



Inspection report

The prevention and control of infections Nottingham University Hospitals NHS Trust

Region:
Central

Provider's code:
RX1

Type of organisation:
Acute trust

Type of inspection:
Standard

Sites we visited:
Queens Medical Centre.
Nottingham City Hospital.

Date of inspection:
11 May 2009

Date of publication:
17 June 2009

Introduction to our inspections

NHS organisations that provide healthcare directly to patients must be registered with the Care Quality Commission. To be registered, they must meet the Government's new regulations to protect patients, workers and others from the identifiable risks of acquiring a healthcare-associated infection (HCAI). Examples of HCAs are *Clostridium difficile* and meticillin-resistant *Staphylococcus aureus* (MRSA).

In the financial year 2009/10, the Care Quality Commission is inspecting up to half of all trusts that provide healthcare, to assess whether they are meeting these new regulations on HCAs and following the supporting Code of Practice and related guidance.

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 plan the scope of our inspections before our visit using the analysis of data. Our standard inspections are approximately four hours long and we use at least nine measures. When we have not assessed a trust previously or we estimate that it is medium or high risk, we perform an enhanced inspection over a full day, using at least 15 measures. We may look at additional measures if we identify another part of a trust's systems for infection prevention and control during our pre-inspection planning or the inspection itself that we wish to assess in more detail.

The measures that we assess each trust against are based on the Code of Practice on HCAs and related guidance. We use this information to judge whether the trust is compliant with the government regulations on HCAs.

We may find some areas for improvement on the inspection, yet judge a trust to be compliant with the regulations overall, as it is protecting patients, workers and others from the identifiable risks of HCAI, so far as is reasonably practicable. In these cases, we make recommendations to the trust about how it can strengthen its approach and expect the trust to act upon these quickly.

Background on the trust

The Nottingham University Hospital NHS Trust is an acute trust in Nottinghamshire. The trust has two sites, Nottingham City Hospital and Queens Medical Centre, with 1798 acute beds. The services it provides include emergency and elective surgery, cancer services, cardiology, maternity, plastic surgery, renal, medicine, orthopaedics and ophthalmology.

The Healthcare Commission rated the trust as fair for quality of services and fair for use of resources in the annual health check for 2007/08. As part of this assessment, the trust met two out of three of the core standards related to infection control, decontamination, and a clean, well-designed environment. It did not meet its target to reduce MRSA.

The Healthcare Commission inspected the trust against the previous Code of Practice on HCAs on the 7 and 8 July 2008. At the time of the current inspection, the trust was registered with the Care Quality Commission without conditions, based on an assessment of its compliance with the regulations on HCAs.

The rates of MRSA bloodstream infection at the trust are below the average for a trust of its type measured over four quarters from January 2008 to December 2008. Since June 2007, the rates of *Clostridium difficile* have been below the average for a trust of its type.

The above descriptions are based on the latest verified data from the Health Protection Agency (HPA) and up-to-date figures are available from the trust's own website or the HPA's site (www.hpa.org.uk).

Hospitals test samples for other healthcare facilities in the area, as well as for their own trust's patients. Therefore, some reported cases of infection may not have been acquired by patients staying within the acute trust.

Our overall judgement

On inspection, we found no evidence that the trust has breached the regulations to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

How we made our judgement

Of the nine measures we inspected, we had no areas for concern about seven and found areas for improvement in the remaining two. The following tables provide further information.

For this inspection, we:

- Examined publicly available policies prior to the inspection.
- Visited three wards at the Queens Medical Centre; B3, the medical assessment unit, B47-elderly care and C4, female orthopaedics and two wards at the Nottingham City Hospital, Bramley and Beeston.
- Had discussions with a number of staff, including the deputy director of infection prevention and control (DIPC), matrons, ward managers, staff nurses, doctors, domestics, student nurses, healthcare assistants, contractors and hotel services.

Two measures where improvement was needed

Ensuring that workers involved in patients' care receive appropriate information, training and supervision on how to prevent and control infections

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

What we found on the inspection

On Bramley ward we observed a temporary agency nurse cleaning a commode, but not following the correct procedure. On completion of the task we checked the commode and found it to be contaminated on the underside and frame. Two further commodes out of a total of five were subsequently checked and also found to be contaminated although labelled as clean and ready for use. The trust could not provide assurance that temporary agency nursing staff are routinely instructed as to the commode cleaning process and the required standards.

Our recommendation

We asked the trust to ensure that all staff including temporary contractor staff are provided with sufficient information and instruction on the required methods and processes for commode cleaning, and that supervision of staff is sufficient to enable assessment of their practice.

Ensuring that the environment for providing healthcare is suitable, clean and well maintained

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

What we found on the inspection

We found that a number of ventilation grilles were significantly dusty on both the medical assessment unit and Beeston ward, despite there being a programme for the cleaning of these.

Our recommendation

We asked the trust to ensure that the all ventilation grilles are cleaned and maintained.

Measures where we had no concerns on inspection

Performing a programme of audit to ensure that policies and practices are being followed

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

Having cleaning arrangements that detail the standards of cleanliness required and making cleaning schedules available to the public

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

Providing suitable hand-washing facilities and antibacterial hand rub

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

Having a policy for uniforms and work wear to ensure that staff wear clothing that is clean and fit for purpose

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

Providing patients and the public with general information on how the trust is preventing and controlling infections, and providing other service providers involved in the transfer of patients with key policy information

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

Providing or securing adequate isolation facilities

(For full wording see Code of Practice criterion 6 and guidance 6).

Having appropriate policies and protocols to ensure that the use of drugs to prevent or control infections is prudent (because some antimicrobial drugs can increase the risk of other infections such as *Clostridium difficile*, developing)

(For full wording see Code of Practice criterion 8 and guidance 8k).

Bibliography

The new Code of Practice on HCAs, which came into force on 1 April 2009

The Health and Social Care Act 2008. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance. Department of Health, January 2009. Available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093762

The Government's new regulations on HCAs, which came into force on 1 April 2009

The Health and Social Care Act 2008 (Registration of regulated activities) Regulations 2009. Department of Health, March 2009. Available at:

www.opsi.gov.uk/si/si2009/uksi_20090660_en_1

The previous Code of Practice on HCAs (used by the Healthcare Commission for inspections up to 31 March 2009)

The Health Act 2006: Code of practice for the prevention and control of healthcare associated infections. Department of Health, January 2008. Available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081927