



Inspection report

Cleanliness and infection control Lincolnshire Teaching Primary Care Trust

Region:
East Midlands

Provider's code:
5N9

Type of organisation:
Primary Care Trust

Sites we visited:
John Coupland Hospital
Johnson Community Hospital

Date of inspection:
4 August 2010

Date of publication:
25 August 2010

Introduction to our inspections

NHS organisations that provide regulated activities must be registered with the Care Quality Commission by law. To be registered they must meet new registration requirements – essential standards of quality and safety. Once registered, we continually monitor their compliance. In addition, from April to September 2010 we are running a dedicated inspection programme to assess NHS compliance with regulation 12, regarding cleanliness and infection control. We will focus on community hospitals provided by primary care trusts, but may visit other NHS trusts.

Our assessors make unannounced visits, to ensure that they see the hospital as a patient or visitor would see it. We focus on certain areas of practice to form a 'snap shot' of the trust's activities related to infection prevention and control. This allows us to identify issues that are a potential risk to patients' safety or that could affect their experience of care. The findings and judgements we report are based on the evidence we collect in specified areas of a trust on the days of inspection only.

We analyse data to plan the scope of our inspections before each visit. We will usually spend at least one day inspecting the trust and will also interview key members of staff. The measures that we assess each trust against are based on parts of the Department of Health's Code of Practice on infection prevention and control and related guidance (*The Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance, Department of Health, December 2009*). We use this information, alongside our guidance on compliance, to assess the trust's compliance with the regulation on cleanliness and infection control.

Background on the trust

The Lincolnshire Teaching Primary Care Trust has four community hospital sites with a total of 151 inpatient beds. The trust headquarters are in Lincoln. The services provided by the community hospitals include palliative care, rehabilitation, minor injuries units and outpatient departments.

For the purpose of this inspection only the inpatient services at two community hospitals were considered.

The trust had not been inspected previously against the Code of Practice on infection prevention and control.

Our overall judgement

On inspection, we found no cause for concern regarding the provider's compliance with the regulation on cleanliness and infection control.

How we made our judgement

We had no concerns about the 14 measures we inspected. The following table provides further information.

For this inspection, we:

- Analysed information on how the trust manages infection prevention and control, such as its risk registers, the frameworks used to assure the board that plans are happening in practice, and the results of audits.
- Examined policies and procedures.
- Visited:
 - Welland Ward, a rehabilitation ward at Johnson Community Hospital
 - Scotter Ward, an intermediate care ward at John Coupland Hospital.
- Had discussions with staff including matrons, a ward manager, a staff nurse, health care assistants, domestic staff, a nurse prescriber, the Infection Control Lead Nurse (who was also the trust's lead on decontamination), an infection control nurse, the Chief Operating Officer, the Facilities Manager, the Deputy Director of Risk and Governance, the Primary Care Trust's Care Quality Commission Lead, the Nurse Consultant for Public Protection (who was also the Director of Infection Prevention and Control for NHS Lincoln), the Deputy Director of Estates and Facilities, the Managing Director and the Clinical Director (who was also the Director of Infection Prevention and Control for Lincolnshire Community Health).

Measures where we had no cause for concern on inspection

Using appropriate systems to manage and monitor the prevention and control of infection. This includes: collective agreement on risk minimisation; designation of lead staff; ensuring sufficient resources; information, training and supervision of workers; auditing; and information sharing.

(For full wording see Code of Practice criterion 1 and guidance 1.1).

Using appropriate systems to assess, reduce and control risks of infection for people receiving care.

(For full wording see Code of Practice criterion 1 and guidance 1.2).

Having a lead for infection prevention and control, who fulfils the role specified in the Code of Practice.

(For full wording see Code of Practice criterion 1 and guidance 1.3).

Using a system for quality assurance to check that the trust's aims for infection prevention and control are being met, including regular reporting to the NHS board or registered provider.

(For full wording see Code of Practice criterion 1 and guidance 1.5).

Running a programme for infection prevention and control with set objectives, priorities for action, evidence of policy implementation and, if appropriate, reporting on progress.

(For full wording see Code of Practice criterion 1 and guidance 1.7).

Having an infrastructure (network of staff) for infection prevention and control with an appropriate mix of expertise and 24-hour access to specific infection control advice.

(For full wording see Code of Practice criterion 1 and guidance 1.8).

Providing and maintaining a clean and appropriate environment that facilitates the prevention and control of infections. This includes: designating lead staff; involvement and responsibility of key staff; cleaning and maintenance of the care environment; cleaning arrangements for premises; adequate hand-cleaning facilities; cleaning of equipment used for care; and supply of linen and laundry.

(For full wording see Code of Practice criterion 2 and guidance 2.1).

Having appropriate arrangements for cleaning services. This includes: clearly defined roles, responsibilities and routines; sufficient resources; expert input for contract preparation; and a process for additional cleaning.

(For full wording see Code of Practice criterion 2 and guidance 2.4).

Providing suitable accurate information on infections to service users and their visitors.

This includes relevant information on: general principles of infection prevention and control; the roles of carers, relatives and advocates; awareness and empowerment; visitors' hand hygiene; policies on visiting; reporting failures; and explaining incidents or outbreak management.

(For full wording see Code of Practice criterion 3 and guidance 3.1).

Providers of inpatient care providing, or securing the provision of, adequate isolation precautions and facilities sufficient to minimise the spread of infections.

(For full wording see Code of Practice criterion 7 and guidance 7.1).

Following appropriate policies that are designed for the individual's care and provider organisations, prevent and control infections, and fulfil the requirements set out in the Code of Practice regarding policy format, monitoring, and review.

(For full wording see Code of Practice criterion 9 and guidance 9.3).

Following appropriate policies, as outlined in the Code of Practice, on the safe handling and disposal of sharps.

(For full wording see Code of Practice criterion 9 and guidance 9.3e).

Following appropriate policies, as outlined in the Code of Practice, on the handling of devices designed for single use only, using these devices only once, and disposing of them safely.

(For full wording see Code of Practice criterion 9 and guidance 9.3k).

Following appropriate policies, as outlined in the Code of Practice, on the prescription of antimicrobial drugs that ensure prudent prescribing and stewardship, including appropriate audit and review.

(For full wording see Code of Practice criterion 9 and guidance 9.3L).

Following appropriate policies, as outlined in the Code of Practice, for uniforms and work wear to ensure that clothing worn by staff is clean and fit for purpose, with consideration given for contact of clothing with the person being cared for and the support of good hand hygiene.

(For full wording see Code of Practice criterion 9 and guidance 9.3x).
