Unannounced Inspection Report – Safety and Cleanliness of Hospitals

Glenrothes Hospital
NHS Fife

19–20 March 2019
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 hospital we inspected

Glenrothes Hospital opened in 1981 and is a community hospital which has 53 beds and a day hospital. The hospital provides a wide range of services, including speech and language therapy, occupational therapy, physiotherapy, dietetics, district nurses, health visitors, podiatry, hospital pharmacy and X-ray services.

About our inspection

We carried out an unannounced inspection to Glenrothes Hospital, NHS Fife, from Tuesday 19 to Wednesday 20 March 2019. We previously inspected Glenrothes Hospital in April 2014. That inspection resulted in one requirement and four recommendations. The inspection report is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org

The inspection team was made up of four inspectors. 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 the previous Glenrothes Hospital inspection report. 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 6: Infection prevention and control policies, procedures and guidance, and
- Standard 8: Decontamination.

We inspected the following areas:

- day hospital
- outpatient department (clinical rooms)
- ward 1, and
- ward 3.
We received 23 completed patient questionnaires.

**What NHS Fife did well**
- Good standard of cleanliness in most areas.
- Good staff compliance and knowledge of standard infection control precautions.

**What NHS Fife could do better**
- NHS Fife must ensure staff are aware of and complete the mandatory requirements for infection prevention and control education.
- NHS Fife must ensure that patient equipment is safe and clean and the environment is maintained to allow effective cleaning.

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

**What action we expect NHS Fife to take after our inspection**
This inspection resulted in three 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](http://www.healthcareimprovementscotland.org)

We expect NHS Fife 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 Fife and, in particular, all staff and patients at Glenrothes Hospital 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](http://www.healthcareimprovementscotland.org)
Key findings - ward inspection

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

What NHS Fife did well

In addition to the mandatory training and 3-yearly updates, the infection control nurse told us that staff can attend face-to-face infection prevention and control team education sessions. We saw details of the 2018 education workshop sessions on topics such as hand hygiene and winter preparedness. Some of these education sessions were held in Glenrothes Hospital. We were told that these sessions were well attended by both nursing and domestic staff.

We were also provided with NHS Fife’s 2017 Scottish Infection Prevention and Control Education Pathway (SIPCEP) implementation guidance. The SIPCEP provides staged infection prevention and control education for all Scottish health and social care staff and students. It aims to support individuals to improve their knowledge and skills while progressing through each of the layers. NHS Fife’s SIPCEP guidance details the minimum mandatory HAI requirements NHS Fife staff are expected to complete. This information will be included in NHS Fife’s HAI Training and Development Strategy Nov 2016 – Nov 2018 which is currently under review.

What NHS Fife could do better

We were provided with the latest version of NHS Fife’s infection prevention and control work programme which states that staff can access the HAI education strategy through the staff intranet.

In all areas visited, we found staff had different understandings of what mandatory infection prevention and control training and education they should complete and they did not know where to find this information. Staff were unaware information was available on the staff intranet.

In one ward, the senior charge nurse told us that all staff must complete levels one to four of the foundation layer of the SIPCEP every year. In another ward, the senior charge nurse told us that staff should complete all online training modules.

During the inspection, we asked for the mandatory infection prevention and control training compliance rates for ward staff in Glenrothes Hospital. We were told that the senior charge nurse from each area would have this information.
Ensuring your hospital is safe and clean

We were provided with spreadsheets for the wards and the day hospital which recorded staffs’ completion of mandatory education. We noted that the spreadsheet has a column for the SIPCEP annual update. The completion dates were filled in for some staff members. SIPCEP was launched in June 2017, however, we found some were dated from 2014. Other staff members had no date against their name.

**Requirement 1**: NHS Fife must ensure that:

a) staff are aware of NHS Fife’s mandatory infection prevention and control education requirements, and

b) nursing and medical staff complete the mandatory infection prevention and control education.

During the inspection we requested details of domestic staff compliance with mandatory education. This has been provided since the inspection.

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

**What NHS Fife did well**

Health Protection Scotland’s *National Infection Prevention and Control 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 and how to help prevent cross-transmission of infections.

Staff told us they had a good relationship with the infection prevention and control team and could contact them for infection prevention and control advice.

During the inspection, we had limited opportunities to observe staff hand hygiene practice, however, the majority of staff we observed demonstrated good compliance. Any exceptions were raised at the time of our inspection. Compliance with other standard infection control precautions was good such as patient placement, the appropriate use of personal protective equipment and sharps management.

The majority of staff we spoke with had good knowledge of how to safely manage blood and body fluid spillages. Staff described 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 were also aware of the action to take in the event of a needle-stick injury.

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. The infection prevention and control team monitors staff compliance with standard infection control precautions by carrying out a 2-yearly HAI inspection audit in each ward. We saw evidence of the latest 2-yearly audits and the corresponding action plans.

Ward staff carry out monthly standard infection control precaution audits and record the results onto the computerised audit results system. We saw that hand hygiene and respiratory etiquette are audited every month. Other standard infection control precautions are audited annually on a rolling programme basis.

We were told during the discussion session that NHS Fife has developed and piloted a new safe and clean care audit that will replace the current audit system used by ward staff. Glenrothes Hospital will be the first NHS Fife hospital to use this before it is rolled out to other NHS Fife hospitals.

We were told that the infection prevention and control team’s environmental audits will continue to be carried out every 2 years and saw evidence of future planned dates.

During the inspection, we found many sinks and wash hand basins in the hospital that were non-compliant with national guidance. However, these are recorded on the risk register and the actions recorded as ‘monitor condition and replace as required when repair or refurbishment required’.

What NHS Fife could do better

NHS boards are required to monitor water safety to reduce the risks associated with water borne infections such as Legionella. To reduce the risk of Legionella, there should be regular flushing of unused or less frequently used water outlets.

During our inspection, we spoke with staff about flushing regimes for less frequent or unused water outlets. We were told by the estates management team that staff use a process to identify less frequently used water outlets and report these to the estates team for decommissioning. In all areas inspected, staff had not identified any less frequently used water outlets. During the inspection, we found one shower room used as a storage room. This water outlet does not get used or flushed and we were told that it had not been reported to the estates team. We raised this at the time of inspection. In addition, staff in all areas inspected did not know who was responsible for flushing a less frequently used outlet such as a shower not used due
to a patient’s condition. However, we were told that all water outlets would be cleaned daily and therefore the water outlets run every day.

We were given a copy of a memorandum taken from the staff intranet that detailed the need for water flushing and the audit tool for staff to use. We were told by the estates management team that the water supply is tested quarterly and any abnormal results are discussed at the water safety group.

The previous inspection in 2014 highlighted that the hospital wards had six beds to each wash hand basin. We acknowledge that this has been reduced since then to five beds to each wash hand basin. However, this is still less wash hand basins to beds than stipulated by national guidance. The senior charge nurses we spoke with on the wards were unaware of the issue. In addition, a risk assessment for the wash hand basin to bed ratio could not be provided. Since the inspection, NHS Fife has provided a risk assessment regarding the use of alcohol based hand rub for hand hygiene. They have also stated that if the wards are refurbished the wash hand basin to bed ratio would be reviewed against current guidance.

In a hospital, clinical waste should be stored in a designated, safe and lockable disposal hold while waiting for removal. The wards inspected had waste stored in cages in unlocked sluice rooms. Staff in one ward told us that they were waiting for a large store room to be made into two rooms that will then provide a dedicated disposal hold. However, the estates team told us that this has not been planned for.

We saw that used sharps boxes from a clinical examination room in the outpatients department waiting removal were being stored in a staff changing area of the day hospital. Staff told us that the issue had been reported to their line manager several times but the issue had not been resolved. When we spoke with senior management they were not aware of these issues.

We also saw that used linen in a linen buggy was stored in a room with clean equipment. We saw a sign indicating that the buggy should be stored in the sluice room. However, due to the waste cages, there was no space.

In a treatment room, we saw one bed made up with linen and ready for use. As this area does not have a designated linen buggy, staff need to walk to another ward to dispose of used linen. Staff we spoke with were unsure when the linen would be changed. We are not assured that linen is being changed between patients. We raised this at the time of inspection with the senior charge nurse.
- **Requirement 2**: NHS Fife must ensure staff comply with Health Protection Scotland’s *National Infection Prevention and Control Manual*:
  a) for the management of used linen, and
  b) for the provision of a designated, lockable disposal hold where waste can be stored before removal.

**Standard 8: Decontamination**

**What NHS Fife did well**

The standard of environmental cleaning was generally good. Senior charge nurses told us they were happy with the standard of cleaning on the wards. Domestic staff told us they have sufficient equipment and time to carry out their duties. We were told that due to vacant posts or staff absence, there can sometimes be reduced domestic cover. We were told that interviews have recently taken place to fill the domestic staff vacancies.

We inspected a range of patient equipment across all wards and departments and found the majority to be clean and well maintained. Nursing staff keep a daily and weekly sign-off sheet for the cleaning of patient equipment. We noted that a new equipment cleaning schedule had been introduced the week before our inspection.

**What NHS Fife could do better**

The majority of equipment was generally clean in the ward areas. Any exceptions in the wards were raised at the time of our inspection. However, in the outpatient department we found contaminated equipment in the clinical examination room.

The clinic rooms are used by many disciplines of staff for multiple services. Senior management told us that any staff member using the clinical examination rooms in the outpatient department are responsible for cleaning the room. Staff told us they clean and remove their own equipment but do not clean other equipment in the rooms such as trolley beds, overhead lamps and procedure trolleys.

At a previous inspection, in April 2014 a requirement was given regarding the responsibility for cleaning the equipment and environment of the outpatient department. During this inspection, we noted that domestics are responsible for environmental cleaning in this area. However, it is still unclear who was responsible for the cleaning of the equipment.
In a clinical examination room we saw the following:

- a torn and damaged chair
- a drawer unit not suitable for clinical use with exposed wood and damage to drawers
- dust and grime on table tops, and
- poor storage facilities with equipment being stored on the floor.

We noted some wear and tear estates issues across all areas inspected which do not allow for effective decontamination. For example, we found the following:

- water damage to the walls in a sluice area
- exposed wood on patient lockers, handrails and doors
- damage to kitchen and patient bay flooring, and
- damage to walls and mould on skirting board sealant in the visitor toilet facilities.

We found that not all of these issues had been reported to the estates team.

In one area staff told us they had re-reported damage to patient bay flooring several times but that the issue remains outstanding. This area’s estates section of a recent facilities monitoring audit scored between 89.82% and 100%. Our inspection findings did not reflect these high scores. We raised this with the estates team management at the time of inspection. We have been told that NHS Fife have identified shortcomings in the prescribed system and gone above the nationally prescribed frequencies and have re-coded the ward areas and day hospital so that they are monitored monthly rather than the much less frequently prescribed quarterly requirements.

- **Requirement 3**: NHS Fife must ensure that:
  
a) patient equipment and the environment is safe and clean, minimising the risk of cross infection, and
  
b) the built environment is maintained to allow effective cleaning.
Appendix 1: Requirements and recommendations

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

a) **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.

b) **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 2: Education to support the prevention and control of infection

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<th>Requirement</th>
<th>HAI standard criterion</th>
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<td>1 NHS Fife must ensure that:</td>
<td>2.2 and 2.5</td>
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<tr>
<td>a) staff are aware of NHS Fife's mandatory infection prevention and control education requirements, and</td>
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<td>b) nursing and medical staff complete the mandatory infection prevention and control education.</td>
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**Standard 6: Infection prevention and control policies, procedures and guidance**

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<th>Requirements</th>
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<td>Standard 6</td>
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**Standard 8: Decontamination**

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