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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

Udston Hospital and Beckford Lodge
NHS Lanarkshire

26 September 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 (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

Udston Hospital is a small community hospital in the Hamilton area and provides mental health care for older adults. There are two mental health wards as well as a number of outpatient services. Beckford Lodge is a new build forensic mental health unit providing care across two wards. There is a total of 70 inpatient beds over both sites.

About this inspection

We carried out an unannounced inspection to Udston Hospital and Beckford Lodge, NHS Lanarkshire on Tuesday 26 September 2023.

We inspected the following areas:

- Brandon ward, Udston Hospital (older adult mental health dementia)
- Clyde ward, Udston Hospital (older adult mental health functional)
- Gigha ward, Beckford Lodge (forensic rehabilitation), and
- Iona ward, Beckford Lodge (low secure forensic).

We also inspected the public and staff communal 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 (where appropriate), and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Lanarkshire to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Thursday 28 September 2023 and Thursday 12 October 2023, we held virtual discussion sessions with key members of NHS Lanarkshire staff to discuss the evidence provided and the findings from our onsite 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 Lanarkshire and in particular, all staff at Udston Hospital and Beckford 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'.

Staff inspectors spoke with were knowledgeable about infection prevention and control and the majority described a supportive relationship with the infection prevention and control team. We observed good compliance with mandatory infection prevention and control training.

Staff compliance with hand hygiene was good in all areas inspected. Waste and linen was well managed in line with national guidance. The majority of sharps were managed safely and effectively.

All equipment inspected was clean. The ward environments also appeared clean however, the healthcare built environment was in poor condition in some areas and systems and processes for managing infrequently used outlets were not being followed.

We observed some infection prevention and control audits lacked detail with limited information documented. Where issues had been identified, no action plans were completed.

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

This inspection resulted in three areas of good practice and four requirements.

We expect NHS Lanarkshire 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	We observed good compliance with hand hygiene (see page 8).
2	The use of link nurses to support good practice and disseminate relevant information around infection prevention and control (see page 13).
3	Twice monthly toolbox training for domestic staff (see page 13).

Requirements

Domain 5	
1	NHS Lanarkshire must ensure all non-compliant wash hand basins are identified with appropriate risk assessment and mitigation in place (see page 8). This will support compliance with Infection and Control Standards (2022) Criterion 1.3 & 8.1.
2	NHS Lanarkshire must ensure the care environment is maintained and in a good state of repair to support effective cleaning (see page 10). This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).
3	NHS Lanarkshire must ensure infrequently used water outlets are flushed in line with current national guidance (see page 11).

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

- 4** NHS Lanarkshire must ensure that infection prevention and control related audits are completed fully and consistently with improvement action taken to address any areas identified for improvement (see page 12).

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

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

Staff compliance with hand hygiene was good in all areas inspected. The ward environments were visibly clean however, the healthcare environment was in poor condition in some areas. Ward staff demonstrated good knowledge of infection prevention and control guidelines and the majority of staff described a good relationship with the infection prevention and control team.

NHS Lanarkshire have adopted the current version of the [National Infection Prevention and Control Manual](#). This manual describes standard infection control precautions. These are the minimum precautions that all staff should take when caring for patients to help prevent cross-transmission of infections. There are 10 standard infection control precautions, including hand hygiene and the use of personal protective equipment, such as aprons and gloves. Staff demonstrated good knowledge of infection prevention and control procedures and had access to relevant policies and guidance on NHS Lanarkshire's staff intranet.

Hand hygiene is an important practice in reducing the spread of infection. We were advised that hand hygiene compliance was highlighted as an area requiring improvement in previous infection prevention and control audits, in the wards inspected. Improvement work has been undertaken to support compliance in this area. During our inspection, we observed good hand hygiene compliance with staff carrying out hand hygiene in line with current guidance. Patients were encouraged to wash their hands prior to mealtimes.

Alcohol-based hand rub was readily available for staff in all wards. Clinical wash hand basins were available throughout the wards and in patient ensuite shower rooms. However, we observed that not all clinical wash hand basins were compliant with Health Technical Memorandum 64 Sanitary Assemblies. We raised this with senior managers who were not aware of any non-compliant clinical wash hand basins. We were advised that a review of clinical wash hand basins would be undertaken which would include the completion of risk assessments and any associated mitigations. A requirement has been given to support improvement in this area.

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

Personal protective equipment, such as gloves and aprons, are used by staff to protect them from risks associated with the task being carried out. We observed that wards had sufficient stocks of personal protective equipment.

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

Patient equipment inspected was clean and well maintained. We observed cleaning schedules in all wards were completed and up-to-date.

Inspectors observed that the ward environments were organised and appeared visibly clean. To support effective cleaning, the care environment must be well maintained and in a good state of repair. We observed however, there was damage to the environment in some wards, particularly within Udston Hospital. This included:

- discoloured shower sealant
- stained ceiling tiles
- unvarnished and damaged wood, and
- missing panels under patients ensuite wash hand basin.

In one ward in Udston Hospital, we observed that a patient dormitory had been repurposed. This was now used for multidisciplinary team meetings and family meetings. However, it was also used to store condemned equipment while awaiting uplift. Inspectors observed that the refurbishment works had not been fully completed and there were holes in the walls where some fixtures and fittings had been removed. We were advised there were no plans at present to finish these works. The estates team told us that they were pulling together a composite list of repairs across the sites to be addressed as a whole. However, NHS Lanarkshire could not provide a timeframe for the completion of these works.

In most wards, inspectors observed damage to floors such as flooring coming loose which prevented effective cleaning. We were told by managers of plans to replace flooring in one ward only. There are no plans at present for any further

refurbishment within the hospital. A requirement has been given to support improvement in this area.

Lack of storage space was an issue in most of the wards we inspected. This meant that some storage areas were cramped and cluttered with equipment. This could make effective cleaning difficult.

We observed that linen was well managed in line with National Infection Prevention and Control guidance. Clean linen was well organised, easy to access and stored appropriately to prevent contamination. Patient's clothes at Udston Hospital are laundered at the onsite laundry. Patients at Beckford Lodge had access to laundry rooms within their wards. All the laundry rooms appeared clean and well maintained with the exception of some raised plinths for the washing machines that were rusty. This should be included within the improvement actions to address the healthcare built environment requirements.

Inspectors observed good waste management. Clinical waste bins were available in locked areas within the wards and were not over filled. Clinical waste was stored in a secure area while awaiting uplift. Wards have recently received new anti-ligature bins however, there are some concerns from staff and patients around the limited opening of these making it more difficult to put waste in them. NHS Lanarkshire should monitor this to ensure they are appropriate for use. The majority of sharps bins were labelled appropriately and less than three-quarters full, in line with national guidance.

Domestic staff we spoke with told inspectors that they felt well supported by their supervisors and that they had adequate equipment and time to complete their tasks. We observed daily cleaning schedules that were completed and accurate and reflected standards of cleanliness.

When repairs to the environment are required, staff report these via the electronic reporting system which has been implemented within the last year. Staff we spoke to shared challenges with us around reporting repairs on the new system and highlighted that when an individual staff member reports a repair, progress updates go directly to the staff member and not the wider team or service area. This means that repairs may be reported several times. We were told by estates and a senior manager that there is a monthly health and safety meeting where outstanding estates jobs are reviewed with timeframes discussed. A representative from the wards attend these meetings and outcomes are shared with ward staff.

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. This would include flushing of infrequently used water outlets. We were told by senior

managers that there were no infrequently used water outlets. However, inspectors identified infrequently used outlets within some wards. Staff told us that they flush these daily however, this was not being recorded.

In evidence submitted, we observed it is the responsibility of ward staff to inform the property and support services division of any infrequently used water outlets. Senior managers told us actions would be taken to ensure the appropriate processes are in place to flush and record all infrequently used outlets in the future. A requirement has been given to support improvement in this area.

Patients we spoke with told us they were happy with the cleanliness of the environment and the care that they receive.

Requirements

Domain 5 – Quality Indicator 5.3

- 1** NHS Lanarkshire must ensure all non-compliant wash hand basins are identified with appropriate risk assessment and mitigation in place (see page 8).

This will support compliance with the [Scottish Health Technical Memorandum 64 Sanitary Assemblies \(December 2009\)](#)

- 2** NHS Lanarkshire must ensure the healthcare built environment is maintained and in a good state of repair to support effective cleaning (see page 10).

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

- 3** NHS Lanarkshire must ensure infrequently used water outlets are flushed in line with current national guidance (see page 11).

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

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 Lanarkshire have systems and processes in place to monitor infection prevention and control practice. These include a range of meetings and governance committees. We observed good compliance with mandatory infection prevention and control training. However, audit processes could be strengthened.

NHS Lanarkshire has a range of systems and processes in place to monitor infection prevention and control practice. There are a range of meetings within the clinical governance structure that support governance and oversight of infection prevention and control that includes NHS Lanarkshire's infection control committee, care assurance governance meetings and mental health & learning difficulties partnership forum. We were provided with minutes of these meetings that showed infection prevention and control issues were routinely discussed, and when areas for improvement are identified solutions are planned and agreed. We were told by the infection prevention and control team and saw within minutes of the infection control committee that concerns about hand hygiene compliance had led to a hand hygiene campaign being commissioned. This included hand hygiene, uniform policy, dress code, bare below the elbows and changing facilities.

NHS Lanarkshire have a range of audits in place to monitor infection prevention and control policy and guideline compliance, such as hand hygiene audits, personal protective equipment and the facilities monitoring tool results. The infection prevention and control team carry out unannounced audits within the ward areas. We were told all wards, with the exception of one due to staffing issues, had recent audit activity. We were provided with dates for audits scheduled for later this year that would include the remaining ward. In evidence provided, we saw that some audits lacked detail when areas for improvement were identified. Improvement action plans were not always completed. We raised this with senior managers who acknowledged further work is required to ensure detail within the audits and improvement actions are taken forward. A requirement has been given to support improvement in this area.

The majority of staff we spoke with described a positive relationship with the infection prevention and control team and confirmed they are easily contactable for advice and support. We were told by the infection prevention control team they have a monthly schedule for contacting or visiting the wards. This is documented on a visit log. If any verbal advice is given, it is the ward staffs' responsibility to document this in the patient notes. If a ward is closed due to an outbreak, the

infection prevention and control team told us they have daily contact with the ward staff and a daily report detailing advice given, is sent to the ward via email.

Infection prevention and control training is a mandatory requirement for all NHS Lanarkshire staff. Staff education is completed via online modules. We were told ward managers are responsible for monitoring staff compliance. From evidence provided, we observed a good level of compliance with the two infection prevention and control mandatory training modules. Compliance was 85% or above in all wards. Domestic staff we spoke with told us they received training as part of their induction and have twice-monthly toolbox sessions on various topics that includes infection prevention and control.

Staff we spoke with told us that communication around information on infection prevention and control was very good and they are kept up-to-date with any information or updates to policies in a variety of ways. These include by email, handovers, ward meetings and a ward notice board.

NHS Lanarkshire also use the link nurse system. The link nurse from each ward acts as a formal link between the ward and the infection prevention and control team by disseminating information and updates. Out of date information and advice leaflets had been highlighted in the recent audit carried out by the infection prevention and control team. In one ward, the link nurse was trying to source more up-to-date information and advice leaflets for patients. We spoke with one link nurse during the inspection and they were knowledgeable about infection prevention and control.

Senior managers told us patients provide feedback through the Care Opinion website. We saw that wards provide a survey to patients on discharge asking about their experiences and thoughts on the cleanliness of the environment. Staff in one ward told us they use the advocacy service to help patients complete their questionnaires.

Requirements

Domain 5 - Quality Indicator 5.4

- 4 NHS Lanarkshire 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 12).

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

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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