refresh cycle starting in 2013, 98% of staff have completed HAI training to date. However, it was acknowledged that for some training it could be possible for one member of staff to attend two courses and be counted as two separate members of staff.

NHS Fife’s self-assessment told us it had no training management system to centrally record and report on HAI training attendance and to identify training gaps. A planned, national human resources system implemented across NHS Scotland will help deliver more detailed monitoring of uptake and participation in training events in all NHS boards. However, this system has no confirmed implementation date. We will follow this up at future inspections.

During our discussion session, management staff told us about recent education campaigns, including those for hand hygiene and carbapenemase-producing enterobacteriacea (CPE) screening. They told us that seasonal education and norovirus awareness-raising sessions will begin soon for staff and the public.
Standard 3: Communication between organisations and with the patient or their representative

NHS Fife provided us with a copy of its communication and public involvement strategy 2013-14, which it was currently reviewing. This sets out the different communication activities in the NHS board, including:

- press releases
- staff and public hand hygiene awareness-raising sessions, and
- dedicated sections on the staff intranet for updates.

NHS Fife’s website had a section telling the public how to provide feedback about their care experiences. This included:

- using the Patient Opinion website
- the patient advice and support service (PASS), and
- an online form for comments, concerns, compliments and complaints.

NHS Fife provided us with a copy of its annual report, ‘2014/15 Feedback, Compliments, Comments, Concerns’, which described how complaints and feedback had been managed. We saw an example of how feedback received from members of the public had led to positive changes being made in the NHS board.

The senior management team told us daily safety huddles had been introduced in the last 2 months at the hospital. These gave staff an opportunity to discuss hospital-wide topics, including infection prevention and control. Senior management also told us these were well attended by representatives from all staff groups.

During this inspection, staff told us that they used a variety of different methods to communicate infection prevention and control information with each other. Nursing and domestic staff used ward safety briefs to share information.

Staff told us the infection prevention and control team was easily accessible and could be contacted for advice about individual patients. They told us the infection prevention and control team could also be contacted out of hours and at weekends for advice and support. We saw documented communication with patients, relatives and carers in patient health records and the infection prevention and control team’s records.

During the inspection, we saw displays of leaflets at the entrance to each ward. These included the most current copies of leaflets for:

- Clostridium difficile infection
- HAI
- norovirus, and
- washing clothes at home.

Each ward had a large information board displaying the name and, on most wards, photograph of the nurse in charge. This included the hospital’s commitment to
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person-centred, safe (minimise the risk of infection) and effective care. These posters had options for how patients could provide feedback, but not how this was managed.

Entrances to each ward and bay had alcohol-based hand rub dispensers with clear poster-type instructions showing how to use the dispensers. Ward 6 had electronic signs above the dispensers to highlight them.

We were told that NHS Fife produces articles for the local free newspaper on topics, such as norovirus, to increase public awareness. We were told that Queen Margaret Hospital also holds an open doors day with HAI information stands on display. NHS Fife’s self-assessment reported that hand hygiene and infection control awareness events were held in May 2015.

Area for improvement

A safety briefing is one of the Scottish Patient Safety Programme’s 10 essentials of safety and is used as a communication tool focusing on patient safety issues. During our discussion session, senior management staff told us that wards had a safety briefing at the start of a shift. However, ward staff on ward 4 told us they did not yet use a safety brief.

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

NHS Fife had adopted the current version of Health Protection Scotland’s National Infection Prevention and Control Manual for NHSScotland (2015). This manual describes standard infection control precautions (SICPs), the minimum precautions that healthcare staff should take when caring for patients. There are 10 SICPs, including hand hygiene, the use of personal protective equipment and how to care for patients with an infection.

The manual also describes transmission-based precautions. These are precautions staff should take to help prevent cross-transmission of infections. Staff showed us how they accessed the NHS board’s current infection control manual through the staff intranet. We found review systems for infection prevention and control policies and procedures in place. Staff told us that infection prevention and control policies and procedure updates were communicated through the staff intranet. Senior charge nurses also ensure that information is disseminated to staff.

During our inspection, we saw staff had generally good compliance with the majority of SICPs, including hand hygiene, sharps management, linen management and patient placement.

Areas for improvement

NHS boards are required to measure staff compliance with SICPs and transmission-based precautions. The frequency of this compliance monitoring is determined by individual NHS boards.

NHS Fife provided us with a copy of its HAI prevention and control assurance framework, rolled out across the hospital in August 2015. The lead nursing team in community nursing was responsible for rolling out the assurance framework in community hospitals. The framework sets out the infection control team’s audit programme for NHS Fife. It also sets out what ward-based audit activity should take place. During our inspection, we found some
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evidence of audit in line with this framework. Where evidence of audit was provided, action plans were not always fully completed.

- **Requirement 1**: NHS Fife must ensure that all wards complete standard infection control precautions audits in line with the NHS Fife HAI prevention and control assurance framework and Health Protection Scotland’s *National Infection Prevention and Control Manual for NHS Scotland* (2015). Compliance with the audit programme must be monitored.

NHS Fife provided us with evidence of a SICPs audit programme for wards 5 and 6. During our discussion session, senior management staff had told that wards 4 and 7 do not currently audit SICPs, other than hand hygiene. However, there is an implementation plan to introduce SICPs monitoring from January 2016. We will follow this up at future inspections.

Health Protection Scotland’s National Infection Prevention and Control Manual (2015) states that: ‘Re-usable household (‘Marigold’ type) gloves are not suitable for environmental cleaning tasks in healthcare settings due to the risk of cross-infection.’ The manual also states that gloves must be: ‘Changed immediately after each patient and/or following completion of a procedure or task.’

While domestic staff told us they used disposable nitrile gloves to clean isolation rooms, we saw they used household gloves while carrying out other cleaning tasks. Staff told us they reused these gloves between tasks, for example cleaning multiple patient rooms. The practice of re-using household gloves presents a risk of cross-contamination between patient areas and does not comply with national guidance.


**Standard 7: Insertion and maintenance of invasive devices**

Peripheral vascular catheter (PVC) and central vascular catheter (CVC) care bundles are records used by staff to document the safe management of invasive devices. These bundles include daily checks which prompt staff to check whether inserted devices are free from signs of inflammation and are still needed. This process helps to reduce the risk of device-related bloodstream infections.

During the inspection, we reviewed three PVC devices. These devices were well managed and the associated care bundles were completed. We spoke with staff about how they managed invasive devices and what records they kept when inserting and caring for them. Staff told us they followed the SPSP policy and procedure for the management of PVCs and devices. This policy includes a template for staff to use when inserting an invasive device or caring for a device that has already been inserted.

Senior charge nurses carried out monthly audits, using SPSP methodology, to monitor compliance with the policy. Compliance data are entered into an electronic database that is managed by SPSP.

We saw examples of audits for both PVCs and CVCs and discussed how senior charge nurses would escalate any issues with adherence to the associated care bundles.
Area for improvement
In its self-assessment, NHS Fife provided evidence of a draft PVC leaflet. However, we found that information leaflets and posters about invasive devices were not available in the majority of areas we inspected. Staff we spoke with told us patients with an invasive device would be given verbal information about the risks associated with invasive devices. However, they also told us this communication would not be recorded in the patient’s health record.

Standard 8: Decontamination
Areas for improvement
In all wards inspected, we found dust in high level areas, such as curtain rails. In ward 4, we saw damage to the walls and the kitchen was in a poor state of repair. We will follow this up at future inspections.

Of the 10 bed frames we inspected, we found eight were contaminated. Generally, we found other patient equipment was clean and ready for use.

During our group discussion, NHS Fife told us mattress inspections should take place weekly and when patients are discharged.

- In wards 4 and 5, we saw evidence of recorded, weekly mattress inspections.
- On ward 7, we saw evidence of monthly mattress inspections.
- Although we were told mattresses on ward 6 were checked monthly, we saw no evidence of these checks being carried out.

Of 10 mattresses we inspected, we found four were contaminated. These mattresses were brought to the attention of the nurse in charge of the ward at the time.

Following our inspection, NHS Fife gave us evidence of its 'standard healthcare equipment cleaning schedule'. This schedule included a mattress inspection procedure. The procedure states the mattress must be inspected and cleaned following transfer or discharge of each patient. A daily mattress inspection record sheet was also included as part of the procedure.

■ Requirement 3: NHS Fife must ensure that all patient equipment is clean and ready for use. This will reduce the risk of cross-infection to patients, staff and visitors.

■ Requirement 4: NHS Fife should demonstrate a consistent approach to mattress inspections across all wards and departments.
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.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Indicative timescale</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Within 1 week of report publication date</td>
</tr>
<tr>
<td>2</td>
<td>Within 1 month of report publication date</td>
</tr>
<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
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<tr>
<td>4</td>
<td>Within 6 months of report publication date</td>
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</table>

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  NHS Fife must ensure that all wards complete standard infection control precautions audits in line with the NHS Fife HAI prevention and control assurance framework and Health Protection Scotland’s National Infection Prevention and Control Manual for NHS Scotland (2015). Compliance with the audit programme must be monitored (see page 10).</td>
<td>6.5</td>
<td>2</td>
</tr>
<tr>
<td>2  NHS Fife must ensure that domestic staff comply with the guidance for the selection and use of personal protective equipment described in Health Protection Scotland’s National Infection Prevention and Control Manual for NHS Scotland (2015) (see page 10).</td>
<td>6.11</td>
<td>1</td>
</tr>
</tbody>
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**Recommendations**

None
## Standard 8: Decontamination

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
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<tbody>
<tr>
<td>3 NHS Fife must ensure that all patient equipment is clean and ready for use. This will reduce the risk of cross-infection to patients, staff and visitors (see page 11).</td>
<td>8.1</td>
<td>1</td>
</tr>
<tr>
<td>4 NHS Fife should demonstrate a consistent approach to mattress inspections across all wards and departments (see page 11).</td>
<td>8.1</td>
<td>1</td>
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### Recommendations

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.

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.

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

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.

More information about the Healthcare Environment Inspectorate, our inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org/HEI.aspx
Appendix 3 – Details of inspection

The inspection to Queen Margaret Hospital, NHS Fife was carried out on Tuesday 29 and Wednesday 30 September 2015.

The members of the inspection team were:

**Allison Wilson**
Inspector (Lead)

**Cheryl Newton**
Inspector

**Gillian Duffy**
Public Partner

Supported by:

**Ross McFarlane**
Project Officer
## Appendix 4 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPE</td>
<td>carbapenemase-producing enterobacteriacea</td>
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<td>CVC</td>
<td>central venous catheter</td>
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<tr>
<td>e-KSF</td>
<td>electronic knowledge and skills framework</td>
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<td>HAI</td>
<td>healthcare associated infection</td>
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<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<tr>
<td>IV</td>
<td>intravenous</td>
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<tr>
<td>PASS</td>
<td>patient advice and support service</td>
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<tr>
<td>PVC</td>
<td>peripheral venous catheter</td>
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<tr>
<td>SICPs</td>
<td>standard infection control precautions</td>
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<tr>
<td>SPSP</td>
<td>Scottish Patient Safety Programme</td>
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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 to request a copy of:

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

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