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Final Draft

Hygiene, Disinfection and Patient Experience in Hospitals

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Summary

1.1 Hygiene and hospital acquired infections were identified by Kent LINK participants as important. As a result, a project was started by the Kent and Medway LINKs in September 2009 and ended in March 2010. There were three aspects to the investigation; hand hygiene and the use of alcohol dispensers, cleanliness and disinfection with chlorine and patient experience of hygiene.

1.2 All acute hospitals in Kent and Medway were included. Visits were made by Authorised Visitors of the two LINKs who recorded the use of the hand alcohol dispensers, took swabs from wards, obtained samples of chlorine containing disinfectant solution, measured the available chlorine concentration, and made notes of observations during their visits.

1.3 A total of 1353 observations were made of use of alcohol gel dispensers of which 853 were at ward entrances and a further 500 at hospital entrances. Compliance figures at ward entrances varied from 16-64% for professionals and 13-53% for visitors. Observations at hospital entrances could only be made at three sites and compliance figures varied from 31-60% for professionals to 22-81% for visitors.

1.4 A total of 145 swab samples were taken in the hospitals. Results from these showed that 8 had *Staphylococcus aureus*, 3 had Enterobacter and 51 had total colony counts of more than 200.

1.5 Too few chlorine samples were obtained to allow conclusions to be drawn although the level of available chlorine in the 8 that were measured indicated that some chlorine disinfectant is being used at below the recommended 1000ppm. Only one sample had a very low concentration (100ppm).

1.6 There were 54 respondents to the patient experience survey with only one hospital having sufficient responders to allow tentative conclusions to be drawn. But very useful comments were received.

1.7 As a result of these investigations 14 recommendations are made for the trusts to consider.

2. Introduction

2.1 Every year over 300,000 patients in England acquire a healthcare associated infection whilst in hospital. These infections cost the NHS more than £1billion (Reducing Healthcare Associated Infection in Hospitals in England, fifty-second Report of Session 2008 / 09, House of Commons Public Accounts Committee HC 812, November 2009). Although they are caused by a variety of organisms, 9000 deaths were recorded with methicillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. diff) in 2007. Published records for MRSA are for bloodstream infections only and do not take account of wound infections. The extent of wound infections in hospitals is not generally available although each hospital keeps records.

2.2 During recent years, hospital acquired infections and hospital cleanliness has improved and priority has been given to reducing the levels of infection caused by MRSA and C. diff. One important factor in this reduction has been a greater understanding in hospitals of antibiotic prescribing. This, together with the introduction of rigorous hand hygiene programmes and greater emphasis on clean hands immediately before patient contact, is thought to have made a major difference.

2.3 Each hospital is required to monitor hygiene on a monthly basis and to have in place protocols that maximise environmental cleanliness. Protocols and procedures are monitored and the results are inspected by the Care Quality Commission (formerly the Healthcare Commission, Commission for Social Care Inspection and Mental Health Act Commission) and Monitor. In addition, an independent assessment is done by the Dr Foster Organisation who undertake surveys and observations in hospitals. The reports from all of these organisations, together with the hospitals' own self assessment figures, are available to the public.

2.4 The Kent LINK started in 2008. In March 2009 participants contributed to the LINK's commentary on healthcare standards in the County. It was evident from the responses that hygiene and cleanliness in hospital was still high in the public consciousness. Participants also expressed concerns regarding the fear of contracting an infection whilst in hospital. In May 2009 the Annual General Meeting of the LINK supported work on a hygiene project. Initially a small group of participants met to decide what should be included. It was decided that the first project should be limited to the acute hospitals in Kent and this work should be a combined effort with the Medway LINK. Work began in the autumn of 2009 and most of the visits were made in December 2009 and January and February 2010.

2.5 The chief executive of each NHS Trust was given a formal notice on 3 December 2009 that unannounced visits would be made to each acute hospital in Kent at some time between 8 December 2009 and 8 January 2010. Due to various difficulties which included the County's inclement weather in January, the work was delayed and each Trust was notified on 15 February 2010 of an extension to the visitors' timescale. The visits were completed on 19 March 2010.

2.6 Eight hospitals in four trusts were visited during this period. The hospitals were:

- Darent Valley Hospital in Dartford (Dartford and Gravesham NHS Trust)
- Maidstone Hospital (Maidstone and Tunbridge Wells NHS Trust)

- Kent and Sussex Hospital in Tunbridge Wells (Maidstone and Tunbridge Wells NHS Trust)
- Pembury Hospital in Tunbridge Wells (Maidstone and Tunbridge Wells NHS Trust)
- Medway Maritime Hospital in Gillingham (Medway NHS Foundation Trust)
- William Harvey Hospital in Ashford (East Kent Hospitals University NHS Foundation Trust)
- Queen Elizabeth The Queen Mother Hospital in Margate (East Kent Hospitals University NHS Foundation Trust)
- Kent and Canterbury Hospital in Canterbury (East Kent Hospitals University NHS Foundation Trust).

2.7 An examination of the recent history of inspections of the Trusts by the Care Quality Commission Inspection on the prevention and control of infections 2009 / 10 showed that all were compliant (Appendices 1, 2 and 3).

3. Method

The project included investigations of hand hygiene, disinfection and patient experience. The visits to hospitals were done by a number of LINK Authorised Visitors who received training in the procedures to be undertaken. Pairs of Visitors at each site were supported by staff from Kent & Medway Networks (KMN), the host organisation for the LINK. The survey work was done by KMN using its database of LINK participants.

3.1 Hand hygiene

3.1.1 Information was requested from each Trust on its hand hygiene policy and in particular the use of hand applied alcohol. As a compliance standard it was decided to use that specified by the East Kent Hospitals University NHS Foundation Trust (Appendix 4).

3.1.2 The objective was to make unobtrusive records of the use of hand alcohol dispensers at three different locations within the hospital for a period of about 30 minutes or until 30 observations had been made. Dispensers just outside of wards were chosen; but, in addition, where dispensers were available at the hospital entrance, 100 observations were made on the use of these by people entering and leaving the hospital.

3.1.3 The recordings were made in three categories, fully compliant, partially compliant and non compliant. An attempt was also made to categorise the users into three groups:

1. Professional staff / hospital staff – displaying a badge
2. Patients
3. Visitors / others.

3.2 Swabs and disinfection

3.2.1 Information was requested from each Trust on their disinfection policies and protocols. This included the frequency of deep cleaning, the disinfectants used and their concentration.

3.2.2 During hospital visits, samples were taken from made-up chlorine disinfectant and these were immediately checked for the available chlorine concentration. Two methods were available to determine the chlorine concentration but a Chlorometer (Palintest Ltd, Tyne & Wear, a leading water analysis company) was most frequently used. Test strips obtained from Precision Laboratories were also used. In addition to the chlorine level, records were made of the method used to make up the chlorine disinfectant, the time since it was prepared and whether it was clean or dirty.

3.2.3 As an additional indication of the cleanliness of surfaces within the hospitals, five swabs were taken at various sites, paying particular attention to door handles, bedside tables and other areas which the observers felt to be appropriate. Three sites were chosen in each

hospital and these were generally on the wards where the observations were made on the use of the hand alcohol dispensers. A standardised prescribed area of approximately 10cm² was swabbed using swabs from sterile buffer solution. These swabs were sent to an accredited laboratory, Eclipse Scientific Group based in Sittingbourne, Kent, immediately after each visit. The laboratory was asked to examine the swabs for Enterobacteriaceae, *Staphylococcus aureus* and also to make a total viable colony count. The methodology they used enabled them to detect Enterobacteria at population of 10 or more and *Staphylococcus aureus* at 20 or more.

3.3 Patient Experience

3.3.1 For the third stage of the project, a questionnaire was devised to record participants' experiences of hospital visits during 2009. The questionnaire (Appendix 5) covered many aspects of hospital hygiene and also gave participants the opportunity to express their own feelings about the approach to hygiene and cleaning used in the hospital during their visit. The questionnaire was sent to 888 participants via post and email using the Kent and Medway LINK Bulletins in February and March 2010. Participants were able to reply either online or by posting a completed questionnaire.

4. Results

Because of the bad weather and visiting restrictions to three hospitals due to an outbreak of Norovirus, visits could not be completed according to the original schedule. In addition it often proved difficult for the observers to make all of the required observations in just one visit as originally intended so it was necessary to supplement the original schedule with additional visits in order to achieve the desired number of observations.

4.1 Hand hygiene

4.1.1 A total of 1353 observations were made on the use of hand alcohol dispensers, of which 853 were at ward entrances / exits and a further 500 were at hospital entrances. The observers sometimes found it difficult to categorise users so figures on groups of users must be treated with some caution. However the results of the observations at ward entrances (Table 1) showed a considerable variation in compliance. For the professional staff the range was from 16 to 64% and for visitors from 13 to 55%. The most compliant professionals were at the Medway Maritime (64%) and the lowest at Darent Valley (16%). The two large Trusts showed variation between hospitals but the Maidstone and Tunbridge Wells NHS Trust hospitals (61%, 46%, 55% respectively) had higher compliance figures than the East Kent Hospitals University NHS Foundation Trust hospitals (25%, 39%, 26% respectively).

4.1.2 The visitor compliance figures had similar variation to those of the professionals. Again the most compliant were visitors were at the Medway Maritime (55%). The Darent Valley visitor compliance figure of 45% was much better than that of their professionals. The two large Trusts both showed lower figures (Maidstone and Tunbridge Wells NHS Trust 50%, 13%, 33%) particularly East Kent Hospitals University NHS Foundation Trust (21%, 38% and 0%).

4.1.3 The patient compliance figures for all hospitals were extremely variable with four reported as 0% and one (Pembury) as 70%. It is perhaps worth noting that the Pembury Hospital was the only one where the observations of use were predominantly of outpatients.

Table 1: hand hygiene - compliance figures (%) observed at entrance to ward

Hospital	Professional staff / hospital staff wearing / displaying a badge (%)	Patients (%)	Visitors / other (%)
Darent Valley	16	0	45
Kent and Canterbury	25	50	21
Kent and Sussex	61	-	50
Maidstone	46	0	13
Medway Maritime	64	25	55
Pembury	55	71	33
Queen Elizabeth The Queen Mother	39	0	38
William Harvey	26	0	0

4.1.4 Observations of hand hygiene compliance were also made at the entrances to hospitals but were restricted to the three hospitals which gave emphasis to hand hygiene at this point. No records were made at the entrance / exit of the other hospitals.

4.1.5 For the professional group, the compliance figures were again variable (60% Maidstone and 31% Pembury) as were the visitor figures (22-81%). The visitor figure for Maidstone was 81%, which was the highest compliance figure recorded in all of the work.

Table 2: hand hygiene compliance figures (%) - observed at main entrance to hospital

Hospital	Professional staff / hospital staff wearing / displaying a badge (%)	Patients / Visitors / Other (%)
Darent Valley	33	34
Kent and Sussex	41	22
Maidstone	60	81
Pembury	31	38

4.2 Swabs and disinfection

Swabs

4.2.1 A total of 145 swabs were taken. The results from each hospital together with the positive swabs are shown in Appendix 8.

4.2.2 *Staphylococcus aureus* (*S. aureus*) was found on eight and Enterobacteria on three swabs. 145 additional swabs had bacteria giving colony numbers of under 100 to 3000 (upper limit of detection).

4.2.3 Of the eight positive swabs for *S. aureus*, four were taken from computer keys of the mouse at nurse's stations. Two were from hot taps and one was from a unisex public toilet.

4.2.4 The three positive results for the Enterobacteria were from showers / toilets (two) and one from a computer mouse at a nurse's station.

4.2.5 145 swabs showed some bacteria colonies when tested. Surfaces near to patients' beds such as tables, chairs and bed rails generally had the highest level of bacterial contamination with 25 swabs having 200 or more colonies. The next most contaminated areas were showers, toilets and bathrooms (13 with 200 or more colonies). The other areas where high populations of bacteria were found included hot water taps (six) and the computer mouse on nurses' stations (five). Only two doors had high populations in spite of the frequently handled parts of doors being swabbed.

Disinfection

4.2.6 Only eight samples of chlorine disinfectant were collected in total and these came from six of the eight hospitals visited. Three of these had levels of available chlorine above 1000ppm. The concentration of the others were 100ppm, 600ppm, 740ppm and 830ppm respectively.

4.2.7 Six samples were observed to be 'clean' and two were 'dirty'. The time from make up of the solutions was generally with 30 minutes of the sampling time although one sample had been made up for 3.5 hours. There were not enough samples to draw any conclusions on the relationship between the appearance of the disinfectant, or the time from preparation and the concentration of available chlorine.

4.3 Patient Experience

4.3.1 A total of 54 completed questionnaires were returned relating to the eight hospitals surveyed (Table 3). Because of the sample sizes for each hospital, it has not been possible to analyse the results in relation to the questions asked.

Table 3: The numbers of responders with experience of visits to the eight Kent hospitals which were surveyed

Name of hospital	Area	Number of responders
William Harvey	Ashford	4
Kent and Canterbury	Canterbury	4
Darent Valley	Dartford	4
Medway Maritime	Gillingham	21
Maidstone	Maidstone	7
Queen Elizabeth The Queen Mother	Margate	4
Kent and Sussex	Tunbridge Wells	1
Pembury	Tunbridge Wells	1

4.3.2 The 21 respondents for the Medway Maritime allowed some analysis of their responses. Of these, 19 said that they did see hand alcohol dispensers in the hospital and the same number said they were accessible. 15 used a dispenser at the ward entrance, six at the hospital entrance and five at the bedside. 12 said that they saw pictures on the correct way to use the dispensers and 10 said they read the instructions. When asked how often the bedside dispensers were used, three said always, five said sometimes and 10 said hardly ever. People reported to be using bedside dispensers were staff members (nine), patients in bed (three) and visitors (eight).

4.3.3 Responders to the survey were given the opportunity to make comments and a number were received (Appendix 10).

5. Discussion

5.1 One of the stated aims of the Kent and Medway LINKs is to involve local people in decisions about what services are needed and to make sure existing services are of the right quality. One of the main aims of this project was to obtain information on the quality of hospital hygiene and where possible to objectively measure as many factors as possible. Many services that are regularly assessed by the various authorities, such as the Care Quality Commission, Monitor, Dr Foster Intelligence etc, rely very heavily on hospitals' own assessment of their performance. One recent example of the problems of self assessment was highlighted by the crisis in the Mid Staffs NHS Foundation Trust. The Robert Francis' report on Mid Staffordshire crisis is careful not to cast "adverse inferences" on the work of independent Dr Foster Intelligence. Yet it is clearly uneasy about the poor quality of data with which it and other statistic-producing bodies have to work and about the different interpretations that it and other bodies put on them.

5.2 In order to be truly objective and to get sound data would require an enormous input. In this respect the Kent and Medway LINKs' data can only be considered to be a 'snapshot'. Such short term studies are always open to the criticism that the situation was not typical at the time the observations / measurements were made. But our snapshot was not a once only look. It was a series that could be described as at randomly chosen times. In this way independent data was gathered. Again, the interpretation of this data is open to criticism but it is presented in this report as what was found at the time. Where there are possible pointers in the direction of improvements, these are highlighted to be drawn to the attention of the relevant Trusts.

5.3 Over 1300 observations of hand hygiene gives a respectable sample size although the number is spread across all eight sites. The different Trusts appear to have different attitudes to the use of hand alcohol dispensers. For instance the Maidstone and Tunbridge Wells NHS Trust, Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust hospitals placed great emphasis on the use of the dispensers at the entrance / exit. In contrast the East Kent Hospitals University NHS Foundation Trust hospitals, although having clear signs on the floors at entrances, did not have alcohol dispensers in these positions. At William Harvey it is difficult to find a dispenser anywhere near the floor sign which clearly asks everyone to use the dispenser where this sign is displayed.

5.4 Making unobtrusive observations of the use of hand dispensers is not easy. The hospital 'grape vine' works very quickly and staff in particular, soon know when measurements are being made as was remarked upon by one of the observers. Bearing this in mind it is likely that the figures we report may be inflated above the normal for this very reason. In addition there does appear to be groups of people who consider that the dispensers are there for others and not them. Among these are the delivery people, porters and to a large extent the public in general.

5.5 It is perhaps significant that the greatest compliance at the entrance / exit to hospitals was at Maidstone. At the ward entrances the highest compliance was at the Medway Maritime hospital. The East Kent hospitals had low compliance rates at the entrance to wards.

5.6 By any standard, a compliance rate of half or less of those passing the alcohol dispenser is poor and the system could be said to be failing. But we made observations at one

point only and we know that many people may be using the dispensers elsewhere and many will not be in direct contact with patients. We did not make our observations at the point of patient contact largely because we felt that we would not be able to get an unbiased result and also because there would be so few users per hour.

5.7 The inconsistency of emphasis on the use of hand alcohol at hospital entrances is perplexing. Although it is probably generally accepted that hospitals are the main source of infection it is also known that a percentage of visitors entering the hospitals bring MRSA with them. In addition, after being in the hospital, visitors may leave with MRSA. The only point where hospital contamination from this source could be avoided and decontamination of hands at leaving achieved, is the entrance. As one observer reported:

“....methods need to be found to ensure all visitors to and from the hospital use the hand gel. Perhaps a staff member to request that the visitor use the hand gel. It seems like a huge expense on the staff but only until everyone gets the idea / message about how important hand hygiene is.”

5.8 If bringing MRSA and other bacteria into the hospital is considered to be a serious source why is it not possible to do as our observer says and have the process supervised, at least initially. If it is not considered to be serious then the whole policy of hand cleaning needs to be reviewed.

5.9 It is difficult to compare our figures for compliance with those of the Trusts we visited mainly because it is not at all clear how the Trusts figures are obtained. If all the Trusts figures are based on observations of the use of dispensers placed on beds then our figures are not comparable as we did not observe at this point. East Kent Hospitals University NHS Foundation Trust makes public its compliance on its website. It sets a very high standard of 95% and has reached this target with all of its person categories for a number of months. If these are figures taken at the bedside who takes them and how many observations are used to calculate the percentages? Also, if it is difficult to be unobtrusive standing outside of a ward, how much more difficult it would be to be in a four bed ward? More clarity and openness is required on how these figures are obtained, who records them and when.

5.10 One reason given for the lack of the dispenser at hospital entrances is because they are known to be a source of alcohol for alcoholics. This is said to account for their absence in East Kent. It would appear that the risk in Maidstone and Tunbridge Wells NHS Trust, Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust is seen as less severe as those hospitals still have dispensers at the entrances.

5.11 A clarification of the current policy of the use of hand alcohol dispensers, where they are placed and why, is urgently required in order that the public might understand it.

5.12 Bacteria are universally present and a cleaned surface may be free of bacteria or substantially so, until it is re-contaminated. Re-contamination may occur within seconds of cleaning or it may take longer. This must be considered when looking at the swab sample results.

5.13 The examination of the swabs for pathogens was restricted to *S. aureus* and (not the antibiotic resistant form because of costs) and members of the

Enterobacteriaceae. It was argued that the antibiotic sensitive strains of MRSA would be just as likely to be eliminated by a good disinfection programme as the antibiotic resistant forms. Also, it was considered that the total bacterial count from each of the swabs would give some indication of the general level of bacterial contamination of the places examined. This in turn might reflect the general efficacy of cleaning. In order to draw some conclusions, a total count of 200 colonies per swab was taken as a significant level. It must be emphasised that these bacteria are ever present in the environment and are harmless. But they are generally sensitive to disinfection so the size of the population is some indication of cleanliness.

5.14 It is certainly not surprising to find the highest levels of bacteria on bedside tables and other surfaces near to a bed. Also taps must always be suspect as they are often operated by 'dirty' hands. Perhaps what is most alarming is the presence of bacteria in particular *S. aureus* and Enterobacter on computer equipment at nurses' stations. This contamination has clearly resulted from the use by contaminated hands. Once contaminated the bacteria could easily be passed on to all the staff who use this equipment within the ward. It is clearly very important to keep the nurses' stations clean otherwise they are a source for all patients. Perhaps the instigation of a better means of cleaning keyboards would help and a dedicated hand alcohol dispenser at the station for nurses' exclusive use would seem to be a simple solution. When Enterobacter occur there is always the fear that they may have come from a source which would also carry *C. diff*. In this respect it is doubly important to make certain that nurses' stations are clean.

5.15 Taps, particularly hot taps, were found to be an important source of *S. aureus*. It is easy to see that someone with contaminated hands could easily contaminate the tap merely as a result of hand washing. There is a need for automated tap systems particularly in areas that are most vulnerable or at least taps with long handled leavers.

5.16 Chlorine is the only chemical disinfectant used in hospitals and it appears that it is National Policy to restrict its use. The concentration of available chlorine that is recommended is 1000ppm. This is obtained by placing a tablet in a litre of cold water, allowing it to dissolve and then using the disinfectant for a short period of time (generally not more than two hours). It is easy to make up a solution with less than 1000ppm by using warm water or by allowing the water to become contaminated by organic material early in the life of the use of the disinfectant. The small amount of evidence obtained indicated that chlorine solutions are being used at sub-optimum levels although it is fair to say that only the spores of *C. diff* require the full strength solution in order to kill them. *S. aureus* is probably killed at much lower concentrations as long as the exposure time is suitable. We found only one sample that may have been totally ineffective

5.17 Chlorine is used regularly on commodes and to clean up spillages particularly of body fluid and blood. Surprisingly it is not used in toilets or bathrooms. It would seem logical to extend the use of chlorine to all of the very vulnerable areas within a hospital but to make certain that those using it are preparing the solutions correctly.

5.18 It was regrettable that the LINKs' Patient Experience Survey on hospital hygiene resulted in such a low return. But the comments made by a number of those who did return the questionnaire are interesting and useful. The vexed question of nurses in uniforms being outside of the hospital either smoking or shopping is raised yet again. They may not be adding

very much to the risk of patients but it does set a very bad example which the public have taken notice of on many occasions.

5.19 Lapses in cleaning are noted by some and it is to be hoped that those who read this report will take heed of their comments and try to make certain that such dirty areas as public toilets, the floor in A and E, grubby carpets in various places are all looked at. We would be pleased to make known the exact location of these dirty areas to those who should be cleaning them.

5.20 Finally, in spite of a number of issues included in this report, we know that the hospitals in Kent and Medway are doing a good job with regard to hygiene. Incidence of both MRSA and C. diff has declined over the last two years. But in order to do even better we urge the Trusts to read this report and at least consider it seriously, if not adopt the suggestions we have made. The next time this work is repeated we will look forward to a greater degree of cooperation so that we can all gain maximum benefit.

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6. Recommendations

- 6.1 Hospitals' policy on the use of hand hygiene should be re-examined so that the public can understand why they are required to use dispensers at the entrances / exits of some hospitals and not others.
- 6.2 If the point of contact with patients is most important place to use the hand gel then this should be made very clear in all hospitals.
- 6.3 Hospitals should be more open about the methods they use to measure hand hygiene compliance standard.
- 6.4 Bacterial populations, particularly of pathogens on computer equipment at nurses' stations is a risk to patient health and should be eliminated by all possible means.
- 6.5 Greater emphasis should be placed on the very frequent cleaning of bathrooms and toilets especially the taps.
- 6.6 Alternatively taps which can be operated without hand contact should be installed.
- 6.7 Bedside tables and surfaces around beds that are used by patients should receive particular attention because they are likely to have the highest level of bacterial contamination.
- 6.8 Hospitals should supervise more closely the preparation of chlorine disinfectant solutions as there is clearly variation, which though not critical in most cases, could be in some.
- 6.9 Consideration should be given to the disinfection of toilets as well as commodes. At present the policy is inconsistent.
- 6.10 Allowing nurses to leave the premises in their uniforms often to re-enter is inconsistent with a good hygiene policy. In order to set the best standard nurses and related staff should be seen to be minimising risk not maximising it.
- 6.11 A number of dirty areas are mentioned in this report. It is hoped that the hospitals concerned will recognise them and clean-up these.
- 6.12 Dirty public toilets were noted by number of observers. Hospitals should re-consider the cleaning frequency of these. For other comments and suggestions made by observers see Appendices 9 and 10).
- 6.13 This piece of work has produced a large amount of data and as part of a further study the relationship between the proportions of those using the alcohol dispensers and levels of contamination should be examined to see if the relationship is statistically significant.
- 6.14 The LINK should be recommended to repeat this work within a suitable interval, to be determined, as an additional measure to those already in place by NHS Trusts, to help

further reassure the communities in Kent and Medway that their hospitals are safe places in which to receive care and treatment.

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7. Acknowledgements

7.1 On behalf of the Kent and Medway LINKs, thanks are extended to Kent and Medway Authorised Visitors: Hazel Brain, Nicki North, David Morris, Jim Hancock, Nikki Bailey, Blossom Lee, Betty Enwright and Ron Jones, who each gave their time and knowledge to participate in stages one and two of this project.

7.2 We are also grateful to those members of the small project group which set the wheels in motion, Laura Probert and Jean Glayzer, as well as Diane Steltner and John Smith for their initial interest.

7.3 Grateful thanks are equally expressed to the Management and staff from each of the Kent Hospital Trusts who helped to achieve the completion of this project:

- Maidstone and Tunbridge Wells NHS Trust - Flo Panel-Coates, Director of Nursing and Dr Sara Mumford, Head of Infection Control.
- East Kent Hospitals University NHS Foundation Trust - Amanda Bedford, Head of Patient Experience and Debbie Weston, Deputy Lead Nurse, Infection Prevention and Control.
- Dartford and Gravesham NHS Trust - Iris Smith, Director Infection Prevention and Control, and Lesley Goldsmith, Patient and Public Involvement Manager.
- Medway NHS Foundation Trust - Suzanne Brooker, Patient and Public Involvement Lead, and Linda Dempster, Head of Infection Control.
- Kent and Medway Social Care Partnership Trust were also consulted during the initial stages, although it was decided by the project group only to investigate acute trusts in the project itself.

7.4 The Patient Experience element of the project was achieved by LINK participants who kindly completed our questionnaire to tell us of recent experiences of hospital hygiene. We thank them all for their help.

7.5 Finally, the full support of the KMN team was essential for this project and in particular we wish to recognise the large amount of work done by Cate Boland, LINK Development Worker and also by Sophie Swain and Neville Dack, LINK Project Workers.

John Fletcher
Kent LINK Governor, Project Lead

Care Quality Commission 15 measures for Inspection

- Having appropriate mechanisms for the trust's board to ensure that sufficient resources are available to effectively prevent and control Health Care Associated Infections (HCAIs)
- Ensuring that workers involved in patients' care receive appropriate information, training and supervision on how to prevent and control infections
- Performing a programme of audit to ensure that policies and practices are being followed
- Having managers (or a single manager) who lead the trust's cleaning and decontamination of equipment used in treatment
- 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
- Ensuring that the environment for providing healthcare is suitable, clean and well maintained
- Having cleaning arrangements that detail the standards of cleanliness required and making cleaning schedules available to the public
- Having an adequate provision of suitable hand-washing facilities and antibacterial hand rub
- Using effective arrangements for the appropriate decontamination of instruments and other equipment, which are detailed in appropriate policies
- Having a policy for uniforms and work wear to ensure that staff wear clothing that is clean and fit for purpose
- 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
- Explaining to visitors of patients their roles and responsibilities in the prevention and control of HCAIs
- Helping patients to be aware of how to reduce risks of HCAIs so that they can be vigilant (for example, by telling staff when they think there could be an issue)
- Providing or securing adequate isolation facilities
- Following appropriate policies and protocols on the prescription of antimicrobial drugs

Care Quality Commission Inspection report on the prevention and control of infections, 2009 / 10

Dartford and Gravesham NHS Trust was first inspected on 30 December 2009. Of the 15 measures inspected (see Appendix 1), concern was That the trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection. The Trust was revisited on 26 February 2010 where the overall judgment was the 'No evidence was found that the Trust has breached the regulation to protect patients, workers and others from the risk of acquiring a healthcare associated infection'.

Maidstone and Tunbridge Wells NHS Trust received an unannounced inspection on 19th and 20th November 2009. 15 measures were inspected and 'No evidence was found that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection'.

Medway NHS Foundation Trust received an unannounced inspection on 21st July 2009. 15 measures were inspected and 'No evidence was found that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection'.

East Kent Hospital University NHS Foundation Trust received an unannounced inspection on 24th June 2009, 9 measures were inspected. Concern was raised about the use of 'effective' arrangements for the appropriate decontamination of instruments and other equipment'.The Trust was contacted again on 16 September 2009, to gain assurance that it had implemented the recommendation where the overall judgement was that 'no evidence was found that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection'.

Dr Foster Quality Accounts

The Dr Foster Organisation publishes figures for every NHS Trust in England to help the public understand how their local hospital performs across measures of patient safety, clinical effectiveness and patient experience. They use the best available routine data as well as information from their annual survey of NHS Trusts and choose measures they consider both relevant and up to date, in order to help the public understand which hospital is right for their treatment.

The scoring system used concentrates on patient safety using the relevant indicators from the quality accounts and combining them to give an overall measure of each hospital. The result is a score between 0 and 100, with 100 being the best. However, the scores are not accurate enough to allow precise comparisons between hospitals with similar scores so the scores are grouped into five bands, giving 1 for the poorest performers and 5 for the best.

Table 1 results of the Dr Foster Quality Accounts for 2008 / 09

Hospital Trust	Patient Safety Summary Score
Medway NHS Foundation Trust	36.3
Maidstone and Tunbridge Wells NHS Trust	72.6
East Kent Hospitals University NHS Foundation Trust	92.47
Dartford and Gravesham NHS Trust	52.05

East Kent University Hospital Foundation Trust - Hand Hygiene Policy September 2009

1. Hands must be free from dirt and organic material (visibly clean) – if not they must be washed using liquid soap and water.
2. The hand rub solution must come into contact with all surfaces of the hands.
3. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
4. Continue to rub hands until the solution has evaporated and the hands are dry.
5. Apply hand cream regularly to protect skin.

Patient Experience Questionnaire

Question 1

Which hospital have you attended as an in or out patient or a visitor in the last 12 months?
(Please tick one)

William Harvey Hospital	Ashford	<input type="checkbox"/>
Kent & Canterbury Hospital	Canterbury	<input type="checkbox"/>
Darent Valley Hospital	Dartford	<input type="checkbox"/>
Medway Maritime Hospital	Gillingham	<input type="checkbox"/>
Maidstone Hospital	Maidstone	<input type="checkbox"/>
Queen Elizabeth the Queen Mother Hospital	Margate	<input type="checkbox"/>
Kent & Sussex Hospital	Tunbridge Wells	<input type="checkbox"/>
Pembury Hospital	Tunbridge Wells	<input type="checkbox"/>

Question 2

How much time did you spend at the hospital? (Please tick one)

Less than 1 hour	<input type="checkbox"/>
1 – 5 hours	<input type="checkbox"/>
More than 5 hours	<input type="checkbox"/>
1 – 3 days	<input type="checkbox"/>
More than 3 days (please specify)	<input type="checkbox"/>

Question 3

What was the date of your visit?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 4

What was the reason for your visit? (Please tick one)

Visiting / accompanying a patient	<input type="checkbox"/>
You were an outpatient	<input type="checkbox"/>
You were an A & E patient	<input type="checkbox"/>
You were an inpatient	<input type="checkbox"/>

Question 5

Which department or ward were you visiting?

Question 6

Please answer the questions below to give us a better idea of your experience at the hospital
(Please tick one box for each question)

Hand Hygiene	Yes	No	Not sure
Did you clearly see the hand gel dispensers in the hospital?			
Were they easily accessible to use?			
Did you notice if they were full?			
Did you use one?			
If you did use a hand gel dispenser, where in the hospital did you use it? (please answer yes, no or not sure for all options)			
At the hospital entrance			
At the entrance to the ward you were on			
At a bedside			
Elsewhere (please tell us where below)			
Did you see any diagrams or pictures explaining how to use the hand gel dispensers?			
Did you read the instructions?			
How often did you see a person using a bedside hand gel dispenser?			
Every time I looked			
Sometimes but not all the time			
Hardly ever			
Which of the following people did you see using the bedside hand gel dispenser:			
A member of staff			
The patient in the bed			
A visitor			
Other (please tell us who below)			
Were you asked by a member of staff to wash your hands with soap and water at any point during your stay / visit?			
If yes, please tell us what happened and why:			
Please tell us about any other observations you had of hand hygiene in the hospital			

Domestic Cleaning	Yes	No	Not sure
Did you see any cleaners in action during your stay / visit?			
What were they cleaning? (please answer yes, no or not sure for all options)			
Bedside tables			
Toilets			
Showers			
Nurse's station			
Other (please state what it was below)			
What method were they using to clean the above? (please answer yes, no or not sure for all options)			
Mop and bucket			
Cloth			
Other (please state what it was below)			
Did you see the toilets to the nearest Ward being cleaned?			
If yes, how many times a day was it cleaned?			
Were you aware of any 'deep cleaning' during your stay / visit?			
Did you see the door handles or pushes being cleaned?			

Equipment	Yes	No	Not sure
If you used / saw a commode during your stay / visit, was it clean?			
If you were an inpatient and on a drip, did you feel that hygiene and cleanliness guidelines were followed when the drip was changed?			

Infection Control	Yes	No	Not sure
If you were an inpatient at the hospital, did you have an MRSA test?			
Did you see or were you aware of any blood or faeces spillages at the hospital during your stay / visit?			
If yes, was it dealt with promptly?			
If it was not dealt with promptly, roughly how long did it take to sort?			

Question 7

Overall, how would you rate your experience at the hospital? (please circle one)

Excellent

Good

Average

Fair

Poor

Observations of Hand Hygiene compliance at ward entrance

Hospital	Professional staff / hospital staff wearing / displaying badge			Patients			Visitors/others			TOTAL
	Compliant	Partial	Not used	Compliant	Partial	Not used	Compliant	Partial	Not used	
Darent Valley	-	-	-	-	-	-	-	-	-	-
Rowan ward	2	-	19	-	-	10	2	-	8	41
Oak ward	-	-	-	-	-	-	15	-	16	31
Maple ward	5	1	17	-	-	1	10	-	9	43
Total	7	1	36	-	-	11	27	-	33	115
Kent & Canterbury	-	-	-	-	-	-	-	-	-	-
Kent ward	9	-	14	1	-	1	2	-	7	34
Clark ward	5	2	19	-	-	-	-	-	8	34
St Lawrence ward	6	2	22	-	-	-	2	-	-	32
Total	20	4	55	1	-	1	4	-	15	100
Kent & Sussex	-	-	-	-	-	-	-	-	-	-
Ward 5	22	4	7	-	-	-	-	-	2	35
Ward 7	20	1	8	-	-	-	1	-	-	30
Ward 11/11a	26	-	23	-	-	-	2	-	1	52
Total	68	5	38	-	-	-	3	-	3	117
Maidstone	-	-	-	-	-	-	-	-	-	-
John Day ward	20	1	11	-	-	-	-	-	-	32
Pye Oliver ward	15	2	15	-	-	-	-	-	-	32
Jonathon Saunders ward	16	-	20	-	-	3	1	-	7	47
Total	41	3	46	-	-	3	1	-	7	101

Kent and Medway LINKs

Medway Maritime	-	-	-	-	-	-	-	-	-	-
Dickens ward	9	2	1	-	-	1	13	-	10	36
Pembroke	30	2	17	-	-	-	1	-	-	50
Wakeley	6	-	3	1	-	2	4	-	5	21
Total	45	4	21	1	-	3	18	-	15	107
Pembury	-	-	-	-	-	-	-	-	-	-
Ruth ward	11	2	9	-	-	-	3	-	6	31
Main outpatients (waiting area)	7	-	4	12	-	5	-	-	-	28
Total	18	2	13	12	-	5	3	-	6	59
Queen Elizabeth The Queen Mother	-	-	-	-	-	-	-	-	-	-
Sparrows (M&F) ward	2	-	24	-	-	-	-	-	2	28
Bishopstone ward	23	4	13	-	-	-	1	-	2	43
Deal ward	17	2	20	-	-	1	2	-	-	42
Sandwich ward	-	-	2	-	-	-	-	-	1	3
Total	42	6	59	-	-	1	3	-	5	116
William Harvey	-	-	-	-	-	-	-	-	-	-
Cambridge J ward	8	-	42	-	-	6	-	-	4	60
Kings D2 ward	15	-	16	-	-	2	-	-	2	35
Kings A2 ward	-	-	25	-	-	-	-	-	5	30
Kings B ward	8	-	3	-	-	-	-	-	2	13
Total	31	-	86	-	-	8	-	-	13	138

Appendix 7

Observations of Hand Hygiene Compliance at Main Entrance (where dispensers are present)

Hospital	Professional staff / hospital staff wearing / displaying a badge			Patients / visitors / others			
	Compliant	Partial	Not used	Compliant	Partial	Not used	
Darent Valley	1	-	2	37	-	73	113
Maidstone	9	-	6	91	10	21	137
Kent & Sussex	7	1	9	19	2	65	103
Pembury	4	-	9	51	-	83	147

Positive Swab test results:

Darent Valley Hospital

Date of visit: 29 January 2010
Total swabs: 4

Result Type	Location	Total
Enterobacteriaceae (presumptive)	Spruce Ward Shower 2W147	70
Total viable count under 100	-	2 results
Total viable count between 100 - 200	-	0 results
Total viable count above 200	Spruce Ward Shower 2W147	1100
	Spruce Ward Shower 2W211	>3000

Date of visit: 15 February 2010
Total swabs: 15

Result Type	Location	Total
Staphylococcus aureus	Oak Ward 3W 259 Bathroom Hot tap	40
Total viable count under 100	-	8 results
Total viable count between 100 - 200	-	3 results
Total viable count above 200	Maple Ward Tap in Toilet 3E 359a	220
	Rowan Ward Bathroom Door 3E 315	>3000
	Rowan Ward Door Furniture FR 60	270
	Oak Ward Nurses' Station Computer Mouse	960

Kent & Canterbury Hospital

Date of visit: 1 February 2010
Total swabs: 14

Result Type	Location	Total
Total viable count under 100	-	4 results
Total viable count between 100 - 200	-	3 results
Total viable count over 200	Kent Ward Bay 2 Cold Tap Handle	210
	Kent Ward Bay 2 Bed 11 Bedside Table	>3000
	Kent Ward Bay 2 Bedside Locker Bed 13	1600
	Kent Ward Bay 3 Bed 16 Bedside Table	270
	Clarke Ward Toilet / Shower Door Push Plate F1 48	1600
	Clarke Ward Bay 5 Bed 4 Side Table	>3000
	Clarke Ward Bay 4 Bed 6 Table	270

Date of visit: 1 March 2010
Total swabs: 6

Result Type	Location	Total
Total viable count under 100	-	2 results
Total viable count between 100 - 200	-	1 result
Total viable count over 200	St Lawrence Male WC Entry Door Left Side	210
	St Lawrence Bay 3 Bed 12	460
	St Lawrence Bay 2 Bed 6 Tray	>3000

Kent & Sussex Hospital

Date of visit: 16 March 2010
Total swabs: 15

Result Type	Location	Total
Staphylococcus aureus	Ward 5 Nurse Station Printer Keys	20
	Ward 7 Computer Nurses Station	20
Total viable count under 100	-	11 results
Total viable count between 100 - 200	-	1 result
Total viable count over 200	Ward 7 Patient Bed 18 Table	510
	Ward 11 Patient Toilet No. 305	610
	Ward 5 Bay 4 Bed 21	600

Maidstone Hospital

Date of visit: 19 March 2010
Total swabs: 15

Result Type	Location	Total
Enterobacteriaceae (presumptive)	Pye Oliver Ward Tap in Shower / Toilet	390
Staphylococcus aureus	Pye Oliver Computer Mouse	80
Total viable count under 100	-	9 results
Total viable count between 100 - 200	-	1 result
Total viable count over 200	Pye Oliver Kitchen Hot Tap	440
	Pye Oliver Tap in Shower / Toilet	>3000
	Jonathan Saunders Clean Utility Taps	590
	John Day Bay A Patient Toilet Handle AA47	700
	John Day Bay A Computer Mouse B/AA50	430

Medway Maritime Hospital

Date of visit: 26 January 2010
Total swabs: 15

Result Type	Location	Total
Total viable count under 100	-	9 results
Total viable count between 100 and 200	-	2 results
Total viable count over 200	Pembroke Ward Reception Desk	>3000
	Pembroke Ward Patient's Table	2200
	Pembroke Ward Behind Bed 17	2700
	Wakeley Ward Sluice	260

Date of visit: 29 January 2010
Total swabs: 6

Result Type	Location	Total
Staphylococcus aureus	Unisex Public Toilet 2HS20	140
Total viable count under 100	-	2 results
Total viable count between 100 and 200	-	0 results
Total viable count over 200	Unisex Public Toilet 2HS20	260
	Men's Public Toilet Door Handle	300
	Dickens Ward B011 Bathroom Inside Handle	210
	Dickens Ward Patient Toilet Door Handle	470

Pembury Hospital

Date of visit: 11 March 2010
Total swabs: 15

Result Type	Location	Total
Enterobacteriaceae (presumptive)	Ruth Ward Computer Keyboard	30
Total viable count under 100	-	11 results
Total viable count between 100 - 200	-	4 results
Total viable count over 200	-	No results

Queen Elizabeth The Queen Mother Hospital

Date of visit: 23 December 2009
Total swabs: 11

Result Type	Location	Total
Total viable count under 100	-	5 results
Total viable count between 100 - 200	-	2 results
Total viable count over 200	Sandwich Ward Bay 3 Bed 7 Table	240
	Deal Ward Nurses Station	400
	Deal Ward WC 5	480
	Deal Ward Bay 2 Bed 5 Table	>3000

Date of visit: 22 February 2010
 Total swabs: 11

Result Type	Location	Total
Staphylococcus aureus	Deal Ward Bay 1 Hot Tap Handle	200
	Bishopstone Bay 3 Bed 4 Table	280
Total viable count under 100	-	3 results
Total viable count between 100 - 200	-	2 results
Total viable count over 200	Bishopstone Ward Bay 3 Bed 1 Bed Table	>3000
	Bishopstone Computer Mouse by Bay 2	400
	Bishopstone Bay 3 Bed 4 Table	1400
	Bishopstone Bay 1 Bed 2 Food Tray	1900
	Deal Ward Bay 1 Hot Tap Handle	1200
	Deal Ward Bay 1 Bed 2 Side Table	2600

William Harvey Hospital

Date of visit: 5 January 2010
Total swabs: 9

Result Type	Location	Total
Total viable count under 100	-	2 results
Total viable count between 100 - 200	-	2 results
Total viable count over 200	Kings A2 Bay 8 Bed 14 Table	1030
	Kings A2 Bay 8 Bed 15 Table	>3000
	Kings B Bay 2 Bed 14 Chair Arm	280
	Kings B Bay 2 Bed 10 Bed Hand Rail	1080
	Kings B Female Toilet 32-073 Inside Door Handle	520

Date of visit: 2 March 2010
Total swabs: 10

Result Type	Location	Total
Staphylococcus aureus	Cambridge J Computer Mouse	20
Total viable count under 100	-	2 results
Total viable count between 100 - 200	-	2 results
Total viable count over 200	Kings D2 Bay 33 Bed 1 Table	2000
	Kings D2 Female WC Outside Bay 34	1800
	Kings D2 Bay 33 Hot Tap on Basin	>3000
	Cambridge J Bay 2 Green Bed 4 Table	>3000
	Cambridge J Computer Mouse	460
	Cambridge J Female WC 33(036) Door Handle	1200

General Observations made and reported by the visitors during the visits

Darent Valley

Rowan Ward:

The hand gel ran out whilst the visitors were observing its usage and the Infection Control nurse accompanying the visitors replaced it. When asked whose responsibility it was to replace the gel when it ran out, she said that they work on the principle that whoever discovers an empty container should have the responsibility for changing it, as if one designated person was allocated responsibility and they were off sick then it might not get replaced regularly.

Kent and Sussex

One of the visitors who was local to the area was pleased to see the effort at improvement of decoration in the hospital and commented that the hospital appeared noticeably cleaner than it was a short time ago. He also noted a change in staff moral as a result of the improvements. Matron advised visitors not to enter the wards if they had been unwell with sickness or diarrhoea or in contact with someone who had this due to Norovirus restrictions.

Ward 11 / 11a:

One doctor was observed passing the gel without using it but upon noticing the observer he then subsequently used the gel.

Ward 7:

The observer noted that there were infection control notices advising not to visit the hospital if unwell, had vomiting or diarrhoea or been in close contact with someone with these symptoms.

Maidstone

Infection control had a high profile at the hospital. Posters and gel were found in all places expected. Cleaning was observed in most parts of the hospital. Staff were friendly and cooperative and the visitors were accompanied by a matron throughout the visit. The visitors had the impression of a hospital determined to overcome past problems and establish a good reputation. Cleaners were visibly cleaning the corridors during the visit e.g. around the bottom of doors, wall furniture etc. Visitors also noted the posters at the entrance of wards listing infection control statistics for the last year and last month which are changed regularly with updated information. This was not evident at other hospitals visited.

Pye Oliver Ward:

The hand hygiene gel observer heard a nurse inform a doctor who had previously not used the gel when passing in and out of the ward on several occasions to use it.

Medway Maritime

Wakeley Ward:

Visitors noted that it appeared that the office staff in the wards were exempt from the hand hygiene procedure which they commented was defeating the object.

Dickens Ward:

Visitors noted a very clean appearance and the presence of a specialist cleaning team to remove blood. Gel notices were displayed stating that gel / alcohol to be used both when entering and leaving the ward.

William Harvey

Cambridge J Ward:

People with trolleys, patients in wheelchairs and those carrying things were noted to be less likely to use the gel. There are signs on the dispensers which inform people to let a member of staff know if gel dispensers are empty. These were not observed at other hospitals. There is gel on every bed in this ward. A patient's family were very complimentary about the care received and the visitors felt that this contributed to the visit. A nurse checked the ID of the LINK volunteers and the visitors were pleased as this showed that patient safety was being adhered to.

Kings B Ward:

Hand gel bottle was re-filled and all bottles were checked whilst the visitors were on the ward. It was not possible to get a chlorine sample on the ward as all cleaning had been completed and the water had been disposed of. During the visit the cleaning of beds and table areas was commencing. Staff appeared to be conscientious with cleanliness on the ward and this was evident in the hand gel compliance at this ward compared to other wards on the day of visiting.

Kent and Canterbury

Visitors had one aborted visit due to Norovirus restrictions on the wards on the day of visiting however they were most impressed with one PALS assistant who went out of his way to direct the visitors from one end of the hospital to the other. Parking (including disabled) was extremely limited and stressful.

St Lawrence Ward:

Chlorine samples were not taken as the cleaner was about to dispose of the water as it was over two hours old. Cleaners were buffing the floor during the visit. Although not using the dispenser at the ward entrance, several nurses came out rubbing their hands to indicate they had used the gel on the ward. One doctor was not going to use the gel but on seeing the observer did use the gel.

Kent Ward:

Staff were reported as being very friendly, helpful and welcoming. The bedding was observed to be very clean and individual rooms were being cleaned very thoroughly, including beds being moved. The visitors missed the opportunity to test the chlorine in the cleaning buckets but the domestic staff informed them that they use one tablet to one litre of cold water.

Pembury

Whilst observing the nurse changed the gel as one bottle was empty.

Queen Elizabeth The Queen Mother

The Medirest Manager was helpful in showing the visitors to the wards and introducing them to staff.

Bishopstone Ward:

The observer overheard one of the nurses informing a porter that they were being watched so to use the gel. Staff were concerned to know who the visitors were, which demonstrated vigilance towards patient safety. Staff offered the visitors a cup of tea which they felt was very welcoming!

Deal Ward:

There was another entrance to the ward for which was out of view so hand gel usage may have occurred here. The cleaning bucket was made up with hot water.

DRAFT

Comments made by responders to the Patient Experience questionnaire

William Harvey Hospital

- Not very obvious signs of hand hygiene
- I observed the toilet by the main entrance used by visitors was not always very clean
- The floors were not cleaned as frequently as they should have been and I observed blood on the floor in A&E
- Hygiene was not an obvious activity at the hospital.

Kent and Canterbury Hospital

- I attended a meeting of the Patient Experience Board in the Renal Seminar room and was taken into the room, outside it and back in again without being directed to use the hand gel and some did not on re-entry to the unit
- There was no evidence of the fact or periodicity of cleaning of toilets.

Darent Valley Hospital

- I was having a canula fitted and all the staff who were treating me used the gel
- All staff seemed to clean their hands at all times
- Cleaning staff were checking that the dispensers were working and full
- I was pleased with my visit to Darent Valley. I have always heard good responses from patients.

Maidstone Hospital

- 100% compliance by staff and most visitors over previous four inspections. Those who did not were young adults
- Rough estimate: 80% of people use hand gel when entering / leaving hospital. Over the past five years I cannot recall seeing delivery men using hand gel when arriving
- Very rarely did I see members of staff using the hand gel at the entrance to the hospital - this was especially true of admin staff
- Only a few visitors used the hand gel
- Generally hand hygiene at Maidstone Hospital is good and in oncology sections excellent. But it amazes me that there is no attempt at entrances to hospital for security and other staff to point out the need to use hand gel. Having stood at the main entrance I have seen staff watch visitors coming in and not tell them to use the

Kent and Medway LINKs

hand gel when they have ignored them on entry. I have pointed out to some people that they have walked past the hand gel and they were happy to go back and use

- I was surprised at the number of visitors entering the hospital who did not use the hand gel especially given the problems which had occurred in this hospital in the past. It seems people take the impression that the measures are in place for everyone except themselves! They would be only too quick to blame others if they became infected
- I visited this hospital for an inspection as an independent member of the annual Hospital Patient Experience Action Team (PEAT) I have been visiting this hospital regularly for the past five years and am pleased to report a great improvement. I observed serving of food and saw scrupulous attention to hygiene and laid down by hospital protocols and all staff and patients were offered hand hygiene before their lunch. Those to whom I spoke all said they saw huge improvements from previous visits. There is an ongoing issue with visitors attending against advice particularly during the Norovirus outbreak in the community
- The room where the video assessment took place was shabby. The carpet was stained in many places, it looked filthy and not cleaned properly for a long time
- The ward was exceptionally clean, as were corridors leading to Mid-Kent treatment centre. Crockery for food was clean and not chipped
- When my mother was being assessed at A&E I looked at the floor and there was dried blood and also a dirty slipper behind the bed. Also whilst sitting in the waiting area of the Majors Department beneath the sink was dirty and the chairs did not look clean at all therefore I was not inclined to touch anything. The treatment that my mother received I cannot fault, it was excellent, but I feel that the staff should not have to work in a dirty ward. This of course does not help with infection control, as there were notices up everywhere advising that if people were admitted then they could not receive visitors due to an outbreak of Norovirus. Therefore why was the cleaning not more thorough?

Medway Maritime Hospital

- At A&E staff appeared to be using the hand gel all the time
- I am appalled by the number of people who use the toilet and don't wash hands afterwards - all adults and many whose children accompanying them want to, but are told "we don't have time for that"
- Visitors seem to have got the message, staff performance is not so good
- Use of hand gel is purely voluntary, there is no enforcement
- Gloves worn by main doctors etc
- I did not see staff or patients using the hand gel at all
- I was impressed with the large yellow notices and instructions and the availability of dispensers. I would suggest having an audio loop in place at reception to remind people to use the gels
- Patient toilet areas not always good. Often toilet paper on the floor and toilets not flushed

Kent and Medway LINKs

- I was seen by five members of staff and I was not informed verbally to use the hand gel
- The side rooms had peeling paint, paper coming off, grubby marks on the walls and floors, the floor covering was lifting under the sink, due probably to a continuous un-repaired leak
- I am worried about hospital staff at all levels who wear a uniform and go out for a smoke break which leaves an opening for infection
- When I was a patient on Kingfisher Ward I found that the ward was clean. However when I was showered after my op I noticed rust on the convector heater and dust on the architraves around the door
- Many hand hygiene stations. Doctors washed hands regularly
- Why do nursing staff wear their uniforms when off duty as this brings germs into the hospital? All staff should change at work, including catering staff
- I visited Byron ward in December 2009 to visit a patient. Hygiene in this ward was very good and both staff and patients used the hand gel regularly
- Method needs to be found to ensure all visitors to and from the hospital use the hand gel. Perhaps a staff member to request that visitors use the gel. It seems like a huge expense on staff but only until everyone gets the idea / message about how important hand hygiene is.

Queen Elizabeth The Queen Mother Hospital

- I do not think that people realise the importance of the dispensers
- I visited my uncle on two occasions; both times I had to search for a hand gel dispenser. It was tucked away and there were no large signs like I've seen in other hospitals like Maidstone and Kent and Sussex, which you cannot miss. I visited the main toilets by the Ramsgate Road entrance, the first one I went to go into was really dirty and bad. The second one was slightly better but still not very clean. I did look for a cleaner or domestic to attend to the toilets but could not find one. The ward looked dirty and there was blood / spillage on the floor by the curtains / my relative's locker around the bed
- I was most impressed with the cleanliness of the whole hospital and the helpfulness of the staff. This hospital is a credit to the NHS.

Pembury Hospital

- Many patients did not bother to use the alcohol gel, although it was right in front of them
- Some of the fabric chairs were soiled. I had to clean a toilet before I could use it. It seems to be dirty patients as there were plenty of toilet tissues etc. many of the non medical staff did not use the gel, when I thought it necessary.

Kent and Sussex Hospital

No comments.