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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

Royal Cornhill Hospital & Great Western Lodge
NHS Grampian

28 & 29 March 2023

CONFIDENTIAL – DRAFT REPORT

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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 Grampian's Royal Cornhill Hospital is located in the city of Aberdeen in the north east of Scotland and is the main centre for the care and treatment of people with mental health conditions in Grampian. The hospital is located close to the centre of Aberdeen and provides inpatient, outpatient and day patient care. The hospital also includes rehabilitation units in the centre of Aberdeen, Great Western Lodge and Polmuir Road, which is part of NHS Grampian's inpatient rehabilitation service. There are currently 242 inpatient mental health beds.

About this inspection

We carried out an unannounced inspection to Royal Cornhill Hospital and Great Western Lodge, NHS Grampian on Tuesday 28 and Wednesday 29 March 2023.

We inspected the following areas:

- Blair unit (forensic acute)
- Blair unit (forensic rehabilitation)
- Corgarff ward (rehabilitation)

- Drum ward (older adult)
- Dunnottar Ward (adult admission)
- Fraser Ward (adult admission)
- Fyvie ward (older adult functional)
- Huntly ward (adult acute admission)
- Skene ward (older adult admission), and
- Great Western Lodge (forensic rehabilitation).

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 patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Grampian 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 Tuesday 4 April 2023, we held a virtual discussion with a member of the infection prevention and control team. On Thursday 6 April 2023, we held a virtual discussion session with key members of NHS Grampian 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 Grampian and in particular all staff at Royal Cornhill Hospital and Great Western Lodge 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 Grampian, like much of NHS Scotland, was experiencing a significant range of pressures.

We observed good infection prevention and control practice, and staff were aware of their role in the management of infection prevention and control. The staff we spoke to said they felt supported by the infection prevention and control team.

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.

Limited storage within the wards meant that there were items stored inappropriately within bathrooms and communal areas.

We observed that linen was well managed and in line with the National Infection Prevention and Control Manual.

The ward environments appeared visibly clean. The inspectors observed domestic staff working hard to keep the hospital clean despite the poor condition of the environment in some areas

We observed the environment in many wards was in a poor state of repair and requires significant upgrading. Two wards within the hospital had recently been refurbished. However, due to infection prevention and control water safety issues identified within these wards, NHS Grampian were not able to reopen the wards and move patients back into the newly upgraded facilities. We were told that ongoing works are being carried out with the water system to try to resolve these issues.

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

This inspection resulted in four areas of good practice, eight requirements and one recommendation.

We expect NHS Grampian 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	We observed good compliance with staff hand hygiene (see page 9).
2	We observed good compliance with linen and sharps management (see page 11).
3	We observed domestic staff working hard to keep the hospital clean despite the poor condition of the environment in some areas (see page 12).
4	Staff told us they received valuable support from infection prevention and control (see page 17).

Requirements

Domain 5	
1	<p>NHS Grampian must ensure enhanced cleaning regimes are documented ensuring infection prevention and control policies are followed (see page 10).</p> <p><i>This will support compliance with Standard 8.4 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i></p>
2	<p>NHS Grampian must ensure clinical waste and personal protective equipment is stored appropriately at the point of care to prevent cross contamination if patients are isolated for infection prevention control reasons (see page 10).</p> <p><i>This will support compliance with the National Infection Prevention and Control Manual (2022).</i></p>
3	<p>NHS Grampian 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).</p> <p><i>This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i></p>
4	<p>NHS Grampian must review their governance and reporting arrangements for the management of infection prevention and control incidents and outbreaks (see page 11).</p> <p><i>This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 1.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022) (see page 10).</i></p>

5 NHS Grampian must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift (see page 11).

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

6 NHS Grampian must review current domestic arrangements to ensure sufficient resources are in place including during weekends to meet the cleaning requirements (see page 12).

This will support compliance with [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#).

7 NHS Grampian must ensure the care environment and patient equipment are in a good state of repair, stored and maintained to support effective cleaning (see page 13 and 14).

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

8 NHS Grampian must ensure that the condition of patient mattresses is effectively monitored, and all patients have a clean and contamination free mattress (page 18).

This will support compliance with Standard 7.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022) and Health & Social Care Standards (2017) criterion 5.24.

Recommendations

Domain 5

a NHS Grampian should continue to regularly review risk assessments of personal protective equipment to ensure availability as near to the point of care as possible (see page 10).

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. The ward and public areas appeared clean, however the environment is in a poor state of repair in many areas within Royal Cornhill Hospital and Great Western Lodge. We observed storage rooms were cluttered which would make effective cleaning difficult.

NHS Grampian have adopted the current version 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 tell us or demonstrate how to access this on NHS Grampian's intranet.

Hand hygiene is an important practice in reducing the spread of infection. We observed staff performing hand hygiene at the appropriate times. We observed staff encouraging patients to wash their hands or use alcohol-based hand rub prior to mealtimes. Staff also 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. We also observed signage encouraging visitors to wear masks and perform hand hygiene.

Alcohol-based hand rub was readily available for staff in all wards. In one ward where patient access to alcohol-based hand rub was assessed as a patient risk, we observed that staff carried their own personal alcohol-based hand rub.

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.

In some wards generic risk assessments were in place due to the potential ligature risk that personal protective equipment, including face masks, presented to patients. This meant that personal protective equipment was not available at the point of care. Instead it was stored in locked storage cupboards. NHS Grampian should continue to ensure regular review of the risk assessments to ensure personal protective equipment can be safely stored as close as possible to the point of care (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. All staff we spoke with were knowledgeable about these precautions and when they should be applied.

At the time of this inspection, one ward was experiencing a COVID-19 outbreak. Patients within this ward who required isolation for infection control reasons were isolated appropriately in line with guidance within the [National Infection Prevention and Control Manual](#). We observed signage on the doors to alert staff and visitors that additional precautions were in place and we observed personal protective equipment was available at point of care. Staff were able to describe the enhanced cleaning regime in place however, this was not documented. A requirement has been given to support improvement in this area.

In another ward we observed a patient isolated for infection prevention and control reasons, with the appropriate personal protective equipment stored at the point of use outside the patient's room. This was stored in a covered plastic container to prevent contamination however, the container was stored on the floor. We observed that the clinical waste bag was also stored on the floor. All clean and used equipment should be stored appropriately and off the floor. Staff told inspectors this was due to the lack of available pedal bins in the unit. We discussed this with the infection prevention and control team who told us they would address this and would carry out a safe and clean care audit within the ward. A requirement has been given to support improvement in this area.

During the inspection of the ward experiencing the COVID-19 outbreak, inspectors observed that although staff were compliant with current infection prevention and control guidance, there was no care plan detailing the correct precautions or any specific advice the infection prevention and control team had provided. Despite this, we observed that patients with any infection or suspected infection were cared for in single or cohort rooms and appropriate infection prevention and control precautions were in place. In the other ward where a patient was isolated for infection prevention and control reasons, staff had documented the conversations and advice provided by the infection prevention and control team in the patient's care record. The infection prevention and control team told inspectors that advice would be

provided virtually or by telephone and outbreak documentation would be completed. A requirement has been given to support improvement in this area. Senior managers and the infection prevention and control team told us they are currently reviewing how they provide support to wards and told inspectors that they are considering returning to more face-to-face outbreak management and infection prevention and control advice.

During discussions with NHS Grampian, senior managers told us that there is no system in place to inform them when there are incidents or outbreaks within Royal Cornhill Hospital. To ensure effective governance and oversight there must be effective communication with senior managers on infection and prevention control incidents and outbreaks. Within evidence provided by NHS Grampian, we observed an outbreak management tool was in place. NHS Grampian infection prevention and control team record outbreak information in electronic format. However sharing this electronic record with senior managers by email was found to be inconsistent. A requirement has been given to support improvement in this area.

We observed that linen was managed well 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. In some wards patients had their own laundry facilities. There was also a housekeeper in some wards who laundered patient clothing. The laundry rooms on the wards were clean and well organised.

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 in Royal Cornhill Hospital and were not over filled. We saw clinical waste was stored in a secure area while awaiting uplift, with the exception of one that was stored in the corridor and had a damaged lock. This meant it was not secured and could potentially be accessed by members of the public and other unauthorised persons. Clinical waste must be stored in a designated, safe and lockable area while awaiting uplift. We highlighted this at the time of inspection to senior managers. A requirement has been given to support improvement in this area.

All patient use equipment we inspected was clean and well maintained with minor exceptions. We were told equipment is cleaned after use with the appropriate cleaning products in line with local policy and national guidance. We observed a daily cleaning programme in place, ensuring all equipment was clean.

Patients we spoke with stated they were mainly happy with the cleanliness of the environment. We were told by patients:

- 'It's fairly fresh and clean.'
- 'Felt comfortable on the ward and that staff kept it clean.'
- They stated that staff are doing the best with what they have but the environment can "make you feel worse".

We observed the environment appeared visibly clean and fresh smelling however, in some wards, the environment was not well maintained and in a good state of repair to facilitate effective cleaning. For example, we observed damaged walls, doors and woodwork

Domestic staff us told they usually have enough time to complete their duties and were able to describe the correct procedures and cleaning products used in line with the National Infection Prevention and Control Manual. There is a daily schedule of tasks and we were able to observe the cleaning schedules describing these. Domestic staff told inspectors that if any tasks are unable to be completed, this is recorded and domestic staff on evening duty would complete any outstanding tasks. Ward staff and patients commented on the diligence of domestic staff. However, in one ward we were told there is no weekend domestic staff provision. This means no cleaning can be carried out in this ward over the weekend. This is a concern as patients should expect the same level of cleanliness at weekends as during the week. Domestic staff told us they require to catch up with the weekend cleaning duties on a Monday morning. At the discussion session, senior managers told us that after the pandemic the domestic cover was reduced to pre-pandemic levels however, there are now plans to reintroduce the weekend domestic provision in this ward. A requirement has been given to support improvement in this area.

We observed that due to increased patient numbers, some wards had additional contingency beds in place. Although these beds placed extra pressure on all staff, we observed that cleanliness in these areas was not compromised. At the time of the inspection, the spacing between patient beds was in line with infection prevention and control guidance.

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 Grampian have systems in place to reduce water associated risks, including the flushing of infrequently used water outlets. At the time of inspection, there were few infrequently used outlets within the wards, and we observed these were flushed twice weekly. There are also some wards that are closed at present and there are processes in place to ensure the water outlets in these wards are flushed twice weekly.

When repairs or work to the environment is required, staff use an electronic reporting system. Each ward is responsible for reporting any issues in their ward and department. All the ward staff we spoke with were familiar with the reporting system and confirmed that it is routinely used to report environmental damage that needs to be addressed. We were told ward staff can monitor the progress of repair requests on the electronic system. However, some ward staff said that response to requests could be slow at times.

To ensure effective cleaning, the environment must be well maintained and in a good state of repair. Although the ward environments appeared visibly clean, as already described in some areas the fabric of the building was in a poor state of repair. In one ward we observed missing tiles in a shower, damaged flooring and damaged sealant. This shower room is now no longer in use. The ward also has a leaking roof, which meant one patient room and an office were unable to be used. Senior managers told us that the roof was unable to be repaired until patients were moved out of the ward. Staff told us that patients were due to move to the refurbished ward and that this was only a temporary arrangement, however this has been ongoing for approximately 18 months. They also told us they feel frustrated at caring for patients in this environment. NHS Grampian provided evidence that they are considering various options to repair the roof.

There are currently three closed wards at the Royal Cornhill Hospital. Two of these had been refurbished and were due to open September 2021. NHS Grampian's plan was to relocate patients from another ward into these refurbished wards. However, infection prevention and control water safety issues within the newly refurbished wards have prevented the wards from opening.

We were told that ongoing works are being carried out with the water system to try to resolve these issues and that joint meetings with national organisations have taken place around the implementation of a risk-based approach to reopening the wards. Senior managers told us a further meeting is planned for April where a decision will be made regarding the opening of these wards. If the refurbished wards remain unable to reopen, we were told there is an alternative plan to ensure patients are moved to a more appropriate environment. Senior managers have also confirmed that a provisional date for opening the refurbished wards has been agreed for early June.

In one ward area, inspectors observed a four-bedded dormitory in a poor state of repair with inadequate bed spacing. Although we observed a risk assessment in place for this, inspectors noted the area had limited space for patients to move around. We also observed damaged walls, windows and stained carpets in non-clinical areas. The environment meant that the bed spacing guidance was not being followed, and was

not well maintained or in a good state of repair. To create a therapeutic environment areas should be pleasant and comfortable, feel safe but not institutional.

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. Therefore, they are looking to develop options to allow the occupied ward to be refurbished.

We also observed in other wards:

- missing wall tiles in the shower room and toilet
- damaged walls
- damaged doors, skirting and woodwork
- water damage to floor and skirting
- chipped paintwork, and
- damaged shower sealant.

In some wards, we observed that patient chairs were damaged with ripped fabric which allowed for contamination and would not withstand effective cleaning.

It is important for NHS Grampian to develop and implement a plan to upgrade non-refurbished mental health wards in Royal Cornhill Hospital as a matter of priority to improve the quality of the environment required by patients. A requirement has been given to support improvement in this area.

In all wards inspected we observed that storage areas were very limited. Some storage areas were well organised. However, many storage rooms were cluttered with items such as hoist slings and duvets, stored on the floor. This would make effective cleaning difficult. We also observed that some items, such as beanbags, chairs and mobility aids were being stored in patients' toilets and shower rooms. Hoists and scales were also being stored in the patients' quiet room. A requirement has been given to support improvement in this area.

Requirements

Domain 5

- 1 NHS Grampian must ensure enhanced cleaning regimes are documented ensuring infection prevention and control policies are followed (see page 10).

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

2 NHS Grampian must ensure clinical waste and personal protective equipment is stored appropriately at the point of care to prevent cross contamination if patients are isolated for infection prevention control reasons (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2022).

3 NHS Grampian 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 (2022) and Standard 3.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

4 NHS Grampian must review their governance and reporting arrangements for the management of infection prevention and control incidents and outbreaks (see page 11).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 1.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022) (see page 10).

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7 NHS Grampian must ensure the care environment and patient equipment are in a good state of repair, stored and maintained to support effective cleaning (see page 13 and 14).

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

Recommendations

Domain 5

- a** NHS Grampian should continue to regularly review risk assessments of personal protective equipment to ensure availability as near to the point of care as possible (see page 10).

Domain 5 – Planning for quality

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

- Quality indicator 5.4 – Audit, evaluations and research

All staff we spoke with reported a positive relationship with the infection prevention and control team. NHS Grampian have systems and processes in place to manage and monitor infection prevention and control practice. This includes an audit programme, various infection prevention control governance groups and staff training. Mattress audits were found to be incomplete in some areas as not all mattresses were included in the audits.

NHS Grampian 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 infection and control assurance group meeting, the infection prevention and control strategic committee meeting and asset management group. There is good clinical representation at these meetings including senior managers and the infection prevention and control team. We observed from the evidence provided that the concerns we have identified during this inspection have been discussed at these meetings with actions agreed.

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, business managers and the quality improvement nurse. Senior managers told us that when wards continually score 100% for hand hygiene audits, the quality improvement nurse does a follow-up audit as an assurance check that the results are accurate and not providing false assurance. A safe and clean care audit tool is carried out at 6 monthly intervals supported by the infection prevention and control team, when required. Topics include patient placement, personal protective equipment and hand hygiene. Facilities monitoring audits are carried out monthly. These include monitoring the condition and cleanliness of the environment. The results of the audits are sent to the estates team who then review the results and enter any repair works that are required onto the electronic reporting system to be actioned. We observed that the results reflected lower scores where the inspectors identified issues with the environment.

We were told by senior managers that mattress audits should be completed monthly. In one ward, we observed a mattress was damaged and contaminated. Staff provided a copy of their most recent mattress audit, which showed eleven out of eighteen mattresses had been identified as needing replaced over recent months. Senior managers told us these mattresses are in the process of being replaced. However,

previous audit results had not been actioned, resulting patients continuing to have contaminated mattresses. We also observed that mattresses within some wards were anti-ligature, meaning that they were fully enclosed and unable to be unzipped. We found that the mattress audits were not being completed for this type of mattress as staff are unable to access the inside of the mattress to assess its condition. However, mattress audits should still be completed to ensure that there is no contamination or breaches to the cover. A requirement has been given to support improvement in this area.

Staff we spoke with described a supportive relationship with the infection prevention and control team. Although they do not visit wards regularly, they communicate with ward staff virtually and by telephone. Staff also told us that there was a supportive culture from senior managers, and they felt part of a strong team.

We were told the infection prevention and control team, including the infection control doctor, have daily huddles across NHS Grampian where all infection control matters are discussed. The Infection prevention and control team told us this is a good way of working as it enables the team to work in a more collaborative way and deliver consistent messages to staff. We were told there is a vacant lead nurse post within the infection prevention and control team which NHS Grampian have been unable to fill. As a result the infection prevention and control team have temporarily reallocated the lead nurse responsibilities across the wider team. We were advised that the team have worked hard to ensure this has not impacted on the service and inspectors were told that this reallocation of work has unintentionally supported professional development within the team. This has enabled other staff to take on responsibilities normally undertaken by the lead nurse.

Infection prevention and control training is mandatory for all staff. Staff education is completed via online modules. Ward managers are responsible for monitoring staff compliance and would escalate any problems with staff not being able to complete their training. Senior managers can also monitor online learning compliance. From evidence submitted we observed a good level of compliance with the majority of infection prevention and control training being 89% or above. Support can also be provided to wards from the quality improvement nurse, who can assist with directed training needs for new staff.

We found that in the rehabilitation wards patient education was an integral part of developing independent living skills. This included food safety and risks around poor hygiene and contamination.

All relevant infection prevention and control policies and procedures could be easily accessed by all staff on NHS Grampian's staff intranet system. Staff 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 Grampian weekly update, safety briefs, handovers and noticeboards.

We were told by managers there are various ways patients can submit feedback, such as through feedback cards to the advocacy team, which is then fed back to the wards. The care and assurance reflection tool is completed by the senior charge nurse. A recent patient survey carried out by the Royal Cornhill Hospital advocacy team captured the overall patient experience. Although this included some feedback on the ward environment, there is an opportunity to make feedback on the environment more robust. Feedback obtained by NHS Grampian could be strengthened to capture specific themes and enable consideration of the patient's perspective of improvements to their environment. From evidence submitted, we observed that senior managers are looking at including a public representative at relevant meetings.

Requirement

Domain 5 - Quality Indicator 5.4

- 8** NHS Grampian must ensure that the condition of patient mattresses is effectively monitored, and all patients have a clean and contamination free mattress (page 18).

This will support compliance with Standard 7.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022) and Health & Social Care Standards (2017) criterion 5.24.

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)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government](#)
- [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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