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Unannounced Inspection Report

Infection Prevention and Control Inspection of Mental Health Service

Gartnavel Royal Hospital
NHS Greater Glasgow and Clyde

18 January 2023

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First published April 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 NHS inpatient 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's Infection Prevention and Control Standards for Health and Social Care Settings, published in 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 report our findings against Healthcare Improvement Scotland's 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

Gartnavel Royal Hospital provides inpatient care for a wide range of adult mental health conditions and complex needs for the population of the west of Glasgow city. The hospital currently has 187 inpatient beds.

The original hospital was built in 1843. In 2007, as part of a programme of modernisation of mental health facilities across NHS Greater Glasgow and Clyde a new purpose built unit was completed. The older retained buildings and new unit share the same site as Gartnavel General Hospital. Demand for inpatient beds has resulted in patients being accommodated within the new unit and older retained buildings.

About this inspection

We carried out an unannounced inspection to Gartnavel Royal Hospital, NHS Greater Glasgow and Clyde on Wednesday 18 January 2023. We visited wards in both the new and older retained buildings.

We inspected the following areas:

- Cuthbertson ward (elderly short stay)
- Kelvin ward (adult rehabilitation)
- Iona ward (elderly long stay), and
- Timbury ward (elderly short stay).

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients
- spoke with patients and ward staff (where appropriate), and
- accessed patients' health records, and reviewed monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Greater Glasgow and Clyde 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 19 January 2023, we held a virtual discussion session with key members of NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde and in particular all staff at Gartnavel Royal 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.'

At the time of our inspection, NHS Greater Glasgow and Clyde, like much of NHS Scotland, was experiencing a significant range of pressures, including reduced staff availability and significant levels of staff absence across all levels of care and support staff. The high level of staff absence and vacancies across the hospital resulted in an increased use of supplementary staff.

Despite the significant staff shortages, we observed good infection prevention and control practice and staff awareness of their role in the management of infection prevention and control. Senior managers demonstrated a good knowledge of infection prevention and control with a coordinated approach across teams. However, in one ward with significant staff shortages and high levels of supplementary staff, we observed lower levels of compliance with hand hygiene.

Staff told us they received valuable support from the infection prevention and control team. We also observed examples of good teamwork and communication between the clinical team, facilities and estates staff.

The ward environment and patient use equipment were generally clean and the ward areas were free from clutter with minor exceptions. We found a good standard of cleaning in most areas we inspected. However, the environment should be well maintained and in a good state of repair to enable effective cleaning.

In the wards within the older buildings, we observed issues with the environment. The structure and layout of the older wards had led to some adaptations to increase storage, and shower rooms had been converted into storage areas. The remaining provision for patients was one bathroom and a shower room.

We observed good compliance with the management and storage of linen to avoid contamination.

Patients we spoke with told us that they were happy with their care and the cleanliness of their environment. Patients can submit feedback to NHS Greater Glasgow and Clyde on any aspect of their experience of care

Areas for improvement have been identified. These include improvement relating to maintenance of the care environment, compliance with infection prevention and control standards, and the management and storage of clinical waste bins.

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

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

We expect NHS Greater Glasgow and Clyde 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	We observed open and effective communication between the clinical, facilities, estates and infection prevention and control teams providing a coordinated approach to reducing infection prevention and control risks in the environment (see page 16).
2	Domestic agency staff received induction training including hand hygiene (see page 11).
3	The domestic service 10-step quality improvement planner implementation provided an effective framework to monitor and improve domestic services provision (see page 15).
4	We observed outbreak management systems in place (see page 16).

The actions that Healthcare Improvement Scotland 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 standards published by Healthcare Improvement Scotland, the Scottish Government and other relevant agencies. These are standards which every patient has the right to expect.
- **Recommendation:** A recommendation is a statement that sets out actions the service or NHS board should take to improve or develop the quality of the service.

Requirements

Domain 5	
1	NHS Greater Glasgow and Clyde must ensure that all staff use personal protective equipment, remove jewellery, have access to alcohol-based hand rub and carry out hand hygiene in line with current guidance (see page 10). <i>This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 6.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i>

- 2** NHS Greater Glasgow and Clyde must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift (see page 11).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 6.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 3** NHS Greater Glasgow and Clyde must ensure staff awareness of their roles and responsibilities in relation to water flushing (see page 12).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 1.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 4** NHS Greater Glasgow and Clyde must ensure the care environment is maintained and in a good state of repair to support effective cleaning (see page 13).

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).

Recommendations

Domain 5

- a** NHS Greater Glasgow and Clyde should review the current process in place within shower rooms to reduce water spillage (see page 13).

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*

Despite the significant staff shortages, we observed good infection prevention and control leadership and staff awareness of their role in the management of infection prevention and control. Senior managers demonstrated a good knowledge and a coordinated approach across teams. Patient use equipment was clean, however some wards were cluttered which impacts the ability to appropriately clean the environment. Staff told us the infection prevention control team were supportive and visit the wards regularly.

NHS Greater Glasgow and Clyde has adopted the [National Infection Prevention and Control Manual](#). This manual describes standard infection control precautions and transmission-based precautions. These are the minimum precautions that 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 and the use of personal protective equipment (such as aprons and gloves). Staff were able to demonstrate their awareness of the manual and how to access this on the staff intranet.

We observed that alcohol-based hand rub and fluid resistant masks were available at the entrance to the hospital, in corridors and at ward entrances, with signage to encourage visitors to wear a mask and perform hand hygiene. Hand hygiene is one of the standard infection control precautions that should be used by all staff in care areas and is considered an important practice in reducing the spread of infection. We observed that staff in the majority of areas were carrying out hand hygiene in line with guidance. However, in one ward, where there was a higher number of supplementary staff, hand hygiene compliance was lower and we observed several missed opportunities.

Due to the risks identified as part of established risk assessment processes, alcohol-based hand rub was not readily available in all patient areas. We observed access to hand wash sinks was limited, and the majority of staff were not carrying individual alcohol based hand rub. We also found several staff wearing jewellery that would impede effective hand hygiene. This is not in line with NHS Scotland Dress Code guidance or NHS Greater Glasgow and Clyde's own policy. A requirement has been given to support improvement in this area.

Personal protective equipment (PPE), 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, such as fluid resistant masks, gloves and aprons. These were appropriately stored close to where patient care was delivered to avoid contamination. We observed the use of PPE was generally good. However, some staff were using gloves unnecessarily, or not removing the gloves immediately after use and before starting another task. This also results in missed hand hygiene opportunities. A requirement has been given to support improvement in this area.

Transmission-based precautions are additional precautions that should be applied when standard infection control precautions are not sufficient, for example when staff are caring for patients with a known or suspected infection. We observed staff applying appropriate transmission-based precautions where required. This included the appropriate placement of patients and the correct use of PPE. All staff we spoke with were knowledgeable about when they should be applied. At the time of inspection, one ward had an outbreak of Covid-19. Patients who required isolation for infection prevention and control reasons were isolated appropriately with visible signage on the doors to alert staff and visitors that additional precautions may be required.

We observed good support for the clinical team from the infection prevention and control team. During outbreaks, the infection prevention and control team request a daily assessment of patient symptoms and attend the ward to discuss isolation, signage and patient placement within the ward. We saw evidence of infection prevention and control advice documented within the patient records we reviewed.

We observed that linen was generally managed well and in line with National Infection Prevention and Control guidance. Clean linen was well organised, easy to access and stored appropriately to prevent contamination. Used linen was segregated appropriately in line with guidance. We were told hospital linen is laundered at an offsite facility and staff described this as a reliable service. However, used linen awaiting uplift was stored in an unlocked cage outside the ward. We were told this has been reported and measures are being taken to address the problem. All used linen should be stored in a designated, safe, lockable area whilst awaiting uplift.

Patients' personal clothing is laundered in the small onsite laundry. This was observed to be busy, but staff were well organised and followed guidance for laundering. In the rehabilitation ward, patients launder their own clothes. Patients are provided with plastic laundry baskets to transport laundry to and from the laundry room. They are encouraged to wipe down these baskets after each use. The

laundry room had good instructional signage for patients about the laundering of clothes and personal protective equipment was available, if required.

We observed in one ward the external storage for clinical waste was not secure and could potentially be accessed by members of the public and other unauthorised persons. Clinical waste must be stored in a designated, safe, lockable area whilst awaiting uplift. We discussed this with senior managers who told us that replacement locks were on order. A requirement has been given to support improvement in this area.

We observed that in the newer wards storage was well organised which allows for effective cleaning. The older wards had challenges with storage provision which resulted in excess equipment being stored in corridors, creating increased clutter and inhibiting effective cleaning. An example of this was found in one shared bathroom, where two hoists were being stored. We raised this at the time of inspection and staff told us this would be addressed. Patient use equipment inspected was visibly clean.

Domestic staff and managers told us there are a high number of domestic staff vacancies and staff sickness which was having an impact on service delivery. Current allocation of domestic staff to wards is flexed to ensure priorities are met with the main priority being patient clinical areas. To supplement domestic staffing levels agency staff were being used and we were told domestic agency staff undergo induction training including hand hygiene education. All facilities staff undertake face to face training on infection prevention and control and complete online modules annually. Domestic staff can also access various training sessions that are short presentations on a single aspect such as water flushing, which are available on the staff intranet. However, not all staff we spoke with were aware of these sessions.

We were told that all wards are cleaned as detailed in the cleaning schedule. However, there are times when the daily cleaning tasks are not fully completed and tasks are carried over to the following day. This is often due to clinical activity. We were shown the daily cleaning lists that ward staff completed along with a weekly cleaning schedule and quality assurance checklist. These were all completed appropriately and were up to date.

Domestic staff we spoke with were able to describe the correct cleaning solutions and dilutions used in line with the National Infection Prevention and Control Manual. Domestic staff told us that they can report any issues to their supervisor if required and feel well supported. Any updates in relation to the ward environment or infection prevention and control are handed over to ward staff through the daily safety huddle.

The management of hospital estates is split between two distinct teams. The older retained estate is maintained by NHS Greater Glasgow and Clyde facilities while the newer building, built through private finance initiative, has a private firm contracted to manage the hospital estate. Both have different systems for staff to raise requests for repairs or maintenance work. Estates management have oversight of repairs and respond through the electronic management system. Staff on wards can track individual requests to see progress.

Feedback we received from ward staff about both NHS and private estates management was positive. The NHS estates team use a computer-based system while the contracted estates company are paper based. Staff reported satisfaction with the estates team response to repair requests. We were told that any faults and repairs are logged through the electronic system. We were told by the estates team that, although the older wards required upgrading, there are currently no plans in place to address this.

NHS boards must have water safety systems in place for controlling and managing risks posed by waterborne organisms that may cause disease. NHS Greater Glasgow and Clyde have systems in place to reduce water associated risks. These include the flushing of water outlets such as taps. We were provided with records which showed daily 2-minute water flushing was taking place in all water outlets. This was carried out by domestic staff. However, we found that in some instances the nurses in charge were unaware of their responsibility to ensure the flushing is carried out. A requirement has been given to support improvement in this area.

We found a good standard of cleaning in most areas we inspected. However to enable effective cleaning the environment should be well maintained and in a good state of repair. In the wards within the older buildings we observed issues with the environment including:

- damaged and cracked flooring
- damaged doors with exposed wood
- damage to skirtings, and
- damage to wooden wall panels.

In one area inspected, we observed the floor covering peeling away from the junctions with the walls in the converted storage rooms, in one of the dormitories and in the dining room. There was cracked sealant in the storeroom and the floor covering was missing in the bathroom. We observed damaged wooden wall panels within the bathroom and doors throughout the ward had scratch marks and impact damage on them. We highlighted these with the estates team. A requirement has been given to support improvement in this area.

We observed and were told by staff that in one ward minor flooding in the assisted shower room areas is a regular occurrence. Shower rails had been identified as a ligature risk in 2007 and all shower curtains and rails were removed from the assisted shower rooms. The shower curtain had provided a barrier to reduce water splash on floors. Staff told us that since the shower curtains were removed, they are regularly mopping up excess water. We observed that this is damaging the flooring and door frames. We observed that the flooring around the shower drains was dirty, potentially caused by the slow drain from the shower units. We spoke with the contracted facilities team, they told us they are replacing the current shower heads with better angled shower heads that can control the direction of the water flow to reduce flooding. There are no plans to reinstate the shower curtains as they have been assessed as a ligature risk. We discussed that a review of current ligature-safe fittings may provide further practical options (recommendation a).

We observed a wardrobe situated within a patient's en-suite toilet. This restricted effective cleaning of the room. Staff told us that the toilet was not being used and the area was being used to help manage some patient challenges regarding clothing. We were shown the patient's care plan detailing clothing management however, there was no risk assessment detailing cleaning for the room. This was raised at the time of our inspection to the hospital managers and we were told that this would be addressed.

We observed in an older ward, that some shower rooms had been converted into storage rooms. The remaining provision for patients is one bathroom and shower room within the dormitory areas. Patients in single side rooms have provision of a wash hand basin but can only access showers by walking through the dormitory area. This may have infection prevention and control management implications during an infection outbreak. In the instance of an outbreak, ward staff would contact the infection prevention and control team for advice and increase cleaning of the area. The lack of dignity for patients should also be considered.

Requirements

Domain 5 – Quality indicator 5.3

- 1 NHS Greater Glasgow and Clyde must ensure that all staff use personal protective equipment, remove jewellery, have access to alcohol-based hand rub and carry out hand hygiene in line with current guidance (see page 10).

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Recommendation

Domain 5 – Quality indicator 5.3

- a** NHS Greater Glasgow and Clyde should review the current process in place within shower rooms to reduce water spillage (see page 13).

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

- *Quality indicator 5.4 – Audit, evaluations and research*

We observed examples of good teamwork and communication between the clinical team, facilities and estates staff. Staff told us they received valuable support from the infection prevention and control team. Audit programmes were in place to monitor the cleanliness and quality of the environment and action plans developed where areas for improvement had been identified. We observed a management culture that was focused on continuous improvement.

NHS Greater Glasgow and Clyde has systems and processes in place to monitor and manage infection prevention and control. We observed minutes of various infection prevention and control governance groups such as the partnership infection control support group and mental health infection control support group. Agenda items included discussion of infection prevention and control audit outcomes and areas for improvement, staff training, standards and guidance updates. The partnership group includes representation from the facilities team.

We observed a management culture that was focused on continuous improvement. We found senior managers were accommodating, open and transparent in their approach to inspectors. NHS Greater Glasgow and Clyde had implemented an improvement initiative as part of improvement actions following previous inspections. The 10-step planner programme is a system of planned audits that includes an independent audit of the environment, in-house audit, surveys, and staff training and support. Facilities audits are undertaken 8 times per week by domestic supervisors. We observed that compliance scores were over 90%. Where the audit identifies areas for improvement, a root cause analysis review is carried out.

We found that facilities staff were well organised with good oversight of the ward environment and the work required.

We observed infection prevention and control audit programmes in place in all areas inspected. These included audits carried out by the clinical teams and facilities staff. Local infection prevention and control audit information was displayed at the entrance to some wards to inform staff and visitors.

Where audits identified areas for improvement action plans were in place. For example, following the identification of inconsistencies in hand hygiene practice, the

hand hygiene audit is being reviewed to ensure that all specialities and staff groups are included. Staff told us the hand hygiene audit results are reported back to them in a red, amber and green form and senior charge nurses will complete any follow-up actions where areas for improvement are identified.

The revised NHS Greater Glasgow and Clyde standard infection control precautions audit tool went live in November 2022 and was due to be implemented in Gartnavel Royal Hospital in February 2023. The infection prevention and control team told us that they plan to support staff teams to prepare for this and are currently developing a new local audit programme to ensure consistency of practice by staff. From January 2023, mental health teams will assume responsibility for carrying out these audits with the infection control nurse role moving to quality assurance.

We viewed infection control related risk assessments for the use of chlorine wipes for cleaning patient equipment and the removal of bins from patient areas. Some risk assessments were overdue for review. The infection prevention and control team were aware and these were being reviewed and updated by senior charge nurses.

We observed clear and consistent communication between the infection prevention and control team and ward staff during the recent management of an outbreak. Ward closures due to infection outbreaks are communicated daily through the infection prevention and control team email updates and daily facilities huddles, which discuss infection outbreaks and management of the environment. Records showed and we observed that the current outbreak was discussed daily, and the implementation of outbreak management strategies included:

- ward closure to all admissions and transfers
- transmission-based precautions in place for all patients with symptoms or who are positive cases
- twice daily enhanced environmental cleaning
- only essential clinical assessments and therapies
- essential visiting only, and
- COVID outbreak checklist to be completed daily by nursing staff.

We were told infection prevention and control training is mandatory for all staff. We observed that infection prevention and control standards and guidance is available through the staff intranet. Any changes to standards, policies and procedures were communicated by email or intranet and at staff handover meetings. Staff told us that they undertook infection prevention and control training and showed us how they could easily access guidance (including the National Infection Prevention and Control Manual), policies, and procedures through the staff intranet. Senior charge nurses have oversight of staff infection prevention and control training and can access

reports as required. However, the infection prevention and control governance groups do not have oversight of this. NHS Greater Glasgow and Clyde could consider regular reporting of training across all mental health wards to address this.

New infection prevention and control standards were published in May 2022. These are applicable to adult health and social care settings and replaced the healthcare associated infection standards (2015). The implementation period for these new standards concluded on Monday 8 August 2022. The standards are available to staff through the staff intranet and the staff we spoke with were aware of the new standards.

Patients can submit feedback on any aspect of their experience. Work had been undertaken around obtaining specific feedback through What Matters to You, patient conversations or the Fifteen Steps Challenge, developed by NHS England. We discussed how this work could be strengthened to capture specific themes and enable consideration of the patient's perspective of improvements to their environment.

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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