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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

Inverclyde Royal Hospital
NHS Greater Glasgow and Clyde

26 April 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 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

Inverclyde Royal Hospital is located in Greenock, Inverclyde approximately 30 minutes from Glasgow. It serves the population of Inverclyde, Largs, Bute and the Cowal Peninsula. The Hospital provides a range of inpatient and outpatient services, including general medicine, surgical and intensive care wards. Inpatient mental health care is provided in three units adjacent to the main Inverclyde Royal Hospital building: Langhill Clinic, Larkfield Unit and Orchard View. There are currently 90 mental health inpatient beds.

About this inspection

We carried out an unannounced inspection to the mental health inpatient areas of Inverclyde Royal Hospital, NHS Greater Glasgow and Clyde on Wednesday 26 April 2023.

We inspected the following areas:

- Ward 4A (older adult acute organic, brain impairment conditions including dementia)

- Ward 4B (older adult acute functional)
- Acute Assessment Unit
- Intensive Psychiatric Care Unit
- Oak (adults with complex needs), and
- Willow (older adults with complex needs).

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 and ward staff, and
- accessed monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Greater Glasgow and Clyde 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 27 April 2023, we held a virtual discussion with key members of NHS Greater Glasgow and Clyde estates team to discuss systems and processes in place for building upgrade and maintenance. On Wednesday 3 May 2023, we held a virtual discussion session with key members of NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde and in particular all staff at Inverclyde Royal 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’.

During the inspection we observed similar areas for improvement that were identified at the Safe Delivery of Care inspection undertaken at Inverclyde Royal Hospital in November 2022. These included inconsistencies in staff practice for the

safe and effective management of sharps and a range of environmental issues where upgrade and repair was required.

The ward staff we spoke with said they felt well supported by the infection prevention and control team and could access support and advice when required.

Inspectors observed several missed opportunities for hand hygiene during meal service. Alcohol-based hand rub was not readily available within the ward areas due to the assessed risk to the patient group.

We observed the cleanliness of the environment was satisfactory in most areas we inspected. However, the environment requires to be well maintained to ensure effective cleaning.

The care environment requires upgrading. While a redecoration programme was underway, we observed the environment in many wards was in a poor condition and in need of upgrade and repair. In particular, one laundry room was in a very poor state of repair. We raised this with senior managers who gave assurances that prompt action would be taken. Following the inspection, NHS Greater Glasgow and Clyde have confirmed they have implemented remedial actions.

Limited storage within the wards meant that there were items stored inappropriately within bathrooms and communal areas, including patient bed bay areas. This could potentially impact on the ability to effectively clean this area.

We observed that linen was largely stored appropriately with the exception of one ward where, due to lack of storage, clean linen was stored on the floor. Used linen was not stored securely in some wards.

NHS Greater Glasgow and Clyde has processes in place to obtain feedback from patients about the environment. Patients we spoke with told us they were satisfied with the cleanliness of the environment.

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

This inspection resulted in two areas of good practice and eight requirements.

We expect NHS Greater Glasgow and Clyde to address the requirements. 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** The infection prevention and control team provided good responsive support to ward staff (see page 6).
- 2** Inspectors observed that in the areas of the hospital where redecoration had been completed, the quality of the environment for patients and staff was markedly improved (see page 9).

Requirements

Domain 5

- 1** NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance (see page 9).
This will support compliance with Infection Prevention and Control Standards (2022) Criterion 6.1.
- 2** NHS Greater Glasgow and Clyde must ensure that clean linen is stored in line with current guidance (see page 10).
This will support compliance with Infection Prevention and Control Standards (2022).
- 3** NHS Greater Glasgow and Clyde must ensure that sharps boxes are managed in line with national guidance (see page 10).
This will support compliance with Infection Prevention and Control Standards (2022) Criterion 6.1.
- 4** NHS Greater Glasgow and Clyde must ensure the care environment and equipment are maintained and in a good state of repair to allow for effective cleaning (see page 11 & 12).
This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.
- 5** NHS Greater Glasgow and Clyde must ensure that all equipment is stored appropriately to avoid contamination (see page 12).
This will support compliance with Infection Prevention and Control Standards (2022).

6 NHS Great Glasgow and Clyde must ensure infrequently used water outlets are flushed in line with current national guidance (see page 12).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.

7 NHS Greater Glasgow and Clyde must ensure that staff complete mandatory training in relation to infection prevention and control and clinical sharps (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 2.2.

8 NHS Greater Glasgow and Clyde must ensure effective assurance systems are in place to support the monitoring of the care environment (see page 16).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.

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

Ward and public areas appeared clean with only some exceptions. However, some ward environments within Inverclyde Royal Hospital require upgrading which could inhibit effective cleaning in these areas. NHS Greater Glasgow and Clyde have implemented a programme of redecoration within the mental health units, this has not yet completed and several ward areas remain in poor condition. Staff practice in relation to hand hygiene varied across units.

NHS Greater Glasgow and Clyde 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 that were familiar with the manual could tell us or demonstrate how to access this on the intranet.

Scottish Government guidance at the time of this inspection strongly recommended that staff who are moving around clinical and non-clinical areas within the hospital setting wear a fluid resistant surgical face mask or face covering. We observed good provision of alcohol-based hand rub and fluid resistant masks at the entrance to the hospital, with signage encouraging visitors to wear masks and perform hand hygiene.

Hand hygiene is an important practice in reducing the spread of infection. During meal service, several missed opportunities for hand hygiene were observed. Alcohol-based hand rub was available at the entrance to the majority of wards inspected. However, alcohol-based hand rub was not readily available within the ward areas due to the assessed risk to the patient group, and access to hand wash facilities were not available within the communal areas of wards. An individual ward risk assessment was in place for this, which stated staff should carry their own personal supply of alcohol based hand rub. However, inspectors observed that this practice was not consistently applied. A requirement has been given to support improvement in this area.

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. In some wards, generic risk assessments had been undertaken which identified accessibility to personal protective equipment could present potential ligature risk to patients. To mitigate these risks personal protective equipment was stored securely. This equipment was easily accessible to staff and we observed staff using this appropriately.

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

Transmission-based precautions are additional precautions that should be applied when standard infection control precautions are not sufficient, for example when staff are caring for patients with a known or suspected infection. Ward staff we spoke with were knowledgeable about additional precautions that must be implemented when patients have suspected or known infections.

We observed linen was mainly well managed and, in line with the National Infection Prevention and Control Manual, was stored in a clean, designated storage room. However, in one ward clean linen was stored on the floor due to lack of appropriate storage. Inspectors observed doors to the used linen rooms were not locked in several areas. In one ward area, the linen buggy storing used linen was stored in the communal shower room. All used linen must be stored in a designated, safe, lockable area whilst awaiting uplift. A requirement has been given to support improvement in this area.

We observed staff practice in some ward areas was not consistent with guidance for the safe and effective management of sharps. Sharps bins were not all labelled appropriately with date of assembly or point of origin and temporary closures were not always in place when the box was not in use. This was previously raised during Inverclyde Royal Hospital the Safe Delivery of Care inspection in October 2022. A requirement has been given to support improvement in this area.

We observed the environment in many wards was in a poor condition and in need of upgrade and repair. Throughout the wards and communal areas, we observed marks on the walls and in one ward, we observed a hole in the wall of the main corridor. There were tiles on the ceiling that had brown stains. We were told by the estates team this was a result of heavy rain and poor drainage and that due to the roof design, flooding was problematic. This makes effective cleaning of the main corridor areas difficult.

We were informed by senior managers and the estates team that a redecoration programme had commenced. We were provided with a copy of this redecoration plan, which includes upgrading patient bedrooms. Inspectors observed a newly decorated patient room however, the ensuite toilet and shower had not been upgraded at the same time and the ensuite was in a poor state of repair. In some wards, inspectors observed that ensuite floors appeared stained and the seal between the floor and walls appeared dirty and discoloured at points. There were damp patches on the ceilings and paint was peeling off. We discussed these issues with the estates management team who were not aware that the ensuite had not been upgraded along with the patients' room. The estates team told inspectors that all the ensuites were included for upgrade and the redecoration plan supplied by NHS Greater Glasgow and Clyde confirmed this. However, these upgrade works should be planned and executed in a way that minimises disruption to patients.

Ward staff we spoke with were unaware of when the work in their ward area would commence and they explained this restricted their ability to plan and communicate changes to patients and their relatives. Any refurbishment work should be communicated timeously to ward staff to allow for appropriate planning and minimise disruption to staff and patients.

In all areas inspected, there were shared patient laundry facilities. All patient laundry areas we inspected were clean and well maintained, with the exception of one that was in a poor state of repair. The washing machines were mounted on metal plinths that were rusty and poorly maintained. There was debris and dirt in between machines. The ceiling in the laundry room had a hole with a plastic bag protruding where a light fitting had been removed, and the paint appeared to be peeling off in some areas of the ceiling. Staff we spoke with told inspectors that this issue had been going on for some time. We discussed this with senior managers who told inspectors they were aware of the issues within the laundry room however, action to address these issues was only commenced following the inspection. NHS Greater Glasgow and Clyde have informed us the metal plinths have been removed, the flooring replaced and advised that the area is scheduled to be painted. New light fittings have been ordered and will be fitted as soon as possible. A requirement has been given to support improvement in this area.

In all areas inspected, lack of storage meant unoccupied patient rooms were being used to store items such as hoists, an oxygen compressor and personal protective equipment, as well as condemned equipment which was awaiting uplift. Two patient toilets, which are out of use, were also being used to store hoists. One shared bathroom is no longer used for its intended purpose and staff store their belongings in the room. We were informed by nursing staff that they hoped to have the bath removed and this room repurposed for appropriate storage and use. However, senior

managers told us there was no plan in place for this at time of inspection. All of these storage rooms had items stored on the floor, therefore effective cleaning could not take place. We also observed clean hoist slings stored on the floor increasing the risk of contamination. Similar issues were previously raised during Inverclyde Royal Hospital the Safe Delivery of Care inspection in October 2022.

Patient use equipment such as hoists, commodes, scales and stand aids were stored in some patient shared bathrooms. There were a number of furniture items, such as wardrobes, in the corridors that had been removed from patient's rooms due to safety concerns. Ward areas should be free from non-essential items and equipment to facilitate effective cleaning.

In one ward, we observed a dormitory bedroom that was still in use with one patient accommodated here. It was also being used to store mattresses on a vacant bed. The storage of the mattresses in this area hindered cleaning, did not provide a therapeutic environment and also presented a potentially unsafe environment for the patient. A requirement has been given to support improvement in this area.

In some wards, we observed patient chairs were damaged and could not be effectively decontaminated. A requirement has been given to support improvement in this area.

In one ward we observed a pressure-relieving mattress was stained. This type of mattress is unable to be opened to check for contamination of foam during mattress audits. Water could be absorbed by the mattress which means it is unable to be cleaned effectively. Ward staff had been proactive and contacted the manufacturer for further advice. Other mattresses checked showed no sign of contamination and inspectors were assured that regular mattress audits were undertaken by ward staff.

Domestic staff we spoke with told us they had a sufficient supply of equipment to carry out their duties and described being well supported by the domestic supervisors. The domestic staff were able to describe to inspectors the correct cleaning and colour coding system in use throughout the hospital, in line with guidance. We observed the cleaning schedule that the domestic staff follow. Domestic staff told inspectors that if they were unable to complete the tasks on the cleaning schedule, they would log incomplete tasks and highlight these to both the domestic supervisor and the next domestic on shift. Domestic staff explained they would escalate any repairs they identified to nursing staff who would report the issue to the estates departments.

Inverclyde Royal Hospital has three different providers of estate management: NHS Greater Glasgow and Clyde and two independent companies contracted as part of Private Finance Initiative. While each provider has a different way to report faults,

there is oversight of all departments and issues through the use of the electronic facilities management system. Ward staff within each unit were able to describe how to report issues to their estates department and we were told that estates were usually responsive. However, as discussed earlier in this report, in many areas the environment was in a poor state of repair.

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 Greater Glasgow and Clyde have systems in place to reduce water associated risks, including the flushing of infrequently used water outlets. Domestic staff complete water flushing except for infrequently used locations which are completed by the relevant estates department.

In one ward, nursing staff reported that two bathrooms previously discussed in this report were out of use and used as storage as they were not plumbed in. However, estates senior management told inspectors they believed the bathrooms were functional. NHS Greater Glasgow and Clyde need to ensure all infrequently used water outlets are included on the flushing schedule. A requirement has been given to support this.

We spoke with patients in one ward and were informed that they were satisfied with the cleanliness of the ward and their room. The bedrooms appeared bright and clean with minimal clutter. One patient described the ward as ‘spotless’.

Requirements

Domain 5	
1	<p>NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance (see page 9).</p> <p><i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 6.1.</i></p>
2	<p>NHS Greater Glasgow and Clyde must ensure that clean linen is stored in line with current guidance (see page 10).</p> <p><i>This will support compliance with Infection Prevention and Control Standards (2022).</i></p>
3	<p>NHS Greater Glasgow and Clyde must ensure that sharps boxes are managed in line with national guidance (see page 10).</p> <p><i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 6.1.</i></p>

4 NHS Greater Glasgow and Clyde must ensure the care environment and equipment are maintained and in a good state of repair to allow for effective cleaning (see page 11 & 12).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.

5 NHS Greater Glasgow and Clyde must ensure that all equipment is stored appropriately to avoid contamination (see page 12).

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6 NHS Great Glasgow and Clyde must ensure infrequently used water outlets are flushed in line with current national guidance (see page 12).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.

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 Greater Glasgow and Clyde 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 Greater Glasgow and Clyde have a framework in place to manage and monitor infection prevention and control practice. During the discussion session, the infection prevention and control team described the systems and processes in place to ensure the expertise and leadership of infection prevention and control. The team spoke clearly of their roles and responsibilities. We found that there was a collaborative approach between the clinical staff, facilities teams, estates teams and infection prevention and control team. There are regular board-wide and local mental health inpatient infection prevention and control meetings. Infection prevention and control is a standing item on the mental health senior charge nurse meetings. We looked at meeting notes and saw that infection prevention and control issues were discussed, and solutions planned and agreed. Outcomes of audits and action plans were also agreed and discussed.

During the inspection, we were advised that all ward staff had access to infection prevention and control guidelines through the NHS Greater Glasgow and Clyde staff intranet and were updated on any changes through email and daily staff huddles. Ward staff highlighted that they were given relevant ward information through the ward handovers.

Infection prevention and control training is a mandatory requirement for all NHS Greater Glasgow and Clyde staff. The education is delivered by online modules. Ward managers are responsible for monitoring staff compliance. From evidence submitted, infection prevention and control training compliance for the areas inspected was at 76% and safer sharps modules on LearnPro and Turas were 66.8% and 49.6% respectively. Inspectors observed that management of sharps requires to be improved. Improved completion of mandatory infection prevention and control and safer sharps training would enable staff to develop and maintain their knowledge, skills and competencies in line with national guidance. A requirement has been given to support improvement in this area.

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, facilities staff

and estates. Facilities assurance system, the 10-step planner programme, is a system of planned audits that includes an independent audit of the environment, in-house audit, surveys, and staff training and support. We observed that compliance scores were around 90%. Inspectors were provided with completed audits for hand hygiene, combined care assurance audit tool, facilities monitoring tool and standard infection prevention and control precautions. Results from recent standard infection prevention and control audits, including hand hygiene and management of care equipment, showed high levels of compliance which were not consistent with the inspectors' findings at the time of inspection.

This was previously raised during a Safe Delivery of Care inspection at Inverclyde Royal Hospital in October 2022. We are concerned the monitoring score may result in false assurances regarding the condition of the environment within Inverclyde Royal Hospital. We were not assured the current system of monitoring the environment is providing effective assurance. A requirement has been given to support improvement in this area.

For patient feedback, NHS Greater Glasgow and Clyde have a range of avenues, including Care Opinion and the Fifteen Steps Challenge, developed by NHS England. This is a suite of toolkits that explore different healthcare settings through the eyes of patients and relatives. We were advised and shown evidence of completion of the Fifteen Steps Challenge for two wards. The most recent challenge identified areas for improvement in relation to the environment, which included inappropriate use of patient areas for storage. NHS Greater Glasgow and Clyde have confirmed that action has commenced to seek alternative storage solutions and return rooms to patient use only.

Requirements

Domain 5 - Quality Indicator 5.4

- 7** NHS Greater Glasgow and Clyde must ensure that staff complete mandatory training in relation to infection prevention and control and clinical sharps (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 2.2.

- 8** NHS Greater Glasgow and Clyde must ensure effective assurance systems are in place to support the monitoring of the care environment (see page 16).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.

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, May 2023)
- [Operating Framework – Healthcare Improvement Scotland and Scottish Government](#) (Healthcare Improvement Scotland, November 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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