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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Service

Borders General Hospital
NHS Borders Mental Health Inpatient Units
NHS Borders

22 August 2023

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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 use 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

NHS Borders Mental Health Inpatient Units are located on the Borders General Hospital campus. There are 47 inpatient beds in total, including 10 mental health rehabilitation beds located in the East Brig unit in Galashiels.

About this inspection

We carried out an unannounced inspection to NHS Borders Mental Health Inpatient Units, NHS Borders on Tuesday 22 August 2023.

We inspected the following areas:

- East Brig, adult mental health rehabilitation
- Huntlyburn, adult mental health acute inpatient
- Lindean, older adult mental health, and
- Melburn, older adult mental health acute.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Borders to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Wednesday 23 August 2023, we held a virtual discussion with key members of NHS Borders estates team to discuss systems and processes in place for building upgrades and maintenance. On Thursday 31 August 2023, we held a virtual discussion session with key members of NHS Borders 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 Borders and in particular, all staff at NHS Borders Mental Health Inpatient Units for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

Staff inspectors spoke with were knowledgeable about infection prevention and control and spoke highly of the support from the infection prevention and control team.

The environment appeared visibly clean on the day of inspection. However, staff told us that reported repairs were not addressed in a timely manner, potentially leading to continued deterioration of the environment and hindering effective cleaning.

Lack of storage space was an issue in most of the wards we inspected. This meant that some storage areas were cramped and cluttered with equipment and products. This could make safe access and effective cleaning difficult.

Domestic staff reported good support from supervisors. An e-learning training module had been implemented to support domestic staff with required water

flushing processes. However, further training on the use of disinfectant cleaning products must be implemented to ensure these products are being used safely and effectively.

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

This inspection resulted in three areas of good practice and three requirements.

We expect NHS Borders 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

Domain 5	
1	There was a positive relationship between ward staff and the infection prevention and control team (see page 10).
2	Senior managers are proactive in providing learning opportunities for all staff, including 'bite sized' on ward learning sessions and implementing specific learn pro modules for domestic staff (see page 12).
3	Patient forums were used to update patients on any changes in guidance or ward issues in relation to infection prevention and control (see page 13).

Requirements

Domain 5	
1	NHS Borders must ensure the care environment is in a good state of repair to support effective cleaning (see page 9). <i>This will support compliance with the National Infection Prevention and Control Manual (2023) and Standard 8.1 and 7.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i>
2	NHS Borders must ensure that domestic staff are trained on the chlorine based cleaning product used on site (see page 9). <i>This is to support compliance with the National Infection Prevention and Control Manual (2023) and Standard 3.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i>
3	NHS Borders must ensure that specialist infection prevention and control advice is recorded within the ward-level patient care record to inform care planning (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2023) and Standard 4.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

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

We observed that wards appeared clean and fresh smelling, however some areas were not well maintained. Ward staff described a good relationship with the infection prevention and control team and all staff were noted to be compliant with NHS Borders uniform policy.

NHS Borders have adopted the current version of the [National Infection Prevention and Control Manual](#). This manual describes standard infection control precautions. These are the minimum precautions that all staff should take when caring for patients to help prevent cross-transmission of infections. There are 10 standard infection control precautions, including hand hygiene and the use of personal protective equipment such as aprons and gloves. Staff we spoke with were familiar with the manual and could explain how to access this on the intranet.

Hand hygiene is an important practice in reducing the spread of infection. During inspection we observed adequate hand wash facilities in all areas inspected. However, some clinical hand wash basins were not compliant with Health Technical Memorandum 64 Sanitary Assemblies. This was noted on the corporate risk register.

Alcohol-based hand rub was available in all wards. Inspectors were provided with ward level risk assessments that detailed any specific risk mitigations in place, including the removal of alcohol-based hand rub where this posed an individual patient risk.

Personal protective equipment, such as gloves and aprons, are used by staff to reduce risks associated with infection. In all areas inspected there was sufficient stock of personal protective equipment for staff.

Inspectors observed good compliance with the NHS Borders uniform policy, which requires staff to ensure their hands and forearms are free of jewellery and sleeves are above the elbow.

We observed clean linen was well managed and stored in a clean designated storage room in line with national guidelines. Borders General Hospital has its own laundry on site. Staff use heat soluble alginate bags for infectious linen and do not double

bag, which deviates from the safe management of infectious linen guidance. When a NHS board adopts practice that differs from those within the National Infection Prevention and Control Manual they are responsible for ensuring safe systems of work are in place. We found appropriate risk assessments in place and inclusion of this deviation from national guidance on the risk register.

Waste was largely managed in line with national guidance however, we observed that general waste was not appropriately secured and we advised senior managers of this at time of inspection. Sharps bins were mostly managed in line with national guidance with labels completed, temporary closures in place and bins less than three quarters full.

All patient equipment inspected was clean and daily cleaning schedules were complete. We observed the environment appeared visibly clean and fresh smelling however, in some wards inspected the environment was not well maintained and in a good state of repair to facilitate effective cleaning. For example, we observed damaged corridor walls, doors and woodwork. We observed the flooring joins in two areas had deteriorated. Water ingress had caused staining on the ceiling in one ward due to a recent leak from the roof and we observed holes in the ceiling that are awaiting repair. Inspectors found that several shower sealants were degraded and the flooring within bathrooms was becoming stained due to flooding caused by poor drainage. Many toilet seats had damaged or missing stoppers on the underside. In one ward, insect larvae was noted in the ceiling light casing. A requirement has been given to support work in this area.

Patient laundry rooms were found to be in good condition, with the exception of one that was in need of upgrading. We observed a washing machine was on a raised plinth with visible dust and debris underneath. Domestic staff reported that it was difficult to clean under the washing machine.

NHS boards are required to have water safety systems in place for the control and management of risks posed by waterborne organisms that may cause disease. NHS Borders have systems in place to reduce water associated risks, including the flushing of infrequently used water outlets. Domestic staff complete water flushing daily and head of soft facilities has recently developed an e-learning module for domestic staff on water flushing and the associated risks if not completed. Domestic daily audits confirmed that water safety processes were being followed.

Storage was an issue throughout the wards we inspected, with storage cupboards found to be cluttered and items stored on the floor inhibiting effective cleaning.

Domestic staff told inspectors that they felt well supported by their supervisors and that they had adequate equipment and time to complete their tasks. Domestic staff

are included in the ward handover to allow for effective communication of relevant issues and they told inspectors this was helpful. Domestic staff use a chlorine based product for cleaning but some domestic staff told us they felt unsure regarding the appropriate application of this product which resulted in inconsistencies of application. A requirement has been given to support this area.

Nursing staff reported a good relationship with the infection prevention and control team and told us the team were accessible and supportive.

The safe management of blood and body fluid spillages is essential to the safe delivery of care. Ward staff told inspectors of the challenges they experience in one ward related to faecal and urinary contamination that requires the care environment to be cleaned more frequently. Inspectors observed patient care plans and risk assessments were in place in these areas which detailed the interventions staff should take and the correct procedures and products to be used to clean body fluids effectively. The infection prevention and control team contact the ward weekly to provide advice in relation to this specific issue however, this advice is not routinely documented within patient documentation at ward level. A requirement has been given to support work in this area.

A new electronic reporting system had recently been implemented for staff to report environmental repairs to estates. All staff are responsible for reporting any issues in their ward and department. However, some staff we spoke with told us they were unsure how to use the new system. They also told us that the new system operates on a priority and need basis which means lower priority issues may continue to deteriorate whilst awaiting repair. In addition, staff reported a delay with lower priority repairs being completed. We raised this issue with senior estates managers at our discussion session who advised that this was due to staffing shortages within the estates department.

Patients we spoke with reported that they felt the environment was 'very clean' and did not raise any concerns in relation to the cleanliness of ward.

Requirements

Domain 5

- 1 NHS Borders must ensure the care environment is in a good state of repair to support effective cleaning (see page 9).

This will support compliance with the National Infection Prevention and Control Manual (2023) and Standard 8.1 and 7.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 2** NHS Borders must ensure that domestic staff are trained on the chlorine based cleaning product used on site (see page 9)

This is to support compliance with the National Infection Prevention and Control Manual (2023) and Standard 3.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 3** NHS Borders must ensure that specialist infection prevention and control advice is recorded within the ward-level patient care record to inform care planning (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2023) and Standard 4.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

Domain 5 – Planning for quality

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

- Quality indicator 5.4 – Audit, evaluations and research

NHS Borders have systems and processes in place to manage and monitor infection prevention and control practice. This includes policies and procedures, an audit programme, a range of infection prevention and control governance groups and staff infection prevention and control training.

NHS Borders have a framework in place to manage and monitor infection prevention and control practice. During the inspection, the infection prevention and control team described the systems and processes in place to ensure appropriate expertise and leadership of infection prevention and control practice. There are regular board-wide and local mental health inpatient infection prevention and control meetings. Minutes of these meetings showed infection prevention and control issues were routinely discussed, and solutions planned and agreed. Outcomes of audits and action plans were also agreed and discussed.

There are a range of infection prevention and control monitoring and compliance measures in place across NHS Borders such as hand hygiene audits, combined care assurance audit tool, and a facilities monitoring tool. Infection prevention and control audits are carried out by the infection prevention and control team with hand hygiene audits being completed at ward level by nursing staff. The domestic supervisor completes a monthly audit and if any audit results are less than 80% or more than 98%, a peer review is carried out in order to ensure objectivity and an action plan is put in place if required.

Infection prevention and control training is mandatory for all staff. Staff education is completed via online modules. We were advised senior managers are responsible for monitoring staff compliance and from evidence submitted, we observed a good level of compliance with the majority of infection prevention and control training being above 95%.

During a Safe Delivery of Care Inspection at Borders General Hospital in May 2023, a requirement was given in relation to the overuse of gloves. Following this requirement the infection prevention and control team put in place 'bite size' training for staff in relation to hand hygiene and the use of personal protective equipment. These short, face-to-face sessions take place on the ward to allow staff to fully engage. No overuse of gloves was noted at this inspection.

Inspectors noted that all relevant infection prevention and control policies and procedures could be easily accessed by staff on NHS Borders staff intranet system. Staff inspectors spoke with could demonstrate how they access these on the electronic system. Staff also told us that they are kept up to date with any changes to policies in a variety of ways for example through NHS Borders weekly update, safety briefs and during handover.

NHS Borders has processes in place to obtain feedback from patients about the environment. One ward provides a survey given to patients on discharge asking about their experiences and thoughts on environment. Patients are encouraged to give feedback online via the care opinion website. There is a daily patient engagement group in another ward that allows patients to voice any issues or concerns. This is a structured and minuted meeting with an agenda with patients able to contribute any issues they want raised. In one ward, there was a suggestion box for patients to submit written comments and feedback and comments are collated and actioned locally as required.

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)
- [Scottish Health Technical Memorandum 64 Sanitary Assemblies](#) (Health Facilities Scotland, December 2009)

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