

Case 200603453: Lothian NHS Board

Summary of Investigation

Category

Health: Hospital; Cleanliness and Infection Control

Overview

The complainant (Mr C) raised a number of concerns about the cleanliness of his room in the Royal Infirmary of Edinburgh (the Hospital).

Specific complaint and conclusion

The complaint which has been investigated is that Mr C's room in the Hospital was not adequately cleaned during his stay (*upheld to the extent that any evidence to back up Lothian NHS Board's (the Board) position had been mislaid and that the Board's response to Mr C was not adequately evidenced*).

Redress and recommendations

The Ombudsman recommends that the Board:

- (i) remind the relevant cleaning contractor of the importance of good record keeping; and
- (ii) ensure that they obtain all of the available evidence when investigating a complaint and verify any statements provided during the course of the investigation.

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. The complainant (Mr C) was admitted to the Royal Infirmary of Edinburgh (the Hospital) on 10 August 2006 and was discharged on 11 August 2006. Mr C explained that he had waited all day for his single room to become available. He also raised concerns that the room was not adequately cleaned.

2. Mr C was admitted to the Hospital again on 25 August 2006 and was nursed in a four-bedded room. On 29 August 2006 results from a swab taken on Mr C's admission showed MRSA. Lothian NHS Board (the Board) informed me that Mr C was advised of this and was given an information leaflet for reference. Mr C was informed that he would have to be moved to a single cubicle in accordance with the Board's Infection Control Policy. A single room was not available until 30 August 2006.

3. Mr C raised a complaint on 1 September 2006 that his room and bathroom had been inadequately cleaned before and during his stay. He described that he had observed domestic staff briefly cleaning the room but not attending to the bathroom. Mr C also raised concerns about the fragmented approach to cleaning whereby a contractor (the Contractor) carried out certain duties whilst other duties, such as cleaning up bodily fluids, were carried out by nursing staff.

4. The Board responded on 11 October 2006. They explained that, before Mr C had moved into the room, a domestic had carried out a hot wash, which entails fleecing (brushing with a fleece mop) and vacuuming of the floor before mopping. The Board explained that the sanitary areas are not cleaned as part of the hot wash, but are cleaned twice daily by the ward domestics. Although they considered the room had been cleaned in line with the contract, the Board apologised that the service did not meet Mr C's expectations.

5. Mr C wrote again on 2 November 2006. He was not satisfied with the general apologies and the response which, he felt, failed to address all of his points of complaint. Commenting on the Board's response, Mr C stated that he had not observed the bathroom being cleaned during his three day stay and that he observed puddles of urine on and around the toilet when he was moved into the room.

6. The Board's Acting Director of Operations (the Director of Operations) responded on 11 December 2006 and explained that Mr C's concerns had been brought to the attention of the Contractor. The Director of Operations stated that the Contractor's General Manager (the General Manager) had provided assurance that in all wards, the bathrooms are cleaned daily and checked throughout the day. She went on to say that, although she appreciated that Mr C had not observed this during his stay, the General Manager was confident that this would have been done.

7. The General Manager explained that the Contractor had received a request to prepare a single room for occupation via their helpdesk at 18:00 and that this was responded to within 15 minutes. A further call was taken asking for the bathroom to be cleaned and this was undertaken after nursing staff had removed body fluids, as this is not the responsibility of the Contractor's domestic staff. The Director of Operations also explained that, depending on what is required, nursing staff as well as the Contractor's staff clean bathrooms at weekends. She apologised that Mr C had been given inaccurate information about this. She apologised that the cleaning Mr C observed was not of a satisfactory standard.

8. Mr C's complaint was received by the Ombudsman on 7 February 2007.

9. The complaint from Mr C which I have investigated is that Mr C's room in the Hospital was not adequately cleaned during his stay.

Investigation

10. My investigation of this complaint is based on the correspondence between Mr C and the Board, and the Board's complaint file on this matter. I also made specific enquiries of the Board and obtained information about how cleaning tasks are recorded and how cleaning standards are audited.

11. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Board were given an opportunity to comment on a draft of this report.

Complaint: Mr C's room in the Hospital was not adequately cleaned during his stay.

12. The Board informed me that the Contractor had advised that regular auditing of all areas form part of the day-to-day procedures in the Hospital.

They explained that the Contractor's domestic staff are responsible for completing their work schedules and signing them off when complete and that the Contractor's supervisors are responsible for checking this work and ensuring standards meet the required level. Further to this, joint random audits are carried out as another check to ensure that standards are acceptable. There is a scoring system in place and the level of score reached is shared with the Ward Manager for comment. Any areas requiring improvement would be discussed with him/her.

13. I asked the Board to provide the completed work sheets for the period of Mr C's stays in the Hospital. The Board informed me that these sheets could not be found and that they assumed the sheets had been misplaced during the local investigation of Mr C's complaint. The Board sent examples of the sheets used to record work and the sheets which are used during audits of standards of cleanliness.

14. The Board explained to me that the Contractor was responsible for the routine cleaning of the room and bathroom. However, that should a room or bathroom become soiled outwith the routine cleaning regime then nursing staff would be responsible for cleaning them.

15. I asked the Board how many complaints they had received about cleanliness in the past year. They told me that they had received 12 complaints inclusive of Mr C's complaint that made reference to cleanliness issues. Only one complaint was received which related to cleanliness alone and this complaint was upheld by the Board. The Board took action to redress this complaint including retraining the member of staff and increased supervision of their practice. Of the other 11 complaints where cleanliness issues were secondary complaints, two were upheld. Remedial action in these complaints consisted of raising staff awareness with the clinical areas involved. The Board also confirmed that no other complainant had raised concerns regarding cleanliness issues about the ward to which Mr C was admitted.

Conclusion

16. From the evidence available, it is not possible to determine how well Mr C's room was cleaned. The template work sheets are reasonable and it is unfortunate that none of the sheets for the period of Mr C's stay could be retrieved.

17. It is disappointing that, in their response to Mr C's complaint, the Board made unsupported statements such as 'the General Manager is confident this would have been done'. No basis is given for this comment and no reference is ever made to the work sheets kept by the Contractor's domestic staff either in the Board's response to Mr C or in their complaint file on this matter. For this reason, it is puzzling that the work sheets have been mislaid as there is no indication that they were referred to as part of the investigation of this complaint.

18. Infection control and cleanliness are of vital importance in any hospital and I consider that appropriate records of the work carried out in this area should be maintained. It is not acceptable that the records relating to Mr C's stay have been mislaid. To the extent that no evidence is available to support the Board's position, that the relevant records have been mislaid and that the Board's response to Mr C's complaint is not adequately evidenced, I uphold this complaint. The Board have already apologised to Mr C for the fact that the cleaning observed was not of a satisfactory standard. I commend the Board for this.

Recommendations

19. The Ombudsman recommends that the Board remind the Contractor of the importance of good record keeping. She also recommends that, when investigating a complaint, the Board ensures that they obtain all of the available evidence and questions any statements provided during the course of the investigation.

20. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify her when the recommendations have been implemented.

Explanation of abbreviations used

Mr C	The complainant
The Hospital	The Royal Infirmary of Edinburgh
The Board	Lothian NHS Board
The Contractor	The firm contracted to perform cleaning duties
The Director of Operations	The Board's Acting Director of Operations
The General Manager	The General Manager of the Contractor