



Announced Inspection Report – Safety and Cleanliness of Hospitals

Aboyne Hospital
Fleming Hospital
Jubilee Hospital
Glen O’Dee Hospital
Kincardine Hospital

Seafeld Hospital
Stephen Hospital
Turner Hospital
Turriff Hospital

NHS Grampian

13–15 August 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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Summary of inspection

About the hospitals we inspected

NHS Grampian has 16 community hospitals. There are three Health and Social Care Partnerships (HSCP) in NHS Grampian and adult health and social care services are delivered in partnership with the respective councils of Moray, Aberdeen City and Aberdeenshire. We inspected nine hospitals across Moray and Aberdeenshire.

All nine hospitals include inpatient beds and provide medical care, palliative care and rehabilitation. The hospitals also provide a varied range of services such as minor injuries, GP treatment room services and a range of consultant-led clinics and day hospital services.

About our inspection

This inspection focused on the safety and cleanliness of these NHS Grampian hospitals. The overarching responsibility for infection prevention and control is with the NHS board. We carried out announced inspections to the following NHS Grampian community hospitals from Tuesday 13 to Thursday 15 August 2019:

Aberdeenshire Health and Social Care Partnership

Abyone Hospital
Glen O’Dee Hospital
Jubilee Hospital
Kincardine Hospital
Turiff Hospital

Moray Health and Social Care Partnership

Fleming Hospital
Seafeld Hospital
Stephen Hospital
Turner Hospital

The inspection team was made up of six inspectors with support from a project officer. Although we try 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 these hospitals against the Healthcare Improvement Scotland *Healthcare Associated Infection (HAI) Standards* (February 2015). Before carrying out these inspections, we reviewed previous inspection activity within this NHS Board. 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:

Aberdeenshire Health and Social Care Partnership

Aboyne Hospital:

- general ward, and
- minor injuries unit.

Glen O'Dee Hospital:

- Morven ward, and
- Scolty ward.

Jubilee Hospital:

- Rothiden ward
- minor injuries unit, and
- emergency department.

Kincardine Hospital:

- Arduthie ward

Turriff Hospital:

- general ward, and
- minor injuries unit.

Moray Health and Social Care Partnership

Fleming Hospital:

- general ward, and
- minor injuries unit.

Seafield Hospital:

- general ward, and
- minor injuries unit.

Stephen Hospital:

- general ward, and
- minor injuries unit.

Turner Hospital:

- general ward, and
- minor injuries unit.

As we did not have a public partner on the team, we did not carry out any formal patient interviews. However, all inspectors took time to speak with patients, relatives and carers as appropriate about their experiences of the environment, staff and care. We also received 32 completed patient questionnaires from the nine hospitals.

What NHS Grampian did well

- Adherence to standard infection prevention and control precautions was good.
- Staff knowledge of standard infection prevention and control precautions was good.
- The standard of equipment cleanliness was good.

What NHS Grampian could do better

- Provide an education strategy for all staff that clearly outlines mandatory training requirements.
- Provide staff with a clear programme of standard infection prevention and control audits.
- Develop a consistent approach to the reporting of estates issues.

Detailed findings from our inspection can be found on page 8.

What action we expect NHS Grampian to take after our inspection

This inspection resulted in six requirements and two recommendations. The requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards. 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

We expect NHS Grampian 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 Grampian and, in particular, all staff and patients at the community hospitals for their assistance during the inspection.

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

Key findings

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

What NHS Grampian did well

During our inspection senior managers told us that NHS Grampian's mandatory training requirements had recently changed. Since June 2018, NHS Grampian is completing the foundation layer of the Scottish Infection Prevention and Control Education Pathway (SIPCEP) in place of previous hand hygiene and standard infection control precautions e-learning courses. SIPCEP is an NHS Education for Scotland computer-based infection control education programme. NHS Grampian staff will complete annual SIPCEP refresher training and in addition, clinical staff will complete *Clostridium difficile* infection modules every 2 years. These modules are available through the electronic system Turas Learn which is NHS Education for Scotland's new single, unified digital platform for health and social care staff, used by some NHS boards as their learning management system.

We were told that each staff member can use TURAS to see their individual completed and outstanding training record. Senior charge nurses confirmed that they were using Turas Learn for staff development and Turas Appraisal for staff appraisals.

Staff explained that the changeover to Turas Learn is still embedding. They told us some staff still have older paper training records in place for previous e-learning courses which are still up-to-date. When these courses expire, they will start using the SIPCEP pathway.

Across all hospitals inspected, we saw copies of paper training records available for the inspectors to review. In some hospitals we saw additional records kept by staff to demonstrate further training, for example infection prevention and control team toolbox training, face-to-face training and training specific to individual roles and specialties. We were also provided with a copy of the mandatory training requirements for domestic staff.

What NHS Grampian could do better

The statutory and mandatory staff training policy provided by the NHS board did not clearly outline the mandatory requirements for training in NHS Grampian. Senior staff we spoke with acknowledged the lack of clarity and planned to review this document. We found there was variance amongst staffs' understanding of the mandatory training requirements. Although there was evidence of staff keeping

themselves up-to-date, there was no consistency as not all staff could describe the training requirements outlined to us by senior management.

We saw various ways in which domestic staff access training and education which lacked a consistent approach. We were told that there are plans for domestic staff to have access to the electronic training systems on TURAS Learn. NHS Grampian and NHS Education for Scotland are reviewing the current content to ensure modules are relevant for estates, facilities and domestic staff job roles.

- **Requirement 1:** NHS Grampian must ensure staff are aware of NHS Grampian’s mandatory infection prevention and control education requirements.

We were told that TURAS Learn cannot currently produce reports for senior staff to check uptake and compliance of staff and teams’ completing mandatory training; the current system is reliant on individual staff printing off their learning record. Work is ongoing and this function should be in place mid November 2019. We saw minutes of meetings that showed this issue is being discussed and work is ongoing. Senior charge nurses are responsible for keeping paper records for review in ward areas. Senior staff could review this information on request but were currently reliant on senior charge nurses escalating any concerns around compliance.

Although we saw evidence that staff are completing training, there was no consistent or reliable systems in place to monitor the uptake of infection prevention training and to ensure staff compliance.

- **Requirement 2:** NHS Grampian must be able to evaluate the uptake of infection prevention and control training in order to respond to any unmet education needs.

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

What NHS Grampian 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-contamination or 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. The transmission-based

precautions describe how to care for patients with known or suspected infections and how to help prevent cross-transmission of infections.

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 told us that NHS Grampian requires staff in all wards to carry out monthly hand hygiene and monitoring of the care equipment audits. We were told at our discussion session that ward audits should be uploaded to an NHS Grampian electronic system so that audits can be reviewed by the infection prevention and control team and senior staff.

In addition, staff should also be completing larger healthcare associated infection audits every 6 months. These audits include all ten standard infection prevention and control precautions and allow staff to focus on areas where there is potential focus or need for improvement. We were told that the infection prevention and control team are currently reviewing the electronic portal system to capture this information in order to review compliance. Therefore, results should be discussed at meetings between the nurses in charge, operational location managers and lead nurses. These local meetings should discuss compliance, review results and offer support to staff. More information is reported under 'What NHS Grampian could do better' section below.

Across all nine hospitals inspected we saw paper copies of ward audits and noted a variation of what ward staff were recording. In some cases we found ward staff were auditing more than was required by the NHS board. For example, in one area staff were auditing all 10 standard infection control precautions every month, in another area staff had not been auditing standard infection prevention control for a length of time and other areas staff were auditing hand hygiene and patient equipment every month as required.

Across all nine hospitals ward staff were also completing care assurance reflective audits which are designed to measure and give assurances around safe and effective delivery of person-centred care. The infection prevention and control team told us they plan to remove the infection prevention and control component of these audits as they recognise this overlap has caused inconsistency and confusion for staff.

We were told by the infection prevention and control manager that there has been a decision made across NHS Grampian community hospitals that the team will not routinely audit ward areas. This decision was made due to decreased resources within the infection prevention and control team and was raised locally through the infection control committee. However, the team is available for support if necessary or where intelligence from audits indicate that wards need extra support. Staff told

us they had a good relationship with the infection prevention control team and described when and how they would contact the team for advice and support.

All staff reported the team were supportive and available when necessary. Throughout our inspection, staff demonstrated very good compliance with all standard infection prevention and control precautions. All staff were using gloves and aprons when necessary and were seen to be washing hands. We saw alcohol-based hand rub dispensers throughout wards and departments and we saw some staff carrying personal pocket-sized bottles.

Staff were knowledgeable about standard infection prevention and control precautions in a variety of scenarios and discussed a risk-based approach to transmission-based precautions. Staff indicated they would risk assess patients if they were not able to isolate patients with known or suspected infection because of their individual care needs and for their safety. We saw evidence of these risk assessments in wards where patients required them.

Across all nine hospitals inspected, 31 of the 32 patients, relatives and carers who completed our questionnaire said that staff always clean their hands.

What NHS Grampian could do better

During our inspection, we saw an inconsistent approach to completing standard infection prevention and control audits. In some areas, we saw multiple audits being completed and in one area we saw gaps for a long period of time. Staff we spoke with were unclear on what the standard approach was and what they were expected to do. All staff were completing hand hygiene audits monthly, however, not all staff said they would upload this information to the electronic portal as described to us by senior management. We raised this with the NHS board at our discussion session and senior managers told us that the audit process is currently under review to both provide clarity and reduce the burden on staff.

- **Requirement 3:** NHS Grampian must ensure there is a systematic programme of audits in place, this is clearly communicated to ward staff and they clearly understand their role in this process.

Senior management explained that nursing line management structures differ between the two Health and Social Care Partnerships of Aberdeenshire and Moray. Moray has a line management structure where the senior charge nurse reports to the service manager who is also a nurse. Aberdeenshire has an operational location manager and a clinical professional lead nurse for nursing matters. We were told that these structures are the mechanism for staff to discuss and review ward audits, education compliance and any other clinical or professional issues.

We were told in the Moray hospitals that all nurses in charge meet once a month with their service manager to discuss audit results. We were told of a shared governance structure with clear roles and responsibilities. In the Aberdeenshire hospitals, senior charge nurses told us that they met regularly with the operational location manager and have direct links available to the lead nurse if necessary.

Staff in Aberdeenshire reported that although meetings were in place with operational managers and they felt supported by these, audit and education compliance was not always discussed. In one area we inspected, it was unclear if the lead nurse had oversight of ward infection control audit results, as we saw that one ward had not completed any audits for 11 months and this had not been raised with the ward. We did not see evidence that audit results or training compliance are discussed as part of these regular meetings. We were told audit results and training compliance are only discussed if an issue has been identified, however, staff spoken with were not clear this was the case.

We were told that bi-monthly healthcare associated infection group meetings take place. Part of these meetings is to review any local audit results and training compliance. Sector reports are produced from this meeting and are shared at the infection control committee meeting. The healthcare associated infection meeting minutes we reviewed do not clearly demonstrate this process.

- **Requirement 4:** NHS Grampian must ensure that leadership and executive teams see all audit results so as to provide assurance, drive improvement and communicate any remaining risks.
- **Recommendation a:** NHS Grampian should continue to review the current structure in place to support staff in Aberdeenshire to communicate audit and training results to senior staff in a regular, agreed and consistent way.

Standard 8: Decontamination

What NHS Grampian did well

During our inspection, we saw a generally good standard of environmental cleanliness throughout all nine hospitals. Any exceptions were raised at the time of the inspection. We saw clearly defined roles specified for both domestic and nursing staff on bed space cleaning checklists. During the inspection, we looked at a range of patient equipment across all nine hospitals, including patient monitoring equipment, commodes, dressing trolleys and intravenous pumps and stands. We also looked at the patient bed spaces. The majority of patient equipment was generally clean and any exceptions were raised at the time of the inspection. Cleaning schedules were kept at each bedside and detailed who was responsible for each task. We also saw mattress checking schedules. We were provided with evidence throughout wards of

local assurance systems for the maintenance and cleanliness of mattresses, cushions and beds.

Domestic staff described the correct cleaning products they would use on sanitary fittings. They told us they had a good supply of cleaning material. They described a good working relationship with the nursing staff and domestic staff felt very much part of the overall team. We saw domestic staff use a cleaning schedule.

Nurses in charge told us that they would escalate to the domestic supervisor any issues about the standard of environmental cleaning. Domestic staff told us that they would verbally hand over any outstanding work or they would record this in their own handover notebook for the next shift coming on duty.

Domestic staff across all nine hospitals described different levels of domestic staffing resource in place. Some staff reported that extra resource had been deployed to cover afternoons and both domestic and nursing staff had noticed a difference. In other areas, staff described some challenges, for example where no regular weekend domestic cover was available. Staff said this impacted on nursing time as nurses would pick up on duties normally carried out by domestic staff. Senior managers told us that current resources are being reviewed.

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. Across all hospitals, staff were aware of their responsibilities regarding flushing. We were provided with comprehensive water flushing regimes for all outlets. We saw a large number of unused water outlets across all hospitals. We were told by estates management and the infection prevention and control team that longstanding, unused outlets need to be reviewed and be considered for removal.

The infection prevention and control team told us about plans to introduce a process as part of ongoing audits that will ensure continued compliance with water flushing while these outlets are being considered for removal.

What the NHS board could do better

In all nine hospitals inspected, we saw some issues with the fabric of the building. Some of these issues would not allow for effective cleaning and decontamination. We noted that all the issues had been reported to the estates team. We saw:

- broken sealant around toilets, sinks and showers
- broken surfaces on wooden doors and window frames
- loose laminated flooring and skirting

- tape on damaged flooring
- missing ceiling panels in a patient waiting area
- water ingress on ceiling tiles and in patient conservatory areas, and
- damage to floors caused by water ingress.

All of these issues had been reported by ward staff to the estates team. We were told of staff reporting estates issues in a variety of ways. For example, we saw staff using written logs as well as an electronic system. This meant that in some areas there were estate issues that had been signed off as completed although they remained outstanding. In other cases, we saw estate jobs that had been reported in duplicate. We also found in some areas estates reporting systems that indicated some jobs had been outstanding for a long period of time with no planned update.

We were provided with the percentages for the facilities monitoring tool audits and found these scores were high with some showing 100% in areas we identified as having significant areas in need of repair.

During our discussion session, the NHS board told us that facilities monitoring tool audits are currently carried out by domestic supervisors with no estates and senior charge nurse involvement. The estates manager told us they rely on the senior charge nurse to report any issues identified from these audits. However, we were told that senior charges nurses do not receive a copy of the facilities monitoring tool audit results for their area. Therefore this assurance system is currently generating unreliable results. NHS Grampian told us it plans to review this with a view to involving estates in the process and providing focused training for the staff carrying out these audits. The NHS board will also consider, where possible, to introduce senior charge nurses to the process to highlight areas that may need immediate attention.

In one hospital we saw dusty ceiling vents and were told that the estates team did not currently clean ceiling vents. These vents were in different patient areas including above patient bed spaces. During our discussion session, we were told that there is a rolling plan of maintenance and cleaning schedule for these vents and that staff changes have meant this has not happened. We have been assured that this will be re-instated immediately. We will follow this up at future inspections.

- **Requirement 5:** NHS Grampian must ensure the built environment is maintained, including ceiling vents, to allow effective cleaning and to minimise cross-infection to patients, staff and visitors.
- **Requirement 6:** NHS Grampian must ensure there are robust reporting and escalation procedures in place to deal with issues regarding the built environment.

- **Recommendation b:** NHS Grampian should ensure staff carrying out facilities monitoring tool audits are appropriately supported and trained to do so.

All of the 32 patients, relatives and carers who completed our questionnaire described their ward as 'always' clean and that the equipment used by staff for their care was clean. Some patients we spoke with or who responded to our survey said the following.

Fleming Hospital:

- 'Cleaners in daily, at a time that suits me so as not to disturb me.'

Jubilee Hospital

- 'Place is spotless, couldn't ask for better.'
- 'Very happy with cleaning, best place I have seen and would have the cleaners in my own house.'

Kincardine Hospital:

- 'Everything very clean, cleaned every day.'

Seafeld Hospital:

- 'Hoist cleaned every time.'

Turner Hospital:

- 'Reminded to wash hands regularly.'

Appendix 1: Requirements and recommendations

The actions Healthcare Improvement Scotland expects the NHS board to take are called requirements and recommendations.

- **Requirement:** A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland, or its predecessors. These are the standards which every patient has the right to expect. A requirement means the hospital or service has not met the standards and we are concerned about the impact this has on patients using the hospital or service. We expect that all requirements are addressed and the necessary improvements are made.
- **Recommendation:** A recommendation relates to national guidance and best practice which we consider a hospital or service should follow to improve standards of care.

Standard 2: Education to support the prevention and control of infection	
Requirements	HAI standard criterion
1 NHS Grampian must ensure staff are aware of NHS Grampian’s mandatory infection prevention and control education requirements (see page 9).	2.2
2 NHS Grampian must be able to evaluate the uptake of infection prevention and control training in order to respond to any unmet education needs (see page 9).	2.5
Recommendation	
None.	

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

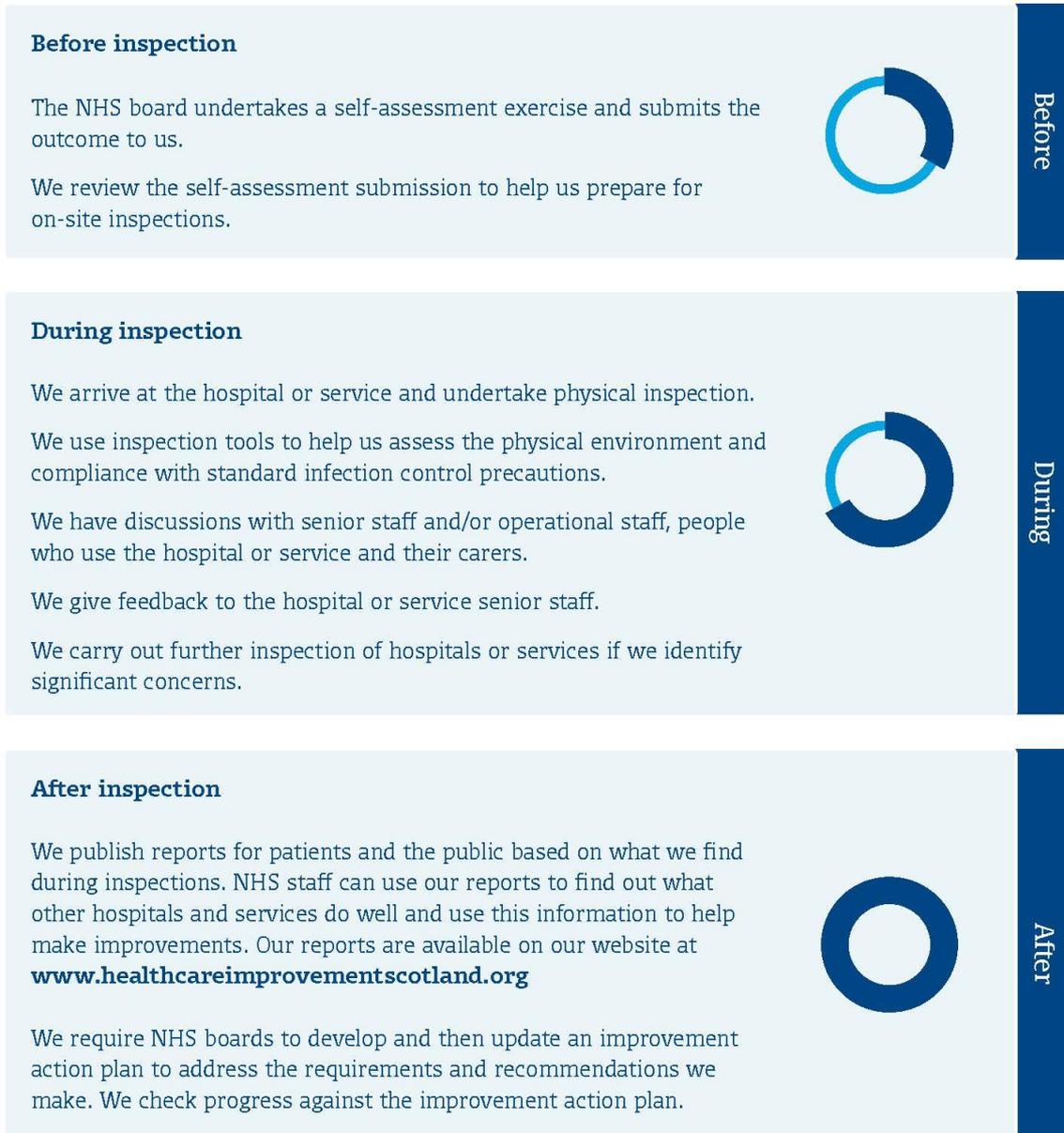
Requirements	HAI standard criterion
3 NHS Grampian must ensure there is systematic programme of audits in place, this is clearly communicated to ward staff and they clearly understand their role in this process (see page 11).	6
4 NHS Grampian must ensure that leadership and executive teams see all audit results so as to provide assurance, drive improvement and communicate any remaining risks (see page 12).	6.9
Recommendation	
a NHS Grampian should continue to review the current structure in place to support staff in Aberdeenshire to communicate audit and training results to senior staff in a regular, agreed and consistent way (see page 12).	

Standard 8: Decontamination

Requirements	HAI standard criterion
5 NHS Grampian must ensure the built environment is maintained, including ceiling vents, to allow effective cleaning and to minimise cross infection to patients, staff and visitors (see page 14).	8.1
6 NHS Grampian must ensure there are robust reporting and escalation procedures in place to deal with issues regarding the built environment (see page 14).	8.4
Recommendations	
b NHS Grampian should ensure staff carrying out facilities monitoring tool audits are appropriately supported and trained to do so (see page 15).	

Appendix 2: Inspection process flow chart

We follow a number of stages in our inspection process.



More information about our inspections, methodology and inspection tools can be found at www.healthcareimprovementscotland.org

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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