Announced Inspection Report

St Andrews Community Hospital | NHS Fife
27–28 April 2016
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 announced inspection to St Andrews Community Hospital, NHS Fife, from Wednesday 27 to Thursday 28 April 2016.

This report summarises our inspection findings on page 5 and detailed findings from our inspection can be found on page 7. A full list of the requirements and recommendations can be found in Appendix 1 on page 13.

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 St Andrews Community 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

St Andrews Community Hospital offers a wide range of inpatient and outpatient services. The hospital has around 40 inpatient beds and also hosts three GP practices and a minor injuries unit.

About our inspection

We carried out an announced inspection to St Andrews Community Hospital from Wednesday 27 to Thursday 28 April 2016.

This was the first inspection of the hospital and the first inspection 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. This informed our decision on which standards to focus on during this inspection. We focused on:

- Standard 6: Infection prevention and control policies, procedures and guidance
- Standard 8: Decontamination, and
- Standard 9: Acquisition of equipment.

Our public partner also focused on Standard 3: Communication between organisations and with the patient or their representative.

We inspected the following areas:

- minor injuries unit
- outpatients department
- renal dialysis unit
- ward 1 (GP/rehabilitation), and
- ward 2 (elderly care/palliative care).

We carried out 11 patient interviews and received 19 completed patient questionnaires.

What NHS Fife did well

- The wards and departments inspected were clean.
- The majority of patient equipment inspected was clean.
- Patient feedback was actively encouraged.

What NHS Fife could do better

- Comply with national guidance about the use of personal protective equipment.
What action we expect NHS Fife to take after our inspection

This inspection resulted in one requirement. The requirement is 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 St Andrews Community Hospital for their assistance during the inspection.
3 Key findings

Standard 3: Communication between organisations and with the patient or their representative

Our public partner interviewed one member of staff to ask what infection control information was provided to patients. We were told that hand hygiene and HAI infection leaflets were included in the admission pack, and for more elderly patients they would go through them with relatives and ask if they had any questions. A decision on the most appropriate form of information would depend on the patient’s assessed level of understanding and again this could be with involvement of family members.

We were told that HAI information leaflets were available in different languages, large print, audio and Braille. An interpretation service could also be requested. This information could be accessed through NHS Fife intranet.

The majority of patients asked said they had awareness about preventing infections. Not all patients we spoke with could remember being given leaflets, being spoken to or seeing posters.

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

NHS Fife has adopted Health Protection Scotland’s National Infection Prevention and Control Manual for NHSScotland (2015). The majority of staff could tell us how they access the manual through the NHS board’s staff intranet. The 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 (aprons, gloves), how to care for patients with an infection and the management of linen, waste and sharps.

Staff confirmed that they are made aware of changes to infection prevention and control policies through e-mail from their senior charge nurse, information displayed on communication boards and at ward safety briefs. A safety briefing is used as a communication tool which focuses on patient safety issues.

NHS boards are required to measure staff compliance with standard infection control precautions. We were provided with the standard infection control precautions audit timetable for the hospital. This audit programme required hand hygiene to be monitored monthly and respiratory hygiene audited during the winter months. The remaining standard infection control precautions were audited every 6 months. Ward staff are responsible for carrying out these audits, and senior charge nurses are responsible for reviewing the audit activity and results. In general, we saw that this standard infection control audit programme was consistently followed, with the exception of one area. We noted high staff compliance rates from the audit results. We were shown the audit results and any associated action plans for these areas, on the NHS board’s electronic data recording and management system. The infection prevention and control team has oversight of the audit results through this system.

The senior charge nurse discusses all audit results during one-to-one monthly meetings with their line manager. Results are also shared at the senior charge nurses meeting which provides the opportunity for shared learning between areas, ward safety briefs and staff
huddles. For example, in the minor injuries unit/outpatients department, we were provided with evidence of a hand hygiene audit and resulting action plan as compliance had dropped below the required 95%. The action plan described the actions that would be taken, such as discussions with staff.

Ward staff spoke of the good collaborative working relationship they have with the infection prevention and control team. We were told that they could contact them for advice and support. Infection control condition-specific care plans can also be accessed online for patients who required isolation due to infection. Patients would then be managed with support from the infection prevention and control team.

We were told that the infection prevention and control team had carried out education and planning on specific infection-related challenges, for example the management of patients with suspected viral haemorrhagic fever (Ebola virus) in the minor injuries unit/outpatients department. Staff had received training on the correct use of personal protective equipment and isolation procedures in the event of a presentation of this infection in the department.

On the wards inspected, we saw good staff compliance with hand hygiene, linen, waste and sharps management, and patient placement and isolation procedures. We also observed good compliance by nursing staff with the use of personal protective equipment. Staff told us that they felt supported to challenge colleagues who do not adhere to the standard infection control precautions.

During the inspection, we spoke with staff about their knowledge of standard infection control precautions. We spoke with staff about how they would safely manage a blood or body fluid spillage. The majority of staff could explain the process they would follow, the equipment they would use, the precautions they would take and the correct dilution strength of chlorine-releasing disinfectant and detergent. Guidance was displayed on the wards describing the use of chlorine-releasing disinfectant and detergent.

All patients we spoke with commented on seeing staff washing their hands or using alcohol-based hand rub. However, of the 19 people who responded to our survey only 53% (10 patients) stated that ward staff always wash their hands. Patients told us they were provided with hand wipes to use at mealtimes. The majority of patients commented in the surveys that they were always offered the opportunity to clean their hands.

Patients told us they saw staff wearing aprons and gloves before attending to them and saw these being changed between patients. Patients in the renal dialysis unit told us they saw staff wearing face shields when involved in their treatment.

Some patients who responded to our survey or spoke with said:

- ‘Nurses always particular, washing hands regularly.’
- ‘Always put aprons on... different colours for different things.’
- ‘If I need help to toilet (they’ll say) wait a minute until I get gloves.’

We saw a good variety of standard infection control precautions information posters for staff and leaflets for patients, their representatives and the public at ward entrances.

Animal-assisted therapy can be beneficial for patients, especially for those in long-term care. However, animals present a risk of infection and their visits need to be managed appropriately to prevent illness to patients or staff. Usually, this is done by using animals
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(such as dogs) from an approved pet therapy scheme and by following a procedure to manage infection control risks during and after animal visits. We discussed the NHS board’s policy for bringing pets into the hospital. Ward staff were aware of and could show us a copy of the policy. They told us that the infection prevention and control team would be contacted for advice before a pet visited the hospital.

Areas for improvement

Health Protection Scotland’s *National Infection Prevention and Control Manual for NHSScotland* (2015) states that gloves must be: ‘Changed immediately after each patient and/or following completion of a procedure or task.’ Health Protection Scotland’s *Standard Infection Control Precautions Literature Review: Personal protective equipment (PPE) Gloves* (2014) states that: ‘Single-use disposable gloves should be worn for environmental cleaning. Re-usable household (‘Marigold’ type) gloves are not suitable for environmental cleaning tasks in healthcare settings due to the risk of cross-infection.’

We noted the continued use of reusable household gloves by domestic staff in patient areas. The practice of re-using household gloves presents a risk of cross-contamination between patient areas and does not comply with national guidance.

We were told by NHS Fife domestic services staff that the procedure for the use of gloves was as follows:

- domestic staff should decontaminate (clean) reusable gloves with soap and water between patient areas
- reusable gloves are washed with soap and water at the end of the shift and hung to dry
- reusable gloves should not be washed in patient wash hand basins
- reusable gloves should be disposed of after 7 days of use, and
- single use disposable gloves should be used in areas for isolated patients.

Domestic staff told us they would use pink reusable gloves for cleaning toilets and showers, and blue reusable gloves for patient rooms. However, some domestic staff we spoke with on the wards were unclear with some aspects of NHS Fife’s current policy on the use of reusable gloves. For example, one domestic staff member told us they decontaminated the gloves between patient areas with alcohol-based hand rub. Another domestic staff member told us they washed the gloves in the clean patient wash hand basin after a patient bathroom had been cleaned. This could lead to a potential risk of contaminating a clean sink with dirty gloves.

Domestic staff also seemed unclear which gloves were to be used for cleaning isolation rooms. For example, we were told by one member of staff that yellow reusable gloves were used in isolation rooms for patients with suspected or confirmed infection. We raised our concerns with the infection prevention and control team who discussed this with the domestic services manager.

Following that discussion, the infection prevention and control manager informed us that the domestic services team is in a period of transition of moving to the use of disposable gloves for the cleaning of isolation rooms. We were assured that the issue of some staff continuing to use the yellow gloves would be resolved immediately.

During the inspection, we were told that there are ongoing discussions between NHS Fife, Health Protection Scotland and the Health and Safety Executive about this issue. We
recognise that NHS Fife is reviewing the options available to try to find a mutually agreeable resolution.

We previously highlighted the non-compliant practice of the selection and use of gloves at our inspection of Queen Margaret Hospital, Dunfermline, on 29–30 September 2015. NHS Fife received a priority 1 requirement for this issue. The timescale for an NHS board to action a priority 1 requirement is one week from the date of publication. NHS Fife’s improvement action plan detailed the action that would be taken within that week. NHS Fife’s 16 week improvement action plan gave an expected date for completion of 1 March 2016. However, during the inspection to St Andrews Community Hospital, we saw that non-compliant practice continued. Therefore, the requirement has not been met. This issue requires to be resolved without delay. We will engage with NHS Fife on this matter.


In the renal dialysis unit, we were told that staff carry out audits of compliance for hand hygiene, safety briefs and invasive devices. However, the senior charge nurse was unable to access the audit electronic data recording and management system to show us evidence of this. The senior charge nurse was unaware of any other audit activity that took place. During the inspection, the infection prevention and control team acknowledged that the renal dialysis unit staff had not been following the standard infection control precautions audit timetable. The infection prevention and control team addressed this non-compliance on the day of inspection.

Historically, NHS Fife had taken a risk-based approach to audit activity carried out by the infection prevention and control team. As a result, the focus for the annual infection control environmental audit on this site had primarily been inpatient areas due to the availability of staff. This meant that no recent audits had taken place by the infection prevention and control team in the renal dialysis unit and minor injuries unit/outpatients department. During the inspection, we were told that additional staff had been recruited to expand the infection prevention and control team. As a result, a plan was already in place to bring audits by the infection control team to all areas. We were shown the infection prevention and control team’s audit planner for community services. This now includes all outpatient and inpatient areas including the renal dialysis and minor injuries units. We will follow this up at future inspections.

Standard 8: Decontamination

During this announced inspection, we found the wards and departments inspected were clean and well maintained. This also included storage areas and communal patient areas such as sun rooms, quiet rooms and sitting rooms. The waiting area in the minor injuries unit/outpatients department was also clean and well maintained.

Ward staff described a good working relationship with domestic services and a high standard of cleaning. We saw evidence of completed domestic services cleaning schedules. These were signed off every week by senior charge nurses to confirm they were satisfied with the standard of cleaning. Ward staff told us that they could escalate any domestic cleaning issues to the domestic services supervisor.

We found the majority of patient equipment we inspected was clean and well maintained. This included beds, mattresses, portable monitoring equipment, commodes, hoists, stand
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aids, scales and overhead lamps. We discussed any exceptions with the nurse in charge at the time of our inspection. We saw completed nursing cleaning schedules for the cleaning of patient equipment. A daily bedside checklist was also in use, although we found this was not consistently completed. Patient chairs were all able to be wiped clean. The waiting area also had wipe clean toys for children. We saw these were included in the nursing cleaning schedules.

We were told that mattress checks take place every week and on patient discharge. We saw evidence of mattress audits that take place every 6 months and the resulting action plans if required.

On the renal dialysis unit, all three dialysis chairs checked were found to be free of contamination and damage on the external surfaces of the chairs. However, this type of chair does not facilitate the checking of the internal cushioning. NHS Fife had already identified this issue and a rolling programme to replace the dialysis chairs was in place. One of the new dialysis chairs was already in use in the unit. This had removable cushions which can be internally inspected for decontamination. In the meantime, ward staff were minimising the risk by covering the chairs in sheets. This helps to highlight any contamination when cleaning the external surfaces of the chairs between patients.

We were told that nursing staff were responsible for checking bedside curtains every day. These would then be changed on a needs basis. The majority of curtains were clean at the time of inspection. In ward 2, the two curtains we identified as contaminated had already been identified as needing to be changed.

All patients we spoke with were generally happy with the standard of cleaning and felt that equipment and furniture was clean and fit for purpose. They said that toilets, showers, bed spaces and ward areas were clean. Almost half stated that they felt they would raise a concern about cleanliness if they had one. Patients in the renal dialysis unit told us they did not see cleaners, as cleaning took place between patient sessions. However, they commented on seeing nurses cleaning patient equipment. When any spillages occurred, they said these were dealt with promptly by staff.

Some patients we spoke with about the standard of cleaning said:

- ‘It's not just the cleaners, the nurses are very particular - they like things right, surfaces, everything.’
- ‘I can't fault it, the floors, the surfaces are clean.’

Of the 19 people who responded to our survey during our inspection:

- 79% (15 patients) stated that they thought the wards were always clean, and
- 58% (11 patients) stated that the equipment used for care was always clean and in good repair.
We noted that NHS Fife uses comment cards for patients and relatives to leave comments about the standard of cleanliness on the ward and patient care. We were told that patients’ relatives are encouraged to use these and post them in the comments box kept on the wards. In the minor injuries unit/outpatients department, we saw a ‘comments tree’ for patients to attach sticky notes for staff. We were told that comments are shared at ward safety briefs and staff meetings to make sure any necessary improvements are shared.

Ward staff could describe how they report any maintenance and repair issues. Two reporting processes are in place: one to NHS Fife’s estates department and another to an external company that provides a maintenance service for the fabric of the building. We were told that both systems generally work well and that ward staff were satisfied with the service provided.

Areas for improvement
In ward 1, we noted the use of crash mats for a patient at risk of a fall. These were placed, and remained, on the floor next to the patient’s bed. However, this could be a barrier to effective cleaning in that room. The senior charge nurse told us that the crash mats could be folded up and stored above ground level off the floor to enable effective decontamination of the floor. We were assured that this process would be followed in the future.

Standard 9: Acquisition of equipment
NHS Fife’s self-assessment submitted to us stated that the infection prevention and control team is involved in the procurement of equipment. The purpose of the team’s involvement is to make sure that new or alternative equipment meets HAI guidelines, and can be effectively cleaned and maintained.

During the inspection, senior charge nurses spoken with were aware of NHS Fife’s equipment procurement operational policy. They could describe the process to request new equipment to purchase or to trial any equipment that was not available on the national procurement list. We were told that any new equipment to be purchased would be discussed with the senior charge nurse’s line manager. They would speak with the ‘area distribution centre’ to confirm whether this equipment was on the procurement list. The senior charge nurse then completes an equipment request form and an endowment request form. These are sent to their line manager who then sends them on to the estates department and infection prevention and control team to consider and agree suitability before any purchase would be made. We were provided with evidence of the infection prevention and control team’s involvement in the process.

We were told that any reusable equipment that needed repair would be placed inside a clear bag and labelled with a decontamination certificate. This would be sent to the medical physics department for repair or to be destroyed. The procurement procedure described above would then be put in place if replacement equipment was required.
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>
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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>
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<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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**Standard 6: Infection prevention and control policies, procedures and guidance**

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<thead>
<tr>
<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
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<tbody>
<tr>
<td>1</td>
<td>NHS Fife must ensure compliance with Health Protection Scotland’s <em>National Infection Prevention and Control Manual for NHSScotland (2015)</em> and guidance about the selection and use of gloves (see page 10).</td>
<td>6.1</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](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/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)
Appendix 3 – Details of inspection

The inspection to St Andrews Community Hospital, NHS Fife was carried out on Wednesday 27 and Thursday 28 April 2016.

The members of the inspection team were:

Cheryl Newton
Inspector (Lead)

Lindsey Macphee
Inspector

John Dally
Public Partner

Supported by:

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

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
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<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<tr>
<td>PPE</td>
<td>personal protective equipment</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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