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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Service

Bellsdyke Hospital
NHS Forth Valley

20 June 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

Bellsdyke Hospital is situated in Larbert. There are four facilities onsite that provide treatment and support for people suffering from severe and enduring mental health problems. This includes provision for those who require care and treatment in a more secure environment. Additionally, there are three on-site supported self-contained bungalows for patients in preparation for discharge into the community. The hospital currently has 56 inpatient beds.

About this inspection

We carried out an unannounced inspection to Bellsdyke Hospital, NHS Forth Valley on Tuesday 20 June 2023.

We inspected the following areas:

- Hope House (female forensic low secure)
- Russell park including one of the onsite stepdown bungalows (adult rehabilitation)
- Trystpark (male forensic low secure), and

- Trystview (adult rehabilitation).

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

As part of our inspection, we also asked NHS Forth Valley 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 22 June 2023, we held a virtual discussion session with key members of NHS Forth Valley infection prevention and control team. On 4 July 2023, we held a virtual discussion with key members of NHS Forth Valley staff, including senior managers, to discuss the evidence provided and the initial 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 Forth Valley and in particular all staff at Bellsdyke 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 inspectors spoke with were knowledgeable about the processes and procedures regarding infection prevention and control. Staff also said they felt well supported by the infection prevention and control team and could access support and advice when required.

NHS Forth Valley have implemented an electronic risk management system which provides senior managers with a tool to manage and monitor risks in relation to clinical care including risks related to infection prevention and control.

Staff compliance with hand hygiene was good in all areas inspected.

We observed the cleanliness of the environment was good in most areas with the exception of one area which was not well maintained and not included in the current assurance and audit programmes.

Lack of storage space was an issue in most of the wards. This meant that some storage areas were cramped and cluttered with equipment and products. This makes safe access and effective cleaning very difficult.

NHS Forth Valley use a care assurance tool that gathers information on patient experience and includes feedback about the environment. Patients we spoke with told us that they were very happy with their care and the cleanliness of their environment.

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

This inspection resulted in three areas of good practice, five requirements and two recommendations.

We expect NHS Forth Valley 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	During the inspection, ward staff were knowledgeable about infection prevention and control procedures and policies (see page 5).
2	The infection prevention and control team provided good responsive support to ward staff (see page 5).
3	Staff and patients have an opportunity to feedback regarding the condition of their environment through the use of the care assurance tool. This provides an opportunity for learning and improvement (page 14).

Requirements

Domain 5	
1	NHS Forth Valley must ensure that all care environments are maintained and in a good state of repair to allow for effective cleaning (see page 9).

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

- 2** NHS Forth valley must ensure sufficient and appropriate storage to ensure that items are organised and accessible and to support effective cleaning of the areas (see page 9).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 7.2.

- 3** NHS Forth Valley must ensure consistent recording of flushing of infrequently used water outlets to improve compliance and provide assurance in line with current national guidance (see page 10).

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

- 4** NHS Forth Valley 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 13).

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

- 5** NHS Forth Valley must ensure all staff complete NHS Forth Valleys' mandatory infection prevention and control training (see page 14).

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

Recommendations

Domain 5

- a** NHS Forth Valley should ensure the findings of the newly established site walk rounds are recorded and actioned in line with current estate reporting processes (see page 10).
- b** NHS Forth Valley should continue to develop and strengthen the pathway for local reporting into the current infection prevention and control committee (see page 12).

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 areas inspected appeared clean and well maintained with the exception of the supported self-contained bungalow, which was in a poor state of repair. Ward staff demonstrated good knowledge of infection prevention and control guidelines and described a good relationship with infection prevention and control team. However, storage space is limited in the wards, which inhibits effective cleaning in these areas.

NHS Forth Valley 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 a good knowledge of infection control procedures and have access to the manual and related NHS Forth Valley policies on the staff intranet.

Hand hygiene is an important practice in reducing the spread of infection. We observed staff were carrying out hand hygiene in line with guidance. Patients were encouraged to wash their hands prior to mealtimes. Inspectors also observed good compliance with the NHS Forth Valley 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 readily available for staff in all wards. In two wards where easily accessible alcohol-based hand rub was assessed as a risk to patients, inspectors observed that staff carried their own personal alcohol-based hand rub. We were provided with the ward level risk assessment in place to support this.

Personal protective equipment, such as gloves and aprons, are used by staff to protect them from risks associated with infection. We observed that wards had sufficient stocks of personal protective equipment, and this was stored in a locked 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 additional precautions that must be implemented when patients have a suspected or known infection.

All patient use equipment we inspected was clean and well maintained. We were told equipment is cleaned after use with the appropriate cleaning products in line with local policy and national guidance. We observed a care equipment and environment monitoring schedule in each ward that was completed by ward staff providing assurance that both equipment and environment was clean and well maintained.

However, inspectors observed there is no monitoring process or distinct cleaning schedule for the supported self-contained bungalows. The lack of a supportive and specific domestic cleaning schedule for the bungalows may mean that the environment can become hard for patients to manage and maintain. A requirement has been given to support improvement in this area.

Inspectors observed that the ward environments appeared visibly clean and well maintained with some exceptions, such as minor wear and tear to walls, kitchen areas and floors. We were informed by senior managers and the estates team of planned upgrades to the environment that were already underway at the time of inspection including renewal of flooring, wet room refurbishment and the replacement of windows in some areas.

The bungalow we inspected was found to be in a poor state of repair, there was a badly damaged carpet and a window that was cracked. We raised this with senior managers at the time who took appropriate action and following inspection we were given evidence that the window was repaired and new flooring ordered. Inspectors also observed that the area had not been effectively cleaned or maintained and there was no system or oversight in place to monitor environmental cleaning or maintenance of equipment. A requirement has been given to support improvement in this area.

In all ward areas, we observed limited storage provision. This meant that many items were stored inappropriately on the floor that would make effective cleaning difficult. A requirement has been given to support improvement in this area.

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. The patients' own laundry in all areas appeared clean and well maintained.

Inspectors 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 locked areas within the wards and were not over filled. Clinical waste was stored in a secure area outside the wards while awaiting uplift.

Domestic staff we spoke with were knowledgeable about procedures and the correct use of cleaning products in line with infection prevention and control guidelines. Inspectors observed up to date and completed cleaning schedules for domestic tasks. Domestic staff told inspectors of a clear process if they are unable to complete tasks on the schedule. All cleaning schedules were signed off by both the nurse in charge and the domestic supervisor.

When repairs to the environment are required, staff use estates management electronic reporting system and additionally document any requests in a ward logbook. 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. However, some ward staff said that response to some requests could be slow at times.

Senior managers and the estates team have recently implemented a monthly observational 'walk round' to identify any areas of concern in the environment. However, we did not see evidence that issues raised during the walk round by senior charge nurses and estates managers were being actioned through the current reporting system. Senior managers told inspectors they plan to review the current process to ensure any maintenance issues identified on the walk round are logged and monitored (recommendation a).

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 Forth Valley have systems in place to reduce water-associated risks, including the flushing of infrequently used water outlets. We saw in evidence submitted that ward staff completed water flushing for infrequently used locations and estates complete regular temperature checks and showerhead cleaning as part of their planned maintenance programme.

However, we saw some gaps in the recording of infrequently used water outlet flushing. Each ward in Bellsdyke Hospital has a different template for recording flushing. We raised this with NHS Forth Valley during feedback, and discussed the benefit of implementing consistent recording templates in all areas to record the flushing of infrequently used water outlets. A requirement has been given to support improvement in this area.

Patients we spoke with were happy with the cleanliness of the ward. We were told that it was 'spick and span' and 'very clean and tidy.' We were also told that patients have an opportunity to discuss any concerns at a fortnightly meeting on the wards.

Requirements

Domain 5 – Quality Indicator 5.3

- 1** NHS Forth Valley must ensure that all care environments are maintained and in a good state of repair to allow for effective cleaning (see page 9).

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

- 2** NHS Forth valley must ensure sufficient and appropriate storage to ensure that items are organised and accessible and to support effective cleaning of the areas (see page 9).

This will support compliance with Infection Prevention and Control Standards (2022) Criterion 7.2.

- 3** NHS Forth Valley must ensure consistent recording of flushing of infrequently used water outlets to improve compliance and provide assurance in line with current national guidance (see page 10).

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

Recommendations

Domain 5 – Quality Indicator 5.3

- a** NHS Forth Valley should ensure the findings of the newly established site walk rounds are recorded and actioned in line with current estate reporting processes (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

NHS Forth Valley has a range of systems and processes in place to manage and monitor infection prevention and control practice. These include a range of meetings and governance committees. Despite an infection prevention audit programme in place, issues identified were not consistently followed up. The infection prevention and control team are currently working to improve mandatory training completion levels.

NHS Forth Valley has a range of systems and processes in place to manage and monitor infection prevention and control practice. These include a programme of audits, a clinical governance structure and mechanisms to identify and manage risk. The meeting structure includes a NHS Forth Valley infection prevention and control committee, facilities and infrastructure group and clinical governance working groups and committees.

Senior managers told us that NHS Forth Valley had identified areas for improvement in the oversight for infection prevention and control for Bellsdyke hospital. They explained that they are currently working to develop more robust assurance to monitor and support infection prevention and control practice and ensure clear mechanisms for feedback and escalation within the Bellsdyke site. This is described in the meeting minutes submitted, proposing that each directorate complete a highlight report on infection prevention and control, allowing ownership, accountability and responsibility to sit with each directorate. NHS Forth Valley should continue to develop and strengthen the pathway for local reporting into the current infection prevention and control committee (recommendation b).

NHS Forth Valley have a range of audits in place to monitor infection prevention and control policy and guideline compliance within Bellsdyke Hospital. These include monthly and quarterly audits, carried out by ward staff, senior managers and the infection prevention and control team.

We were advised that due to staffing challenges, the infection prevention and control team were not able to complete audits on Bellsdyke Hospital in the first quarter of the year. However, we observed through evidence submitted that infection prevention and control auditing had recommenced and was used to highlight areas of non-compliance. Results are reported to the staff on the ward who are responsible for ensuring actions are taken.

However, inspectors saw that although issues are identified through the local audit processes, action plans and timescales were not always recorded. A requirement has been given to support improvement in this area.

Facilities staff complete the domestic section of the facilities monitoring tool and any issues in relation to cleanliness of the environment or equipment are highlighted and actioned by domestic staff. Any issues regarding maintenance or repair of the environment are raised to estates by staff completing the tool.

The current electronic risk management system holds all relevant risk assessments for ease of access and review. Evidence submitted from this system in relation to infection prevention and control included risk assessment for portable fans and the use of alcohol-based hand rub.

During discussions with the infection prevention and control team, we were also shown the electronic information system that the team use to gather information, monitor trends and produce reports. Any advice given at ward level from the infection prevention and control team is recorded on this system. Patient specific information in relation to infection prevention and control input is also recorded in patient notes by ward staff.

A working group has also been formed to represent mental health services and identify any areas that require improvement in relation to infection prevention control. This has led to a number of improvements, described earlier in the report in relation to the environment through increased assurance and audit activity.

We observed that infection prevention and control audit scores, including hand hygiene were displayed in communal areas in each ward. The ward safety brief completed for discussion at all handovers includes a section for infection prevention and control concerns. In addition, staff can access infection prevention and control policies through the NHS Forth Valley shared drive or staff intranet.

Infection prevention and control training is a mandatory requirement for all NHS Forth Valley staff. The education is mainly delivered by online modules. Ward managers are responsible for monitoring staff compliance. From evidence submitted, infection prevention and control training completion for the areas inspected were variable. Evidence from the current electronic dashboard submitted for staff at the Bellsdyke site indicated completion of statutory hand hygiene on one ward was 67%. Completion of breaking the chain of infection in one ward was 77% and why infection control matters was 72% in another.

Despite this, inspectors were assured that the infection prevention and control team are working to support improved completion levels and evidence submitted shows

that the team are currently reviewing education programmes to identify different ways to support staff. Improved completion of mandatory infection prevention and control training would enable staff to develop and maintain their knowledge, skills and competencies in line with national guidance. A requirement has been given to support improvement in this area.

For patient feedback, NHS Forth Valley use a care assurance tool that gathers information on patient experience. Although staff told us that this tool might need adaptation due to the patient group in Bellsdyke Hospital, we noted that patients and staff were asked about the condition of the environment. This information is collated on NHS Forth Valley care dashboard. Each ward also has a community meeting which encourages feedback from patients on the day-to-day running of the ward. Inspectors observed information for patients displayed in each ward.

Requirements

Domain 5 - Quality Indicator 5.4

- 4** NHS Forth Valley 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 13).

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

- 5** NHS Forth Valley must ensure all staff complete NHS Forth Valleys' mandatory infection prevention and control training (see page 14).

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

Recommendations

Domain 5 – Quality Indicator 5.4

- b** NHS Forth Valley should continue to develop and strengthen the pathway for local reporting into the current infection prevention and control committee (see page 12).

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, July 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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