

# Inspection report

## The prevention and control of infections The Christie Hospital NHS Foundation Trust

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**Region:**  
North West

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**Provider's code:**  
RBV

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**Type of organisation:**  
Acute trust

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**Type of inspection:**  
Enhanced

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**Sites we visited:**  
The Christie Hospital

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**Date of inspection:**  
18 December 2009

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**Date of publication:**  
13 January 2010

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## Introduction to our inspections

NHS organisations that provide healthcare directly to patients must be registered with the Care Quality Commission. To be registered, they must meet the Government's new regulation to protect patients, workers and others from the identifiable risks of acquiring a healthcare-associated infection (HCAI). Examples of HCAs are *Clostridium difficile* and meticillin-resistant *Staphylococcus aureus* (MRSA).

In the financial year 2009/10, the Care Quality Commission is inspecting up to half of all trusts that provide healthcare, to assess whether they are meeting the new regulation on HCAs and following the supporting Code of Practice and related guidance.

Our assessors make unannounced visits, to ensure that they see the hospital as a patient or visitor would see it. We focus on certain areas of practice to form a 'snap shot' of the trust's activities related to infection prevention and control. This allows us to identify issues that are a potential risk to patients' safety or that could affect their experience of care. The findings and judgements we report are based on the evidence we collect in specified areas of a trust on the days of inspection only.

We plan the scope of our inspections before our visit using the analysis of data. Our standard inspections are approximately four hours long and we use at least nine measures. When we have not assessed a trust previously or we estimate that it is medium or high risk, we perform an enhanced inspection over a full day, using at least 15 measures. We may look at additional measures if we identify another part of a trust's systems for infection prevention and control during our pre-inspection planning or the inspection itself that we wish to assess in more detail. In some cases inspections may take more than one day.

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

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

We may find some areas for improvement on the inspection, yet judge a trust to be compliant with the regulation overall, as it is protecting patients, workers and others from the identifiable risks of HCAI, so far as is reasonably practicable. In these cases, we make recommendations to the trust about how it can strengthen its approach and expect the trust to act upon these quickly.

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

## Background on the trust

The Christie Hospital NHS Foundation Trust is a specialist NHS cancer hospital in Manchester. It became a foundation trust in April 2007.

The trust has one hospital site, the Christie Hospital, which has 210 beds. It provides cancer services for the Greater Manchester and Cheshire area, covering a population of 3.2 million.

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

The trust was inspected previously against the Code of Practice on HCAs on 11 and 12 February 2009.

At the time of the current inspection, the trust was registered with the Care Quality Commission without conditions, based on an assessment of its compliance with the regulation on HCAs.

The trust's rates for MRSA bloodstream infection remained within the average range between October 2008 and June 2009, followed by a rapid decrease to zero in September 2009. Rates for *Clostridium difficile* were higher than the majority of similar trusts between October 2008 and April 2009, but had decreased to within the average range by September 2009.

The above descriptions are based on the latest verified data from the Health Protection Agency (HPA) and up-to-date figures are available from the trust's own website or the HPA's site ([www.hpa.org.uk](http://www.hpa.org.uk)).

Hospitals test MRSA samples for other healthcare facilities in the area, as well as for their own trust's patients. Therefore, some reported cases of MRSA may not have been acquired by patients staying within the acute trust.

## Our overall judgement

On inspection, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

## How we made our judgement

Of the 15 measures we inspected, we had no concerns. The following table provides further information.

For this inspection, we:

- Examined policies and procedures.
- Visited the Medical Admission Unit, Ward 11 (chemotherapy and radiotherapy) and Ward 10 (surgical oncology).
- Had discussions with staff on these wards, including ward managers, staff nurses, and cleaning staff. We also interviewed the director of nursing and governance, the lead infection control nurse and one of the trust's consultant microbiologists.

### Measures where we had no concerns on inspection

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

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

**Ensuring that workers involved in patients' care receive appropriate information, training and supervision on how to prevent and control infections**

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

**Performing a programme of audit to ensure that policies and practices are being followed**

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

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

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

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

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

**Ensuring that the environment for providing healthcare is suitable, clean and well maintained**

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

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**Having cleaning arrangements that detail the standards of cleanliness required and making cleaning schedules available to the public**

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

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**Having an adequate provision of suitable hand-washing facilities and antibacterial hand rub**

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

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

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

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**Having a policy for uniforms and work wear to ensure that staff wear clothing that is clean and fit for purpose**

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

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**Providing patients and the public with general information on how the trust is preventing and controlling infections, and providing other service providers involved in the transfer of patients with key policy information**

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

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

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

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

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

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**Providing or securing adequate isolation facilities**

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

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**Following appropriate policies and protocols on the prescription of antimicrobial drugs**

(For full wording see Code of Practice criterion 8 and guidance 8k).

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## Bibliography

### **The new Code of Practice on HCAs, which came into force on 1 April 2009**

The Health and Social Care Act 2008. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance. Department of Health, January 2009. Available at:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093762](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093762)

### **The Government's new regulation on HCAs, which came into force on 1 April 2009**

The Health and Social Care Act 2008 (Registration of regulated activities) Regulations 2009. Department of Health, March 2009. Available at:

[www.opsi.gov.uk/si/si2009/uksi\\_20090660\\_en\\_1](http://www.opsi.gov.uk/si/si2009/uksi_20090660_en_1)

### **The previous Code of Practice on HCAs (used by the Healthcare Commission for inspections up to 31 March 2009)**

The Health Act 2006: Code of practice for the prevention and control of healthcare associated infections. Department of Health, January 2008. Available at:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081927](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081927)