Announced Inspection Report – Safety and Cleanliness of Hospitals

Hawick Community Hospital
Hay Lodge Community Hospital
Kelso Community Hospital
Knoll Community Hospital

NHS Borders

21–23 May 2019
Ensuring your hospital is safe and clean

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
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Summary of inspection

About the hospitals we inspected

NHS Borders has four community hospitals; Hawick, Hay Lodge, Kelso and Knoll. All four hospitals have 23 inpatient beds and provide medical care, palliative care and rehabilitation. The hospitals also have minor injuries services, GP treatment room services and a range of consultant-led clinics and day hospital services.

About our inspection

We carried out announced inspections to Hawick, Hay Lodge, Kelso and Knoll community hospitals, NHS Borders, from Tuesday 21 May to Thursday 23 May 2019.

The inspection team was made up of two inspectors and a public partner. 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.

Inspection focus

This was the first inspection of these hospitals against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015). Before carrying out these inspections, we reviewed NHS Borders’ self-assessment. This informed our decision on which standards to focus on during these inspections. We focused on:

- 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.

Across the four hospitals, we carried out 27 patient interviews and received 45 completed patient questionnaires.

What NHS Borders did well

Across all four hospitals:

- good compliance with mandatory infection control training, and
- good staff compliance with standard infection control precautions.
What NHS Borders could do better

Across all four hospitals:

- The fabric of the built environment must be maintained to enable effective cleaning.

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

What action we expect NHS Borders to take after our inspection

This inspection resulted in two requirements and no recommendations.

The requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards. The 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

We expect NHS Borders to carry out the actions described in its improvement action plan to address the issues we raised during this inspection.

We would like to thank NHS Borders and, in particular, all staff and patients at all four hospitals for their assistance during the inspection.

The flow chart in Appendix 2 summarises our inspection process. More information about our safe and clean inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org
Key findings

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

What NHS Borders did well

We saw that NHS Borders has a statutory and mandatory training policy in place. Across all four community hospital sites, all senior charge nurses and domestic supervisors we spoke with were aware of NHS Borders’ mandatory training requirements for their staff. They told us that they were responsible for ensuring that their staff complete the training and showed us the data for compliance rates of staff completing the mandatory online learning resource for standard infection control precautions. Where compliance was not 100% they were able to provide the reasons for this such as extended periods of leave of absence.

Staff also told us about face-to-face training provided by the infection prevention and control nurse, for example on hand hygiene or other topics identified by staff. They described a good working relationship with the infection prevention and control team and knew how to contact them for help or advice.

We saw that across all sites there was generally good compliance with mandatory HAI training.

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

What NHS Borders did well

In all sites inspected, staff could tell us how to access Health Protection Scotland’s National Infection Prevention and Control Manual which is available on the NHS board’s intranet site. This manual describes standard infection control precautions 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, the use of personal protective equipment (such as aprons and gloves), how to care for patients with an infection, and the management of linen, waste and sharps. The transmission-based precautions describe how to care for patients with known or suspected infections.

We saw evidence of staff being informed of any changes or updates to the manual. Senior charge nurses also told us that they received emails from the infection control team about any update or changes to the manual.
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In all sites inspected, staff had a good level of knowledge and understanding of the various standard infection control precautions such as the safe management of blood and body fluid spillages. Staff were able to describe how to use chlorine-releasing disinfectant and detergent solution for the management of blood spillages, or were aware where they could find the information to do so. Staff also knew of the action to take in the event of a needle-stick injury.

Across all four hospitals, the management of linen was good. Clean linen was stored appropriately to prevent contamination and dirty linen was stored in a locked room whilst awaiting collection. The management of sharps was also good with all sharps boxes constructed and labelled correctly, not overfilled and locked once full. Locked sharps boxes were stored in a locked room whilst awaiting collection.

We saw good staff compliance with the use of personal protective equipment, such as aprons and gloves, and we saw staff performing hand hygiene at the appropriate times. Across all sites inspected, all 45 patients, relatives and carers who completed our questionnaire said that staff always clean their hands. All 27 patients interviewed were confident that nursing staff always cleaned their hands before attending to them, and always wore disposable gloves and aprons as appropriate.

Across all four sites inspected, staff we spoke with had a good knowledge of the appropriate transmission-based precautions they should take when caring for patients in isolation. We saw that where there were patients who required isolation for infection control reasons, they had the appropriate signage on their room door to alert staff and visitors.

In a previous inspection in 2015 to Borders General Hospital, we found the NHS board had introduced an alternative cleaning method for the management of blood and body fluid spillages. Our 2015 report stated that:

“This new method is different from the advice in the Health Protection Scotland’s National Infection Prevention and Control Manual (2015). The manual states that if NHS boards adopt different practices that the organisation is ‘responsible for ensuring safe systems of work.’ We saw evidence of safe systems of work and the approval of the infection control committee for this change of practice.”

During this inspection, we saw that this cleaning method had recently been rolled out to community hospitals. Domestic staff are responsible for making up the cleaning solution and were able to correctly demonstrate how to do so. The staff we spoke with were able to correctly discuss when and how it would be used.

During our inspection, we gave out patient, relative and carer questionnaires and our public partner carried out patient interviews. Across all sites, we found that specific
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infection prevention and control information was only given to patients on an ‘as needs’ basis, and many patients could not remember staff telling them about infection control.

We found that Kelso Community Hospital had a visible and well-maintained leaflet rack which included information on infection prevention and control. We also saw in Kelso and Hay Lodge Community Hospitals the ‘5 Moments for Hand Hygiene’ posters on display.

The patients we spoke with were generally aware of the purpose of alcohol-based hand gel dispensers. Patients told us that assistance was available if requested and that wet wipes were sometimes available. We noted that at Knoll Community Hospital staff had given patients individual wet wipe packs.

In all four hospitals, we were told that domestic staff carry out the flushing of water outlets. We saw that sign-off sheets for recording flushing were generally well completed.

Across all sites, we saw that each area carried out monthly hand hygiene and ward cleanliness audits. Audit results were displayed on whiteboards at the entrance to the ward and staff told us results were discussed at safety briefs and ward handovers. The senior charge nurses knew the issues in their wards that had resulted in less than 100% compliance. In Knoll Community Hospital we noted that nursing, physiotherapy and occupational therapy staff take turns to carry out the monthly hand hygiene audit.

During the discussion session, we were told that audits and infection prevention and control issues are raised and discussed at monthly senior charge nurse meetings. Senior nurses and managers at Borders General Hospital see the audit results from these community hospitals and report them to a number of governance committees.

The infection prevention and control team carries out environmental quality assurance audits on an annual rolling programme to monitor standard infection control precaution staff compliance. Ward staff are told the audit results immediately. We saw that all four hospitals had recently had an audit carried out. Staff told us that they were given feedback from the audit and we saw that action plans were in place. During the discussion session, we were told that the infection prevention and control team will re-audit the wards for the areas of non-compliance identified in the audit within 3 months of the original audit.

What NHS Borders could do better

During our inspection we saw that in Hay Lodge Community Hospital the wards have six beds to each wash hand basin, which is not in line with national guidance.
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However, we saw that the wash hand basin to bed ratio is detailed in a risk assessment and were told that it is recorded on the risk register.

During the inspection, we found a number of sinks and wash hand basins in the hospitals that were non-compliant with national guidance. We noted that there were no risk assessments for the non-compliant sinks. During the discussion session, we were told that the non-compliant sinks are not recorded on the risk register but that the sinks are included in the refurbishment plans which would take into account current guidance.

■ **Requirement 1:** NHS Borders must ensure that there are risk assessments detailing the control measures to be taken by staff to reduce the risk of all non-compliant hand wash basins. All non-compliant clinical hand wash basins must be recorded on a risk register.

**Standard 8: Decontamination**

**What NHS Borders did well**

Across all sites, we found the standard of cleaning was generally good. Domestic staff told us that they had sufficient time and equipment to carry out their duties. They felt part of the ward team and told us that they were supported by the domestic supervisors. Most domestic staff were aware of the colour-coded cleaning equipment and how this should be used. Where staff were not aware this was raised with them and the domestic supervisor at the time of our inspection.

All the patients we spoke with across sites commented on the high standard of cleaning. They all thought that the bathrooms and ward areas were kept very clean. Many patients were able to describe the daily cleaning routine in their rooms. Patients told us that staff dealt promptly with any spillages. They also commented on the cleanliness of patient equipment and furniture. Almost all patients interviewed thought that equipment and furniture were clean and in good repair.

Some patients we spoke with or who responded to our survey said the following.

**Hay Lodge Community Hospital:**
- ‘The staff are extremely careful with cleanliness.’
- ‘Staff are excellent, cleanliness excellent.’

**Hawick Community Hospital:**
- ‘Cleanliness and hygiene control is excellent in this hospital.’
- ‘Cleaning is very good. Can’t fault it.’
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Kelso Community Hospital:
• ‘I feel that the hospital is generally safe and very clean.’
• ‘I am happy with the overall standard of hygiene.’

Knoll Community Hospital:
• ‘They clean everything. They are never done. They should have golden wings.’
• ‘This hospital is top in my opinion for cleanliness.’

Senior charge nurses told us they were happy with the standard of environmental cleaning in their wards. Ward staff told us they have a good working relationship with the domestic services team. They said they were able to raise any concerns about cleanliness on the ward with the domestics and the domestic supervisors.

The nurse in charge is asked to complete a daily cleaning sign-off sheet for their ward. This sheet is used to record any issues with the standard of cleaning or to record that no issues were identified. This is then signed off weekly by the senior charge nurse and the domestic supervisor. We saw evidence of completed sign-off sheets. We noted that the sign off-sheets do not record if the fabric of the building is damaged and is preventing effective cleaning and decontamination. This is covered in more detail in what NHS Borders could do better section.

We were told that if domestic staff are unable to complete any cleaning tasks, they verbally hand this over to the next shift or use the communications book or board. Staff told us that this is generally not an issue as domestic staff can be sent from other areas to help or will ensure that patient areas are given priority.

The wards inspected had generally good storage. Any exceptions were raised at the time of the inspection. All areas used for storage, including cupboards and shelves, were dust free, clean and generally in a good state of repair.

During the inspection, we looked at a range of patient equipment across all of the wards, including patient monitoring equipment, intravenous pumps, resuscitation trolleys, commodes and moving and handling equipment. We also looked at the patient bed spaces. The majority of equipment was generally clean in the ward areas. Any exceptions were raised at the time of the inspection.

NHS Borders uses the Health Facilities Scotland facilities management tool to monitor the cleanliness and condition of hospital buildings. Any issues with the fabric and cleanliness of the building are identified through this audit tool. The tool is completed by the domestic supervisor who then reports any estates issues through the online reporting system. Across all four hospitals inspected, we saw recent facilities monitoring tool scores which generally reflected our inspection findings.
What NHS Borders could do better

Staff across all sites told us that the estates team visits ward areas once a week. Ward and domestic staff can report estates issues by telephone or use the electronic reporting system. The electronic reporting system allows ward staff to see progress and keep track of any outstanding jobs. Ward staff told us that they have a good relationship with the estates team.

In Kelso Community Hospital, ward staff keep a book to record all reported issues so that they can see easily what work is still outstanding. Staff we spoke with said they were generally happy with the reporting system and response times from the estates team but that some jobs assigned to outside contractors took longer.

In all four hospitals inspected, we saw issues with the fabric of the building. This included scrapes in walls, damage to the door and door frames resulting in exposed wood. This meant that although surfaces could be cleaned they could not be effectively cleaned. We noted that all the issues had been reported to the estates team.

We viewed the electronic estates logs for outstanding jobs and saw that they did not accurately reflect our findings. We saw many jobs were still showing as outstanding despite being told that the work had been carried out. In Knoll Community Hospital, we saw a sign on a bath stating that it was out of use due to waiting on a replacement part. Staff were unaware of when the sign had been put in place and no action had been taken by ward staff to follow this up with the estates team. The senior charge nurse checked the estates log and found the job had been submitted in October 2018. We noted that there was no trigger on the electronic system to prompt ward staff to raise the issue with the estates team when jobs had been outstanding for a period of time.

During the discussion session, we were told that when a job is completed by an external contractor, there is a lag time for the electronic system to be updated. We were also told that ward staff are expected to check on the progress of work and chase up if required as there is no automatic system for doing this.

NHS Borders told us that they have a 5-yearly decorating rolling programme. However, we were not assured that repairs that help staff to effectively clean the environment are being prioritised. For example, we did not see a system that prioritises repairs to floors, walls and woodwork before general redecoration jobs.

- **Requirement 2**: NHS Borders must ensure that the built environment is maintained to allow effective cleaning.
Appendix 1: Requirements and recommendations

The actions Healthcare Improvement Scotland 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 we are concerned about the impact this has on patients using the hospital or service. We expect that all requirements are addressed and the necessary improvements are made.

- **Recommendation**: A recommendation relates to national guidance and best practice which we consider a hospital or service should follow to improve standards of care.

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

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<th>Requirement</th>
<th>HAI standard criterion</th>
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<tr>
<td>1   NHS Borders must ensure that there are risk assessments detailing the control measures to be taken by staff to reduce the risk of all non-compliant hand wash basins. All non-compliant clinical hand wash basins must be recorded on a risk register (see page 9).</td>
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**Recommendations**

None.
### Standard 8: Decontamination

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<th>Requirement</th>
<th>HAI standard criterion</th>
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<td>2 NHS Borders must ensure that the built environment is maintained to allow effective cleaning to ensure effective infection prevention and control (see page 11).</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](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.

More information about our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net.