

Infection Prevention & Control in Primary Care

Outcome 8 (the prevention and control of infection)

Themes from the CQC visits to Primary Care; March – April 2014

The following is a summary of some of the acceptable things the CQC have found during Primary Care inspections with details of some aspects of practice that generated action or enforcement notices. For ease, these have been grouped together into topics and the most prevalent themes have been highlighted. This document is not exhaustive and practices need to ensure that they comply with all of the Code of Practice on the prevention and control of infections but this summary will hopefully help practices to understand what the CQC have been looking at.

Acceptable Findings	Findings which triggered additional or enforcement actions	Notes
Clinical Waste		
<p>“We saw that clinical waste was segregated from domestic waste. We noted that waste bins were closed and foot operated.”</p> <p>“Clinical waste was stored in a secure lockable storage unit, for collection on a weekly basis.”</p> <p>“The provider had arrangements with a licensed contractor for the removal of hazardous waste and we were shown collection receipts issued by the contractor. We observed that hazardous waste was securely stored when awaiting collection.”</p> <p>“Clinical waste was disposed of appropriately. We saw a contract for the removal of clinical waste and records relating to the removal of such waste. There were contracts in place for the removal of clinical and domestic waste.”</p>	<p>“We saw some of the pedals were not working, this meant staff had to manually open the lid to dispose of clinical waste. This increased the risk of the spread of infections.”</p> <p>“Treatment rooms had pedal operated waste bins which were used to dispose of clinical waste. We found the bins were not labelled as such and did not have the clinical waste liners in place. We asked one of the doctors about this and they told us the domestic staff put the individual bin bags into clinical waste bags.”</p> <p>“We were told that bags of clinical waste and sharps boxes awaiting collection were kept in surgeries in-between the weekly collections as there was no other suitable area. This presented a risk of access to such items by unauthorised persons and an infection and/or sharps injury risk.”</p> <p>“We looked at the exterior clinical waste bin. We saw this was at the back of the building in an area accessible to anyone. We asked the practice manager about this and she told us the bin itself was locked. We examined the bin further and found it was unlocked. This meant there was a risk that the general public could access clinical waste and potentially hazardous or infected material.”</p>	<p><i>Waste bins should be hands free & fully enclosed (minimum). Open bins or sack bins are not suitable for clinical areas. Bins should be fire-proof and healthcare designed (preferable). Waste must be segregated;</i></p> <p><i>Domestic (black)</i></p> <p><i>Offensive (tiger stripe)</i></p> <p><i>Infectious (orange).</i></p> <p><i>Waste must be stored securely inaccessible to the public and animals.</i></p> 
Sharps Safety		
<p>“We saw that there were appropriate receptacles for the disposal of sharps (which includes items such as used needles and blades) and cytotoxic waste (such as drugs that are highly toxic). Sharps bins assembly details were recorded.”</p> <p>“Bins used for discarding sharp instruments, such as needles, were safely positioned in consultation and treatment rooms. We saw</p>	<p>“We found the boxes in the doctors' consultation rooms had not been signed and dated to say who had constructed them and that they were safe to use. This meant there was no audit trail to show proper processes to reduce the risk of injury and infection, had been followed.”</p> <p>“The practice had a system in place for handling and the management</p>	<p><i>Appropriate coloured and labelled sharps bins should be available at the point of care and positioned in a safe place. Posters should be available for</i></p>

<p>that these had not been over-filled.”</p> <p>“Clinical staff knew what to do should there be a needle-stick injury.”</p>	<p>of clinical waste and sharps bins. However, we found in two clinical rooms sharp bins that had not been signed or dated at the time of their assembly.”</p> 	<p>sharps injuries. Practices should also have completed a risk assessment against the European Sharps Directive (2013).</p>
<p>Hand Hygiene and Hand Wash Sinks</p>		
<p>“We saw that there were adequate hand-washing facilities throughout the surgeries and that hand sanitizer was available. Instructions on appropriate hand-washing technique were displayed adjacent to hand-washing sink.”</p> <p>“Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels. This meant staff were informed about and able to practice good hand hygiene.”</p> <p>“We saw posters reminding people including staff about hand washing and hand gel was available near all sinks. Taps within surgery rooms were elbow controlled.”</p>	<p>“No hand washing procedures were available in treatment rooms we looked in and no assessment of staff hand washing was undertaken.”</p>	<p>Dedicated hand wash sinks (used for nothing else) should be available. These should have elbow or hands free taps, no plugs and no overflow. Hand hygiene posters should be displayed.</p>
<p>The Environment</p>		
<p>“We observed the surgery appeared clean and well maintained with an environment that allowed care to be delivered in a safe and hygienic way.”</p> <p>“The waiting area was clean and clutter free.”</p> <p>“We noted that the treatment rooms had sealed floors and work-surfaces”.</p>	<p>“We found the curtains in the consultation and treatment rooms were not disposable. We asked what arrangements were in place for cleaning the curtains. The practice manager told us the domestic staff arranged this but they did not maintain records to show when cleaning had occurred or was next due.”</p> <p>“We looked at four consulting rooms and saw that the floor covering was carpet with a small square of linoleum (lino) around sinks. The carpeting looked old and was stained and dirty in places. The</p>	

<p>“The room used for minor surgical procedures had appropriate flooring which could be easily cleaned. This helped reduce the risk of infection.”</p> <p>“Hard flooring with sealed or coved edges, to prevent a build-up of dirt at the edges, capable of effective cleaning should be provided in such areas (treatment rooms).”</p> <p>“We saw that clinical areas were equipped with furniture that could be easily wiped down whereas the consultation room had fabric chairs for peoples comfort. This meant that the risk of infection was minimised.”</p> <p>“In the reception areas we saw that there was literature available for people on how to avoid infections. There was also literature available and posters displayed about immunisation, for example influenza and herpes vaccination.”</p>	<p>condition and age of the carpets hampered the ability to clean them effectively and there was no record as to how/when they had been cleaned or shampooed.”</p> <p>“Some of the chairs in the waiting area were torn and therefore could not be cleaned properly. We saw the carpets in some of the consultation rooms were stained, which indicated they had not been recently cleaned. This all meant that appropriate standards of cleanliness and hygiene were not maintained.”</p> <p>In the ‘sluice area’ items were stored on the floor which would inhibit through cleaning.”</p>	
<p>Domestic Cleaning</p>		
<p>“The service had in place a cleaning schedule which included a team of cleaners in the morning and again in the evening. Staff explained that deep cleaning was carried out every six months on carpets and every four months on hard flooring.”</p> <p>“We saw that there were cleaning schedules that set out which areas needed to be cleaned, and at what frequency. The cleaners indicated on the schedules when the various tasks were completed, and we noted these were consistently filled in. In addition there was a 'deep-clean' every six months and we saw records indicating these were performed.”</p>	<p>“We saw a document described as a cleaning schedule but found this to be advisory guidance as to what should be covered in such a schedule. It was not specific to the needs of the practice and there were no cleaning policies in place for communal areas, children's toys in the waiting area, or fixtures and fittings.”</p> <p>“We saw the domestics had a cleaning schedule which documented the frequency and type of cleaning required for each area. This was not completed by the domestic staff when tasks were complete. We asked the practice manager how she ensured the tasks were carried out and she told us she relied on the domestic staff.”</p> <p>“The cleaning schedule did not make note of the frequency with which the practice was to be 'deep cleaned'. We could not establish when the last 'deep clean' took place. There was no schedule outlining</p>	<p><i>Suggest practices use the NPSA cleaning schedules and conduct documented audit of their domestic cleaning.</i></p> <p><i>All cleaning materials should be colour-coded.</i></p> <p><i>Mop buckets should be stored dry. Mop heads should be disposed of daily or sent to</i></p>

<p>“We saw communication books where staff noted any concerns about cleaning standards, or additional tasks that needed completion. The cleaners noted when they had done these. This showed that there were arrangements for ensuring that the practice remained clean and hygienic.”</p> <p>“We spoke with the practice manager about the cleaning process. They told us the cleaner used different coloured mop and buckets for different areas of the surgery. The practice manager explained they monitored the cleaning practices and actions they had taken to resolve any issues.”</p> <p>“There were different coloured mops and buckets so different mops were used for specific areas.”</p>	<p>what the cleaner was required to clean on a daily basis.”</p> <p>“When we looked in treatment and consultation rooms we found dust on low and high level surfaces such as cupboard tops and examination bench frames.”</p> <p>“We asked the manager if cleaning checks were undertaken. They said there were checks but they were not recorded.”</p> <p>“The deputy practice manager told us that the contractor's supervisor carried out quality control audits but there were no records of these kept.”</p> <p>“The provider did not know if designated mops were used for different areas of the practice, such as toilets and treatment rooms. Although the provider was aware of the concern before the inspection, they took no action to ensure appropriate steps to minimise the risk of cross-infection from mops was in place.”</p> <p>“We saw that there was one single mop and bucket for the cleaning of all areas in the building. This mop was very dirty and smelled.”</p> <p>“There was one mop and one bucket used to clean the clinical and non-clinical areas of the practice. The mop was wet and in the bucket that contained used, dirty water.”</p> <p>“There was no record of the correct and safe way to use and store cleaning products and we saw such products being stored adjacent to clinical items in the store room.”</p> <p>“We found cleaning equipment was not colour coded or for use in a specified designated area. This increased the risk of cross-infection.”</p>	<p><i>laundry after each day.</i></p> <p></p> <p>NRLS-1181-National_cleani~dental-2010.0</p>
<p>Minor Surgery, Instruments and Asepsis</p>		

<p>“A nurse told us they kept a log of when clinical instruments were cleaned. We saw this log was completed regularly and was up to date.”</p> <p>“We asked whether the practice used single-use or reusable equipment. She told us they used single-use instruments which were then disposed of.”</p> <p>“Prior to any surgical procedures, the nurse checked the dates on the 'minor operation packs' which contained the sterile equipment. We looked at a sample of disposable equipment in the minor surgery treatment room. We saw all items were appropriately packaged, stored and in date.”</p> <p>“We observed that surgical instruments used in minor surgical procedures and examinations were single use. We saw these were stored appropriately and that there were systems for ensuring that adequate stocks were maintained.”</p> <p>“All medical devices and instruments used in the practice were single-use and were not reused. The nurse told us the tips of ear syringes were thrown away after a single use and the chambers of the syringe were cleaned with chloride tablets. This helped protect people from the risk of infection.”</p>	<p>“We asked to see a cleaning schedule and found that it did not contain information on how areas for minor surgical procedures were to be cleaned more thoroughly.”</p> <p>“There were no systems for competency assessing clinical staff's aseptic technique. This meant that the practice did not have an effective training or assessment programme in relation to infection prevention and control, although there were informal training opportunities.”</p> <p>“We found no audit information in relation to minor surgical procedures. This meant that staff were not able to measure the effectiveness of infection control in respect of minor surgical procedures at the surgery.”</p>	<p><i>Decontamination of instruments on-site is permitted but subject to strict controls. Ideally, instruments should be single use disposable or sent to a validated sterile services unit.</i></p> <p><i>Minor surgery outcomes should be audited and done in suitable rooms with appropriate levels of cleaning.</i></p>
Infection Control Activity (IPC Lead, Audit, Policies and Procedures)		
<p>“The practice had a nominated lead for infection prevention and control and staff were aware of who this was.”</p> <p>“We found a role description for the infection prevention and control lead which set out their responsibilities.”</p> <p>“We found inspection control checks had been carried out by the</p>	<p>“The practice manager told us one of the nurses was identified as the lead for infection control. When we spoke with other staff they were not aware of this and it was not referred to in any of the practice policies. This meant it was unclear whether anyone took overall responsibility for infection prevention and control.”</p> <p>“There was no record of an annual statement on infection prevention</p>	<p><i>Practices must have an active, appropriately trained infection prevention lead.</i></p>

<p>lead for infection control. We saw from the results that improvements had been made since the initial audit and an action plan was in place. This was included in their infection control statement. The statement included the training attended and the changes that had been implemented.”</p> <p>“We saw records of a monthly infection control audit. We saw a copy of an infection control report. This identified a number of areas for improvement such as the needs for foot peddle waste disposal bins and the replacement of sealant around sinks. We were informed that these items were included in plans to address the recommendations of the report.”</p> <p>“We saw the practice had written procedures in place for a number of infection control procedures, such as hand washing and the safe handling and disposal of sharps.”</p> <p>“The provider had policies and procedures regarding the control and management of diarrhoea and vomiting, dealing with blood and body fluids, decontamination and aseptic techniques.”</p> <p>“The practice had policies and procedures in place for the prevention and control of infection. The staff we spoke with understood the importance of infection prevention and control.”</p> <p>“The service had in place an up to date infection control policy and</p>	<p>and control being produced by the lead although this was stipulated in the code of practice.”</p> <p>“GPs confirmed to us that they had not carried out a formal risk assessment of the surgery in relation to infection prevention and control. The principle GP told us he was not clear what his roles and responsibilities were in relation to infection control. Without a formal assessment of infection control risks in respect of the practice the provider could not be assured that appropriate measures were in place and people were protected from the risk of acquiring a health care associated infection.”</p> <p>“The practice did not undertake any audits to ensure appropriate hygiene and infection control measures were followed by staff. There was no system to identify risks of cross infection or to ensure appropriate infection control guidance was followed.”</p> <p>“The audit had been carried out by the practice manager but there had been no action plan set out or review to follow up on identified areas of concern.”</p> <p>“The provider did not have an Infection Prevention and Control Policy. It referenced an NHS policy but whilst the guidance was comprehensive and followed the code of practice, the practice had not been reviewed and customised to meet the individual needs and circumstances of the provider.”</p> <p>“Two nurses we spoke with were aware that the infection control policy was available, but a GP was not sure if the practice had a policy, and if so, where it was located.”</p> <p>“There was an infection control policy but it was not up to date as it had named staff listed as leads in this area who no longer worked at</p>	
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the policy had recently been reviewed.”	the surgery.”	
Education		
<p>“Staff had attended relevant infection control training.”</p> <p>“We saw induction programmes that covered aspects of infection prevention and control, and saw the records of one induction programme which demonstrated infection prevention and control had been addressed.”</p>	<p>“Staff had not undertaken infection control training and did not know who to contact for infection prevention and control advice.”</p> <p>“The infection control policy for the practice documented that infection control training should be undertaken by staff on an annual basis and this should include hand washing procedures. Staff told us no infection control training had been undertaken in line with the policy.”</p> <p>“We asked the practice manager what arrangements were in place to ensure the ongoing education of staff in infection control. She told us the nurses had all attended such training but the domestic and administrative staff had not. This meant that some staff were not suitably educated in the prevention and control of infections.”</p> <p>“There was no programme of training in relation to infection prevention and control. There was no training needs analysis relating to infection control which set out what staff needed to know in relation to their role, how training would be delivered to support this and how the impact of training would be evaluated.”</p> <p>“No records were available to confirm that staff had completed infection control training.”</p>	<p><i>Practices must be able to produce evidence of education on induction and ongoing updates for all appropriate staff.</i></p>
Vaccines		
<p>“We observed that all vaccines were stored in medicines refrigerators at appropriate temperatures.”</p>	<p>“There was a log available for the vaccine fridge where the fridge temperatures were to be recorded daily. The record for one month had 10 entries (with 18 missing) and we could not confirm that the fridges were monitored adequately. There was no information about what staff should do if the temperatures were not in the acceptable range.”</p>	

	<p>“Vaccines in the fridge were in-date however we did not see any log or evidence of their stock rotation.”</p>	
<p>Clinical and Environmental (Non-domestic) Cleaning</p>		
<p>“The practice nurse told us that following training new check lists were introduced to include additional areas to be cleaned, for example electrical leads. <i>A time slot was allocated at the end of each surgery to complete these tasks.</i>”</p>	<p>“We looked around the surgery and saw a number of items which were unclean. This included some of the plastic toys in the waiting room. We found two baby changing mats in one of the consultation rooms were dirty.”</p> <p>“We saw the cleaning of the baby changing mat was not included in the cleaning schedule. The mat appeared visibly dirty.”</p> <p>“The infection prevention and control told us that equipment such as stethoscopes, blood pressure cuffs and examination couches were cleaned between people who used the service using disinfectant wipes and we saw these wipes were available. However, a nurse and two GP's we spoke with told us that they did not consistently clean equipment between people who used the service. We noted that at one surgery consulting rooms did not have disinfectant wipes available for the GP to use.”</p>	<p><i>Suggest using the NPSA cleaning schedules.</i></p>
<p>Staff Safety</p>		
<p>“We saw that there <i>bio-hazard spillage kits</i> that would enable any spills of body fluids to be managed safely.”</p> <p>“We asked the reception staff about the procedures for accepting specimens of urine from patients. Staff told us they did not handle specimens. They held a box out so patients could put their own specimens in. This meant the <i>reception staff were protected</i> from the risk of infection.”</p>	<p>“Staff were not clear what to do if there was a spillage involving bodily fluids at the surgery and we were advised by staff that there was no spillage kit available that they were aware of.”</p> <p>“There were not procedures in place for reception staff regarding the safe handling and storage of specimens. We saw a patient hand over a specimen of urine to reception staff who did not wear gloves and who did not wash their hands following the transfer. This meant that there was a risk of cross infection caused by poor attention to hand hygiene.”</p>	<p><i>Gloves should be non-powdered and latex free.</i></p> <p><i>All areas should have spill kits.</i></p> <p><i>Recommend areas also stock basic surgical face-masks for use where splashing</i></p>

<p>“We saw there was a system in operation for processing specimens such as urine which meant that reception staff did not come into contact with bodily fluids. Reception staff we spoke with were clear about these systems and we saw them in operation.”</p> <p>“We saw records that showed staff were immunised against Hepatitis B.”</p> <p>“Personal Protective Equipment (PPE) such as gloves, aprons and eye-protection were seen in treatment rooms.”</p>	<p>“We saw the provider had COSHH (Control of substances hazardous to health) information sheets in place for all cleaning products. However, these were held in the practice manager's office and were not readily available to the domestic staff, who worked after the practice had closed. This meant there was a risk any spillages may not be dealt with correctly and meant staff were not always protected against the risk of health related infections during their work.”</p>	<p><i>may occur.</i></p>
<p>Isolation</p>		
<p>“Managers had identified a room that could be used for people who needed to be cared for in isolation, for example those with an infectious condition.”</p> <p>“Patients coming to the surgery with a suspected infectious illness were asked to wait in a separate room rather than mix with other patients in the waiting room. This helped minimise the risk of cross-infection.”</p>		

West Hampshire CCG is also offering local practices the opportunity to participate in preparatory CQC style Outcome 8 inspections. The purpose of these visits is to identify areas of good practice and to provide specialist advice where practices may need help in complying with the Code of Practice on the prevention and control of infections and related guidance (2008).

The advice is based on the best available evidence and aims to be proportional to the risks associated with primary care and the types of interventions being performed. The infection prevention service is very much a voluntary partnership between the CCG and primary care and all visits are initiated on the request of the practice concerned.

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INFECTION PREVENTION & CONTROL

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