

Announced Inspection Report

Stracathro Hospital | NHS Tayside

22 May 2012

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1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake inspections of all acute hospitals across NHSScotland. In addition to the acute hospitals, the NHS National Waiting Times Centre (Golden Jubilee National Hospital, Clydebank), the Scottish Ambulance Service and the State Hospitals Board for Scotland (State Hospital, Carstairs) will also be inspected.

Our focus is to improve the standards of care for patients through a rigorous inspection framework. Specifically we will focus on:

- providing public assurance and protection, to restore public trust and confidence
- ensuring care is delivered in an environment which is safe and clean, and
- contributing to the broader quality improvement agenda across NHSScotland.

In keeping with our philosophy, we will use an open and transparent method for inspecting hospitals, using published processes and documentation.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- be firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals we inspect
- if necessary, inspect hospitals again after we have reported the findings
- check to make sure our work is making hospitals cleaner and safer
- publish reports on our inspection findings which are available to the public in a range of formats on request, and
- listen to the concerns of patients and the public and use them to inform our inspections.

We will not:

- assess the fitness to practise or performance of staff
- investigate complaints, and
- investigate the cause of outbreaks of infection.

More information about our inspection process can be found in Appendix 2.

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 hospital or NHS board by letter, telephone or email.

Our contact details are:

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2 Summary of inspection

Stracathro Hospital, Brechin, is a general hospital serving Tayside. The hospital has approximately 50 beds and provides services including outpatients, rehabilitation and geriatric assessment.

We previously inspected Stracathro Hospital in May 2011. That inspection resulted in two requirements and five recommendations. The inspection report is available on the Healthcare Improvement Scotland website <http://www.healthcareimprovementscotland.org/HEI.aspx>.

We carried out an announced inspection to Stracathro Hospital on Tuesday 22 May 2012.

We assessed the hospital against the NHS Quality Improvement Scotland (NHS QIS) healthcare associated infection (HAI) standards and inspected the following areas:

- diagnostics department
- surgical ward
- ward 2 (care of the elderly), and
- ward 7 (stroke and rehabilitation).

The inspection team was made up of two inspectors, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting **Stracathro Hospital** can be found in Appendix 4.

Overall, we found evidence that NHS Tayside is complying with the majority of NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular:

- the hospital was generally clean
- compliance with standard infection control precautions had significantly improved since the previous inspection, and
- surveillance information is displayed on all wards.

However, we did find that further improvement is required in the following areas.

- A risk assessment of the patient facilities must be carried out as part of the patient management process and demonstrate how these are managed to reduce the risk of cross infection.
- The frequency of deep cleaning of carpeted areas must reflect the frequency stated in the *NHSScotland National Cleaning Services Specification (2009)*.

This inspection resulted in three requirements and five recommendations. The requirements are linked to compliance with the NHS QIS HAI standards. A full list of the requirements and recommendations can be found in Appendix 1.

NHS Tayside must address the requirements and the necessary improvements made, as a matter of priority.

An action plan for areas of improvement has been developed by the NHS board and is available to view on the Healthcare Improvement Scotland website <http://www.healthcareimprovementscotland.org/HEI.aspx>.

We would like to thank NHS Tayside and in particular all staff at Stracathro Hospital for their assistance during the inspection.

3 Key findings

3.1 Governance and compliance

Roles and responsibilities

During the discussion session with senior staff, we were told that each ward would have two quality improvement goals relating to infection prevention and control. The senior charge nurse and infection control nurse review the information and data available for the ward to determine what the quality improvements should be. When we asked three senior charge nurses and a department manager during the inspection, only two were able to tell us what their quality improvements were. Although this is an internal system for improvement, it is important that all staff are supported by managers to engage in the process.

Audit and surveillance

At the previous inspection, we recommended that NHS Tayside displays information on infection rates for *Clostridium difficile* infections (CDIs) and meticillin resistant *Staphylococcus aureus* (MRSA). During this inspection we found that wards are now displaying the number of days since their last CDI, MRSA and *Staphylococcus aureus* bacteraemias (SABs). These displays communicate clearly the low incidence of these infections within Stracathro Hospital.

Senior charge nurses carry out a monthly audit of their ward using a ward-level audit tool as part of a three-level audit system. The first level involves environmental audits carried out by senior charge nurses at ward level, at a minimum frequency of monthly. The second level will consist of quality assurance audits carried out by the infection control team at least once a year. Finally, multidisciplinary management teams will carry out random spot checks as an extra level of quality assurance. The ward-level audit tool is used to audit the environment as well as compliance with infection control practices. It also includes a prompt to check that documentation for patients with peripheral vascular catheters (PVCs) inserted is completed correctly.

An audit of hand hygiene opportunity and technique on ward 2 showed that compliance with technique had fallen. The senior charge nurse had responded to this by introducing a glow box to the ward as an aid for teaching correct technique. When used with a special ultra-violet solution, the glow box can highlight which areas have been missed during hand washing. The intention was that hand hygiene technique would improve as a result of this and be shown in the next audit.

Policies and procedures

The NHS Tayside infection control manual is available on the staff intranet. All staff have an individual log-in to access the manual. However, we were told that not all staff were confident using the computer and that it can take some time to log on. Senior charge nurses said they supported staff who lacked confidence with computer skills.

At the previous inspection, we noted a lack of compliance in some areas with standard infection control precautions. During this inspection, we noted that there had been a significant improvement. In radiology, extra training had been provided for staff. Linen management and the use of personal protective equipment, such as gloves and aprons, had improved. Dirty linen is now stored appropriately before being removed by porters. On the day of inspection, compliance with the national dress code was good.

Risk assessment and patient management

At the previous inspection, the availability of alcohol hand gel varied throughout the hospital. In particular, it was not available at the entrance to bed bays or at the point of patient care in ward 7. During this inspection, the availability of alcohol hand gel had improved and it was now available at the entrance to all bed bays.

During the inspection, we became aware of three patients with a known or suspected infection who were being nursed in isolation rooms with their doors open. We were told this was because these patients needed their door open for other clinical reasons. Infection control guidance requires that doors to isolation room should be kept closed unless a risk assessment has identified a need to keep the door open. For two of these patients, no written risk assessment had been completed to show that other clinical reasons had been considered as part of the balance between risk and benefit.

- **Requirement 1:** NHS Tayside must ensure that written risk assessments are completed for any deviation from isolation procedures. This will ensure the risk of infection to patients, staff and visitors is reduced.

In ward 2, there were five toilets. On the day of inspection, two toilets were allocated for the sole use of two patients with a known infection. Two female and one male toilet were available for general use. The male toilet was located in a room with the only working bath. The only shower available for patient use was located in one of the toilets identified for use by a patient with a known infection. All patients were able to use this shower. There was a wooden seat in the shower that was not impervious to water and could not be effectively cleaned between patients. There is the potential that the shared facilities could increase the risk of cross infection between patients.

- **Requirement 2:** NHS Tayside must carry out a risk assessment of the patient facilities as part of the patient management process and demonstrate how these are managed to reduce the risk of cross infection.

NHS Tayside currently uses a PVC insertion bundle, which includes a 3-day monitoring section. NHS Tayside plans to add more detail to this when it develops a combined insertion and maintenance bundle. The PVC bundles we saw had been completed appropriately.

During the inspection, we checked the temperature of water from hot taps. On ward 7, we were unable to get hot water in two taps even after running the water for some time. Weekly checks show that hot water is available in ward 7. However, we noted that temperature checking is taking place after taps have been run as part of a flushing regime. The estates log showed that the lack of hot water had been reported the previous day, but was still to be rectified. We were assured that this would be investigated as a matter of urgency.

Cleaning

Wards and departments were clean on the day of inspection. Ward 7 was cleaned to a particularly high standard. Most patient equipment was also clean with tagging systems in place to provide assurance that equipment had been cleaned. The exception to this was in ward 2 where we found a number of items of communal equipment that were not clean. This included pressure relieving cushions, footstools and a chair moving trolley. These items were not included on the cleaning schedule and had no assurance system in place.

The nursing cleaning schedule included some duties that did not appear practical. These included cleaning the inside of patient lockers once a day and cleaning all parts of the patient bed table, including wheels, before each meal.

- **Recommendation a:** NHS Tayside should review cleaning schedules throughout the hospital to ensure all items of patient equipment are included.
- **Recommendation b:** NHS Tayside should review the nursing cleaning schedule to ensure that all tasks are practical and achievable for staff.

The day room and dining room in ward 2 were carpeted. The *NHSScotland National Cleaning Services Specification* (2009) states that carpets in dining areas should be deep cleaned once a month. This task was not included in the domestic work schedule and it was unclear when they were last cleaned. As such, we are not assured that deep cleans were taking place at the appropriate frequency.

- **Requirement 3:** NHS Tayside must ensure that the frequency of deep cleaning of carpeted areas reflects the frequency stated in the *NHSScotland National Cleaning Services Specification* (2009). This will ensure that carpets are cleaned appropriately and the risk of the spread of infection is reduced.

NHS Tayside has implemented the national colour coding scheme for mops and buckets in Stracathro. We saw blue, green red and yellow mops, mop handles and buckets. Staff were able to describe which areas they would use each in.

3.2 Communication and public involvement

Communication with staff

All ward staff asked were able to identify members of the infection control team. We were told that the infection control team visits wards on a regular basis to provide guidance and support to ward staff.

During the last inspection, we recommended that NHS Tayside should develop a structured and effective system to communicate to ward staff when estates work had been completed. At this inspection, ward staff described the system for reporting faults and repairs to the estates department. When a job is reported, ward staff are given a job number which they record in the estates log book on each ward. Estates staff are required to sign the log book when a job has been completed. This ensures staff know what work has been completed and what work is outstanding. We reviewed the estates log book on two wards. We found that although work was carried out and completed, estates staff did not consistently record this in the estates log book. There was a reliance on informal communication when jobs were completed. As a result, not all staff were aware of the status of estates work. The previous recommendation remains.

- **Recommendation c:** NHS Tayside should develop a structured and effective system for the communication of outstanding estates jobs to ward staff. This will ensure staff are kept informed of work taking place in their ward.

At the moment estates staff prioritise work based on the information ward staff give them. There is no guidance or formal system for ward or estates staff to help them prioritise outstanding estates jobs. Guidance on risk would enable more effective prioritisation of estates work in relation to infection prevention and control.

- **Recommendation d:** NHS Tayside should put in place a formal system taking into consideration infection control risks to guide the prioritisation of estates jobs.

Communication with the public

Information leaflets on HAIs and infection prevention and control were available for patients and visitors on all wards.

During the inspection, we spoke with four patients. They told us that they thought the hospital was clean and that they saw staff washing their hands or using hand gel before treating them.

3.3 Education and development

Strategy

All staff in NHS Tayside are required to complete annual training in infection prevention and control. NHS Tayside has developed a set of online learning modules. The modules are hosted on an online learning system supported by NHS Education for Scotland. These are available to all staff, including medical and dental staff, from any ward computer in order to help achieve this. Staff progress in completing the modules is recorded on a tracker system for line managers to monitor.

NHS Tayside has also rolled out the Cleanliness Champions programme to all staff. This includes medical and dental staff who train within the NHS board who cannot qualify if they have not completed the programme. During the inspection, we found that uptake of the programme by nursing staff was good. Lists of those who had completed the programme were displayed on all wards. All staff who have completed the programme can be identified by an HAI logo on their staff identity badges.

We spoke with senior charge nurses about mandatory training and viewed staff training records. From discussion and the records it was not apparent if all staff had attended mandatory yearly update training. The general manager infection control and management provided additional information, including training records. This confirmed that the majority of staff had completed their mandatory update training in line with the education strategy. It is apparent that there is confusion over what forms part of mandatory update training and the guidance in the education strategy is not clear. At the previous inspection in May 2011 there was also lack of clarity identified in the education strategy.

- **Recommendation e:** NHS Tayside should review the education strategy to ensure that it is clear to staff what education provision forms part of the mandatory update training. This will enable senior staff to monitor and manage the provision of mandatory update training.

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 are 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 implemented.
- 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.

Governance and compliance	
Requirements	
NHS Tayside must:	
1	ensure that written risk assessments are completed for any deviation from isolation procedures. This will ensure the risk of infection to patients, staff and visitors is reduced (see page 9).
2	carry out a risk assessment of the patient facilities as part of the patient management process and demonstrate how these are managed to reduce the risk of cross infection (see page 9).
3	ensure that the frequency of deep cleaning of carpeted areas reflects the frequency stated in the <i>NHSScotland National Cleaning Services Specification (2009)</i> . This will ensure that carpets are cleaned appropriately and the risk of the spread of infection is reduced (see page 10).
	HAI standard criterion
	3b.6
	3b.6
	4a.2
Recommendations	
NHS Tayside should:	
a	review cleaning schedules throughout the hospital to ensure all items of patient equipment are included (see page 10).
b	review the nursing cleaning schedule to ensure that all tasks are practical and achievable for staff (see page 10).

Communication and public involvement

Requirements

None

Recommendations

NHS Tayside should:

- c** develop a structured and effective system for the communication of outstanding estates jobs to ward staff. This will ensure staff are kept informed of work taking place in their ward (see page 10).

This was previously identified as a recommendation in the May 2011 inspection report for Stracathro Hospital.

- d** put in place a formal system taking into consideration infection control risks to guide the prioritisation of estates jobs (see page 11).

Education and development

Requirements

None

Recommendation

NHS Tayside should:

- e** review the education strategy to ensure that it is clear to staff what education provision forms part of the mandatory update training. This will enable senior staff to monitor and manage the provision of mandatory update training (see page 11).

Appendix 2 – Inspection process

Inspection is a process which starts with local self-assessment, includes at least one inspection to a hospital and ends with the publication of the inspection report and improvement action plan.

First, each NHS board assesses its own performance against the *Standards for Healthcare Associated Infection (HAI)*, published by NHS Quality Improvement Scotland (NHS QIS) in March 2008, by completing an online self-assessment and providing supporting evidence. The self-assessment focuses on three key areas:

- governance/compliance
- communication/public involvement, and
- education and development.

We assess performance both by considering the self-assessment data and inspecting acute hospitals within the NHS board area to validate this information and discuss related issues. We use audit tools to assist in the assessment of the physical environment and practices by noting compliance against a further nine areas:

- environment and facilities
- handling and disposal of linen
- departmental waste handling and disposal
- safe handling and disposal of sharps
- patient equipment
- hand hygiene
- ward/department kitchen
- clinical practice, and
- antimicrobial prescribing.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve the physical inspection of the clinical areas, interviews with staff and patients on the wards, interviews with key staff and a discussion session with senior members of staff from the NHS board and hospital. We will publish a written report 6 weeks after the inspection.

- **Announced inspection:** the NHS board and hospital will be given **at least 4 weeks' notice** of the inspection by letter or email.
- **Unannounced inspection:** the NHS board and hospital **will not be given any advance warning** of the inspection.

Follow-up activity

The inspection team will follow up on the progress made by the NHS board in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

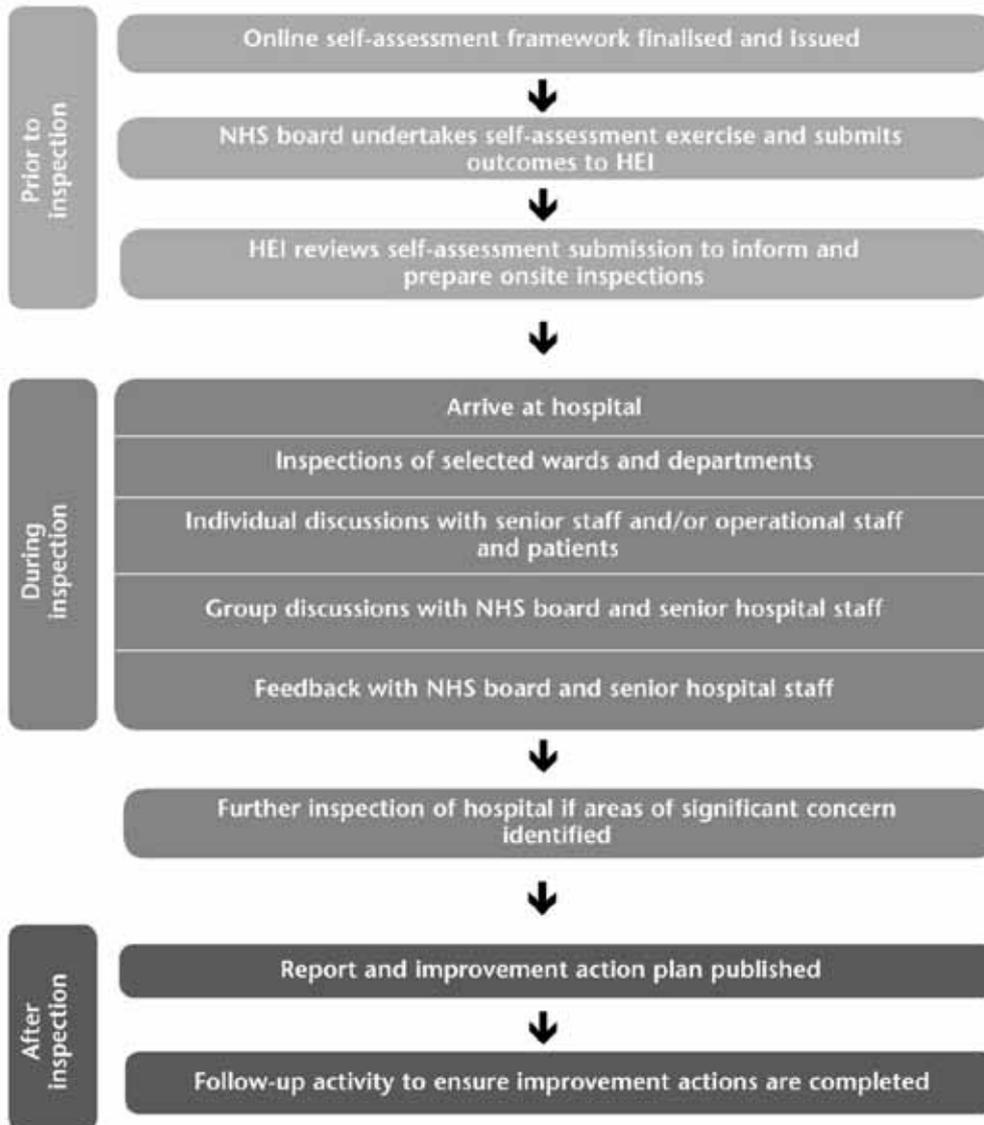
The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- an announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the NHS board on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about the HEI, our inspections, methodology and inspection tools can be found at <http://www.healthcareimprovementscotland.org/HEI.aspx>.

Appendix 3 – Inspection process flow chart



Appendix 4 – Details of inspection

The inspection to **Stracathro Hospital, NHS Tayside** was conducted on **Tuesday 22 May 2012**.

The inspection team consisted of the following members:

Alastair McGown
Regional Inspector

Julie Tulloch
Associate Inspector

Supported by:

Sara Jones
Project Officer

Appendix 5 – Glossary of abbreviations

Abbreviation

CDI	<i>Clostridium difficile</i> infection
HAI	healthcare associated infection
HEI	Healthcare Environment Inspectorate
MRSA	meticillin resistant <i>Staphylococcus aureus</i>
NHS QIS	NHS Quality Improvement Scotland
PVC	peripheral vascular catheter
SABs	<i>Staphylococcus aureus</i> bacteraemias

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 Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net



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