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# Unannounced Inspection Report

## Infection Prevention and Control Inspections of Mental Health Service

Midpark Hospital  
NHS Dumfries & Galloway

25 July 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](https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/mental_health_units.aspx)

## About the hospital we inspected

Midpark Hospital is NHS Dumfries & Galloway's mental health facility for in-patient care and is located in Dumfries. The hospital opened in 2012 replacing the accommodation previously provided at Crichton Royal Hospital. There are six wards onsite that provide older adult assessment, intensive psychiatric care, rehabilitation, and acute adult admission. The hospital has 85 inpatient beds.

## About this inspection

We carried out an unannounced inspection to Midpark Hospital, NHS Dumfries & Galloway on Tuesday 25 July 2023.

We inspected the following areas:

- Balcarry ward (intensive psychiatric care unit)
- Cree ward (dementia assessment)
- Dalveen ward (adult rehabilitation)
- Ettrick ward (adult acute admission)

- Glencairn ward (older adult acute admission), and
- Nithsdale (adult acute admission).

We also inspected the public and staff communal areas of the hospital.

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 Dumfries & Galloway 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 8 August 2023, we held a virtual discussion session with key members of NHS Dumfries & Galloway senior management 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 Dumfries & Galloway and in particular all staff at Midpark 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 identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

Staff and senior managers were knowledgeable about their roles and responsibilities in relation to infection prevention and control. Staff we spoke with described a supportive relationship with the infection prevention and control team.

We observed that hand hygiene was carried out in line with current guidance. However, there was limited availability of accessible alcohol-based hand rub and most staff we spoke with did not carry a personal supply.

We found that in some wards there was a lack of liquid hand wash or soap available for patients to use in their ensuite areas. We raised these issues with senior managers at the inspection.

We observed that the majority of linen was managed in line with national guidance. We observed that sharps were managed safely and effectively. The ward environments appeared clean and well maintained however, there was some general wear and tear. The majority of equipment inspected was clean and intact.

All wards have a window mesh in place to allow ventilation whilst restricting external access. We observed that window mesh in place on some wards was extremely dirty despite a contract in place for cleaning. Senior managers planned to review the current arrangements.

Patients we spoke with were happy with the cleanliness of the environment and the care that they receive.

We were provided with minutes of NHS Dumfries & Galloway's board and various local governance meetings that contained reviews of data and outcomes of assurance activities in relation to infection prevention and control. An action plan was implemented immediately following the inspection to address the areas identified for improvement.

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

This inspection resulted in three areas of good practice and one requirement.

We expect NHS Dumfries & Galloway 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](http://www.healthcareimprovementscotland.org)

## Areas of good practice

### Domain 5

- |          |  |
|----------|--|
| <b>1</b> | We observed good effective communication between the infection prevention and control team, clinical, estates and support services, ensuring a coordinated approach to infection prevention and control (see page 11). |
| <b>2</b> | Domestic staff were provided with additional training in relation to specific environmental adaptations where patients have specialised clinical care needs (see page 11).   |

- 3** We observed that NHS Dumfries & Galloway were proactive in responses to areas identified for improvement in relation to infection prevention and control (see page 12).

## Requirements

### Domain 5

- 1** NHS Dumfries & Galloway must ensure that the care environment is maintained to support a clean and safe environment, including systems in place to clean window ventilation mesh (see page 10).

*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).*

# 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 areas inspected appeared clean and well maintained however, there were ongoing issues with water ingress from the roof in one ward area and window mesh in place on some windows which made effective cleaning difficult. Staff described a good relationship with the infection prevention and control team. Ward staff were able to describe good knowledge of standard infection prevention and control procedures.**

NHS Dumfries & Galloway have adopted the current version of the National Infection Prevention and Control Manual. This manual describes standard infection control precautions. 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 tell us or demonstrate how to access this on NHS Dumfries & Galloways intranet.

Hand hygiene is an important practice in reducing the spread of infection. We observed staff were carrying out hand hygiene in line with current guidance. However, we observed a lack of appropriate hand wash products for patients to use in their en-suite rooms. Senior managers told us that standard wall mounted hand wash dispensers were not available in en-suite areas due to their increased ligature risk. We were told of alternative measures such as patients being able to use their own soap, or being provided with soap by ward staff. However, we did not observe this at the time of inspection. We discussed benefits of individual patient risk assessments with senior managers and the infection prevention and control team. Following the discussion, a revised risk assessment was implemented meaning the provision of hand wash in patients' rooms is now based on individual patient risk. We were advised by senior management that they were researching options for low ligature risk hand wash dispensers for patient rooms.

Alcohol-based hand rub was not easily accessible in wards as it had been assessed as a risk to patients. We were provided with a ward risk assessment for this. We observed that alcohol-based hand rub was only available in locked areas such as the treatment room and sluice room. The majority of staff we spoke with did not carry personal alcohol-based hand rub. We raised this with senior managers who



confirmed, following inspection, that all staff are now carrying alcohol-based hand rub.

Wash hand basins were available throughout the wards and in patient ensuites. We observed that not all clinical wash hand basins were compliant with Health Technical Memorandum 64 Sanitary Assemblies. Non-compliant wash hand basins are highlighted through the infection prevention and control audit programme and risk assessments are in place. We were told by senior managers that any future refurbishment of the units would include these being upgraded. Senior managers told us that NHS Dumfries & Galloway is considering entering these as a corporate risk on the risk register.

Inspectors observed good compliance with NHS Dumfries & Galloway's uniform policy where staff are required to be 'bare below the elbow'.

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 and posters were displayed reminding staff how to correctly use and dispose of personal protective equipment.

Transmission based precautions are additional precautions that should be applied when standard infection control precautions are not sufficient, such as when staff are caring for patients with a known or suspected infection. All staff we spoke with were knowledgeable about these precautions and when they should be applied.

Clean and used linen was stored appropriately to manage contamination. On the wards where patients did their own laundry, the laundry rooms were clean and well organised.

We observed that all clinical waste was stored appropriately in locked areas whilst awaiting uplift by porters. In the ward areas, there were no plastic bag linings in domestic waste bins due to this being assessed as a risk to patients. Domestic waste was placed into unlined bins. This is on the NHS Dumfries & Galloway corporate risk register. These bins are emptied and cleaned as part of the daily domestic cleaning schedule. We saw that sharps were managed safely and effectively in the majority of wards.

We observed that the majority of patient equipment was clean and well maintained. However, on one ward a couple of chairs, while clean, had some minor damage. We discussed this with the senior charge nurse on the day of the inspection who was unaware but agreed to monitor and action repairs or replacement as necessary. We saw daily and weekly equipment cleaning checklists that were fully completed.

We also observed a couch in a self-contained unit with a significant rip under the cushion that may make effective cleaning difficult. We discussed this with senior management who told us they would progress a replacement. While the unit is currently unoccupied, ward staff are responsible for carrying out environmental checks in the self-contained units. We found no reference in the audits or checklists we were provided with to confirm that the damage to the couch was recorded or reported. A requirement has been given to support this area of improvement.

Mattresses are checked weekly and guidance has been developed for staff in carrying out these checks. Mattresses we inspected were clean and intact.

The overall environment was clean, organised and well maintained. We were told by senior managers that there was a roof repair programme in progress as there was ongoing issues with some water ingress from the roof. Senior managers told us that investigations were underway to identify the source. While there was no active leaks at the time of inspection, a patient activity room was closed pending the completion of repairs. To support effective cleaning the care environment must be well maintained and in a good state of repair. However, in some wards, we saw general wear and tear that included:

- mould on sealant in ensuites
- drains in showers rusted, and
- damaged walls and window ledges.

In one area, we observed the window mesh was extremely dirty and stained. Patients have access to the mesh when the window is open. During the feedback session with NHS Dumfries & Galloway, we were told that window cleaning takes place twice yearly by a contractor and this includes the mesh. The estates department are reviewing the standard operating procedure for window cleaning and working closely with the contractors to explore the most effective cleaning methods. A requirement has been given to support this area of improvement.

Storage areas in the wards were limited resulting in items being placed on the floor that made effective cleaning of the areas difficult. NHS Dumfries & Galloway provided plans to address this.

Staff reported all maintenance issues via the electronic reporting system. However, at the time of inspection only the individual staff member reporting the repair received updates on progress, which restricted senior charge nurses' full oversight of repairs. NHS Dumfries & Galloway have since amended the current reporting process where all repairs are now being logged from the central ward email so all staff can have an overview of the status of repairs. Staff informed us that estates were generally prompt in responding to requests for repairs.

Domestic support staff informed us that they had enough time to complete their duties and were able to describe use of the correct cleaning methods and products in line with national infection prevention and control manual. There were daily cleaning schedules that were completed and accurate. Any task that could not be completed is documented to be followed up by the next domestic on shift.

We saw clinical staff, the infection prevention and control team, domestic staff and estates working closely together to adapt the environment and ensuring they meet the care needs of patients whilst continuing to provide a clean and safe environment. For example, adjusting lighting and cleaning schedules and methods to prevent any undue distress to patients.

Patients we spoke with told us they are happy with the cleanliness of the environment and the care that they receive.

## Requirements

### Domain 5

- 1 NHS Dumfries & Galloway must ensure that the care equipment and care environment is maintained to support a clean and safe environment, including effective systems in place to clean window ventilation mesh (see page 10).

*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).*

## 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 Dumfries & Galloway have effective systems to monitor and manage infection prevention and control practice. We observed good teamwork and communication between the various clinical, facilities and estates teams. Patient feedback was sought regularly but could be strengthened to include specific feedback on the healthcare built environment.**

NHS Dumfries & Galloway has an infection prevention and control governance framework in place. There are a range of meetings scheduled such as a mental health corporate governance meeting which considers infection prevention and control data, audit outcomes and staff training. Improvement action plans are in place to track progress of actions undertaken. We observed minutes from the built environment group that provides an infection prevention and control focus and includes representation from the infection prevention and control team, support services and estates.

We were provided with minutes of board governance meetings, the healthcare governance committee, the built environment committee, and the Midpark senior nurse meeting. These contained reviews of data and outcomes of assurance activities in relation to infection prevention and control. We found action plans in place to address any areas identified which required improvement. For example, in response to a rise in infection rates, a 'back to basics' in hand hygiene training programme has been implemented for staff.

We observed a comprehensive infection prevention and control audit programme in place that includes monthly and quarterly audits and an annual inspection against the infection prevention and control standards. Audits are recorded on an electronic system that generates action plans. Senior charge nurses disseminate audit outcomes and expected actions to staff.

Service managers also complete environmental walk rounds with estates colleagues. Since the inspection we have been provided with a set agenda for these. The walk round findings are recorded with an action tracker to track progress. These actions are communicated to ward staff through the senior nurse meetings for any relevant follow up, for example, when improvement actions are required.

Staff we spoke with described a positive relationship with the infection prevention and control team. The team is visible in the hospital and easily contactable for advice and support.

Infection prevention and control training is mandatory for all staff. Staff education is completed via online modules. Senior charge nurses are responsible for monitoring staff compliance. Senior managers can also monitor online learning compliance. From evidence provided, we observed a good level of compliance with the majority of infection prevention and control training being 90% and above.

Ward staff informed us that all relevant infection prevention and control policies are accessible on the NHS Dumfries & Galloway intranet. Any information or updates to these policies are provided to staff by email or through ward safety huddles. From evidence provided, we observed any concerns regarding the environment were highlighted and actioned in the ward and hospital safety brief documents.

Senior managers told us that patients are encouraged to provide feedback through the care opinion website. The ward staff also complete a care assurance tool with patients that gathers information about their experience and involvement in planning their care. Currently this has limited options for gathering feedback on the environment. However, from evidence provided, we saw that the care assurance tool is being further developed to include questions about the healthcare environment. NHS Dumfries & Galloway have a public involvement group who also contribute to the development of the patient experience survey.

## 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)
- [Operating Framework](#) (Healthcare Improvement Scotland and Scottish Government, October 2022)

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