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Announced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

Ailsa Hospital
NHS Ayrshire & Arran

6 December 2022

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About our inspection

Background

As part of a range of actions to support and improve mental health care services in the context of the COVID-19 pandemic and beyond, Scottish Government requested that Healthcare Improvement Scotland develop a proportionate and intelligence-led independent assurance programme for adult mental health units.

Our focus

The initial focus of this work will be on Infection Prevention and Control (IPC) to help services identify and minimise risks to safety and support ongoing improvements in quality of care within the current operating environment. We inspect using Healthcare Improvement Scotland Infection Prevention and Control Standards for Health and Social Care Settings, published May 2022. We take a risk based and intelligence-led approach to these inspections, drawing on a range of relevant data sources to target our inspection activity. We also report against the Healthcare Improvement Scotland Quality Assurance Framework.

Further information about our methodology can be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/mental_health_units.aspx.

About the hospital we inspected

Ailsa Hospital is a mental health hospital located on the outskirts of Ayr. It provides some inpatient services, outpatient and community services. In 2016 most of the mental health wards and services at Ailsa Hospital moved to a new purpose built hospital (Woodland View) located on the grounds of Ayrshire Central Hospital. Ailsa Hospital currently has two remaining wards (Clonbeith and Dunure) that provide 26 inpatient beds for Hospital Based Complex Clinical Care for older adults (over 65s) with wide ranging mental illness and complex needs, including brain impairment conditions such as dementia.

About this inspection

We carried out an announced inspection to Ailsa Hospital, NHS Ayrshire & Arran on Tuesday 6 December 2022.

We inspected the following areas:

- Clonbeith ward, and

- Dunure ward.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and how they interacted with patients
- spoke with patients and ward staff (where appropriate), and
- reviewed monitoring reports, policies and procedures.

On 7 December 2022, we held virtual discussion sessions with key members of NHS Ayrshire & Arran staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Ayrshire & Arran and in particular all staff at Ailsa Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any requirements and recommendations identified are highlighted below. Detailed findings from our inspection are included in the section ‘What we found during this inspection’.

NHS Ayrshire & Arran, like much of NHS Scotland was experiencing a significant range of pressures. However, at the time of inspection, senior hospital managers advised inspectors there were no significant pressures impacting on patient care delivery at Ailsa Hospital.

We observed systems and processes were in place to ensure patients were cared for in a clean and safe environment. The ward environment and patient equipment were generally clean, and free from clutter.

We also observed systems and processes in place to regularly monitor the cleanliness and quality of the environment and where areas of improvement had been identified action plans were created. Senior managers and staff were knowledgeable about their infection prevention and control roles and responsibilities. We observed that NHS Ayrshire & Arran did not have a formal process in place to gather feedback from patients and visitors on the cleanliness of the environment.

Many of the patients residing within the ward did so for a significant length of time and we observed that staff worked hard to make the ward environment safe and homely. The feedback we received from patients about their care and environment was positive.

However, we observed that delays in repairs to the wards we inspected had an impact on quality of environment.

What action we expect the NHS board to take after our inspection

This inspection resulted in two requirements and three recommendations.

We expect NHS Ayrshire & Arran to address the requirements and recommendations. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org.

Areas of good practice

The announced inspection to Ailsa Hospital resulted in four areas of good practice.

Domain 5	
1	Regular daily infection control updates ensured staff were kept up to date with information and there was good support from the infection prevention and control team (see page 5).
2	We observed good examples of environmental improvement initiatives in response to areas for improvement identified in audits (see page 5).
3	We observed a range of communication systems that ensured that staff were updated about changes in infection prevention and control guidance or events within the NHS board. Staff we spoke with told us they felt well informed and information easily accessible (see page 10).
4	Audit results showed good staff compliance with infection prevention and control practice (see page 14).

The actions that 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 and the Scottish Government. These are standards which every patient has the right to expect.
- **Recommendation:** A recommendation is a statement that sets out actions the service or NHS board should take to improve or develop the quality of the service.

Requirements

Domain 5 – Planning for quality	
1	<p>NHS Ayrshire & Arran must ensure contaminated linen is managed in line with guidance (see page 9).</p> <p><i>This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 6.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i></p>
2	<p>NHS Ayrshire & Arran must review and improve the effectiveness and responsiveness of the estates reporting programme. This must include the establishment of effective timelines for works to be prioritised and undertaken and establishing regular reporting of progress (see page 11).</p> <p><i>This will support compliance with Standards 8.3 & 8.4 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i></p>

Recommendations

Domain 5 – Planning for quality	
a	<p>NHS Ayrshire & Arran should review signage for visitors, particularly at the point of entry into the ward to encourage hand hygiene and use of masks (see page 9).</p>
b	<p>NHS Ayrshire & Arran should review current domestic arrangements to ensure sufficient resources are in place to meet the cleaning requirements of the ward areas (see page 11).</p>
c	<p>NHS Ayrshire & Arran should develop and implement processes to ensure patients and visitors can provide feedback on the cleanliness of the environment (see page 14).</p>

What we found during this inspection

Domain 5 – Planning for quality

Implementation and delivery: How well do we manage and improve performance?

- Quality indicator 5.3 – Risk management and business continuity

The ward environment and patient equipment were clean and free from clutter. However, delays in maintenance were impacting on the quality of the environment.

Both wards inspected provided long-term care for older adults and we observed staff worked hard to maintain the balance between safety, cleanliness, homeliness and comfort. Both of the ward environments were clean and welcoming.

NHS Ayrshire & Arran had a range of policies, procedures and guidance to support staff in delivering appropriate care in relation to infection prevention and control. This included infection prevention and control policies and procedures. The NHS board used the National Infection Prevention and Control Manual. This is mandatory for use in NHS Scotland. All policies and procedures could be easily accessed by staff on the NHS board's internal staff intranet system, including all infection prevention and control policies and procedures. We observed a range of communication systems that ensured that staff were updated about changes in guidance or events within the NHS board. These included a ward communication book, staff shift handovers, daily safety huddles and a daily email bulletin. Staff we spoke with told us they felt well informed and found information to be easily accessible.

There were no infection outbreaks in the wards we visited at the time of inspection. However, staff described the learning applied from outbreaks during the pandemic and the processes they would implement if an outbreak was to occur. The wards had single rooms to allow for patient isolation, where appropriate. Staff could describe how and where patients would be placed in the ward based on the type of infection and transmission risk. The ward staff told us about implementing restrictions on patient movement and visitors to prevent the spread of infection where necessary and what additional cleaning would take place.

There were no direct community admissions into either ward we inspected. Patients were assessed and admitted through the hospital's acute admissions wards at NHS Ayrshire & Arran's Woodland View patient assessment unit. Any screening required for example COVID-19 is carried out before any patient is admitted to the unit.

Standard infection prevention and control precautions are the basic measures in place to reduce the risk of infection and should be used by all staff in all care environments. One of these is hand hygiene, this is one of the most important ways to reduce spread of infection. We observed good hand hygiene by ward staff and noted attention to patients' personal hand hygiene particularly during mealtimes. Alcohol based hand rub was also available for ward visitors at the ward entrance. Due to the risks to patients, where it was not safe to have alcohol based hand rub easily accessible staff carried their own individual bottles.

Other standard infection control precautions included the use of personal protective equipment. We observed that the wards had sufficient stocks of personal protective equipment, such as fluid resistant masks, gloves and aprons. These were appropriately stored to avoid contamination, close to where patient care was delivered. Masks were available at the ward entrance for visitors. We observed staff used and disposed of personal protective equipment correctly following single use.

We noted that while alcohol-based hand rub and face masks were provided for visitors to use before accessing wards, there was no signage to draw visitors' attention to this. We were advised that all visitors to the ward were greeted by staff to allow access and were prompted to complete hand hygiene and wear a mask before entering. Overall provision of signage could be improved for patients and visitors (recommendation a).

We observed that linen was generally managed well and in line with guidance. Clean linen was well organised, easy to access and stored appropriately, to prevent contamination. Used linen was segregated appropriately and stored in line with guidance.

However in Clonbeith ward, we observed a number of red alginate bags containing patients' own clothes were not double bagged in line with national guidance for the safe management of linen. A requirement has been given to support improvement in this area (requirement 1).

We observed that clinical waste was managed in line with guidance within the National Infection Prevention and Control Manual. Waste bins were readily available for staff and in good working order. General and clinical waste was stored in a locked area whilst awaiting uplift. Sharps such as used needles and syringes, were being safely managed. Sharps bins were labelled appropriately and less than three-quarters full, in line with national guidance.

We were told by nursing staff that the infection prevention and control team were very responsive to staff requests for support and advice. An example of this was when staff sought to introduce plants to Dunure ward to create a more a homely

environment. We were advised that the infection prevention and control team supported the staff team to develop a risk assessment to help reduce any potential infection prevention and control risks to patients.

We found care equipment was clean and well maintained with minor exceptions. Care equipment was cleaned following each individual use or in line with the ward cleaning schedule. We saw that the equipment cleaning schedules were up to date and were checked by the senior charge nurse for compliance. Patients' own equipment, such as wheelchairs, were stored in the patient's room and were maintained and cleaned.

NHS Ayrshire & Arran had a process to ensure that all equipment that could not be effectively cleaned or decontaminated was removed from use. Both wards had implemented a plan to replace all fabric covered chairs and sofas with furniture that could be cleaned more effectively and efficiently. A recent audit had also identified the need to replace the internal cushions of chairs after contamination was found. We were told that cushions had been ordered and delivery was expected soon.

However we observed two hoists kept in the main ward area of Clonbeith ward were scratched and damaged. This would make effective cleaning very difficult. Staff told us this equipment was not currently being used, but possibly would be if patients were admitted who needed them.

Domestic staff were able to tell us the correct procedures and products for cleaning. We observed that staff were using appropriate chlorine-based cleaning products for sanitary fixtures and fittings as well as colour-coded cleaning equipment, in line with guidance within the national infection prevention and control manual.

We observed that in both wards we inspected, patient care areas were clean and fresh smelling. The wards were refurbished in late 2020 and staff told us the environment for the patients had drastically improved. Both wards are large areas with good provision of various seating and dining spaces for patients. Storage areas were limited and we observed some storage areas were dusty and the shelving was dirty. This included low level and high level dust. We observed a dirty trolley with food debris in a storage room and a visibly contaminated bottle of skin cleanser which was addressed following discussion with staff.

Domestic and nursing staff on both wards told us they felt the domestic cover was not always sufficient to ensure all ward areas were cleaned. On the day of inspection we were told that sometimes patient activity on the ward can impact on the ability of domestic staff to complete the daily cleaning tasks. We observed cleaning schedules were up to date with areas highlighted where domestic staff had been unable to carry out their duties. These items would be carried over to the next shift or day.

Domestic staff told us they would always prioritise patient care areas (recommendation b).

Patients we spoke with told us that they liked the ward environment and the care received from staff. They told us it was clean and safe and if they required any assistance with personal care, staff were available to support them with this. One patient told us they felt their room was clean and 'cosy'.

Curtains should be in good state of repair and free from stains, soiling and dust. We observed that curtains were clean. We were told that all curtains were laundered 6 monthly or when a room was vacated or during a terminal clean.

The care environment must be well maintained and in a good state of repair. We observed a number of environmental issues on the day of inspection including:

- visible damage to walls and railing throughout the wards
- the radiator covers were poorly maintained with chipped paint and rust visible
- the window sills in the main patient areas were chipped and damaged
- cracked floor covering within the patients shower rooms which prevented effective cleaning of the showers
- the floor covering peeling away where the covering meets the wall and loose wall panels, and
- chipped paintwork on the metal frames of patient beds.

We also observed the privacy blinds on the patients' doors were damaged and stuck on with velcro and pins. However we were made aware this was in the process of being addressed and blinds would be replaced.

NHS Ayrshire & Arran use a computer based system to log faults and repairs. Staff we spoke with told us about the frequent delays in repairs, equipment replacements and painting. We saw a number of continuing outstanding repairs that had been reported following an internal environmental audit carried out in November 2022.

We discussed this with senior clinical staff who told us they routinely review individual items logged for repair on the facilities management system each month to see if they had been assigned for repair and, if not, they would follow up to the facilities team by email. Staff told us they were unsure if the system could provide a report on current status of outstanding repairs. In the environmental audits we looked at, we noted that many actions for improvement were about the need for painting and maintenance and many had been identified in repeated audits but had not been actioned. This continually impacted on patients and staff and on the ability

of the ward teams to improve outcomes. A requirement has been given to support improvement in this area (requirement 2).

Requirements

Domain 5 – Quality Indicator 5.3

- 1** NHS Ayrshire & Arran must ensure contaminated linen is managed in line with guidance (see page 9).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 6.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 2** NHS Ayrshire & Arran must review and improve the effectiveness and responsiveness of the estates reporting programme. This must include the establishment of effective timelines for works to be prioritised and undertaken and establishing regular reporting of progress (see page 11).

This will support compliance with Standards 8.3 & 8.4 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

Recommendations

Domain 5 – Quality Indicator 5.3

- a** NHS Ayrshire & Arran should review signage for visitors, particularly at the point of entry into the ward to encourage hand hygiene and use of masks (see page 9).

- b** NHS Ayrshire & Arran should review current domestic arrangements to ensure sufficient resources are in place to meet the cleaning requirements of the ward areas (see page 11).

Domain 5 – Planning for quality

Implementation and delivery: How well do we manage and improvement performance?

- Quality indicator 5.4 – Audit, evaluations and research

Systems and processes were in place to ensure the cleanliness and quality of the environment was regularly monitored and action plans developed where areas for improvement had been identified. Senior managers and staff were knowledgeable about their infection prevention and control roles and responsibilities. NHS Ayrshire & Arran should develop ways to ensure patients and visitors can provide feedback on the cleanliness of the environment.

NHS Ayrshire & Arran's governance systems helped staff to minimise the risks to patients and staff of healthcare associated infections. This included:

- policies and procedures
- infection rate monitoring
- rolling audit programme
- vaccination programme
- environmental cleaning
- maintenance programme
- staff training, and
- health information.

Staff we spoke with were familiar with the current infection prevention and control standards and guidance. Staff received mandatory infection prevention and control training and the staff training records we reviewed showed over 90% of staff were up to date with training. Senior charge nurses monitored staff training to ensure staff's knowledge was current.

The programme of infection prevention and control audits included:

- hand hygiene audits are undertaken every 3 months
- ward based environmental audits are carried out by the ward clinical teams are completed every 6 months
- safe management of care environment are completed every 3 months, and
- personal protective equipment compliance.

Audit results showed good compliance with staff infection prevention and control practice. Action plans were in place where areas for improvement were identified. Some audit results, such as hand hygiene, could be accessed through the staff intranet. Other audit results were communicated using staff noticeboards and during regular staff meetings, daily briefs and handovers.

Infection prevention and control was a standing agenda item on the elderly mental health clinical governance and development group, which met every 2 months. Minutes of the meetings we reviewed showed that this forum was used to discuss any infection control issues, risks and to monitor staff training. Audit results are monitored by infection prevention and control team to gain an overview of performance. We were told that the infection prevention and control team may target further audit activity or training on wards if areas for improvement are identified.

We found that NHS Ayrshire & Arran's approach to risk management for infection prevention and control was evident at ward level and daily staff practice. We saw a range of risk assessments in place to guide safer care delivery. Staff told us about the challenges they experience in supporting patients' choices, whilst balancing and mitigating any risks to infection prevention and control. For example, encouraging patient's hygiene independence to ensure any distress to patients is minimal and risks are effectively and reasonably managed.

In both wards we found a commitment from senior managers and ward staff to actively improve the care experience and outcomes for patients. Quality improvement activities included a focus on creating a practical sustainable homely environment, improving storage areas, and installing electronic communication boards to promote important messages for patients and staff.

Dunure ward held a weekly meeting with patients as an opportunity to discuss day-to-day issues such as the activity programme, food and general concerns. However, there was no structured way to engage with visitors and patients and their representatives to gather feedback on the cleanliness of the environment. The infection prevention and control team told us they were planning to develop feedback processes in line with the Healthcare Improvement Scotland Infection Prevention and Control Standards (May 2022) (recommendation b).

We will follow up all requirements and recommendations through the NHS Ayrshire & Arran action plan.

Recommendations

Domain 5 - Quality Indicator 5.4

- c NHS Ayrshire & Arran should develop and implement processes to ensure patients and visitors can provide feedback on the cleanliness of the environment (see page 14).

Appendix 1 – List of national guidance

The following national standards, guidance and best practice were current at the time of this inspection. This list is not exhaustive.

- [COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus](#) (NHS Scotland, January 2022)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection Prevention and Control Standards](#) (Healthcare Improvement Scotland, May 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, July 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing and Midwifery Council, October 2018)
- [Quality Assurance Framework: September 2022](#) (Healthcare Improvement Scotland, September 2022)

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