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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Service

Rohallion Secure Care Clinic
NHS Tayside

24 May 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

Rohallion Secure Care Clinic is a purpose built forensic inpatient unit based at the Murray Royal Hospital in Perth. The service specialises in providing outcome focused services for people who require specialist forensic healthcare as well as people with mental health problems. The building was opened in 2012 and consists of five medium and low secure wards. The medium secure unit provides 32 male mental illness beds for the North of Scotland Group of Health Boards. It is hosted by NHS Tayside, and covers a large geographical area including Tayside, Grampian, Highland, Orkney, and Shetland. In addition, the clinic provides 24 low secure inpatient beds for NHS Tayside.

About this inspection

We carried out an unannounced inspection to Rohallion Secure Care Clinic, NHS Tayside on Wednesday 24 May 2023.

We inspected the following areas:

- Esk (low secure admission)
- Lyon (low secure rehabilitation)
- Spey (medium secure admission)
- Vaara (medium secure rehabilitation), and
- Ythan (medium secure rehabilitation).

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 (where appropriate), and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Tayside 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 25 May 2023, we held a virtual discussion session with the privately contracted estates management team and on 30 May 2023 with key members of NHS Tayside estates team to discuss systems and processes in place for building upgrade and maintenance. On 1 and 9 June 2023, we held a virtual discussion session with key members of NHS Tayside 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 Tayside and in particular all staff at Rohallion Secure Care Clinic 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'.

The patients we spoke with told inspectors that they were very happy with the environment and the level of cleanliness.

All staff we spoke with described a good relationship with the infection prevention and control team. Staff told inspectors the team are easily contactable to provide advice and support.

Inspectors observed that the environment in the majority of wards appeared calm, clean and fresh smelling. Domestic staff we spoke with demonstrated good knowledge of infection prevention and control.

In two ward areas, issues with environmental faecal and urinary contamination are challenging for staff and patients. Senior managers told inspectors about planned improvements in these areas to floors, walls and windows with materials that will allow for effective cleaning and decontamination. However, there is no timescale for the works to be carried out, leaving an environment that is difficult to effectively clean.

The inspection team found recent infection prevention and control audits, carried out by ward staff were not fully completed. Senior managers told inspectors that a Care Assurance Tool was being implemented to provide oversight of a range of activities including record keeping and audits.

Staff training records showed completion rates for infection prevention and control training amongst nursing staff was less than 70% in the safe management of the care environment and care equipment.

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

This inspection resulted in three areas of good practice, six requirements and one recommendation.

We expect NHS Tayside 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 environment appeared clean and fresh smelling (see page 6).
2	There was a positive relationship between ward staff and the infection prevention and control team (see page 6).

- 3** Patient forums were used to update patients on any changes in guidance or ward issues in relation to infection prevention and control (see page 15).

Requirements

Domain 5

- 1** NHS Tayside must ensure that clean linen is stored in a clean designated area in line with national guidance (see page 10).

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

- 2** NHS Tayside must ensure the care environment and patient equipment is maintained and in a good state of repair to support effective cleaning (see page 11).

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

- 3** NHS Tayside 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 Health and Social Standards (2017) Criterion 5.24.

- 4** NHS Tayside must ensure effective infection prevention and control reporting committee and governance structures to review infection prevention and control concerns, risks, and escalate concerns where appropriate (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 1.2.

- 5** NHS Tayside must ensure that infection prevention and control related audits are completed fully and consistently, with action plans developed to address any areas identified for improvement (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 1.3.

- 6** NHS Tayside must ensure staff complete all infection prevention and control training appropriate to their role (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 2.1.

Recommendations

Domain 5

- a** NHS Tayside should continue to develop and embed the newly established Rohallion health and safety forum to ensure it provides responsive and effective governance in relation to infection prevention and control (see page 14).

What we found during this inspection

Domain 5 – Planning for quality

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

- Quality indicator 5.3 – Risk management and business continuity

The majority of ward areas appeared clean and well maintained, however frequent contamination of some areas presented challenges in maintaining the cleanliness of the environment. The majority of patient use equipment was clean, and well maintained with minor exceptions. Staff demonstrated good knowledge of infection prevention and control and were well supported by the infection prevention and control team.

NHS Tayside 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 describe or demonstrate how to access this on the NHS Tayside intranet.

Hand hygiene is an important practice in reducing the spread of infection. We observed good hand hygiene practice in line with guidance. Sufficient hand washing facilities were available throughout the wards and patients were encouraged to wash their hands prior to mealtimes. Inspectors observed good compliance with the NHS Tayside uniform policy, which requires staff to ensure their hands and forearms are free of jewellery and sleeves are above the elbow.

Alcohol-based hand rub was accessible to staff, but stored securely in the majority of areas due to the assessed risk to patients. This was supported by ward based risk assessment and mitigations were in place, such as staff carrying 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, personal protective equipment was stored appropriately and we observed a sufficient supply for staff. In two wards, we observed additional personal protective equipment such as disposable protective fluid resistant coveralls, were available for staff who were required to regularly clean faecal and urinary contamination. We were advised that the infection prevention and control team had provided education for staff on the use of the additional personal protective equipment and a patient specific risk assessment was in place.

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. Staff told us of a recent outbreak of COVID-19 and we were advised by the senior managers that all processes were followed in line with current infection prevention and control guidance.

Clean linen should be stored in a clean, designated area, preferably an enclosed cupboard. In all ward areas, we observed clean linen covered and stored on open shelves in storage rooms. Due to a lack of dedicated staff changing facilities, staff were also using these rooms for changing and storing personal outdoor clothing. In one storage room, a trolley with clean linen was stored against staff clothing. We raised this with senior managers who told us they were aware of the issue. They confirmed the infection prevention and control team had provided advice to mitigate the risks of storing linen in this area, such as creating a clear separation of staff changing and linen storage. However, this was not observed during the inspection. A requirement has been given to support improvement in this area.

We observed used linen was managed appropriately and stored securely while awaiting uplift. Linen is laundered at Murray Royal Hospital. The patient's own laundry room is on site and appeared clean, organised and well maintained.

The safe management of blood and body fluid spillages is essential to the safe delivery of care. Ward staff told inspectors of the challenges they experience in two ward areas related to faecal and urinary contamination that require the care environment to be cleaned more frequently. Inspectors observed patient care plans and risk assessments were in place in these areas which detailed the interventions staff should apply and the correct procedures and products to be used to clean body fluids effectively. Staff in all wards could describe the correct procedures for cleaning blood and body fluids in line with infection prevention and control guidance. Staff advised us of regular support and guidance from the infection prevention and control team in relation to this.

All patient use equipment inspected was clean and well maintained with minor exceptions. We observed damage to chairs and stained furniture in some communal areas. Staff advised us that these were in the process of being replaced. In one ward, we observed a damaged and contaminated mattress currently in use which had not been highlighted on the weekly mattress check sheet. We highlighted this to senior managers who confirmed the mattress would be replaced.

In one ward, inspectors observed a plastic laundry basket used for transferring patients' clean clothing from the washing machine to the dryer was badly damaged and could not be effectively cleaned. This also presents a risk of minor injury to patients using them. We discussed this issue with senior managers who advised us that this item would be replaced.

Ward staff told inspectors that storage in ward areas was insufficient for the requirements of the ward. We observed all areas used for storage appeared clean, organised and well maintained.

In one crisis suite, staff were using paper to cover windows and doors to maintain patient privacy and dignity. This presented challenges to effective cleaning. Consideration should be given to applying alternative methods of coverage to windows and doors to protect patient privacy and dignity. In another area, signage had been removed from the walls forcibly by patients and this has left a residue of adhesive on the walls that should be removed as hinders effective cleaning.

To ensure effective cleaning the environment must be well maintained and in a good state of repair. We observed that the majority of wards appeared clean and tidy and in a good state of repair, with minor exceptions such as residue and damage to some walls. We saw some discoloration of the sealant in patients' en-suite shower rooms, and we were told by staff that this was an ongoing issue. We also observed some of the window meshes were dirty and discoloured. We were told by ward staff that these could not be removed and required to be cleaned in situ by domestic staff.

We were told of the challenges and the impact of maintaining a clean environment in relation to the areas that are frequently contaminated with faeces and urine. This included windows in the areas affected which have ventilation mesh that is regularly contaminated with faeces and urine. Inspectors spoke with senior managers and the estates team who told us they were considering quotes for replacement windows. They also told us of their plans to replace the interior of the rooms with wall and floor coverings which would make the environment easier to clean. However, we were not assured that the window mesh in these areas could be effectively cleaned and there is no definitive timescale to upgrade these rooms to ensure effective cleaning. A requirement has been given to support this area of improvement.

During our inspection, we observed waste and sharps were managed in line with current guidance, with one minor exception. Sharps bins were labelled appropriately and less than three quarters full, in line with national guidance. We noted that the temporary closure of sharps bins in one ward was not being used. Clinical waste bins were available in locked areas throughout the wards. We saw clinical and general waste was stored in a secure area while awaiting uplift.

The majority of domestic staff we spoke with told us they have sufficient resources to clean effectively and were able to describe the correct cleaning solutions and dilutions used in line with the National Infection Prevention and Control Manual. We observed cleaning schedules were completed daily and signed off daily by senior charge nurses.

Domestic staff told us about challenges of cleaning patients' rooms. These included rooms cluttered with personal belongings covering surfaces and floors. Despite this, most rooms we inspected were visibly clean. We were told that all wards are cleaned as detailed in the ward cleaning checklists. We were shown the daily, weekly and monthly cleaning schedules that ward staff completed. These were completed appropriately and were up to date.

Staff in one area told inspectors there is currently no domestic cover over the weekend. While the environment at the time of inspection appeared clean and fresh, patients should expect the same level of cleanliness over seven days. Inspectors raised this with senior managers who were not aware that domestic cover was not provided at the weekend in this area. A review of domestic provision would ensure that appropriate level of domestic cover is in place. A requirement has been given to support improvement in this area.

Rohallion Secure Care Clinic was built through a Private Finance Initiative and the estates management is provided through a privately contracted company and NHS Tayside. Staff can report maintenance issues through a phone call to NHS Tayside estates team or by email to the private contractors. Ward staff and senior managers told inspectors that there can be some confusion over who is responsible for areas that require action. Any maintenance requests which are logged by staff with the wrong team will be redirected to the appropriate team. Feedback we received from ward staff about both NHS and private estates management was positive. Staff reported that estates were quick to view issues but there was a delay, at times, in the resolution depending on the availability of tradesman required to complete the repair. Inspectors met with senior managers from both estates teams who acknowledged that there was continued confusion from staff about responsibilities of the two estates teams. Activity was planned to improve staff understanding of who to contact and included education for newly employed staff at induction and the creation of a reporting procedures flowchart.

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 Tayside have systems in place to reduce water associated risks, including the flushing of infrequently used water outlets. Staff complete water flushing in the wards as part of a weekly schedule, and also twice weekly for infrequently used outlets. There is also a closed ward within Rohallion Secure Care Clinic and the private estates team

are responsible for ensuring compliance with water safety standards in that area. Reports provided confirmed that water safety processes were being followed.

Patients we spoke with reported being very happy with the environment and the level of cleanliness.

Requirements

Domain 5	
1	<p>NHS Tayside must ensure that clean linen is stored in a clean designated area in line with national guidance (see page 10).</p> <p><i>This will support compliance with the National Infection Prevention and Control Manual (2023).</i></p>
2	<p>NHS Tayside must ensure the care environment and patient equipment is maintained and in a good state of repair to support effective cleaning (see page 11).</p> <p><i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.</i></p>
3	<p>NHS Tayside must review current domestic arrangements to ensure sufficient resources are in place, including during weekends, to meet the cleaning requirements (see page 12).</p> <p><i>This will support compliance with Health and Social Standards (2017) Criterion 5.24.</i></p>

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 Tayside have systems and processes in place in relation to infection prevention and control. This includes an audit programme, infection prevention and control governance groups and staff training. However, we noted that local audits were incomplete and the risk in relation to the contamination of two wards were not escalated through existing governance structures. Staff training in relation to the safe management of the environment and care equipment was less than 70%.

NHS Tayside had a range of systems and processes in place to help staff manage risks in relation to infection prevention and control. The NHS Tayside Assurance and Accountability framework for infection prevention and control clearly defines the roles and responsibilities and governance structures in place in relation to infection prevention and control. A range of infection prevention and control committees are in place with representation from clinical specialty areas including mental health and the Health & Social Care partnerships. Minutes of meetings contained regular review of healthcare associated infection surveillance data, infection prevention and control audit reports, staff training and a review of infection prevention and control risks.

A Rohallion health and safety forum has been newly established and includes a focus on infection prevention and control in the forensic context. However, in the minutes of the first meeting we found no mention or discussion around ongoing environmental contamination discussed within this report, this is a missed opportunity to escalate and promote action. NHS Tayside should ensure that the newly established forensic health and safety meeting includes discussion around current risks, priorities and actions (recommendation a).

Inspectors requested NHS Tayside's risk register relevant to infection prevention and control at Rohallion Secure Care Clinic. There was no risk recorded relating to the ongoing regular faecal and urine contamination in two ward areas on the risk register. A subsequent virtual discussion with senior managers clarified that the risks are significant, particularly if infection was present. Senior managers agreed that the risks should be included on the risk register to ensure effective oversight, management and that mitigations are regularly reviewed.

Other committee structures where environmental issues are considered include the bi-monthly health and safety management committee. Minutes viewed by inspectors included infection prevention and control updates and environmental issues

considering impact on patients and staff. The minutes of meetings contained some reference to environmental challenges however, as above, there was little evidence of discussion around ongoing challenges relating to regular contamination within these areas and wards. Outcomes of infection prevention and control concerns could be more effectively documented and the inclusion of timescales, actions and responsibility would help track progress. A requirement has been given to support improvement in this area.

The inspection team were provided with recent infection prevention and control audits and found that many audits were not fully completed. We discussed this with senior managers who told inspectors that a Care Assurance Tool was being implemented to provide oversight of a range of activities including record keeping and audits. A requirement has been given to support improvement in this area.

The cleanliness and condition of the environment is also monitored through the completion of the facilities monitoring tool. Audit results showed that compliance figures are high in relation to cleaning, which was consistent with inspection findings.

Estates issues identified through audits are communicated to NHS Tayside estates for action. There are additional assurance systems for the privately contracted estates team, who are required to complete a comprehensive monthly performance report which records completed corrective and planned maintenance tasks and also includes independent audits of any private contractors.

NHS Tayside have infection prevention and control training that all staff should complete appropriate to their role. Inspectors were provided with the recent training completion percentages for infection prevention and control which showed a variation in completion rates. Areas of low completion were the safe management of the care environment which had a 66% completion rate and the safe management of care equipment showed a 69% completion rate. Senior managers told inspectors that staff turnover was high and subsequently this impacted on training figures. It is important for staff knowledge to remain current in relation to infection prevention and control practice. A requirement has been given to support improvement in this area.

The infection prevention and control standards include the importance of gaining feedback from patients and visitors on the cleanliness of the environment. Each ward holds a weekly patient forum that provides an opportunity for patients to raise any issues and for staff to convey information and relevant updates to patients. Inspectors were provided with the minutes of these meetings that showed updates provided to patients related to changes to infection prevention and control guidance and practice.

Requirements

Domain 5 - Quality Indicator 5.4

- 4** NHS Tayside must ensure effective infection prevention and control committee and governance structures to review infection prevention and control concerns, risks, and escalate concerns where appropriate (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 1.2.

- 5** NHS Tayside must ensure that infection prevention and control related audits are completed fully and consistently with improvement action plans to address identified areas for improvement (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 1.3.

- 6** NHS Tayside must ensure staff complete all infection prevention and control training appropriate to their role (see page 15).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 2.1.

Recommendations

Domain 5 - Quality Indicator 5.4

- a** NHS Tayside should continue to develop and embed the newly established Rohallion health and safety forum to ensure it provides responsive and effective governance in relation to infection prevention and control (see page 14).

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, June 2023)
- [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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