Care Quality Commission

Inspection report

Cleanliness and infection control

Somerset Primary Care Trust

Region:
South West

Provider's code:
5QL

Type of organisation:
Primary Care Trust

Sites we visited:
Dene Barton Community Hospital
Chard Community Hospital
Shepton Mallet Community Hospital
Burnham-on-Sea Memorial Hospital
Wellington & District Cottage Hospital
Crewkerne Community Hospital

Date of inspection:
20 July 2010

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18 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 200*9). 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 Somerset Primary Care Trust has 12 sites with a total of 241 beds. The services it provides include a range of community and inpatient services including elderly care, rehabilitation, dentistry, therapies and children's services.

For the purpose of this inspection only the inpatient services at six of the 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 evidence giving us moderate concern about the provider's compliance with the regulation on cleanliness and infection control.

How we made our judgement

Of the 14 measures we inspected, we had no areas for concern about 13 and found areas for improvement in the remaining one. The following tables provide 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 Dene Barton Community Hospital, Chard Community Hospital, Shepton Mallet Community Hospital, Burnham-on-Sea Memorial Hospital, Wellington & District Cottage Hospital and Crewkerne Community Hospital .
- Had discussions with the director of infection prevention and control (also deputy chief operating officer and chief nurse), deputy infection control lead, five matrons, a hotel services lead, two hotel services assistants, two healthcare assistants, three housekeepers, two link practitioners, two rehabilitation therapists, an associate specialist doctor, domestic staff, six staff nurses, a ward sister, and a deputy night matron.

Measures where we had cause for concern on inspection

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).

What we found on the inspection

There was no guidance on antimicrobial prescribing available on any of the six sites visited. We spoke to one doctor who was not aware of trust protocols on prescribing antimicrobial drugs, and the trust confirmed no specific information on antimicrobial prescribing is provided for doctors. The trust has not undertaken any antimicrobial prescribing audits, and the role of nurses in monitoring the prescribing of antimicrobials was not covered in any training. The nurses generally felt they did not have a role in monitoring antimicrobials. Pharmacist support is provided from three local acute trusts, which includes prescription chart checks on ward rounds. Recently, Bridgwater Community Hospital had produced a series of recommendations to increase awareness of the processes for antimicrobial prescribing, but to date there was no

evidence that these had been actioned or implementation checked.

Our response

We have set a compliance action and requested that the trust send us a report showing how they are achieving compliance and any action needed to do so.

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, 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, 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).