

St Magnus Hospital and Rosemary Park Nursing Home

Annual Infection Control Report 2016

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Introduction

This is the third annual report in respect to the Code of Practice for St Magnus Hospital, Park House Unit and Rosemary Park Nursing Home and it sets out the arrangements for prevention, control and reporting of infections.

St Magnus is a purpose-built independent specialist hospital offering individualised assessment, treatment and rehabilitation for older men with mental health problems who require care in a secure conditions. The hospital meets the needs of its patient population by providing a Low Secure Unit (LSU) and Locked Recovery Service (LRS). The LSU comprises 3 wards; Sycamore (9 beds), Willow (9 beds) and Oak (15 beds). The LRS comprises of Cowdray (8 Beds) and Petworth (15 beds), Park House Unit (18 beds) and Goodwood (12beds). Goodwood ward was opened in May 2016 as an extension to Park House Unit.

Rosemary Park Nursing Home comprises of 3 units, Main House (33 beds), East Wing (20 beds) and Courtyard (15 beds).

Known outbreaks of infection

Wards submit monthly infection control statistics as part of the infection control monitoring across site. Due to changes in external reporting requirements the statistic form was updated to include E.coli as well as Meticillin-Sensitive Staphylococcus Aureus Infection and antibiotics prescribed are clearly captured as part of the antibiotic stewardship. These have shown that respiratory infections remain the highest across site, which is expected in the current patient/resident population. There were a number of cases of diarrhoea and vomiting which staff responded to appropriately. It is also worth noting that there were only two cases of MRSA across the site for 2016.

The refurbishment of Oak ward did not have an impact on the collation of statistics for St Magnus. Statistics for Goodwood were captured from May when it was commissioned. Infection statistics for St Magnus, from January to December 2016, are in Appendix 1 and Goodwood ward from May to December 2016.

Rosemary Park Nursing Home Statistics are for the period January to December 2016. Appendix 2.

The annual report for 2017 will contain statistics for the full year for all the wards.

Audits undertaken and subsequent actions

Audits were carried out by Michelle Strauss, Infection Control lead as follows:

St Magnus Hospital	
Sycamore ward	<u>21/1/2016</u>
Willow ward	<u>21/1/2016</u>
Oak ward	<u>11/2/2016</u> <u>12/2/2016</u>
Cowdray	<u>1/2/2016</u> <u>14/12/2016</u>
Petworth	<u>12/2/2016</u>

	<u>15/12/2012</u>
Park House Unit	<u>14/1/2016</u> <u>15/12/2016</u>
Goodwood	<u>15/12/2016</u>

Rosemary Park Nursing Home

Main House	19/12/2016
East Wing	19/12/2016
Courtyard	20/12/2016

These audits focused on general ward cleanliness, planned cleaning schedules, waste management, correct sharps disposal, laundry management, correct use of PPE's and hand hygiene.

Oak ward was refurbished early in 2016 and Good wood ward was opened in May.

The Environmental officer visited the site early December and we were given a 5* rating. Kitchens are monitored by the head chef and are not included in these audits.

Wards note to be very clean and showed evidence of planned, implemented and documented cleaning by the care, domestic and kitchen staff.

Sharps containers were not all signed after being assembled and the temporary closure mechanism is not being utilised. A recent needle stick injury which has triggered an investigation of the incident has resulted in further training and procurement of some integrated trays which would ensure safe disposal of needles at point of care. Further online training has also been sourced and staff have been provided additional information in order to address practices. This will continue into 2017.

Some wards have limited storage space but staff are trying their best to make best use of it with innovative solutions.

PPE's are available as needed, I noted they were used appropriately and disposed of correctly. Staff were able to demonstrate good hand washing technique upon request. Staff were aware of correct laundry management requirements for their ward.

Action taken following an outbreak of infection

Cleaning regimes were enhanced and adjusted in order to contain the infection. Staff and patient flow onto wards minimised to essential movement by informing all departments. Patients were closely monitored and fluids given in order to maintain hydration. GP support accessed as required. It has been identified that reporting of this outbreak did not fully meet with the guidance within the infection control policy however this did not have any adverse impact and has since been satisfactorily addressed.

Risk assessments undertaken for prevention and control of infection

Individual risk assessments are carried out for patients if any infections are identified. The laundry department has a specific risk assessment in place.

Training received by staff

All new staff are expected to attend induction training which is provided by the education department as a teaching session and if requested this can be done on a 1:1 basis on the ward.

The Care Certificate, where Standard 15 covers Infection Control is covered as part of the induction training requirements for all staff new to care. Annual updates for staff are in line with national minimum training standards with lesson plans available from education department.

This year monthly infection control training statistics have been captured for the different wards. These statistics in Appendix 3 shows that there is some variance month to month but managers have worked hard to ensure staff attend training as required. We aim to maintain these levels in 2017 and continue to improve on these as needed.

The infection control lead attended an Infection Control Champion training event with West Sussex Learning and Development in Chichester.

The CQC reported the following after their announced inspection in August 2015 with regards to training:

Review and update of policies, procedures and guidance

No changes have been made to Infection control policies during 2016 as these were updated by Andrew Wilby, Clinical Governance in 2014. The Infection control Policy C 25 as well as the Infection Control Manual are due to be reviewed updated again in January 2018.

There is no change in the role as detailed in the 2015 report with regards to Jo Randall being the Director of Infection Prevention and Control for St Magnus.

Monthly infection control statistics monitoring forms have been reviewed and updated in order to meet reporting requirements and also reflects monitoring of antibiotics prescribed.

Infection control awareness week

Infection control awareness week took place in 11th April 2016 to 15th April. Posters were used to raise awareness with regards to:

- Hand hygiene and good practice with regards to short nails, no nail polish and only a single wedding band.
- Drying of shower mats after use and being able to send them to laundry for washing.
- Infection control does not happen by magic but requires consistent work as a team.
- Who is your infection control representative?

In October posters promoting Flu vaccinations available from the occupational nurse were displayed across the site.

Safe sharps posters have been sourced and will be displayed on the wards in order to promote good practice.

Infection control committee

Quarterly meetings were held and minutes are available for these on the Public drive. (31 March, 16 June, 6 October and 15 December). Dates for 2017 have been confirmed in order to ensure these continue to take place. The committee is chaired by Michelle Strauss and made up of Andrew Wilby (Clinical Governance), Sandra Davies (Housekeeping manager), Gavin Applegate (Head Chef) and two representatives from each ward (a nurse and a senior carer). Members of the committee are encouraged to complete level 2 training infection control. Two committee members are currently on a Level 3 Health and Social Care Diploma and will complete Infection control units as part of their course.

Looking ahead to 2017

Dates for quarterly meetings are planned in order to ensure they take place.

More effective planning of when audits are due to take place to be done, in order to ensure they are done 6 monthly. Infection control representatives on the committee to be more involved in these in order to ensure this is achieved.

Improvement in practices with regards to safe use of sharps to be addressed by means of onsite training and supplemented by online training.

To improve reporting of outbreaks in order to comply with the guidance within the infection control policy.

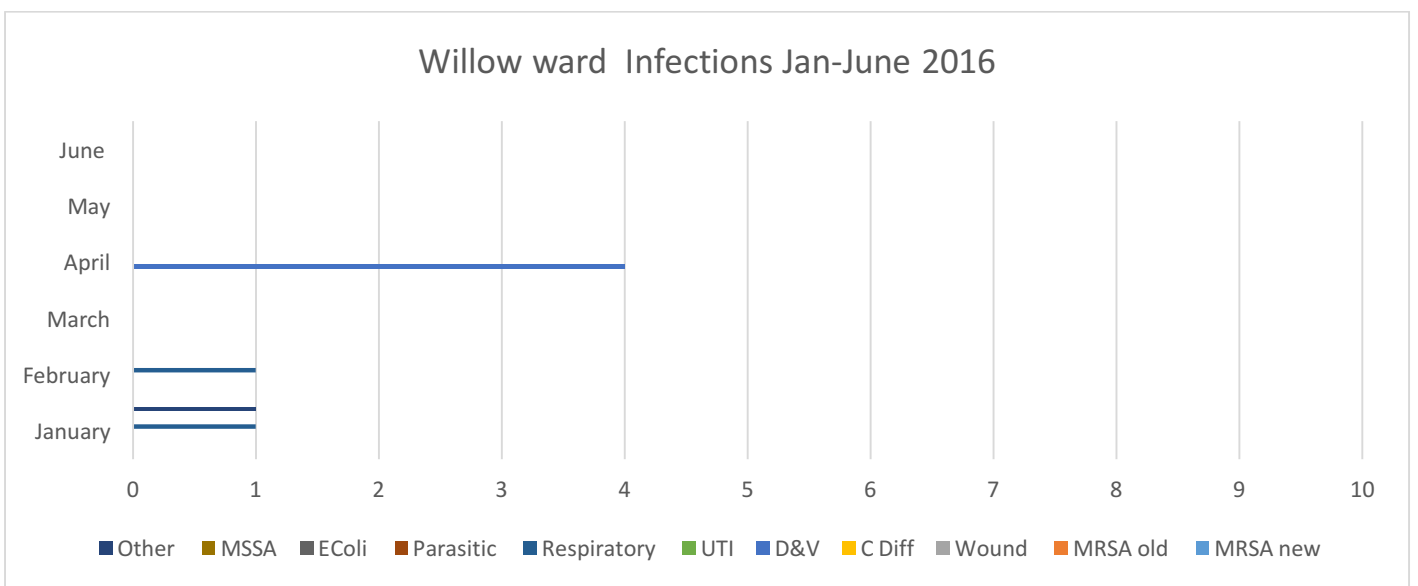
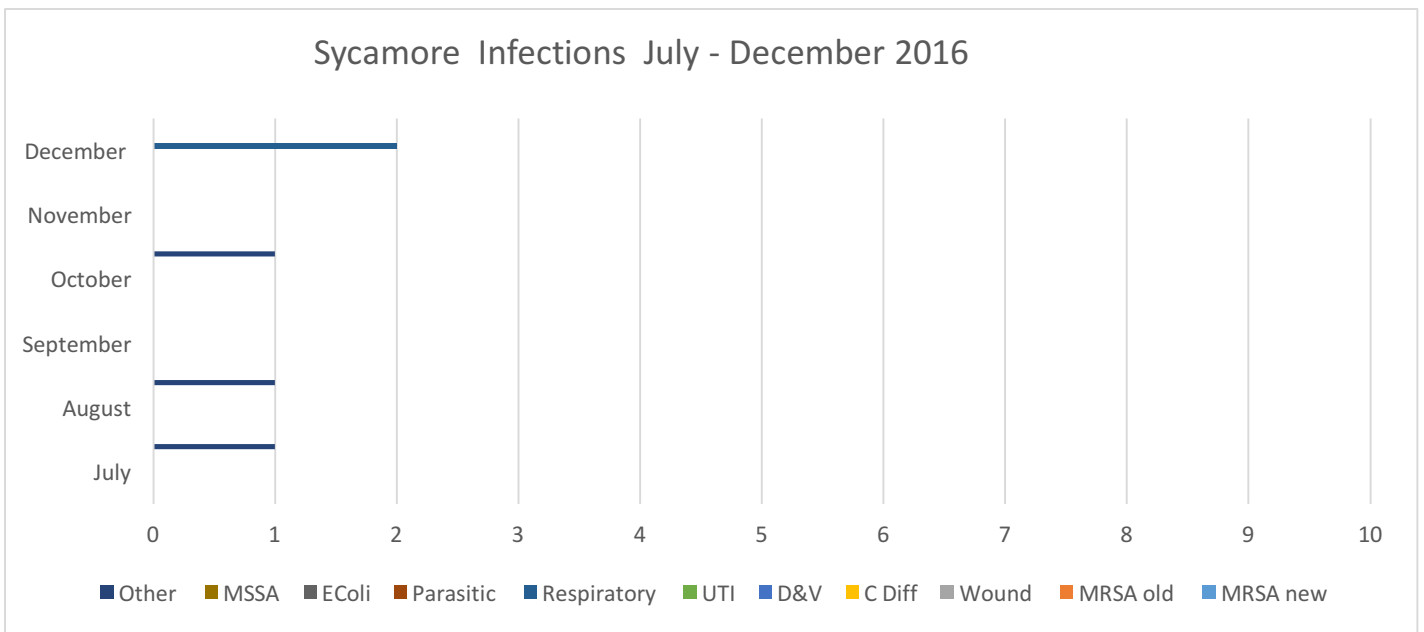
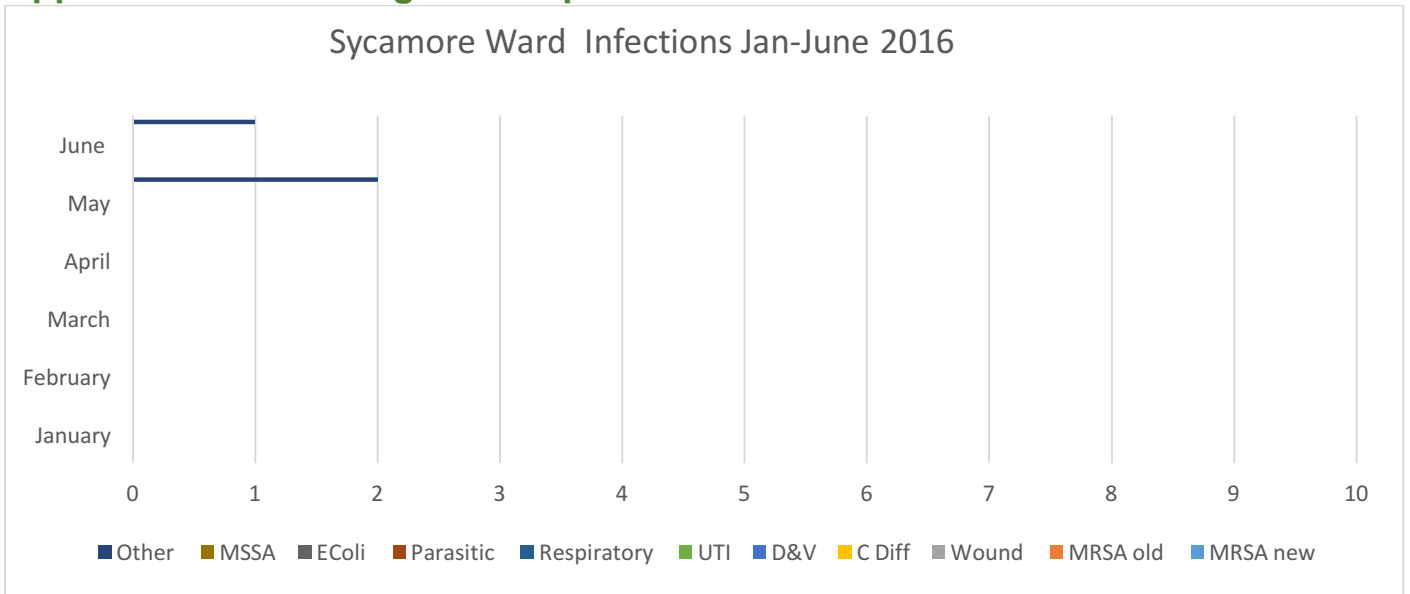
The infection control lead as well as some of the infection control representatives will attend The West Sussex Learning and Development Infection Prevention and Control Champion Link Meetings. Representatives that have not yet completed the Level 2 Infection control course will be required to do so.

Changes in our training delivery policy based on guidance in The UK Core Skills Training Framework, which has been launched for 2017, will require that staff continue to have annual mandatory training which will be covered in induction for all staff as well as on more specific training days which include: Doctors Day, Domestic and laundry training day, consolidation and experienced staff training days.

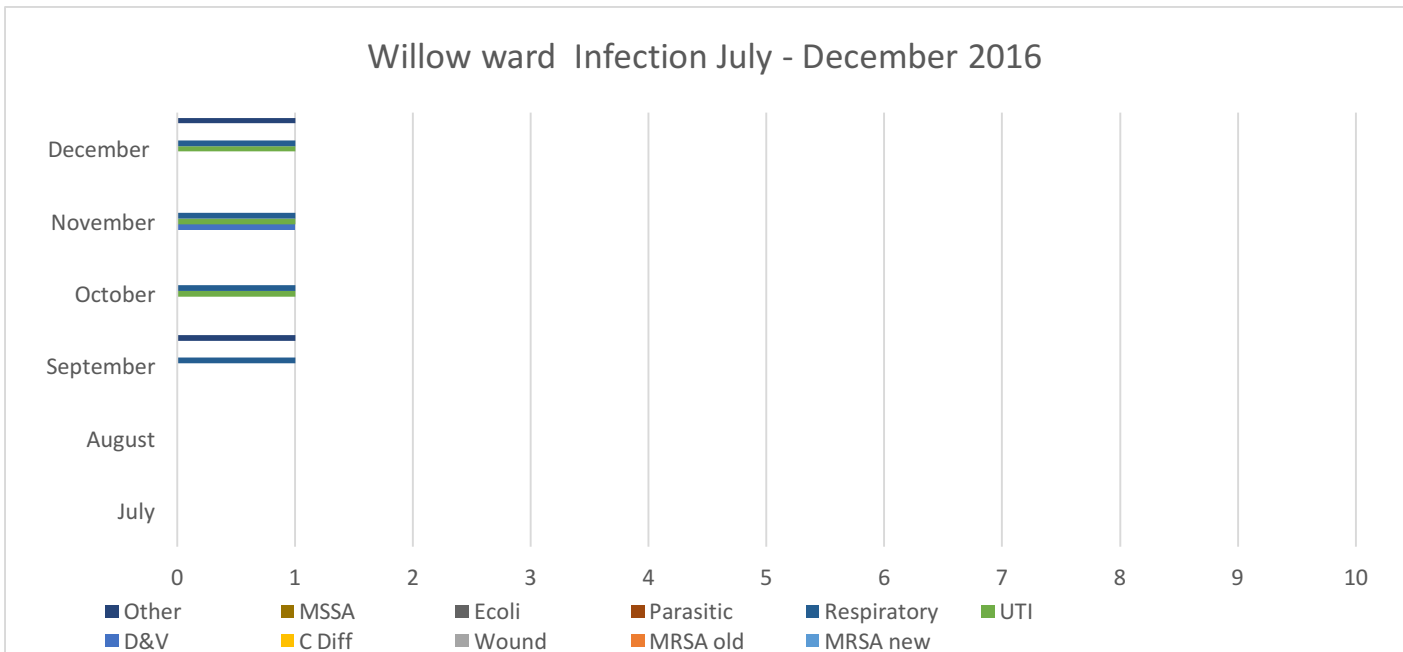
Michelle Strauss, Infection Control Lead

Andrew Wilby, Clinical Governance

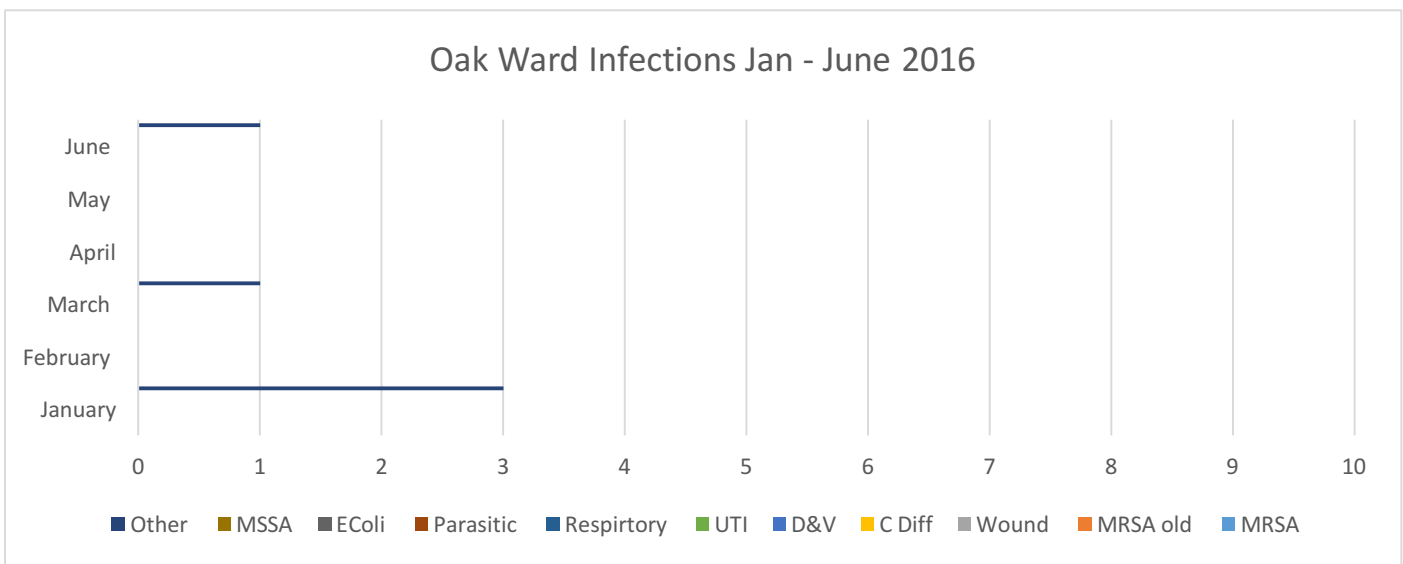
Appendix 1 St Magnus Hospital and Park House statistics



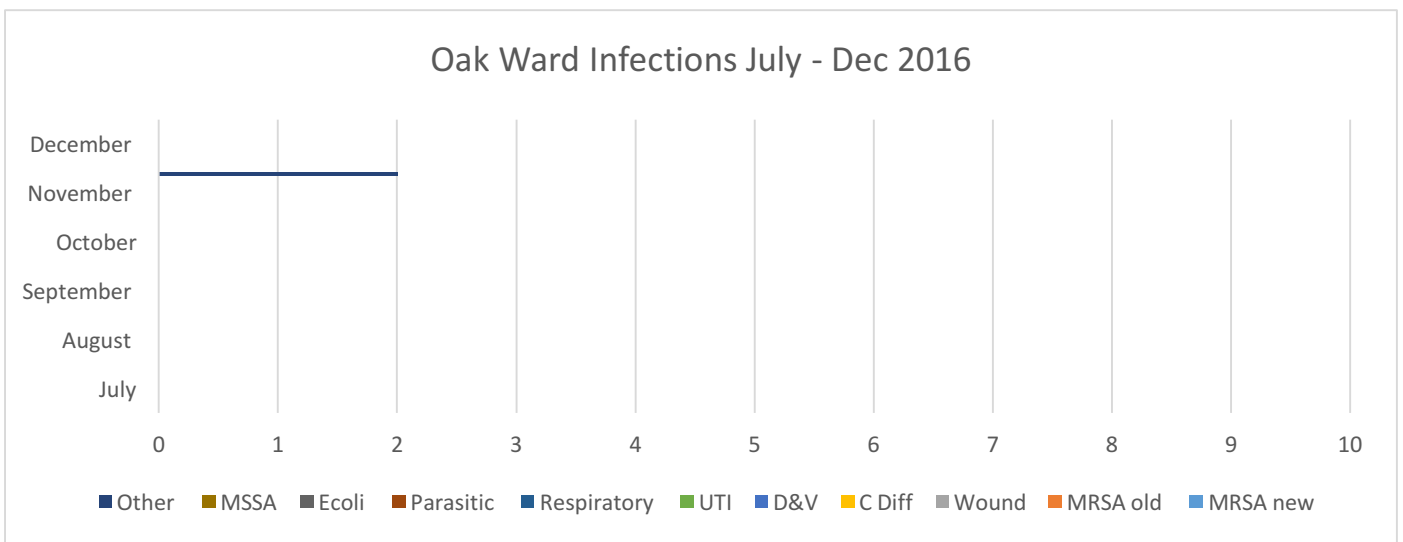
Willow ward Infection July - December 2016

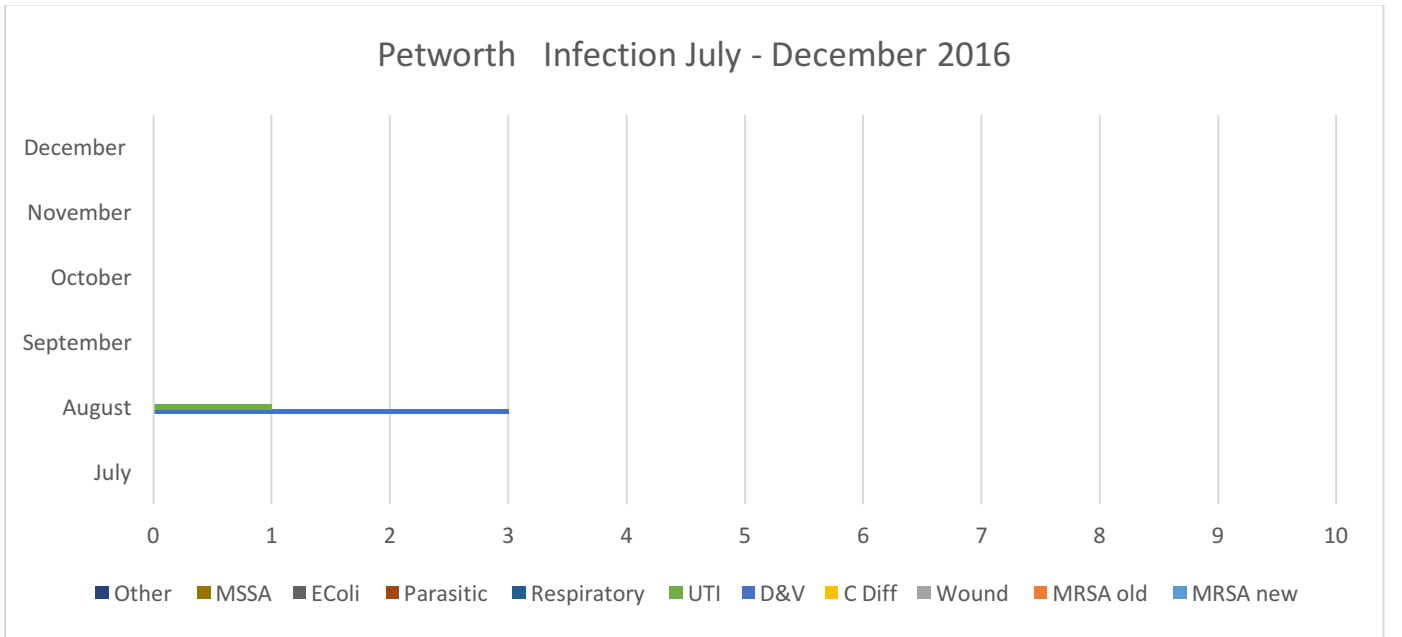
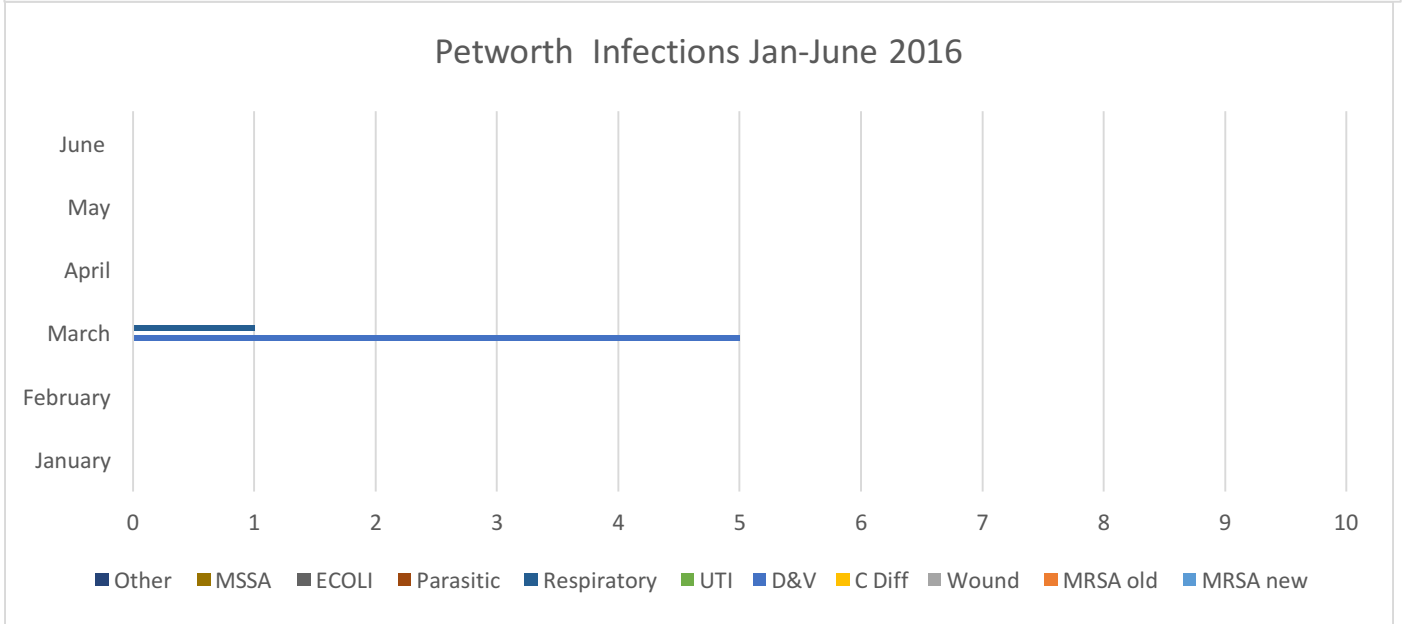
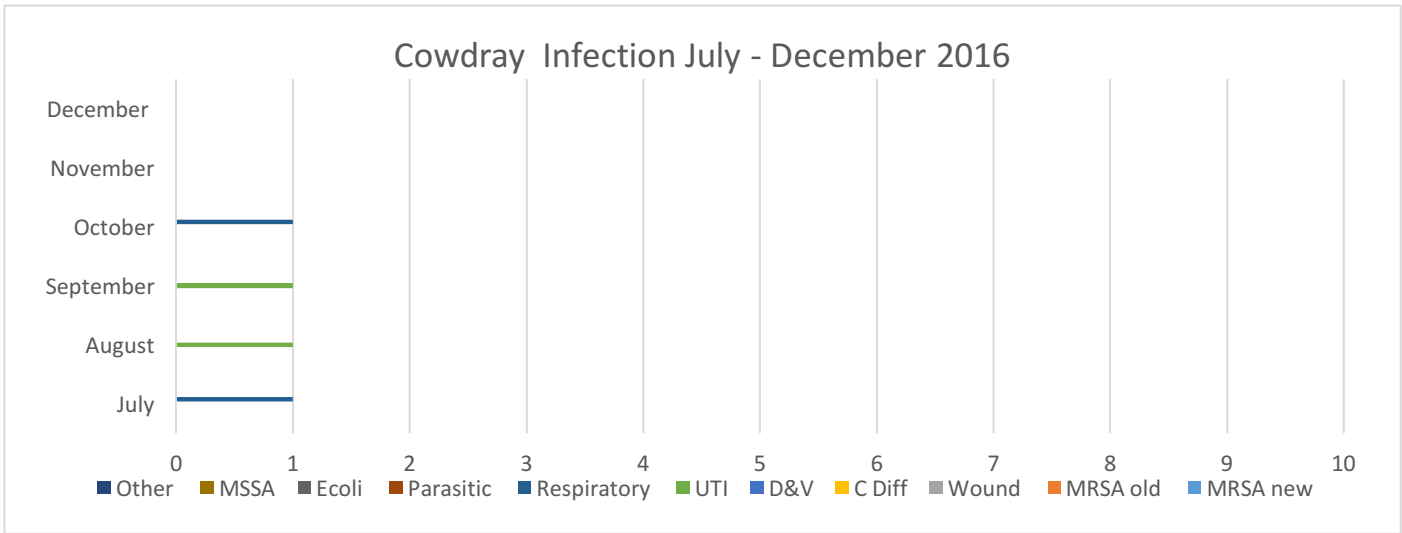


Oak Ward Infections Jan - June 2016

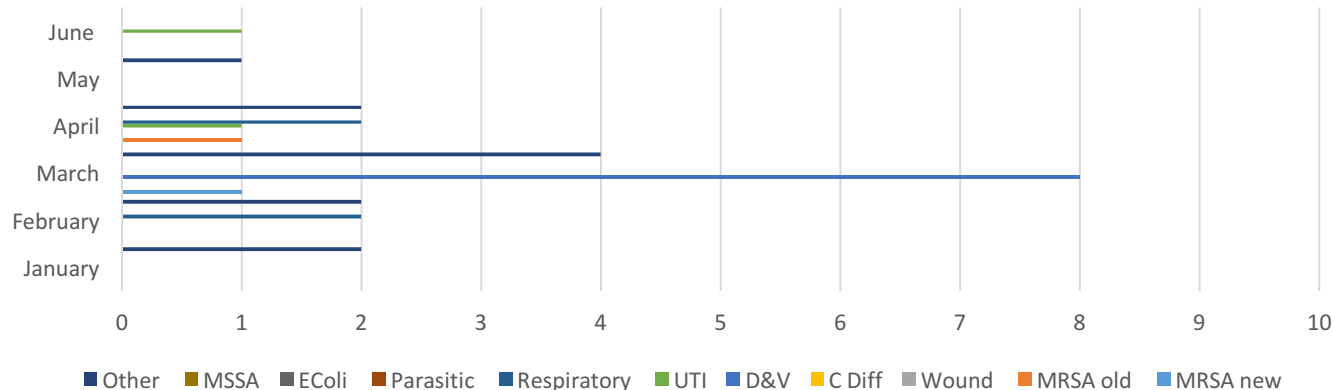


Oak Ward Infections July - Dec 2016

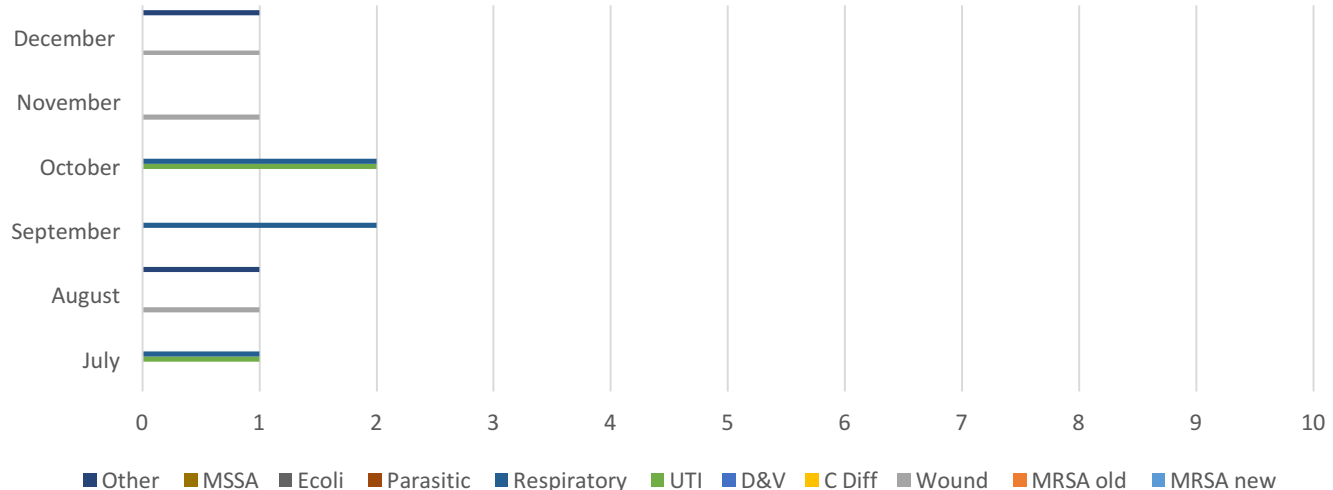




Park House Unit Infections Jan-June 2016

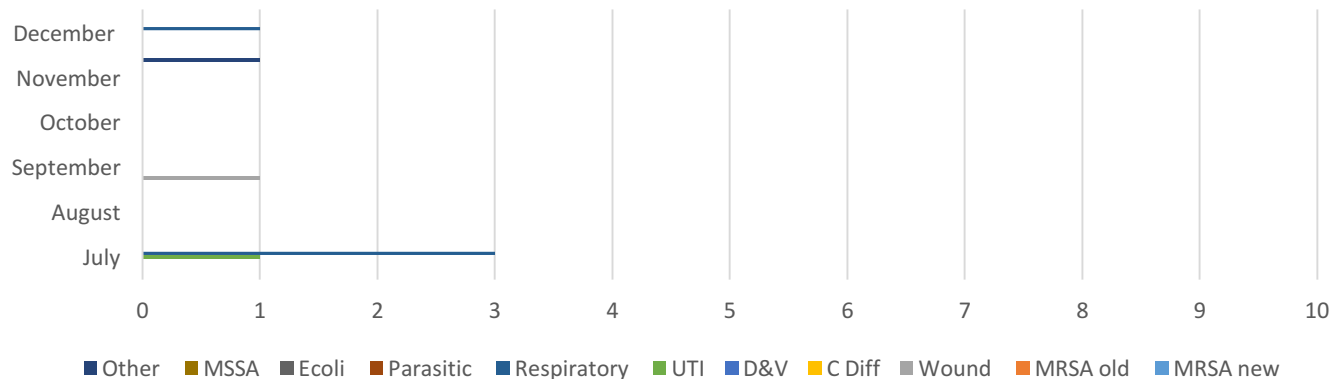


Park House Unit Infection July - December 2016

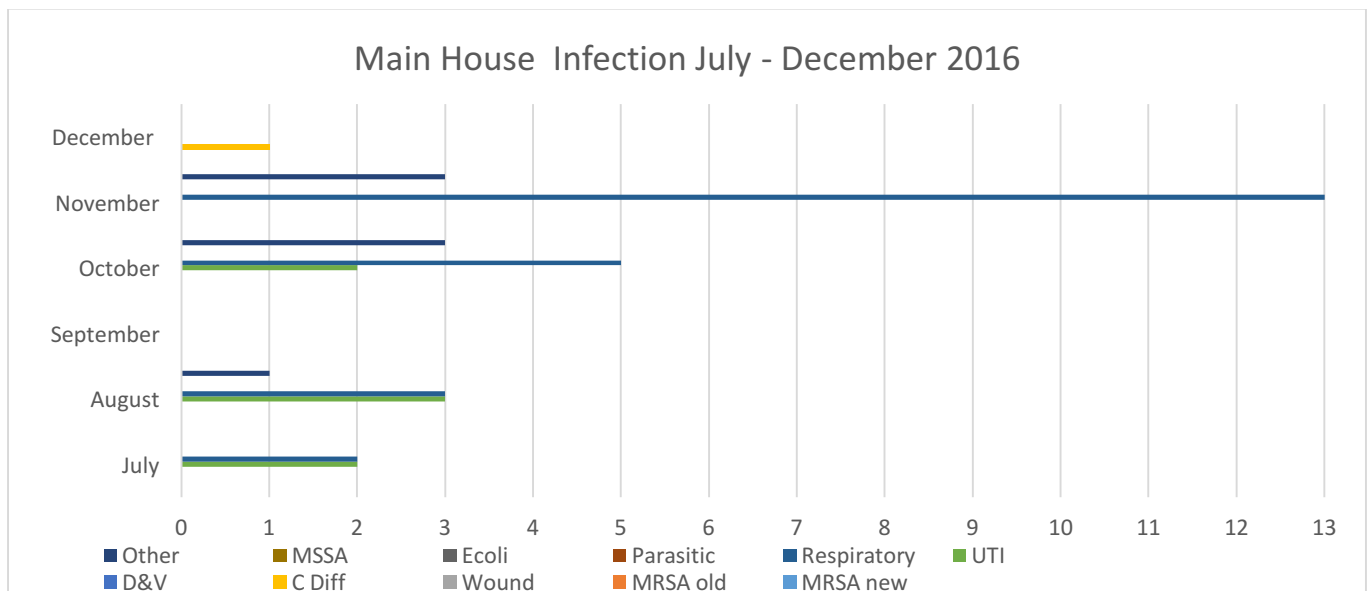
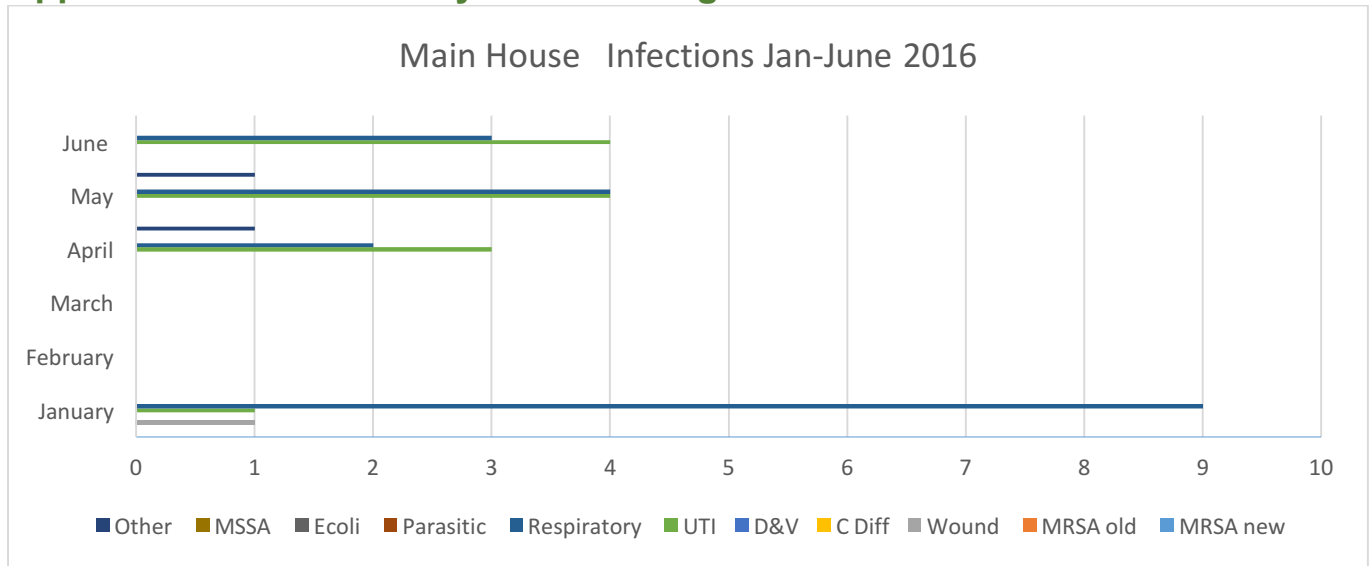


Goodwood opened in May 2016

Goodwood Infection July - December 2016

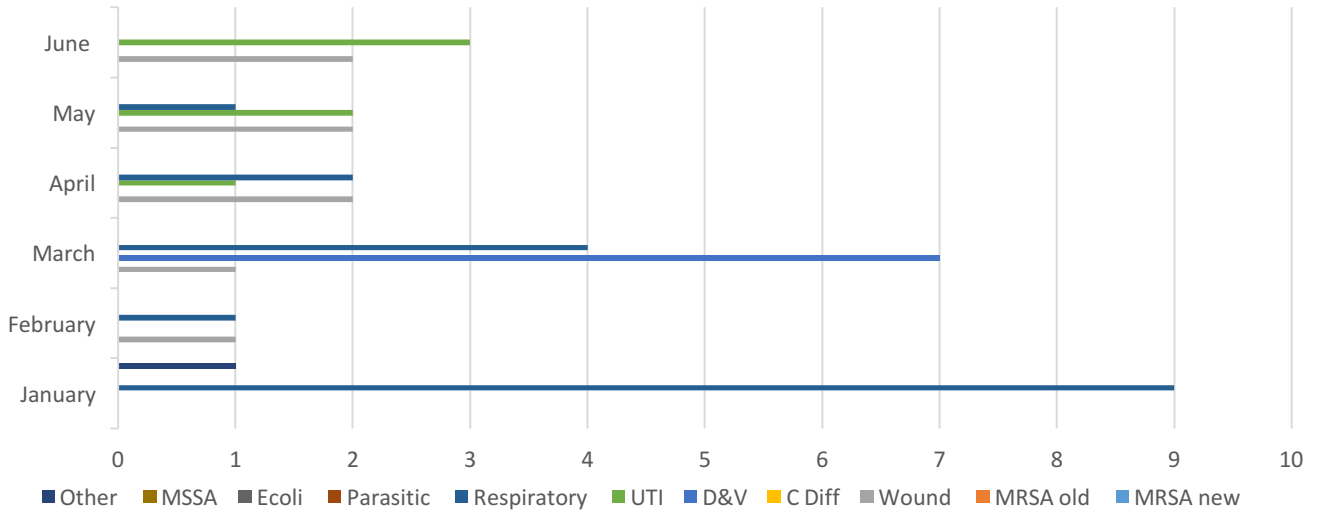


Appendix 2 Rosemary Park Nursing Home statistics

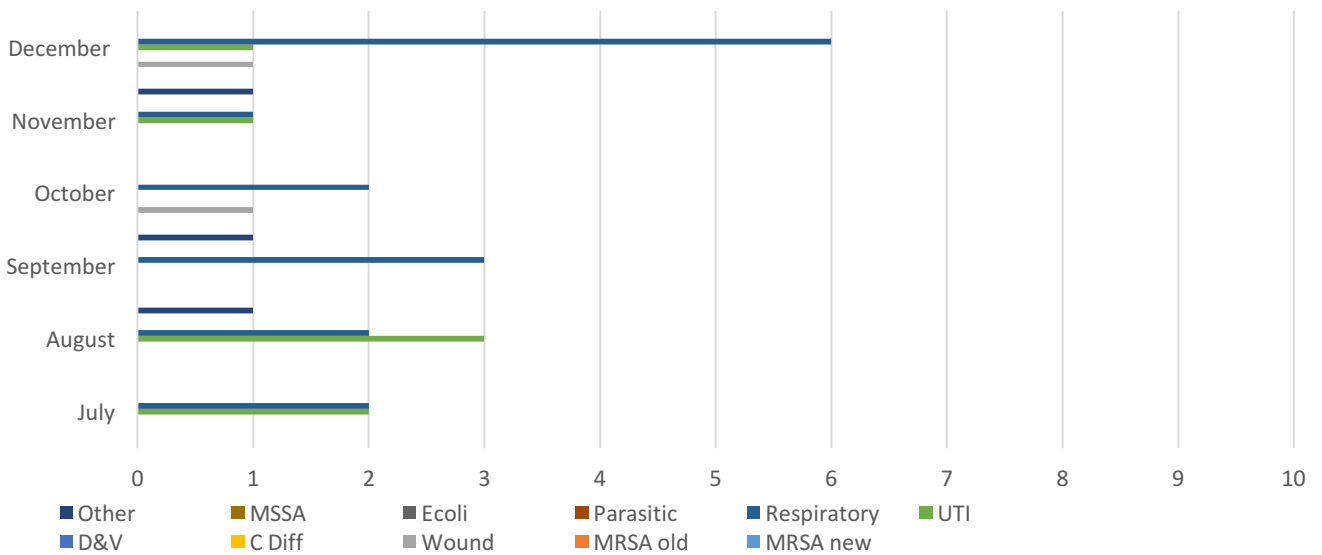


- Main House statistics for February, March and September still to be submitted

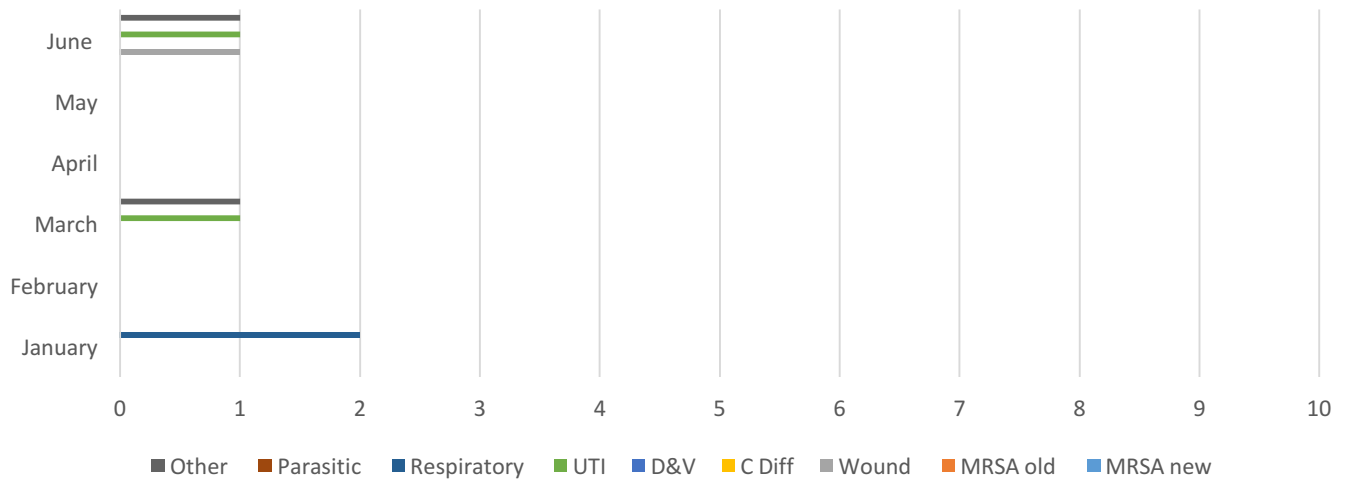
East Wing Infections Jan-June 2016



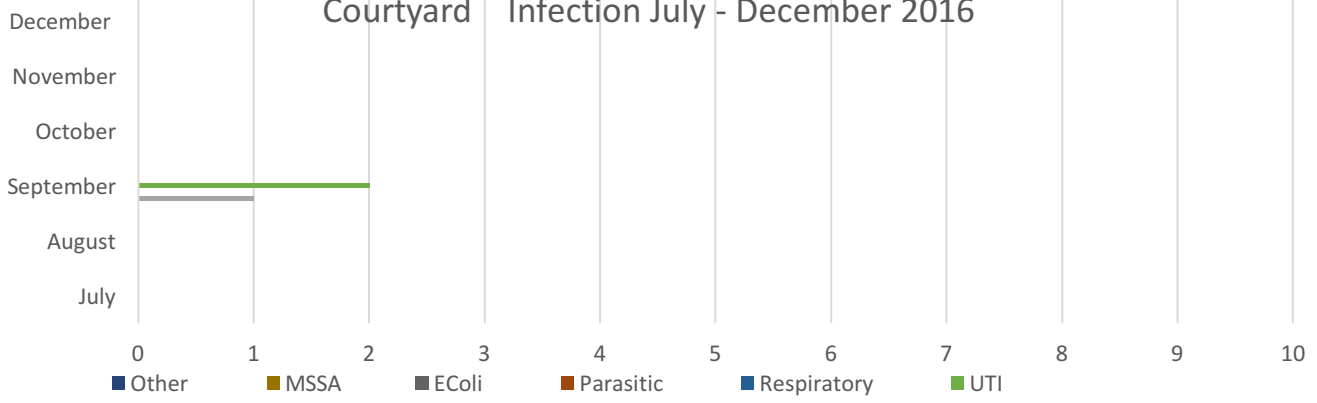
East Wing Infection July - December 2016



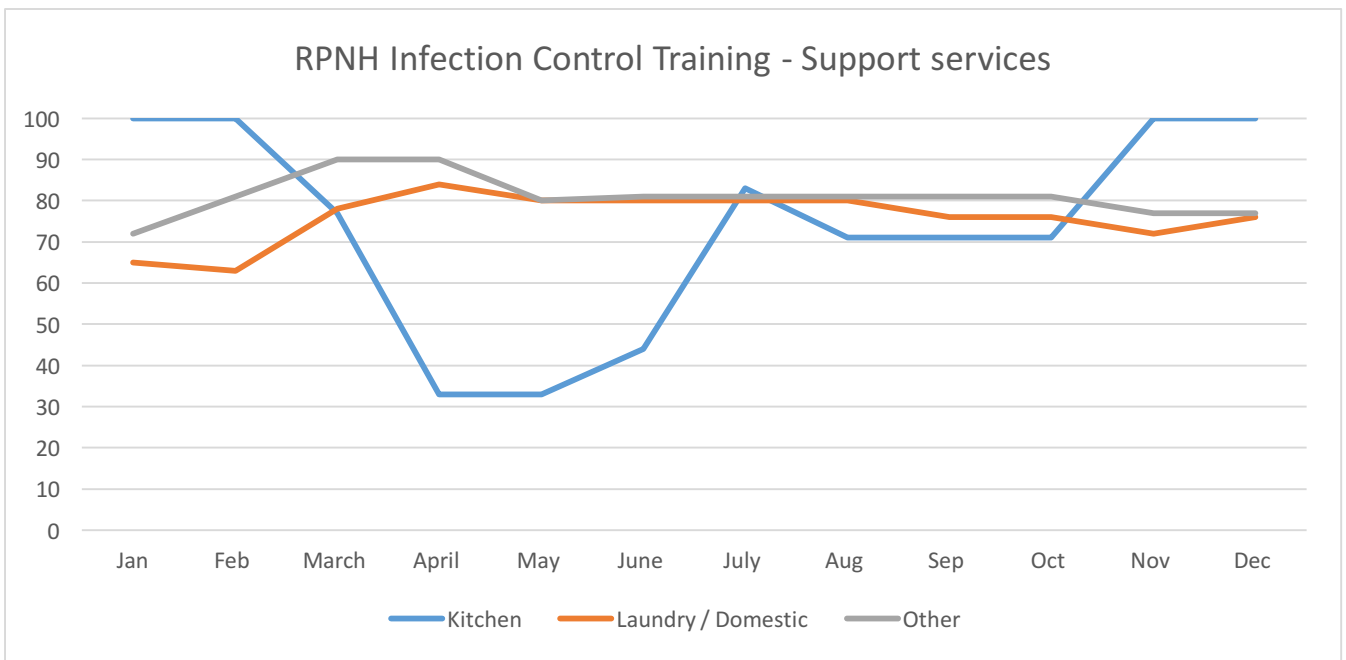
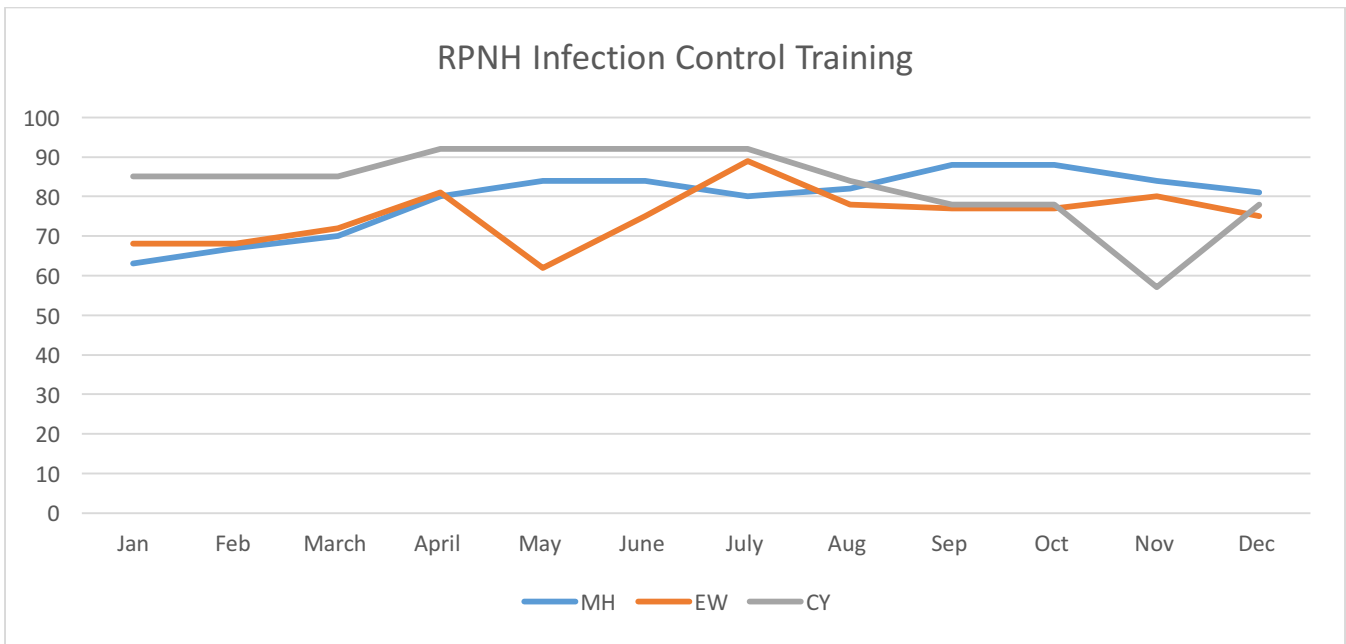
Courtyard Infections Jan-June 2016

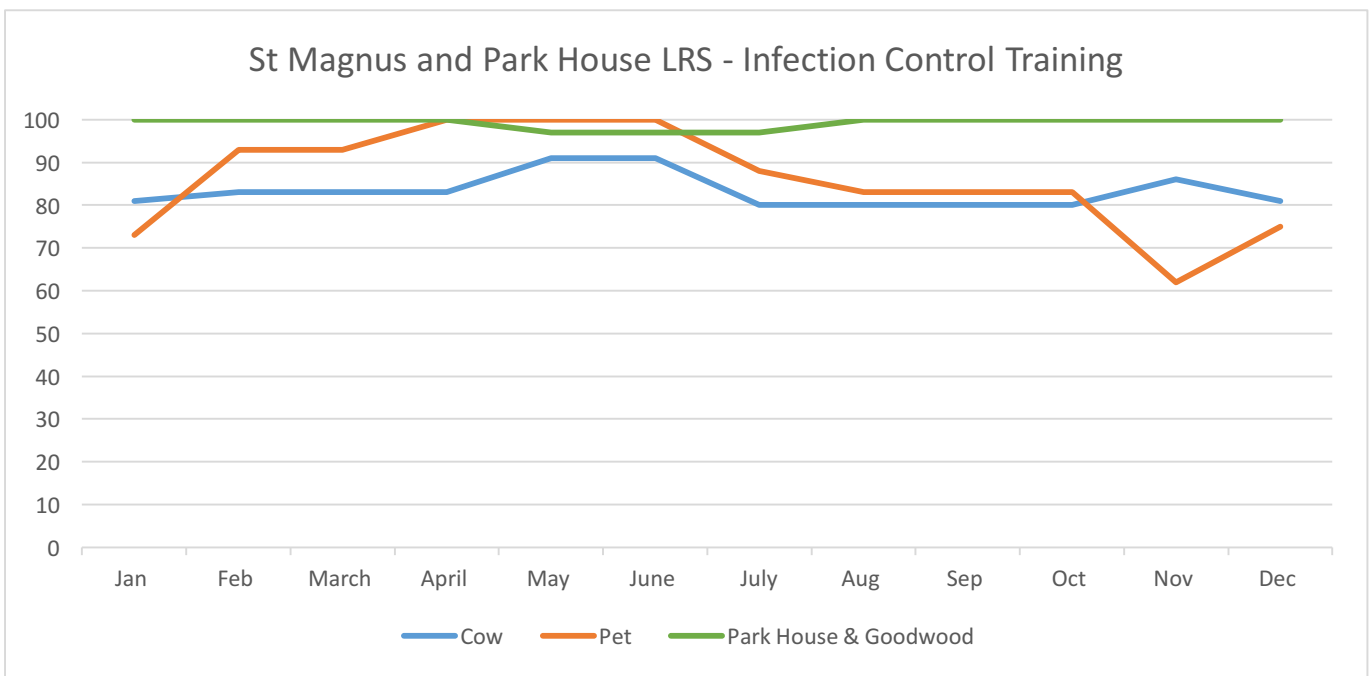
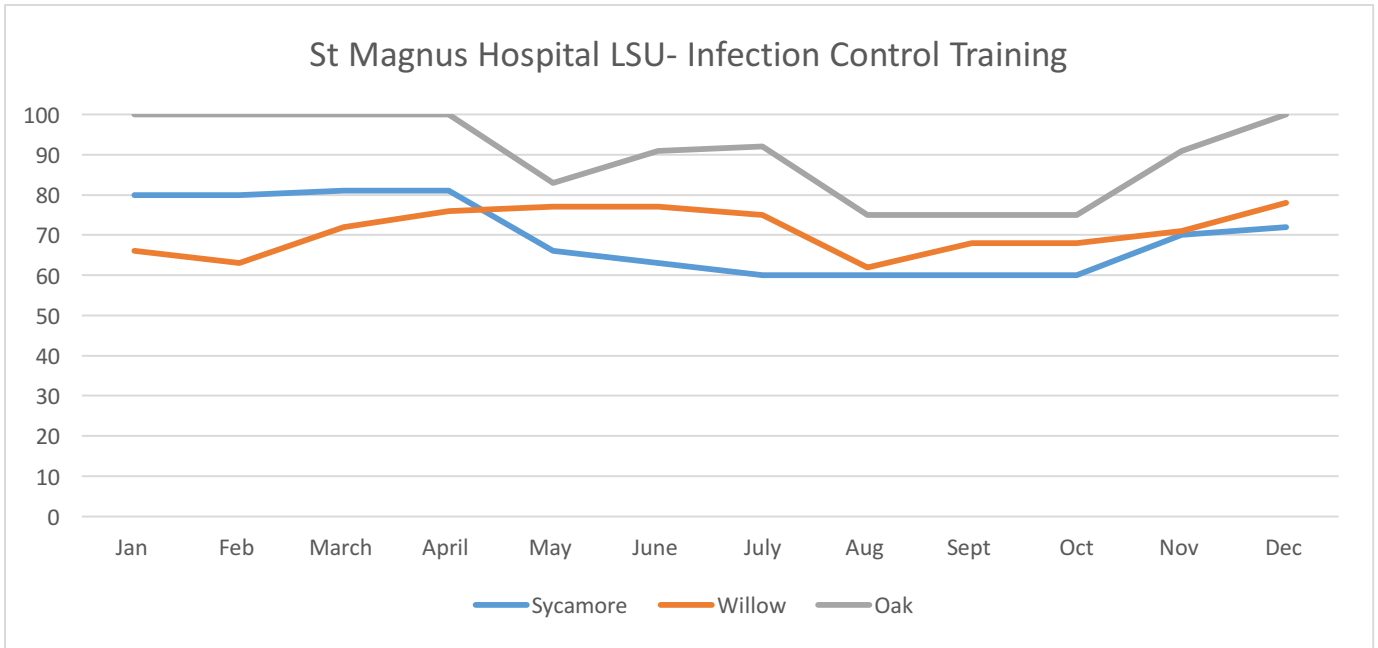


Courtyard Infection July - December 2016



Appendix 3 Infection control Training Statistics





- Goodwood opened in May but staffing is managed together.