

# Hygiene code inspection report: Stoke on Trent Primary Care Trust

Inspected: December 2008

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<b>Outcome of inspection for:</b>	Stoke on Trent Primary Care Trust
<b>Hospital(s) visited:</b>	Haywood Hospital and Longton Hospital
<b>Date of visit:</b>	10 & 11 December 2008

## Inspections on cleanliness and infection control – 2008/09

The Healthcare Commission is inspecting every acute trust this year to check that they are following guidance on how to protect patients from infections, such as meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*.

In addition, we are conducting inspections of 20 non-acute trusts (primary care trusts, mental health care trusts, and ambulance trusts).

Infections that develop while patients are receiving healthcare (known as healthcare-associated infections, or HCAs) are one of the greatest safety issues facing the health service. To help tackle these infections, the Department of Health published a guide called *The Code of Practice for the Prevention and Control of Healthcare Associated Infections* in 2006. This is often called the 'hygiene code'.

The hygiene code lists the actions that NHS trusts in England must take to ensure a clean environment for the care of patients, in which the risk of infection is kept as low as possible. These actions, contained in the 11 duties of the code, cover all aspects of infection control, not only cleanliness.

For this inspection programme, we have chosen to assess four duties of the hygiene code. Our assessors make unannounced visits, to ensure that they see the hospital as a patient or visitor would see it.

On 10 December 2008, our assessors visited Stoke on Trent Primary Care Trust to check it was following four duties from the hygiene code. This inspection focused on the arrangements that the trust has for directly provided services. The table below gives a summary of the Healthcare Commission's findings.

<b>Duty 2:</b> The trust must have in place appropriate management systems for infection prevention and control	<b>No breach of hygiene code identified</b> (the trust is meeting this duty)
<b>Duty 4:</b> The trust must provide and maintain a clean and appropriate environment for healthcare	<b>No breach of hygiene code identified</b> (the trust is meeting this duty)
<b>Duty 6:</b> The trust must provide information when a patient moves from the care of one healthcare body to another	<b>No breach of hygiene code identified</b> (the trust is meeting this duty)
<b>Sub-duty 10j:</b> The trust must have in place an appropriate policy in relation to antimicrobial prescribing	<b>No breach of hygiene code identified</b> (the trust is meeting this sub-duty)

## Background

Stoke on Trent Primary Care Trust was established in October 2006, following the merger of the North and South Stoke Primary Care Trusts. The trust serves a population of approximately 250,000 people registered with a GP.

This trust provides services to two community hospitals. There are two inpatient wards with 44 beds at Longton Hospital and four inpatient wards with 83 beds at Haywood Hospital. This inspection focused on the arrangements that the trust has in place for these directly provided services.

It also commissions services from one acute hospital, one mental health trust, 55 GP practices, 59 pharmacies, 26 dental practices and 27 opticians. It has arrangements to assure itself that the services it commissions are provided in accordance with the hygiene code. These arrangements have not been examined in detail, but were found to be present.

In the 2007/08, the Healthcare Commission rated the trust as 'fair' for both quality of services and use of resources. As part of this assessment, the trust declared itself to be compliant with three core standards related to infection control.

## Findings

### **Duty 2: Duty to have in place appropriate management systems for infection prevention and control**

An NHS body must ensure that it has in place appropriate arrangements for and in connection with allocating responsibility to staff, contractors and other persons concerned in the provision of healthcare in order to protect patients from the risks of acquiring HCAs.

**In particular, these arrangements must include:**

<b>2a. a board-level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.</b>
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The trust has a board-level agreement that confirms its collective responsibility for minimising the risks of infection. This collective responsibility is stated in a number of documents. Board-level objectives outline the general means by which the board works to prevent and control HCAs. These objectives are common to all board members, including non-executive directors. Appropriate accountability and responsibility is shared throughout the trust. This is evidence that the trust meets this sub-duty.
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<b>2b. the designation of an individual as director of infection prevention and control (DIPC) accountable directly to the chief executive and the board</b>
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The trust has designated an appropriate individual as the DIPC. The DIPC is directly accountable to the chief executive officer and the board. The DIPC produces an
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annual report that is made publicly available through the public session of the trust's board meeting. The DIPC has the necessary authority to achieve the objective of preventing and controlling HCAI. This is evidence that the trust meets this sub-duty.

**2c. the mechanisms by which the board intends to ensure that adequate resources are available to secure the effective prevention and control of HCAs. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure.**

The trust has management systems so that the board can ensure that adequate resources are available for the effective prevention and control of HCAs. These systems include an assurance framework that allows infection control issues and progress against HCAI action plans to be regularly communicated to the board. The trust undertakes regular audits to ensure the implementation of relevant policies. This means that there is good communication from clinical ward level up to the trust's board.

Following a recommendation by the DIPC and a review of the ability of the infection control team (ICT) to deliver its objectives, the board agreed to approve the appointment of two additional infection control nurse specialists.

The executives, non-executives and senior managers who we interviewed confirmed that they were satisfied that the trust's board has the right information for discussion at board level. This enables decisions to be made and promotes the deployment of appropriate resources. The infrastructure for infection control provides support for the trust, with the ICT having available additional resources to increase capacity. This is evidence that the trust meets this sub-duty.

**2d. ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection.**

The trust provides staff working within the two community hospitals with training programmes on infection prevention and control and provides supervision and information. Staff are clear about their roles and responsibilities in relation to infection prevention and control, as required by their job descriptions. Experienced staff from the ICT provide induction training and mandatory 'refresher' training to all staff every eighteen months. The effectiveness and suitability of the training is monitored individually through supervision to agreed competency levels. This is evidence that the trust meets this sub-duty.

**2e. a programme of audit to ensure that key policies and practices are being implemented appropriately.**

The trust has a programme of audit for all areas of the organisation to ensure policy and practice is being implemented appropriately. Audits are monitored through the governance structures and appropriate actions are taken when required. A range of staff are involved in undertaking these audits – nursing staff, service staff and external auditors. The results of these audits are displayed within the wards. Audits are undertaken on hand hygiene, the environment, equipment used by patients, the

handling and disposal of linen, personal protective equipment (such as gloves and aprons), handling and disposal of sharps, and isolation. The trust undertakes quarterly audits of environmental hand hygiene and observational audits of hand hygiene. It scored 94.8% compliance with hand hygiene policies in September 2008. There is a monthly audit programme for mattresses. The trust uses the results of audits to improve clinical practice and training in relation to infection prevention and control. It develops action plans in response to audits. As a result of audit observations of patients' mealtimes, patients were provided with hand wipes so that they can wipe their hands before meal times. This is evidence that the trust meets this sub-duty.

**2f. a policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between healthcare facilities.**

The trust has included the arrangements for the admission, movement, transfer and discharge of patients within infection control policies and other policies. At the time of the inspection, the trust was implementing a new discharge policy which covers the whole health economy. Each ward has discharge champion. There is cooperative working between clinical managers, ward staff and the ICT to ensure that information gathered from bed management and discharge liaison meetings is used to best manage the flow of patients. Local decisions are made by staff about when to and when not to transfer a patient if there is an outbreak of an infection on a ward. Staff are supported by the ICT, the matrons and the link nurses. The ICT talks daily with infection control partners across the health economy. This is evidence that the trust meets this sub-duty.

## **Duty 4: Duty to provide and maintain a clean and appropriate environment for healthcare**

**An NHS body must, with a view to minimising the risk of HCAs, ensure that:**

**4a. there are policies for the environment that make provision for liaison between the members of any infection control team (the ICT) and the persons with overall responsibility for facilities management.**

There is active liaison between the ICT and facilities and estates staff. Environmental policies make reference to liaison with the ICT. The lead for facilities and the DIPC communicate to ensure that infection prevention and control is part of day-to-day activity. This is embedded through the structure of governance and committee meetings attended by infection control and facilities staff at the trust. This is evidence that the trust meets this sub-duty.

**4b. it designates lead managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas).**

The trust has designated an executive director to have overall accountability for

cleaning and decontamination of equipment. This person is the DIPC. The trust has appointed a senior manager who is responsible for cleaning and another senior manager who is responsible for the decontamination of equipment. Roles and responsibilities for these specific areas are appropriately given to named operational managers, with effective governance structures. This is evidence that the trust meets this sub-duty.

**4c. all parts of the premises in which it provides healthcare are suitable for the purpose, kept clean and maintained in good physical repair and condition.**

The trust's approach to environmental cleanliness and associated risk assessment involves multiple departments working together to ensure required standards are adhered to, maintained and improved as necessary. Nursing staff and service staff regularly monitor cleaning and maintenance arrangements throughout the two hospitals. The trust has systems to support the delivery of remedial action if needed.

We visited five wards; the standards of cleaning and the general environment of the wards was satisfactory. The majority of ward areas were visibly clean, free from dust and clutter, and in a good state of repair. A number of patients we spoke to confirmed that the wards were very comfortable and clean at all times. Ward staff were clear about their roles and responsibilities for maintaining a good environment. This is evidence that the trust meets this sub-duty.

**4d. the cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available.**

The trust has a cleaning strategy that aims to ensure full compliance with the *National Specifications for Cleanliness*. The cleaning arrangements detail the standards of cleanliness required in each part of the premises and include a schedule of frequencies for cleaning. Roles and responsibilities relating to duties are clearly specified. Cleaning schedules were publicly available on infection control notice boards. This is evidence that the trust meets this sub-duty.

**4e. there is adequate provision of suitable hand washing facilities and antibacterial hand rubs.**

Antibacterial hand rub was readily available and accessible at all points of patients' care. The trust has audited its hand-washing facilities and found 65% of them to be inadequate. It confirmed that hand-hygiene facilities for clinical staff are a priority and has plans to replace all inappropriate sinks by the end of the financial year. The board has identified resources with an action plan for a sink replacement programme. This is evidence that the trust meets this sub-duty.

**4f. there are effective arrangements for the appropriate decontamination of instruments and other equipment.**

The trust has suitable and appropriate policies for the decontamination of instruments and other equipment. Equipment that was used by patients on the wards we inspected, such as commodes and drip stands, was clean and in good order. The standard of cleaning of medical devices was acceptable. However, on one ward we observed sterilised items that were exposed and dusty in the drawer of the crash trolley and two airways in packets that had expired in 2004. On another ward, we observed some out-of-date equipment (suctions and urinary catheters) in the clinic room – the trust took action immediately, checking all equipment and disposing of any that was out of date. The trust has a programme of audit to ensure compliance with policies. Audit results have indicated that the decontamination of podiatry equipment is not compliant with the Health Act 2006, but the trust has a risk management strategy to minimise any risks to patients and has developed a business case to achieve compliance by the end of the financial year. This is evidence that the trust meets this sub-duty.

**4g. the supply and provision of linen and laundry supplies reflect Health Service Guidance HSG (95)18, *Hospital Laundry Arrangements for Used and Infected Linen*, as revised from time to time.**

The trust's policy and service level agreement for the supply of linen and laundry is based on HSG (95)18 guidance. The policy for used and infected linen is reviewed by the ICT. We observed that practices operating at the ward level reflected the requirements of HSG (95)18 guidance. This is evidence that the trust meets this sub-duty.

**4h. uniform and workwear policy ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose.**

The trust has a uniform policy. Clothing worn by staff when carrying out their duties was observed to be clean and fit for purpose; disposable protective aprons and gloves were easy accessible and being used throughout the ward areas visited. This is evidence that the trust meets this sub-duty.

## **Duty 6: Duty to provide information when a patient moves from the care of one health care body to another**

**An NHS body must ensure that it provides suitable and sufficient information on a patient's infection status whenever it arranges for that patient to be moved from the care of one organisation to another, so that any risks to the patient and others from infection may be minimised.**

The trust ensures that it provides suitable and sufficient information on a patient's infection status and has policies in place to support this. The ICTs at this trust, the acute trust and the discharge liaison officers plan together regarding patient transfers. The trust is part of a joint health economy HCAI review group, which undertakes investigations into the causes of infections or issues (root cause analyses) and provides information to the trust on infection risks and how to minimise them. It shares appropriate information with the other NHS trusts, including joint planning on the movement of patients across healthcare facilities. This is evidence that the trust meets this duty.

## **Duty 10: Duty to adhere to policies and protocols applicable to infection prevention and control**

**An NHS body must, in relation to preventing and controlling the risks of HCAI, have in place the appropriate core policies for**

### **10j. antimicrobial prescribing.**

The trust has recently developed guidelines for antimicrobial prescribing that are due for review in March 2008. The guidelines were widely disseminated and were launched at four large local events for trust staff. The trust has effective governance structures for medicines management. It has undertaken a review on antimicrobial prescribing within the community hospitals, in line with the new guidelines. The trust has processes for ensuring that policies are reviewed in line with national guidance and that practice is regularly audited to ensure compliance. The board is informed of the results of audits through the DIPC's reports to the board. This is evidence that the trust meets this sub-duty.