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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

St John's Hospital
NHS Lothian

24 October 2023

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About our inspection

Background

As part of a range of actions to support and improve mental health 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

St John's Hospital in Livingston provides a full range of acute medical, surgical and specialist services for patients from across Lothian and beyond. This includes inpatient acute mental health care and treatment for adults and those over 65. Additionally, it provides an onsite recovery and rehabilitation service for people with severe and enduring mental illness. St John's Hospital hosts the regional specialist inpatient services for people with eating disorders and the mother and baby unit which provides inpatient perinatal mental health support for NHS boards in the east and north of Scotland. The hospital has 62 inpatient mental health beds across five wards.

About this inspection

We carried out an unannounced inspection to the mental health wards of St John's Hospital, NHS Lothian on Tuesday 24 October 2023.

We inspected the following areas:

- Mother and baby unit (perinatal mental health)

- Pentland court (mental health recovery and rehabilitation)
- Ward 1 (intensive psychiatric care unit)
- Ward 3 (older adult acute admissions), and
- Ward 17 (adult acute admissions).

During our inspection, we:

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

As part of our inspection, we also asked NHS Lothian 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 impact on ward staff and to inform the virtual discussion session.

On Wednesday 7 November 2023, we held a virtual discussion session with key members of NHS Lothian 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.

We would like to thank NHS Lothian and particularly the staff at St John's Hospital for their assistance during our inspection.

A summary of our findings

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

Staff that inspectors spoke with were knowledgeable when discussing infection prevention and control and described a supportive relationship with the infection prevention and control team. However, we observed several missed opportunities for hand hygiene in one ward with a suspected COVID-19 outbreak.

We observed that linen and waste was managed in line with national guidance and that sharps were managed safely and effectively.

Patients we spoke with were happy with the cleanliness of the environment. We were also shown evidence of positive patient feedback regarding the care environment.

All equipment inspected was clean. The ward environments appeared clean however, in some wards inspected, areas of the environment were not well maintained, or in a good state of repair with damage to walls, woodwork and flooring.

Some concerns about domestic provision, especially at the weekends, were raised by staff.

NHS Lothian has an infection prevention and control audit programme in place. However, there was inconsistent compliance with the timeframes for completion of these at both ward level and within the infection prevention and control led audits. This meant that we were provided with limited evidence of assurance of infection prevention and control guidelines being met.

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

This inspection resulted in one area of good practice and four requirements.

We expect NHS Lothian 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 10).

Requirements

Domain 5

- 1 NHS Lothian must ensure all staff carry out hand hygiene in line with guidance and have access to alcohol-based hand rub. Paper towels must be stored to prevent contamination (see page 8 & 9).

This will support compliance with the National Infection Prevention and Control Manual (2023).

2 NHS Lothian must ensure the care environment and patient equipment is in a good state of repair and maintained to support effective cleaning (see page 9).

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).

3 NHS Lothian must review current domestic provision to ensure sufficient resources are in place to meet the cleaning requirements (see page 10).

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

4 NHS Lothian must have effective governance that provides assurance of robust infection prevention and control measures, including adherence to an audit programme that ensures audits are fully and consistently completed with action plans developed to address any areas for improvement (see page 12 & 13).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 1.3. and Standard 1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

What we found during this inspection

Domain 5 – Planning for quality Implementation and delivery: How well do we manage and improve performance?

- Quality indicator 5.3 – Risk management and business continuity

Ward staff were able to demonstrate good knowledge of infection prevention and control in most areas inspected, but we observed several missed opportunities for hand hygiene. We found a good standard of cleaning in most areas we inspected. However, to enable effective cleaning, the environment should be well maintained and in a good state of repair.

NHS Lothian have adopted the current version of the National Infection Prevention and Control Manual. This manual describes standard infection control precautions. There are 10 standard infection control precautions, including hand hygiene and the use of personal protective equipment, such as aprons and gloves. Staff inspectors spoke to were knowledgeable when discussing infection prevention and control.

Hand hygiene is an important practice in reducing the spread of infection. During the inspection, we observed an adequate number of hand washing facilities in all areas inspected. However, the clinical wash hand basins observed were not compliant with current Scottish Health Technical Memorandum 64 Sanitary Assemblies. We raised this with senior managers who told us these would be considered during any refurbishment.

In some wards where alcohol-based hand rub was not readily available, inspectors were provided with ward level risk assessments. These detailed any specific risk mitigations in place, including staff carrying a personal supply of alcohol-based hand rub and wall dispensers in locked areas.

In one ward, inspectors noted that the paper towel dispensers had been removed in patients' toilets. We were told by senior managers that this was due to concerns around patient and staff safety. We were given a risk assessment detailing specific risk mitigations in place. In some areas, paper towels were left on shelving units and therefore not stored in a way to prevent contamination. A requirement has been given to support work in this area.

At the time of the inspection, one ward was experiencing a suspected COVID-19 outbreak. In this ward, inspectors observed several missed hand hygiene opportunities by staff. A member of staff was also observed removing their personal

protective equipment incorrectly and not performing hand hygiene afterwards. We raised this with senior managers during the onsite inspection. We were told following the inspection that the infection prevention and control team have provided additional support and education in this ward reinforcing good hand hygiene practice. Senior managers also confirmed staff now have their own supply of alcohol-based hand rub. A requirement has been given to support work in this area.

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 the additional precautions that must be implemented when patients have a suspected or known infection. We observed that transmission-based precautions were in place in the ward with the suspected COVID-19 outbreak which included enhanced cleaning with chlorine products, additional personal protective equipment, and precautionary signage in line with national guidance.

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

We observed that linen was well managed in line with National Infection Prevention and Control guidance. Clean linen was stored appropriately in all wards. Used linen was being well managed, labelled and stored correctly.

We observed that all clinical waste was stored and managed in line with national guidance. Sharps bins were labelled correctly, with temporary closures in place and bins less than three quarters full.

All patient equipment inspected was clean and daily cleaning schedules were completed. We observed that whilst the ward environments appeared visibly clean in some wards inspected, areas of the environment were not well maintained or in a good state of repair which does not allow for effective cleaning. Inspectors observed damage to walls, woodwork and flooring. In one ward, a ceiling tile was missing and awaiting replacement. Some chair surfaces were cracked with exposed foam which would make effective cleaning difficult. Surfaces within shower areas were discoloured and toilet seat hinges were missing. In one ward, a room previously used as a bathroom was being used for storage of patient equipment. A requirement has been given to support work in this area.

Staff told inspectors that all maintenance issues are logged through the helpdesk and recorded in a ward logbook. We were told that while urgent repairs are carried out quickly, more routine repairs can take longer to complete. We saw ward

maintenance logbooks with repairs awaiting sign off despite being told these repairs had been completed.

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 Lothian have effective systems in place to reduce water associated risks, including the flushing of infrequently used water outlets. Cleaning schedules confirmed that water safety processes were being followed. A standard operating procedure was available for the running of sensor taps used within some wards.

Staff in one ward told inspectors that they felt the domestic provision was insufficient. Senior managers informed us that they would review the domestic provision in this area as they were previously unaware of any concern by staff. In other wards, inspectors were told of the reduced provision of domestic staff at the weekends. Senior managers informed us that current domestic provision is being reviewed as part of a wider review of the hospital cleaning specification. A requirement has been given to support work in this area.

Domestic staff told inspectors that they felt well supported by their supervisors and that they had adequate equipment and time to complete their tasks. In line with current guidance domestic staff use both a detergent and a chlorine-based product for cleaning.

Patients we spoke with told us they are happy with the cleanliness of the environment and did not raise any concerns in relation to this.

Requirements

Domain 5 – Quality Indicator 5.3

- 1 NHS Lothian must ensure all staff carry out hand hygiene in line with guidance and have access to alcohol-based hand rub. Paper towels must be stored to prevent contamination (see page 8 & 9).

This will support compliance with the National Infection Prevention and Control Manual (2023).

- 2 NHS Lothian must ensure the care environment and patient equipment is in a good state of repair and maintained to support effective cleaning (see page 9).

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).

- 3** NHS Lothian must review current domestic provision to ensure sufficient resources are in place to meet the cleaning requirements (see page 10).

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

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 Lothian has an infection prevention and control governance framework in place. However, we noted that there was insufficient mental health representation for the areas inspected at infection prevention and control committee meetings. This meant that updates and issues in relation to mental health were not regularly included in committee discussions. Senior managers provided additional evidence of ongoing work to improve efficiency and strengthen governance around infection prevention and control. There was good compliance with mandatory infection prevention and control training.

NHS Lothian has an infection prevention and control governance framework in place. There are a range of meetings scheduled which consider infection prevention and control data, audit outcomes and staff training. We observed minutes from infection prevention and control committees that provided infection prevention and control governance and oversight and included representation from the infection prevention and control team, support services and estates.

We were provided with minutes for the St John's Hospital site, the Royal Edinburgh and Associate Service and the Health and Social Care Partnership local infection prevention and control committees. These are the management structures for the wards we inspected and feed into NHS Lothian board level infection prevention and control committee. However, in the committee minutes provided we observed limited representation specific to the mental health areas we inspected. For example, the minutes identified that there was no staff representation from mental health in the St John's Hospital site committee meetings and no update was provided in their absence. Therefore, we were not assured that issues in relation to infection prevention and control in these areas were being addressed. We discussed this with senior managers and were provided with evidence that the current infection prevention and control governance structure in NHS Lothian is being reviewed with proposed recommendations to improve efficiency and strengthen governance around infection prevention and control. A requirement has been given to support work in this area.

There are a range of infection prevention and control monitoring and compliance measures in place across NHS Lothian, such as quarterly hand hygiene and healthcare associated infection audits undertaken by ward staff. In one ward, a care assurance tool had been implemented that highlighted areas for improvement

around infection prevention and control assurance. We were told this was being developed further for use across other mental health areas.

Senior managers told us that ward level audits are recorded on an electronic system that also generates action plans in the event of low compliance. We were given evidence of action plans following low audit scores in one ward and noted some actions were not fully completed. We found that the sample sizes in the quarterly hand hygiene audits were variable. The recommended number of hand hygiene observations is 20 per quarter in each area. This was achieved in only one of the wards inspected. This means that this process provides only limited assurance of good hand hygiene practice. A requirement has been given to support work in this area.

We were provided with an infection prevention and control led timetable of audits which were scheduled in relation to NHS Lothians' assessment and risk-based approach. Currently the mental health areas within St John's Hospital are assessed as low risk and therefore timetabled for an audit every two years. However, we observed that the infection prevention and control led audits for all areas inspected were overdue. We raised this with senior managers who advised us this has been as a result of workload constraints within the infection prevention and control team. Senior managers told us that they had escalated this non-compliance and their ability to deliver the agreed audit programme to the NHS Lothian board. A requirement has been given to support work in this area.

Infection prevention and control training is mandatory for all staff. Staff education is completed via online modules. Senior charge nurses are responsible for monitoring staff compliance. We observed that there was good compliance with the NHS Lothian mandatory modules in all areas inspected with completion rates of 86% and above.

Ward staff informed us that all relevant infection prevention and control policies are readily accessible and changes to infection control guidance are communicated to all staff through email, at handover and via the mental health safety brief.

NHS Lothian have processes in place to obtain feedback from patients about the environment. One ward provided a report on patient feedback including their experiences and thoughts on cleanliness of the environment. Senior managers also informed us of the development of a system of feedback through a QR code survey. This had not been implemented at the time of inspection.

Requirements

Domain 5 - Quality Indicator 5.4

- 4 NHS Lothian must have effective governance that provides assurance of robust infection prevention and control measures, including adherence to an audit programme that ensures audits are fully and consistently completed with action plans developed to address any areas for improvement (see page 12 & 13).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 1.3. and Standard 1 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, August 2023)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing and Midwifery Council, October 2018)
- [Quality Assurance Framework: September 2022](#) (Healthcare Improvement Scotland, September 2022)
- [Scottish Health Technical Memorandum 64 Sanitary Assemblies](#) (Health Facilities Scotland, December 2009)
- [Operating Framework](#) (Healthcare Improvement Scotland and Scottish Government, October 2022)

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