Unannounced Follow-up Inspection Report

Uist and Barra Hospital
NHS Western Isles

7–8 February 2017
The Healthcare Environment Inspectorate was established in April 2009 and is part of Healthcare Improvement Scotland. We inspect acute and community hospitals across NHSScotland.

You can contact us to find out more about our inspections or to raise any concerns you have about cleanliness, hygiene or infection prevention and control in an acute or community hospital or NHS board by letter, telephone or email.

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1 About this report

This report sets out the findings from our unannounced follow-up inspection to Uist and Barra Hospital, NHS Western Isles, from Tuesday 7 to Wednesday 8 February 2017.

This report summarises our inspection findings on page 5 and detailed findings from our inspection can be found on page 8. 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.

The flow chart in Appendix 2 summarises our inspection process. More information about the Healthcare Environment Inspectorate, our inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org/HEI.aspx
2 Summary of inspection

About the hospital we inspected

Uist and Barra Hospital, Benbecula, is a 16-bedded community hospital. The hospital provides a local service for the population living on the islands of North Uist, South Uist and Benbecula. The hospital provides GP acute and midwifery-led maternity services.

About the previous inspection

We previously inspected Uist and Barra Hospital in October 2016. That inspection resulted in five requirements and one recommendation. As a result of that inspection, NHS Western Isles produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/HEI.aspx

This follow-up report should be read along with the previous October 2016 report.

About this inspection

We carried out an unannounced follow-up inspection to Uist and Barra Hospital from Tuesday 7 to Wednesday 8 February 2017. The purpose of the inspection was to:

- assess progress with the requirements and recommendation made at the previous inspection in October 2016, and
- assess the hospital against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015).

The report also takes account of the information supplied by NHS Western Isles in the 16-week improvement action plan submitted in late February 2017. This plan details the action taken by the NHS board to address the requirements and recommendation we made at our previous inspection.

We inspected the following areas:

- main ward, and
- outpatients department.

Inspection findings

We inspected three of the five requirements made at the previous inspection in October 2016. The other two requirements were not due to be completed at the time of this follow-up inspection. We found that NHS Western Isles has partially met¹ the three requirements.

¹ Partially met means a requirement has not been achieved in its entirety, but progress has been made.
Previous requirements | Met / Partially met / Not met
--- | ---
NHS Western Isles must ensure it evaluates the uptake of mandatory infection control training and responds to unmet staff infection prevention and control training and education needs. | We did not inspect against this requirement as the completion date is March 2017.

NHS Western Isles must ensure staff are aware of, and comply with, the guidelines for waste management, and the management of blood and body fluid spillages in Health Protection Scotland’s National Infection Prevention and Control Manual and Health Facilities Scotland’s Scottish Health Technical Note 3 (2015). | Partially met

NHS Western Isles must demonstrate enrolment with the appropriate accreditation scheme in line with Health Department Letter (HDL) (2003)45 Compulsory registration in accreditation schemes for NHS pathology laboratories in Scotland. This will help ensure the microbiology service provides best practice testing, including laboratory processing and diagnostics. | We did not inspect against this requirement as the completion date is June 2017.

NHS Western Isles must ensure it provides mattresses and patient chairs that are clean and safe to minimise the risk of cross-infection. | Partially met

NHS Western Isles must implement an escalation procedure for managing estates and maintenance issues. Any estates and maintenance issues should be acted on within a reasonable timescale and ward staff should be kept informed of progress and timescales for completion. | Partially met

**What action we expect NHS Western Isles to take after our inspection**

This inspection resulted in two new requirements and one new recommendation. All five requirements remain outstanding from the October 2016 inspection and will be carried forward. All requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards (2015). A full list of the requirements and recommendations 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](http://www.healthcareimprovementscotland.org/HEI.aspx).
We expect NHS Western Isles to carry out the actions described in its improvement action plan to address the issues we raised during this inspection. These actions should be completed within the timeframes given in Appendix 1.

We would like to thank NHS Western Isles and, in particular, all staff and patients at Uist and Barra Hospital for their assistance during the inspection.
3 Progress since last inspection

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

Following the previous inspection in October 2016, NHS Western Isles was required to:

‘ensure it evaluates the uptake of mandatory infection control training and responds to unmet staff infection prevention and control training and education needs.’

We did not inspect against this requirement as we asked NHS Western Isles to action this requirement by March 2017. However, the senior charge nurse told us about the progress that had been made with this requirement to date. The senior charge nurse was now aware of their responsibility for ensuring staff complete their mandatory infection prevention and control modules each year. This was being addressed through staff one-to-one meetings and personal development reviews.

NHS Western Isles told us in its 16-week improvement action plan that it was collecting data to monitor staff compliance with the mandatory infection prevention and control training. A skills register was being updated.

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

Following the previous inspection in October 2016, NHS Western Isles was required to:

‘ensure staff are aware of, and comply with, the guidelines for waste management, and the management of blood and body fluid spillages in Health Protection Scotland’s National Infection Prevention and Control Manual and Health Facilities Scotland’s Scottish Health Technical Note 3 (2015).’

We asked NHS Western Isles to action this requirement by January 2017.

The action plan submitted following the October 2016 inspection states that the senior charge nurse would liaise with the infection prevention and control team to agree dates for the team to visit to provide support and education to all staff.

During this follow-up inspection, we saw evidence of a training session, covering hand hygiene and standard infection control precautions, provided by the infection prevention and control team in January 2017. Fifteen members of staff, including hotel services, healthcare assistants, staff nurses, clinical support workers and a student, attended. We were told another training session was planned for later that month, but this was cancelled due to bad weather.

Several staff told us they had not attended the training session because they were not on shift when it was provided. When we raised this with senior managers, we were told it was difficult for staff to attend training as some staff groups work mostly night shifts.

■ Recommendation a: NHS Western Isles should ensure staff shift patterns are considered when planning face-to-face training sessions to ensure all relevant staff can attend.

Staff we spoke with had a good knowledge of waste management. We saw good waste management practice. We saw that clinical waste bins were locked whilst awaiting uplift.
However, the majority of staff we spoke with could not describe the correct management of blood and body fluid spills. When reading the staff guidance on display, staff were still unsure about the correct strength of chlorine-releasing disinfectant and detergent used for cleaning blood spillages.

During this inspection, NHS Western Isles told us it would consider displaying easier to read posters highlighting the use of chlorine-releasing disinfectant and detergent for cleaning blood spills.

NHS Western Isles told us in its 16-week improvement action plan that the infection prevention and control team would continue to work with the senior charge nurse and charge nurse to provide education and support to staff.

This requirement has been partially met.

Following the previous inspection in October 2016, NHS Western Isles was required to:

‘demonstrate enrolment with the appropriate accreditation scheme in line with Health Department Letter (HDL) (2003)45 Compulsory registration in accreditation schemes for NHS pathology laboratories in Scotland. This will help ensure the microbiology service provides best practice testing, including laboratory processing and diagnostics.’

We did not inspect against this requirement as we asked NHS Western Isles to action this requirement by June 2017.

NHS Western Isles told us in its 16-week improvement action plan that the process of completing an application for the UK Accreditation Service was under way. The aim was to complete laboratory accreditation by December 2017.

Additional issues identified during inspection
During the October 2016 inspection, we identified a number of infection control policies and standard operating procedures that were outwith their review date. During that inspection, we were told that they were currently under review and would be going through the NHS board’s governance process. These would then be published and available by November 2016.

During this inspection, we found a significant number of policies and standard operating procedures remained out of date. This meant these documents had not been reviewed or been through the NHS board’s governance process for more than 2 years.

We were told this was due to staffing issues in the infection prevention and control team. Delays had also occurred due to implementing changes to the NHS board’s policy and standard operating procedure templates.

■ Requirement 1: NHS Western Isles must ensure that all infection prevention and control policies and standard operating procedures are reviewed and continue to be reviewed at least every 2 years to provide assurance to the organisation.
Standard 8: Decontamination

Following the previous inspection in October 2016, NHS Western Isles was required to:

‘ensure it provides mattresses and patient chairs that are clean and safe to minimise the risk of cross-infection.’

We asked NHS Western Isles to action this requirement by December 2016.

The action plan submitted following the October 2016 inspection states that new beds and mattresses had been ordered. We saw five new beds and mattresses were delivered to Uist and Barra Hospital in December 2016. All mattresses we checked were clean and free from contamination.

During this follow-up inspection, we identified seven beds that are still currently in use which are chipped and damaged. We were told that NHS Western Isles is in the third year of a rolling replacement programme where new beds will be purchased each year and distributed throughout NHS Western Isles.

Following our inspection, we were provided with evidence of business cases requesting funds to purchase replacement beds. We saw that risks, including infection control risks, were discussed during this process. We were told that any new equipment purchased is proportionality distributed throughout all NHS Western Isles hospital sites.

The action plan submitted following the October 2016 inspection states that a review of patient chair requirements was under way in NHS Western Isles. During our inspection, we saw that patient chairs found to be damaged or contaminated had been labelled as condemned. We saw some patient chairs had been removed from use and were awaiting uplift. Some patient chairs labelled as condemned remained in use as, if they were also removed from use, there would be a shortage of chairs. Of the chairs we could inspect, we found two with heavy contamination on the cushion insert. One of these chairs was labelled as condemned.

The action plan submitted following the October 2016 inspection states that once the review is completed, new patient chairs would be ordered. This review was due to be completed by December 2016. During this follow-up inspection, we were told that no money was available in this financial year to purchase new patient chairs.

We asked if a risk assessment had been carried out for the continued use of chairs that had been marked as condemned. The senior nurse for acute services told us that no formal risk assessment was currently in place for the continued use of patient chairs identified as condemned due to damage or contamination.

NHS Western Isles told us in its 16-week improvement action plan that patient chairs would be ordered early in the next financial year.

This requirement has been partially met. Although NHS Western Isles had made progress towards compliance, a further requirement has been made.

- Requirement 2: NHS Western Isles must ensure that a risk assessment is carried out, monitored and regularly updated with specialist infection prevention and control advice sought and adhered to when continuing to use equipment that has been identified as substandard.
Following the previous inspection in October 2016, NHS Western Isles was required to:

‘implement an escalation procedure for managing estates and maintenance issues. Any estates and maintenance issues should be acted on within a reasonable timescale and ward staff should be kept informed of progress and timescales for completion.’

We asked NHS Western Isles to action this requirement by January 2017.

The action plan submitted following the October 2016 inspection states that an escalation procedure would be developed to ensure that all estates and maintenance jobs are logged, managed and progressed.

During this follow-up inspection, we saw improvements had been made and much repair work had been carried out by the estates department since the October 2016 inspection. During our visit to the ward, staff we spoke with were unaware of the escalation procedure or any changes in the feedback system about progress, outstanding jobs or timescales for completion.

We had a further discussion with the estates manager, senior charge nurse and domestic supervisor. It was agreed that, on one Wednesday of each month, representatives from Uist and Barra Hospital would video-link in to the weekly estates meeting. This would provide an opportunity to discuss any outstanding jobs in Uist and Barra Hospital and the estates team would provide an update on reasonable timescales for completing any outstanding jobs. Once this feedback mechanism is established, we would consider this requirement met.

NHS Western Isles told us in its 16-week improvement action plan that each month staff from Uist and Barra Hospital will video-link in to the weekly estates meeting to discuss and prioritise any outstanding work.

**This requirement has been partially met.**

Following the previous inspection in October 2016, we recommended that NHS Western Isles should:

‘ensure used instruments awaiting return to the NHS board’s central decontamination unit are stored in an appropriately secured area whilst awaiting uplift.’

The action plan submitted following the October 2016 inspection states that a lock had been ordered for the door in October 2016 and would be fitted on the next planned visit from the estates department.

During this follow-up inspection, we found that the room where the used, reusable medical instruments had been stored in an unlocked transportation container had not yet been fitted with a secure lock. However, we did not identify any instruments awaiting return to the NHS board’s central decontamination unit to be decontaminated (cleaned). We were told that this room was still used for this purpose. However, as no clinic had taken place on the day of our inspection, no medical instruments had been used.

If this room is being used for storing used, reusable medical equipment awaiting return to the NHS board’s central decontamination unit, a lock should be installed as detailed in the action plan submitted following the October 2016 inspection.
NHS Western Isles told us in its 16-week improvement action plan that a lock had been ordered for this door and would be fitted during the next planned visit from the building supervisor.
Appendix 1 – Requirements and recommendations

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

■ Requirement: A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland, or its predecessors. These are the standards which every patient has the right to expect. A requirement means the hospital or service has not met the standards and the HEI is concerned about the impact this has on patients using the hospital or service. The HEI expects that all requirements are addressed and the necessary improvements are made within the stated timescales.

■ Recommendation: A recommendation relates to national guidance and best practice which the HEI considers a hospital or service should follow to improve standards of care.

Prioritisation of requirements

All requirements are priority rated (see table below). Compliance is expected within the highlighted timescale, unless an extension has been agreed in writing with the lead inspector.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Indicative timescale</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Within 1 week of report publication date</td>
</tr>
<tr>
<td>2</td>
<td>Within 1 month of report publication date</td>
</tr>
<tr>
<td>3</td>
<td>Within 3 months of report publication date</td>
</tr>
<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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<th>Requirement</th>
<th>Indicative timescale</th>
<th>Priority</th>
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<tbody>
<tr>
<td>1</td>
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<td>6.5</td>
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<tr>
<td></td>
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Recommendation

<table>
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<tr>
<th>Recommendation</th>
<th>Indicative timescale</th>
<th>Priority</th>
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## Standard 8: Decontamination

<table>
<thead>
<tr>
<th>Requirement</th>
<th>HAI standard criterion</th>
<th>Priority</th>
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<tbody>
<tr>
<td>2 NHS Western Isles must ensure that a risk assessment is carried out, monitored and regularly updated with specialist infection prevention and control advice sought and adhered to when continuing to use equipment that has been identified as substandard (see page 10).</td>
<td>8.1</td>
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### Recommendations
None

### Requirements and recommendations carried forward from October 2016 inspection

<table>
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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/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)
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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