

# **Announced Inspection Report**

**Ferryfield House  
NHS Lothian**

3–4 May 2017

The Healthcare Environment Inspectorate was established in April 2009 and is part of Healthcare Improvement Scotland. We inspect acute and community hospitals across NHSScotland.

You can contact us to find out more about our inspections or to raise any concerns you have about cleanliness, hygiene or infection prevention and control in an acute or community hospital or NHS board by letter, telephone or email.

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## 1 About this report

This report sets out the findings from our announced inspection to Ferryfield House, NHS Lothian, from Wednesday 3 to Thursday 4 May 2017.

This report summarises our inspection findings on page 5 and detailed findings from our inspection can be found on page 7. A list of the requirement and recommendation can be found in Appendix 1 on page 11.

The inspection team was made up of two inspectors and a public partner, with support from a project officer. A key part of the role of the public partner is to talk with patients about their experience of staying in hospital and listen to what is important to them.

The flow chart in Appendix 2 summarises our inspection process. More information about the Healthcare Environment Inspectorate (HEI), our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

## 2 Summary of inspection

### About the hospital we inspected

Ferryfield House, Edinburgh, is a community hospital that specialises in hospital based complex clinical care. It opened in 1996 as a 60-bed unit replacing facilities previously provided at the Northern General Hospital, Edinburgh. The hospital cares and treats patients with dementia and the frail and elderly.

### About our inspection

We carried out an announced inspection to Ferryfield House from Wednesday 3 to Thursday 4 May 2017. This is the first inspection that we have carried out at this hospital.

### Inspection focus

This was the first inspection of the hospital against the Healthcare Improvement Scotland *Healthcare Associated Infection (HAI) Standards* (February 2015). Before carrying out this inspection, we reviewed NHS Lothian's self-assessment.

This informed our decision on which standards to focus on during this inspection:

- Standard 6: Infection prevention and control policies, procedures and guidance
- Standard 8: Decontamination, and
- Standard 9: Acquisition of equipment.

We inspected the following area:

- Willow suite (elderly psychiatry).

Our public partner spoke with five patients in Rowan suite (hospital based complex clinical care) and one carer in Willow suite.

We carried out five patient interviews.

### What NHS Lothian did well

- The environment and equipment was clean and in a good state of repair.
- There was good communication between the nursing, domestic and estates staff.

### What NHS Lothian could do better

- An appropriate receptacle must be provided for the safe deposit of used and infectious linen.

### What action we expect NHS Lothian to take after our inspection

This inspection resulted in one requirement and one recommendation. A full list of the requirement and recommendation can be found in Appendix 1.

An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website [www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

We expect NHS Lothian to carry out the actions described in its improvement action plan to address the issues we raised during this inspection.

We would like to thank NHS Lothian and, in particular, all staff and patients at Ferryfield House for their assistance during the inspection.

### 3 Key findings

#### Standard 6: Infection prevention and control policies, procedures and guidance

Health Protection Scotland's *National Infection Prevention and Control Manual* describes standard infection control precautions and transmission-based precautions. These are the minimum precautions all healthcare staff should take when caring for patients to help prevent cross-transmission of infections. There are 10 standard infection control precautions, including hand hygiene, use of personal protective equipment (such as aprons and gloves), safe disposal of waste, and the management of sharps. The manual is available on NHS Lothian's staff intranet site. All staff we spoke with could tell us how to access the manual and that they are made aware of changes to the manual through safety briefs, handover meetings, verbally or by email.

During the inspection, all staff spoken with had a good level of knowledge and understanding of standard infection control precautions, for example how to safely manage a blood spillage and the management of linen and waste.

Staff in Willow suite told us that alcohol-based hand gel cannot be located in areas accessible to patients due to the patient group. We saw that all nursing staff had personal issue alcohol-based hand gel and that hand hygiene posters were on display.

All patients and carers spoken with said that they saw staff wash their hands and use alcohol-based hand gel. Patients who could not access a hand wash basin said that staff help them clean their hands with wipes before mealtimes. Patients also said they saw staff wear aprons and gloves.

We saw that patients with a known infection are provided with single room accommodation, but are not restricted to this room during the day. We were shown risk assessments advising that caring for these patients full time in isolation would be detrimental to their wellbeing. The risk assessments also detailed the controls and precautions staff must follow. Nursing staff told us that they would be informed at the safety brief and handover meetings about any patients with an infection risk. We saw signs displayed on the patient room doors informing visitors of the necessary precautions to follow.

We noted that the hospital has on-site laundry facilities. We saw information on the process staff follow when washing linen, such as patients own clothing, and the appropriate temperatures needed to achieve thermal disinfection. Any infectious linen in a hot water soluble bag would be put directly into the industrial washing machines. These bags then degrade during the washing cycle.

We were provided with evidence of the yearly maintenance checks for the laundry facilities.

NHS boards are required to measure staff compliance with standard infection control precautions. The frequency of this compliance monitoring is determined by individual NHS boards. NHS Lothian's staff audit hand hygiene on wards every month and other standard infection control precaution audits every 3 months. The standard infection control precautions audits are co-ordinated by the senior charge nurse and are carried out by ward staff.

The senior charge nurse showed us previous audits and they explained what actions they took if non-compliance was identified and when an action plan would be required. We were

told that action plans are saved on a shared drive so that all staff can access them, including management, other senior charge nurses and the infection prevention and control team. We were told this sharing of information acts as a support mechanism and opportunity for learning. The audit data is also entered into NHS Lothian's electronic recording system. Staff told us that audit results are shared at ward safety briefs and handover meetings.

The senior charge nurse told us there are charge nurse assurance walkrounds approximately every 2 months. These walkrounds involve the senior charge nurse or charge nurse reviewing the bedroom checklist, mattress assurance checklists and other aspects of patient care. During the inspection, we saw evidence of this process. The results of these walkrounds are fed back to staff and any non-compliance issues are raised, reviewed and escalated to senior management.

NHS Lothian's self-assessment states that staff are supported and empowered to challenge colleagues who do not adhere to guidance set out in the *National Infection Prevention and Control Manual*. Staff we spoke with confirmed that they would challenge colleagues if they saw non-compliant practice.

Staff told us they had a positive working relationship with the infection prevention and control team and described how they would contact them to seek advice. The infection prevention and control team do not provide an on-call service. However, staff at Ferryfield House are able to contact a senior clinical nurse out of hours to report or discuss any significant clinical concerns which might include infection.

A good supply of a variety of infection prevention and control related leaflets was on display at the ward entrance to inform patients, their representatives and visitors.

### Areas for improvement

Staff told us that when removing used or infectious linen from a patient room they:

- place infectious linen into a hot water-soluble bag
- place used linen or the water soluble bag into a linen bag, and
- carry it to the laundry room outside the ward while wearing gloves and an apron.

Staff do not take a linen receptacle with them to patient rooms. This is contrary to best practice which suggests that laundry receptacles are brought as near to the patient bedside as possible. This is to reduce the amount of handling of used and infectious linen and helps the prevention and control of healthcare associated infections.

- **Requirement 1:** NHS Lothian must ensure used linen is deposited into a laundry receptacle as close as possible to the point of use.

During the inspection of Willow suite, we noted there were no clinical waste bins in the patient rooms. We were told this was due to the patient group. The senior charge nurse told us that staff should wear their aprons and gloves when leaving the patient's room with waste bags or linen bags and that staff should dispose of the aprons and gloves only in a clinical waste bin in the sluice room. We asked nursing staff about removing their gloves and apron after, for example, performing a care episode or changing a bed. They confirmed that they follow the process described by the senior charge nurse. We saw that staff, in order to access the clinical waste bin in the sluice room, have to enter a code into an access key pad



while wearing gloves. Staff spoken with said they decontaminate the key pad with detergent wipes afterwards.

The laundry is situated outside the ward therefore staff have to exit the main ward doors by entering a code into an access keypad whilst wearing gloves. Staff said that they do not decontaminate the access key pad at the main ward doors. They also told us that they would remove their aprons and gloves in the laundry room but we noted that there was no clinical waste bin in the laundry room. On the second day of the inspection, staff had placed detergent wipes at appropriate locations so that they can decontaminate the doors and access key pads on the route to the laundry room. A clinical waste bin was also put in the laundry room for staff to dispose of their aprons and gloves.

Following our inspection, during discussions with the senior infection prevention and control nurse and head of service we were informed that the locally implemented control measure of cleaning key pads after every contact by nursing staff wearing gloves has been reviewed and deemed to be unworkable and therefore discontinued. We have been told that the frequency of cleaning of these contact surfaces by domestic staff is twice daily. We were also told that staff should not be wearing gloves to change used linen, but should wear gloves if dealing with linen contaminated with blood or body fluids. Also, if gloves or aprons are physically contaminated, staff should remove these in the patient room.

We observed domestic staff distributing tea and biscuits to the patients. These staff did not have alcohol-based hand gel on their person or on the tea trolley and so were unable to decontaminate their hands each time they had contact with the patient environment. On the second day of inspection, domestic staff had been issued with personal alcohol-based hand gel.

- **Recommendation a:** To ensure best practice is being implemented, NHS Lothian should:
  - a) review the decontamination arrangements for contact surfaces
  - b) review the disposal arrangements for personal protective equipment for staff involved in the removal of used or infectious linen
  - c) review hand hygiene by domestic staff during tea and biscuit distribution, and
  - d) communicate any change in practice to all staff.

## Standard 8: Decontamination

We found that the standard of environmental cleanliness was good with a few exceptions that were raised with the senior charge nurse during the inspection. Domestic cleaning is provided by an external company. Patients spoken with said that their rooms and the ward were clean. Some patients said:

- 'Everything is cleaned every day.'
- 'The room is spotless.'

Domestic staff spoken with had good knowledge of the national colour coding system for hospital cleaning materials and equipment. We saw evidence of the weekly assurance checks for the standard of cleaning done by the deputy hospitality manager.

Staff spoken with said there was a good working relationship between ward and domestic staff. We were shown documentation completed by the senior charge nurse to inform

domestic management of any patient who is an infection risk. This information is also passed onto the building manager. Domestic staff said their manager would tell them about any patients in isolation at the start of their shift. Domestic staff could describe the signs used on patient room doors to alert staff and visitors of infection control precautions.

Staff told us about the documentation used to request any additional cleaning, such as a deep clean, which is required after a patient with an infection has been discharged. We were told that this process works well.

We inspected a variety of equipment such as patient monitoring equipment, hoists and chairs. All were clean and ready for use. We also looked at bed frames and mattresses which were all clean and intact. We saw the patient room checklists which included the cleaning and checking of mattresses. The senior charge nurse said that spot checks are carried out on cleaning schedules to provide assurance. Willow suite has a mattress storeroom so that staff can get an immediate replacement for any damaged mattresses found during their routine checks.

We found that the equipment and the environment were in a good state of repair. The senior charge nurse told us that the reporting system for estates and equipment works well. They also said that they have effective communication with the building management company with very good response times.

## **Standard 9: Acquisition of equipment**

We were told that the hospital receives donations through a charity and can use these donations to purchase equipment to improve the wellbeing of the patients. The senior charge nurse told us how they order new equipment from the procurement system and how it lists items already approved for purchase.

NHS Lothian's self-assessment states that the infection prevention and control team works in collaboration with the procurement team to ensure that all equipment satisfies relevant infection prevention and control standards. The senior charge nurse told us that the infection prevention and control team would be asked for advice if required before purchasing any new equipment.

A representative from the Innovative Team told us about ongoing work to improve the care and wellbeing of patients with dementia, including reminiscence boards and hand held devices such as tablets. We were told that the Innovative Team contacts the infection control nurse for any advice relating to this new equipment, for example the most suitable method of decontamination.

## Appendix 1 – Requirements and recommendations

The actions the HEI expects the NHS board to take are called requirements and recommendations.

- **Requirement:** A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland, or its predecessors. These are the standards which every patient has the right to expect. A requirement means the hospital or service has not met the standards and the HEI is concerned about the impact this has on patients using the hospital or service. The HEI expects that all requirements are addressed and the necessary improvements are made within the stated timescales.
- **Recommendation:** A recommendation relates to national guidance and best practice which the HEI considers a hospital or service should follow to improve standards of care.

### Prioritisation of requirements

All requirements are priority rated (see table below). Compliance is expected within the highlighted timescale, unless an extension has been agreed in writing with the lead inspector.

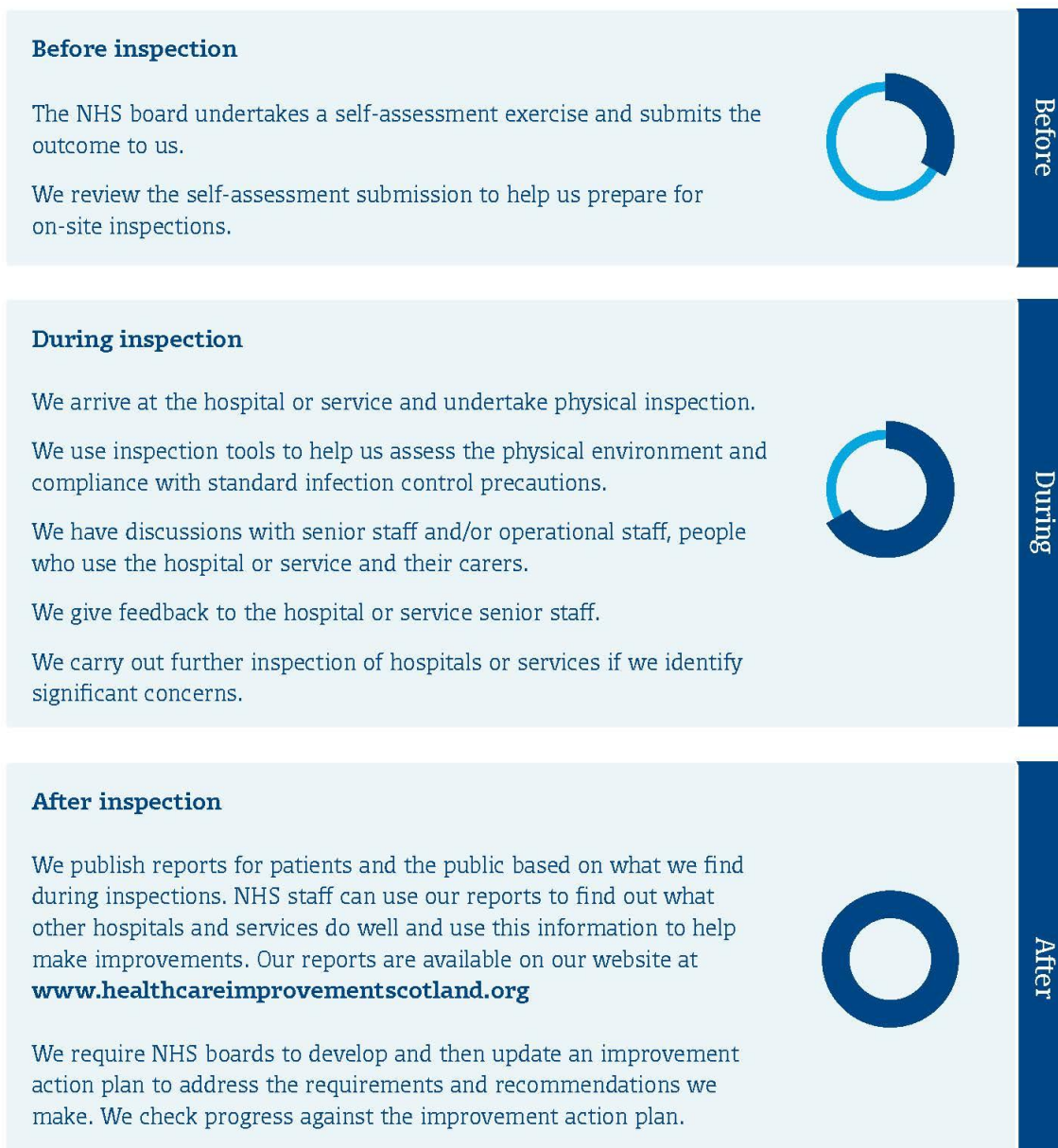
Priority	Indicative timescale
1	Within 1 week of report publication date
2	Within 1 month of report publication date
3	Within 3 months of report publication date
4	Within 6 months of report publication date

### Standard 6: Infection prevention and control policies, procedures and guidance

Requirement	HAI standard criterion	Priority
<b>1</b> NHS Lothian must ensure used linen is deposited into a laundry receptacle as close as possible to the point of use (see page 8).	<b>6.1</b>	<b>2</b>
<b>Recommendation</b>		
<b>a</b> To ensure best practice is being implemented, NHS Lothian should: <ul style="list-style-type: none"> <li>a) review the decontamination arrangements for contact surfaces</li> <li>b) review the disposal arrangements for personal protective equipment for staff involved in the removal of used or infectious linen</li> <li>c) review hand hygiene by domestic staff during tea and biscuit distribution, and</li> <li>d) communicate any change in practice to all staff (see page 9).</li> </ul>		

## Appendix 2 – Inspection process flow chart

We follow a number of stages in our inspection process.



More information about the Healthcare Environment Inspectorate, our inspections, methodology and inspection tools can be found at [www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

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- the equality impact assessment report, or
- this inspection report in other languages or formats.



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