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Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

Kingsway Care Centre
NHS Tayside

16 January 2024

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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

The Kingsway Care Centre, which is located in Dundee, provides mental health older adult inpatient beds as well as a base for the older adult community mental health teams. There are a total of 38 beds within the hospital.

About this inspection

We carried out an unannounced inspection to Kingsway Care Centre, NHS Tayside on Tuesday 16 January 2024.

We inspected the following areas:

- ward 1 (organic assessment)
- ward 3 (organic assessment), and
- ward 4 (functional assessment).

During our inspection, we:

- inspected the ward and hospital environments

- 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 Tayside to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Thursday 1 February 2024, we held a virtual discussion session with key members of NHS Tayside staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time we inspected.

We would like to thank NHS Tayside and in particular all staff at Kingsway Care Centre 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'.

NHS Tayside have a range of systems and processes in place to monitor infection prevention and control including ward-led audits and infection prevention and control led audits.

Staff demonstrated a good knowledge of infection prevention and control, and we observed good hand hygiene in all wards. All staff we spoke with described the infection prevention and control team as being very supportive.

Patients we spoke with were happy with their care and the cleanliness of the environment. However, there was no structured way for patients and relatives to provide feedback on the environment.

We observed personal protective equipment was available and in use throughout the wards and there was good compliance with the management and storage of linen.

The ward environments appeared visibly clean however, in some wards inspected, areas of the environment were not well maintained, or in a good state of repair.

There was damage to woodwork and walls as well as staining to some walls and ceilings in one ward due to water ingress.

We were told by ward staff that maintenance requests were often not responded to promptly which resulted in staff having to report issues on several occasions.

We observed clinical waste was not stored securely while awaiting uplift. General and clinical waste were stored together.

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 Tayside 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 good compliance with hand hygiene (see page 8).
2	Local governance process were effective for infection prevention and control with good staff knowledge (see page 13).
3	There was a very positive relationship between ward staff and the infection prevention and control team with good responsive support provided (see page 13).

Requirements

Domain 5	
1	NHS Tayside must ensure infection prevention and control information is recorded within patients care plans to inform patient care (see page 9). <i>This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</i>
2	NHS Tayside must ensure that there are effective systems in place to ensure the care environment is maintained and is 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 Tayside must ensure extraction fans are clean (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).

- 4** NHS Tayside must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift. General and clinical waste must be always segregated at the source (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2022), Standard 6.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022) and Scottish Health Technical Note 3 NHSScotland waste management guidance Part D: Guidance and example text for waste procedures 5.86 (February 2015).

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 demonstrated a good knowledge of infection prevention and control, and we observed good hand hygiene in all wards. All staff we spoke with described the infection prevention and control team as being very supportive. The ward environments were visibly clean however, some areas were not in a good state of repair. Clinical waste was not stored securely while awaiting uplift.

NHS Tayside have adopted the current version of the [National Infection Prevention and Control Manual](#). This manual describes standard infection control precautions. There are 10 standard infection control precautions, including hand hygiene and the use of personal protective equipment, such as aprons and gloves. Staff inspectors spoke to were knowledgeable when discussing infection prevention and control.

Hand hygiene is an important practice in reducing the spread of infection. During the inspection we observed an adequate number of hand washing facilities in all areas inspected. However, the clinical wash hand basins observed were not compliant with Scottish Health Technical Memorandum 64 Sanitary Assemblies. We raised this with senior managers, and we were told this issue will be considered in any future refurbishment plans. 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 accessible to staff but stored securely in the majority of areas due to the assessed risk to patients however, staff carried their own personal alcohol-based hand rub.

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.

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

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. At the time of the inspection some patients in one ward were isolated for infection prevention and control reasons. We observed appropriate signage in place and personal protective equipment available at point of care. However, there was no infection prevention and control information documented within the patients care plan. 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 stored appropriately in all wards. Used linen was being well managed, labelled and stored correctly.

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

All storage areas appeared clean however, some items were stored on the floor which can impact on the ability to clean the area.

To support effective cleaning, the care environment must be well maintained and in a good state of repair. All wards we inspected appeared visibly clean however in some wards inspected, areas of the environment were not well maintained or in a good state of repair which does not support effective cleaning.

We observed:

- damage to walls, skirtings, and patient kitchen worktops
- damaged patient chairs
- bedroom furniture was damaged with exposed wood, and
- in one ward, staining on walls and ceilings in several areas due to water ingress.

In one ward, staff told us that they have an ongoing problem with water ingress due to a leaking roof. At the time of the inspection the roof had been repaired. Senior managers told us that some remedial work has been carried out to the roof and they are now awaiting costings from an external contractor.

We were told by ward staff that maintenance requests were often not responded to promptly and we observed that requested work within the maintenance logbook was regularly not signed off as completed. Staff told us they were frequently required to re-report maintenance issues as ward staff are not advised when jobs will be completed or if there is a delay. Managers told us there had been recent staffing

shortages within the estates department which could have contributed to this problem. We were told by senior manager an electronic maintenance reporting system is currently being introduced throughout NHS Tayside. A requirement has been given to support improvement in this area.

We were also told by staff in one ward that the drains overflow at times in the treatment room and in some patient shower rooms. We were told when this occurs estates usually respond very quickly to resolve this, and additional cleaning of the affected areas is carried out. We were told by senior managers that an investigation was undertaken which has established the cause and this issue will continue to be monitored by the estates department.

We observed some ensuite extraction fans were dusty. Domestic staff told inspectors there was some confusion whether it was domestic or estates responsibility to clean these. Senior managers clarified that it was estates who are responsible for cleaning these and that this would be addressed. A requirement has been given to support improvement in this area.

During our inspection, we observed sharps were managed in line with current guidance. All sharps' bins were labelled appropriately and less than three quarters full, in line with national guidance. Sharp bins were available within the wards and were not over filled.

Clinical waste must be stored in a designated, safe, lockable area whilst awaiting uplift. We observed all clinical waste awaiting uplift was unsecured and clinical waste bags were being stored mixed with domestic waste bags. Clinical and domestic waste should always be segregated to prevent the possibility of cross contamination. We highlighted this at the time of inspection to senior managers. We were told by managers at the feedback session that a full waste audit was undertaken following the inspection and new waste bins have been ordered. Communication and any training required will be put in place. A requirement has been given to support improvement in this area.

Domestic staff we spoke with told us they have sufficient resources to carry out their roles and were able to describe the correct cleaning solutions and dilutions used in line with the National Infection Prevention and Control Manual. We observed cleaning schedules were in place and complete. Domestic staff were very positive about the induction programme and senior managers described this as a robust programme, which includes cleaning processes, shadowing and how to use equipment. Domestic staff told us they felt well supported by their supervisors.

NHS boards are required to have water safety systems in place for the control and management of risks posed by water borne organisms that may cause disease. NHS

Tayside have systems in place to reduce water associated risks, including the flushing of infrequently used water outlets. Staff complete water flushing in the wards twice weekly for infrequently used outlets. In one area, we observed the documentation used to record water flushing was completed inconsistently and did not appear to reflect the infrequently used water outlets in that area. NHS Tayside have employed a third-party water management company to flush non-ward areas within the hospital which are infrequently used. We observed these records were completed and up to date.

Requirements

Domain 5 – Quality Indicator 5.3	
1	<p>NHS Tayside must ensure infection prevention and control information is recorded within patients care plans to inform patient care (see page 9).</p> <p><i>This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.1 of Healthcare Improvement Scotland’s Infection Prevention and Control Standards (May 2022).</i></p>
2	<p>NHS Tayside must ensure that there are effective systems in place to ensure the care environment is maintained and is in a good state of repair to support effective cleaning (see page 10).</p> <p><i>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).</i></p>
3	<p>NHS Tayside must ensure extraction fans are clean (see page 10).</p> <p><i>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).</i></p>
4	<p>NHS Tayside must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift. General and clinical waste must be always segregated at the source (see page 10).</p> <p><i>This will support compliance with the National Infection Prevention and Control Manual (2022), Standard 6.1 of Healthcare Improvement Scotland’s Infection Prevention and Control Standards (May 2022) and Scottish Health Technical Note 3 NHSScotland waste management guidance Part D: Guidance and example text for waste procedures 5.86 (February 2015).</i></p>

Domain 5 – Planning for quality

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

- Quality indicator 5.4 – Audit, evaluations and research

NHS Tayside have a range of systems and processes in place to monitor infection prevention and control including ward-led audits and infection prevention and control led audits. However, we observed there was no structured way for patients and relatives to provide feedback on the environment.

NHS Tayside has a range of systems and processes in place to monitor infection prevention and control practices. This includes the NHS Tayside assurance and accountability framework. The framework clearly defined the roles and responsibilities and governance structures in place in relation to infection prevention and control. There are a variety of meetings which take place to discuss infection prevention and control data, audits and staff training. We observed minutes from infection prevention and control committees that provided further governance and oversight in this area. The infection prevention and control team have a daily huddle and a 'Friday grand round' meeting where any issues are discussed.

The wards inspected sit within the management structure of the Dundee Health and Social Care Partnership. We were provided with evidence of the health and social care partnership local infection prevention and control meetings. We were also provided with evidence that issues discussed at these local meetings relating to Kingsway Care Centre are reported within the NHS Tayside's board level infection prevention and control committee.

NHS Tayside have a range of audits in place to monitor infection prevention and control, including ward-led audits and infection prevention and control led audits. We observed the audit programme was completed in accordance with NHS Tayside's planned programme of audits.

We were told in one ward the audit process had highlighted poor staff compliance with the uniform policy requirement of bare below the elbows. As a result, the frequency of audits in this area were increased, resulting in improved staff compliance. We observed weekly mattress audits that were completed and up to date.

The cleanliness and condition of the environment is monitored through the completion of the NHS Tayside Tool for Environmental Auditing of the Clinical Area Audit. Results showed that compliance figures were consistent with inspection findings.

Infection prevention and control training is mandatory for all staff. Staff education is completed via online modules. We were told ward managers are responsible for monitoring staff compliance. Education compliance is also discussed at the governance meeting and the infection prevention and control committee, and any required actions are taken. We observed good compliance with mandatory training with completion rates of 80% and above.

Ward staff informed us that all relevant infection prevention and control policies are readily accessible and changes to the infection control guidance are communicated to all staff through email, at handover, staff meetings and via the safety brief. In one ward, we were told staff are asked to sign to say they have received and read any updated policies and procedures.

All staff we spoke with described a very positive relationship with the infection prevention and control team and they are easily contactable for advice and support. The infection prevention and control team provide face to face training on an ad hoc basis and through their annual education programme which showed a range of available dates for staff to attend across NHS Tayside.

The [infection prevention and control standards](#) highlight importance of gaining feedback from patients and visitors on the cleanliness of the environment. In one ward inspected, we observed a patient feedback board which highlighted the feedback and the wards response to this. Another ward has regular groups where patients have the opportunity to feedback. Patients we spoke with provided positive feedback regarding their environment and the care that they receive.

However, there is currently no formal way to engage with visitors, patients and their representatives to gather feedback on the cleanliness of the environment, which could be used to influence improvements in the 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, February 2024)
- [Scottish Health Technical Note 3 NHSScotland waste management guidance Part D: Guidance and example text for waste procedures 5.86](#) (National Services Scotland, February 2015)
- [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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his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org