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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

Queen Margaret Hospital and Whyteman's Brae
Hospital
NHS Fife

8 February 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 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's Infection Prevention and Control Standards for Health and Social Care Settings, published in 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 our findings against Healthcare Improvement Scotland's 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

Queen Margaret Hospital is a community hospital located in Dunfermline and is one of two main hospitals in Fife. The hospital was completed in two phases, the first phase was completed in 1985 and the second in 1993. Queen Margaret Hospital has two older adult mental health inpatient wards and one general adult ward, and provides a number of community services including a minor injury unit and outpatient and diagnostic clinics.

Whyteman's Brae Hospital is a community hospital located in Kirkcaldy. The hospital provides a range of outpatient and community services such as psychology and physiotherapy, adult acute inpatient admissions are provided from Ravenscraig Ward.

The hospitals currently have a combined provision of 87 inpatient mental health beds.

About this inspection

We carried out an unannounced inspection to Queen Margaret Hospital and Whyteman's Brae Hospital, NHS Fife on Wednesday 8 February 2023.

We inspected the following areas:

- ward 1 (older adult)
- ward 2 (adult acute admissions)
- ward 4 (older adult), and
- Ravenscraig ward, Whyteman's Brae Hospital (adult acute admission).

We also inspected the public 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, visitors and ward staff, and
- accessed patients' health records monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Fife 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 Thursday 9 February 2023, we held a virtual discussion session with key members of NHS Fife 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 Fife and in particular all staff at Queen Margaret Hospital and Ravenscraig ward, Whyteman's Brae 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.'

At the time of our inspection, NHS Fife, like much of NHS Scotland, was experiencing a significant range of pressures, including reduced staff availability and significant levels of staff absence across all levels of care and support staff. The high level of staff absence and vacancies across the hospital resulted in an increased use of supplementary staff.

Despite the significant staff shortages we observed good levels of compliance with standard infection control precautions in the majority of areas inspected.

However, the ward environments in Queen Margaret Hospital required significant upgrading and this was compounded by delays in the completion of repairs.

Patients and visitors we spoke with told us that they were happy with the cleanliness of the environment, however they noted the hospital was in need of redecoration.

Although storage areas appeared clean, they were cluttered which could make effective cleaning difficult.

The clinical and domestic staff we spoke with told us that they felt well supported by the infection prevention and control team, with good communication between the teams. Staff also told inspectors that they felt well informed and were kept up to date on any infection prevention and control issues.

We observed infection prevention and control audit programmes in place in all areas inspected. These included audits carried out by ward staff, clinical teams, facilities staff, and the quality improvement team. Action plans were in place for areas for improvement identified from the audits. However, we noted some results did not reflect our observations of the environment.

NHS Fife have water safety systems in place for controlling and managing risks posed by waterborne organisms that may cause disease. Although staff were flushing infrequently used water outlets weekly, this was not in line with NHS Fife's own policy of twice weekly flushing.

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

This inspection resulted in three areas of good practice, seven requirements and two recommendations.

We expect NHS Fife 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 – Planning for quality

- 1** We observed good compliance with linen, waste, and sharps management (see page 10).
- 2** A monthly walk round has been implemented by senior management to provide a more cohesive approach to infection prevention and control audit processes (see page 14).
- 3** Ward staff told us they received valuable support from the infection prevention and control team (see page 15).

Requirements

Domain 5 – Planning for quality

- 1** NHS Fife must ensure a risk assessment for patients who may present a cross-Infection risk is in place, ensuring all risks are mitigated when unable to isolate a patient with a known infection (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 2** NHS Fife must ensure infrequently used water outlets are flushed in line with current policy (see page 11).

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

- 3** NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning (see page 12).

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

- 4** NHS Fife must ensure there is an effective system in place to manage outstanding estates repairs (see page 12).

This will support Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

5 NHS Fife must ensure attendance by members of committees in the infection prevention and control governance structure is a priority. When attendance is not possible, a deputy should attend, as recommended by the Vale of Leven Hospital Inquiry Report (see page 14).

This will support Standard 1.3 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

6 NHS Fife must ensure all staff comply with NHS Fife's mandatory infection prevention and control training (see page 15).

This will support Standard 2.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

7 NHS Fife must ensure that there is a system in place for patients and visitors to provide feedback on the cleanliness of the environment (see page 15).

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

Recommendations

Domain 5 – Planning for quality

a NHS Fife should review current risk assessments of personal protective equipment to promote safe availability as near to the point of care where possible (see page 10).

b NHS Fife should review provision of washing facilities, such as showering and bathing, as part of any refurbishment of mental health wards (see page 12).

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 staff performing hand hygiene at the appropriate times with good access to alcohol-based hand rub. However the ward environments in Queen Margaret Hospital required significant upgrading and this was compounded by delays in the completion of repairs. Storage areas were limited and cluttered.

NHS Fife have adopted the current version the [National Infection Prevention and Control Manual](#). This manual describes standard infection control precautions and transmission-based 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 tell us, or demonstrate how to access this on the intranet.

Hand hygiene is an important practice in reducing the spread of infection. We observed the majority of staff performing hand hygiene at the appropriate times with the exception of one ward where opportunities for staff to perform hand hygiene during patient mealtimes were missed. Patients were given hand wipes and encouraged to use them to clean their hands prior to mealtimes. We observed staff complied with the uniform policy, including bare below the elbows.

We observed that alcohol-based hand rub and fluid resistant masks were available at the entrance to the hospital, in corridors and ward entrances, with clinical waste bins available for discarding masks. With the exception of one ward, we observed visible signage at entrances to wards encouraging visitors to wear masks and perform hand hygiene.

In some ward areas where patient access to alcohol-based hand rub was assessed as a risk, staff carried their own alcohol-based hand rub for personal use. Inspectors observed that alcohol-based hand rub was readily available in all other ward areas.

Personal protective equipment, such as gloves and aprons, are used by staff to reduce risks associated with infection. We observed a good supply of personal protective equipment available in all wards inspected. We observed staff using and disposing of personal protective equipment appropriately. However, due to potential

ligature risk as identified in NHS Fife's generic ligature risk assessment, personal protective equipment was not available at the point of care. Instead, it was stored in locked treatment rooms or storage cupboards. Staff we spoke with told us that this could present challenges in terms of immediate accessibility to personal protective equipment when delivering care. NHS Fife should ensure regular review of the risk assessment to ensure personal protective equipment can be safely stored as close as possible to the point of care. In evidence provided by NHS Fife we note that the issue had already been highlighted at a previous mental health healthcare associated infection meeting in February 2023 and a resolution to this issue is now being sought (recommendation a).

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. For example, patients who present a cross-infection risk should be isolated in a single room to prevent the spread of infection. During our inspection, inspectors observed an instance where, due to a lack of availability of single rooms, a patient requiring isolation was being cared for in a four-bedded area. Patient notes showed that appropriate guidance had been provided by the infection prevention and control team and documented in the patient's care notes. While inspectors observed staff were following guidance appropriately, a specific infection prevention and control risk assessment had not been carried out. Inspectors raised this at the time of inspection with senior managers who acted promptly to ensure a risk assessment was completed which detailed any risks and control measures required to manage the infection prevention and control risks and to maintain the safety of the other patients, staff and visitors. The risk of transmission was assessed as low. A requirement has been given to support improvement in this area.

We observed that linen was well managed and in line with the National Infection Prevention and Control Manual. Clean linen was well organised and stored appropriately to avoid contamination. Used linen was segregated in line with guidance. We were told that linen is laundered at an off-site facility, and we observed it was kept in a locked secure area while awaiting uplift. There was also an onsite laundry for patient's personal laundry if required.

During our inspection we observed effective waste and sharps management. Sharps bins were labelled appropriately and less than three-quarters full, in line with national guidance. Clinical waste bins were available in the wards and were not over filled. We saw clinical waste was stored in a secure area while awaiting uplift.

All patient use equipment we inspected was visibly clean and well maintained with minor exceptions. Equipment such as commodes were cleaned after each use with the appropriate cleaning products in line with local policy and national guidance.

Weekly cleaning schedules are in place to ensure infrequently used equipment and areas were cleaned on a regular basis. These were observed to be completed.

Patients and visitors we spoke with stated they were happy with the cleanliness of the environment however, they told us the wards required redecoration.

We observed the environment was generally clean. Domestic staff we spoke with were able to describe the correct cleaning solutions and dilutions used in line with the National Infection Prevention and Control Manual. Some domestic daytime staff told us they usually have enough time to complete their duties. However, if they do not, this would be highlighted to the supervisor or nurse in charge by the evening staff who would complete any outstanding tasks. We observed cleaning schedules were completed daily and domestic service work schedules were observed in all areas inspected.

We were told by domestic services staff that there is a good level of communication when a ward has an infection outbreak or infection related concerns. A daily brief by the senior charge nurse included any particular instructions, precautions and risks. Inspectors were told by domestic staff that the infection prevention and control team contact them verbally and by email to inform them when the ward is due to be reopened and cleaning required.

NHS boards are required to have water safety systems in place for the control and management of risks posed by water borne organisms that may cause disease. NHS Fife have systems in place to reduce water associated risks. These include the flushing of infrequently used water outlets. Ward staff complete flushing for the infrequently used water outlets weekly and record in the daily cleaning schedule. However, NHS Fife's own policy states this flushing should be carried out twice weekly. A requirement has been given to support improvement in this area.

To ensure effective cleaning, the environment must be well maintained and in a good state of repair. Although the ward environment appeared clean, the fabric of the building was in a poor state of repair in a number of areas. For example, we observed:

- tape stuck to floors, walls and cupboards
- chipped flooring
- exposed plaster on walls
- damaged padded backs to toilets
- rusty toilet handrails, and
- unvarnished wood.

A requirement has been given to support improvement in this area.

We observed some areas had been repurposed to provide additional storage areas, however storage remained limited. Some storage rooms were cluttered with items stored on the floors which could make effective cleaning difficult.

Inspectors were shown how staff reported maintenance requests to the estates team through an electronic system. Domestic staff carry out facilities monitoring audits each month and forward these to the estates team to ensure that outstanding repairs and estates issues are notified for rectification. Inspectors were told by senior estates management that due to the volume of repairs highlighted through the audit system. The estates team have a system of prioritisation which is currently focused primarily on the higher priority actions. This means that minor repairs do not get actioned and have grown in volume which impacts on the condition of the environment. Inspectors noted that infection prevention and control audits regularly contain reference to maintenance issues. The audit results shared for the facilities monitoring reflects scores over 90% compliance. This was not supported by the observations of the inspection team. The delay in repairs was highlighted by inspectors at the inspection feedback session, where senior managers informed inspectors that this would be reviewed, and any outstanding repairs actioned. A requirement has been given to support improvement in this area.

We observed inadequate provision of bath and shower facilities in two wards. For example one ward had one bathroom and one shower room for 18 patients. Staff told us of the challenges this creates when patient dependency levels are high or when patients require high levels of assistance with personal hygiene. In another ward we observed there is one bathroom for 18 patients. Inspectors were shown plans to convert a decommissioned bathroom into a shower room however, no timescales for completion were in place. Despite these challenges inspectors observed staff working hard to ensure individual patient hygiene, privacy and dignity needs were being met. NHS Fife should ensure that the provision of bathing and showering facilities for patients are prioritised as part of the planned refurbishment programme (recommendation b).

Senior managers told inspectors the building required significant upgrade and capital investment. They also shared with inspectors their challenges in securing suitable alternative accommodation to move patients into to allow some building works to commence. It is important that NHS Fife develop and implement a plan to upgrade the mental health wards in Queen Margaret Hospital to improve the quality of the environment and level of facilities required by patients.

Requirements

Domain 5 – Quality Indicator 5.3

- 1** NHS Fife must ensure a risk assessment for patients who may present a cross-infection risk is in place, ensuring all risks are mitigated when unable to isolate a patient with a known infection (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 2** NHS Fife must ensure infrequently used water outlets are flushed in line with current policy (see page 11).

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- 4** NHS Fife must ensure there is an effective system in place to manage outstanding estates repairs (see page 12).

This will support Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

Recommendations

Domain 5 – Quality Indicator 5.3

- a** NHS Fife should review current risk assessments of personal protective equipment to promote safe availability as near to the point of care where possible (see page 10).

- b** NHS Fife should review provision of washing facilities, such as showering and bathing, as part of any refurbishment of mental health wards (see page 12).

Domain 5 – Planning for quality

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

- Quality indicator 5.4 – Audit, evaluations and research

Audit programmes were in place to monitor the cleanliness and quality of the environment with the associated action plans. All staff we spoke with told us about the good relationship with the infection prevention and control team. However, staff compliance with online mandatory infection prevention and control training should be improved.

NHS Fife have systems and processes in place to monitor and support the management of infection prevention and control practice. In evidence submitted, we observed minutes of infection prevention and control governance groups, such as the mental health healthcare associated infection group. Agenda items included discussion of infection prevention and control audit outcomes, identified areas for improvement and staff training. This group membership includes senior managers, infection control and prevention team, support services and estates teams. However, inspectors noted there has been no estates representative or update from estates department at the last three meetings. This is unsatisfactory given the level of estate related issues and does not demonstrate an effective robust multidisciplinary approach. A requirement has been made to support improvement in this area.

Senior managers told us key senior staff vacancies meant senior managers had temporarily expanded their roles and they had recognised infection prevention and control assurance systems required to be strengthened. As part of the drive to improve governance, inspectors were provided with evidence of a new monthly walk round of identified mental health sites. This involves a range of disciplines including head of nursing, infection prevention and control, domestic services, facilities, estates, and clinical staff. During the walk round, the infection prevention and control tool is utilised to collectively identify areas for improvement and agree an action plan. The senior managers we spoke with told inspectors this is a new development that will support a more collaborative approach to infection prevention and control across the mental health areas.

We observed infection prevention and control audit programmes in place in all areas inspected. These included a range of audits carried out by ward staff, clinical teams, facilities staff and the quality improvement team. We saw action plans in place for areas for improvement identified from the audits. There is a rolling monthly programme of audits which ward staff complete for hand hygiene and ward safety and cleanliness. Many of the actions were in relation to maintenance issues.

NHS Fife submitted their plan for the healthcare associated infection prevention and control assurance audit framework. This details the audits to be carried out, frequency of audits, the lead person for the audit, reporting processes and action planning, escalation and closing the loop. NHS Fife should consider their approach in addressing the disparity between the results from the facilities monitoring tool, which is currently showing satisfactory results, and the infection control audits when reviewing their framework.

Staff we spoke with described a positive relationship with the infection prevention and control team. The team visits the wards weekly and provides support for all infection control issues.

Infection prevention and control training is mandatory for all staff. Staff education is completed by online modules with face-to-face training, such as hand hygiene, undertaken by the infection prevention and control team. Senior managers told us they capture mandatory training as a whole for the health and social care partnerships. Online training compliance is low at present at approximately 50% across the health and social care partnership. However, we were advised there is a drive to improve training compliance and they aim to improve compliance by the end of March 2023. A requirement has been given to support improvement in this area.

All relevant infection prevention and control policies and procedures are available to all staff on NHS Fife's staff intranet system. Staff we spoke with could demonstrate how they access these on the electronic system. Staff told us that they are kept up to date with any changes to policies in a variety of ways. These include by email, an NHS Fife weekly update, safety briefs, handovers, and notice boards.

The infection prevention and control standards include the importance of gaining feedback from patients and visitors on the cleanliness of the environment. While patients have access to NHS Fife's complaints procedure there was no structured way for NHS Fife to actively seek patient feedback on the cleanliness of the environment, which could be used to influence improvements in the environment. A requirement has been given to support improvement in this area.

Requirements

Domain 5 – Quality Indicator 5.4

- 5 NHS Fife must ensure attendance by members of committees in the infection prevention and control governance structure is a priority. When attendance is not possible, a deputy should attend, as recommended by the Vale of Leven Hospital Inquiry Report (see page 14).

This will support Standard 1.3 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 6** NHS Fife must ensure all staff comply with NHS Fife's mandatory infection prevention and control training (see page 15).

This will support Standard 2.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 7** NHS Fife must ensure that there is a system in place for patients and visitors to provide feedback on the cleanliness of the environment (see page 15).

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

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, December 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)
- [The Vale of Leven Hospital Inquiry Report](#) (National Records of Scotland, November 2014)

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