



Inspection report

The prevention and control of infections The Whittington Hospital NHS Trust

Region:

London

Provider's code:

RKE

Type of organisation:

Acute trust

Type of inspection:

Enhanced

Sites we visited:

The Whittington Hospital

Date of inspection:

25 November 2009

Date of publication

23 December 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 regulation to protect patients, workers and others from the identifiable risks of acquiring a healthcare-associated infection (HCAI). Examples of HCAIs 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 the new regulation on HCAIs 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. In some cases inspections may take more than one day.

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

Where we identify a breach of the regulation we make requirements. The trust must act on these within the specified timeframe. For further information please refer to the enforcement policy on our website at www.cqc.org.uk.

We may find some areas for improvement on the inspection, yet judge a trust to be compliant with the regulation 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.

We will typically make an unannounced follow up visit to the trust within one month, for every trust with recommendations and requirements, to gain assurance that it has acted on them.

Background on the trust

The Whittington Hospital NHS Trust is an acute trust in London. It has one site with 412 beds.

The Whittington Hospital has 22 wards providing a range of acute services. It also has a designated unit for breast, lung and colorectal cancer treatment and houses the North London Obesity Surgery Service, providing bariatric surgery. As one of the teaching hospitals of the University of London, it provides clinical placements for undergraduates and training for a wide range of other health professionals including nurses, midwives, radiographers and dieticians.

The Care Quality Commission rated the trust as 'good' for quality of services and 'excellent' for quality of financial management in the NHS performance ratings for 2008/09.

The trust was inspected previously against the Code of Practice on HCAs on the 14 and 15 January 2009.

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 regulation on HCAs.

Between July 2008 and June 2009 the trust's rates of MRSA bacteraemia were generally higher than the rates of the majority of similar trusts.

Between July 2008 and March 2009 the trust's rates of *Clostridium difficile* fluctuated between being above and below the rates of the majority of similar trusts, but by the April to June 2009 quarter its rates were within the average range.

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 MRSA samples for other healthcare facilities in the area, as well as for their own trust's patients. Therefore, some reported cases of MRSA 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 regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

How we made our judgement

Of the 16 measures we inspected, we had no areas for concern about 15 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.
- Examined policies and procedures (bed decontamination and contract information).
- Visited the Mary Seacole Ward (medical assessment), Cavell Ward (care of the older person) and Reckitt ward (acute medicine).
- Had discussions with three ward managers, two matrons, a staff nurse, a healthcare assistant, two doctors, a ward pharmacist, three cleaners, a practice development nurse, the director of facilities, the director of infection prevention and control, the head of nursing for operations, the assistant deputy director of nursing, the director of operations, the director of nursing, the medical director, and the chief executive.

Measure where improvement was needed

Using effective arrangements for the appropriate decontamination of instruments and other equipment, which are detailed in appropriate policies

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

What we found on the inspection

When we visited Mary Seacole Ward, Cavell Ward and Reckitt Ward, we found that some items of patient equipment (commodes) identified as ready for use had not been cleaned to a satisfactory standard. Some of the commodes had small areas of staining on the lower frames.

Staff on the wards are provided with guidance on how to clean commodes. However, the trust acknowledged that this needs to be reinforced to ensure it is followed.

The trust is in the process of implementing a system to indicate that a commode has been cleaned and is ready for use. At the time of the inspection this was in place on one of the wards we visited (Mary Seacole Ward).

On Mary Seacole Ward we found that the trust's policy was not being followed in relation to using the correct solution to clean mattresses between each patient's use. The staff on the ward were not aware they were using the incorrect solution.

Our recommendation

The trust should ensure it uses effective arrangements for the decontamination of patient equipment and these should be detailed in appropriate policies.

Measures where we had no concerns on inspection

Having appropriate mechanisms for the trust's board to ensure that sufficient resources are available to effectively prevent and control HCAs

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

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).

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 policies for the environment that make provision for liaison between the members of the infection control team and the persons with overall responsibility for facilities management

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

Having managers (or a single manager) who lead the trust's cleaning and decontamination of equipment used in treatment

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

Matrons having personal responsibility for, and can be held to account for, providing a safe and clean care environment, and the nurse in charge of a patient area having direct responsibility for ensuring that cleanliness standards are maintained on their shift

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

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).

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).

Having an adequate provision of 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).

Explaining to visitors of patients their roles and responsibilities in the prevention and control of HCAs

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

Helping patients to be aware of how to reduce risks of HCAs so that they can be vigilant (for example, by telling staff when they think there could be an issue)

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

Providing or securing adequate isolation facilities

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

Following appropriate policies and protocols on the prescription of antimicrobial drugs

(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 regulation 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