

Royal Hampshire County Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

Royal Hampshire County Hospital (RHCH) in Winchester is operated by Hampshire Hospitals NHS Foundation Trust (HHFT). RHCH provides a full range of planned and emergency district general hospital services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics. RHCH pioneered the use of intraoperative radiotherapy for breast cancer treatment.

The hospital has approximately 457 beds, and receives approximately 44,33 emergency attendances in the emergency department (ED), and 211,400 outpatient attendances each year.

The hospital employs approximately 654 clinical staff.

We previously carried out a comprehensive inspection of the Hampshire Hospitals NHS Foundation Trust in June and July of 2018. Following that inspection, we issued the trust with a warning notice under Section 29A of the Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvement was required on each of the main sites including Royal Hampshire County Hospital.

We carried out an unannounced follow up inspection of the trust in April 2019 and we were on site at the RHCH on 9 and 10 April 2019.

During this focused inspection, we looked at all the issues raised in the warning notice which ranged across the safe and caring domains. We cannot re-rate the service because in a focused inspection we do not look at the core services as a whole. Therefore, the rating for the hospital remains at requires improvement.

We will continue to monitor the performance of this service and will inspect it again as part of our ongoing next phase NHS programme.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We found that, on the whole, staff at this hospital had addressed the issues we raised during the inspection in June 2018, however this was not consistent in all the wards.

Summary of findings

Requirements for improvement set out in the warning notice following the June and July 2018 inspection under Section 29A of the Health and Social Care Act 2008 were met.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Urgent and emergency services

Inadequate



This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in July 2018:

- Resuscitation trolleys were checked daily and weekly, however this wasn't always consistent.
- Patients were assessed in a timely way and records were completed and signed by the professionals undertaking the assessments.
- Staff protected patients' privacy and dignity; patient assessments were carried out in cubicles and conversations were held out of earshot of other people.

Medical care (including older people's care)

Requires improvement



This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Cleaning standards on Victoria ward had improved; all staff took responsibility to ensure checklists were completed and audit staff carried out spot checks.
- Equipment on wards was safety checked and labelled accordingly and staff checked resuscitation equipment daily in line with trust policy.
- Staff assessed patient risks, recorded the assessments and understood what actions to take on the results.
- Medicines were stored and managed according to the manufacturers' instructions.

Surgery

Requires improvement



This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

Summary of findings

The staff had responded to issues raised at our previous inspection in June 2018:

- Patient charts and care plans were completed, dated and signed.
- Medicines were stored and managed according to the manufacturers' instructions.
- White boards in almost all wards were well managed with patient privacy protected.

However, on Wainwright ward:

- Cleaning had not improved.
 - The store room was cluttered and disorganised with items stored on the floor.
 - There were out of date items in the store room.
 - A picture had been placed on the wall containing broken glass.
 - Patients' privacy was not protected, their names were displayed on the white board without their consent
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Summary of findings

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Summary of this inspection

Background to Royal Hampshire County Hospital

Royal Hampshire County Hospital (RHCH) is operated by Hampshire Hospitals NHS Foundation Trust. RHCH provides a full range of planned and emergency district general hospital services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics. RHCH pioneered the use of intraoperative radiotherapy for breast cancer treatment.

The hospital has approximately 457 beds, and receives approximately 44,33 emergency attendances in the emergency department (ED), and 211,400 outpatient attendances each year.

The hospital employs approximately 654 clinical staff.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, an assistant inspector and two members of the CQC medicines inspection team. Amanda Williams Head of Hospital Inspection oversaw the inspection team.

Information about Royal Hampshire County Hospital

We previously carried out a comprehensive inspection of the Hampshire Hospitals NHS Foundation Trust in June and July of 2018. Following that inspection, we issued the trust with a warning notice under Section 29A of the Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvement was required on each of the main sites including Royal Hampshire County Hospital (RCHH).

We carried out an unannounced follow up inspection of the trust in April 2019 and we were on site at the RCHH on 9 and 10 April 2019.

During the inspection, we visited the following areas of the hospital:

- Emergency Department
- McGill Acute Medical Unit

- Operating theatres
- Treatment Centre Day Surgery
- Endoscopy Unit.

We also visited the following wards:

- Freshfield
- St Cross
- Victoria
- Kemp-Welsh
- Wainwright
- Shawford.

We spoke with 12 staff including registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with two patients. During our inspection, we reviewed 22 sets of patient records.

Urgent and emergency services

Safe

Caring

Summary of findings

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in July 2018:

- Resuscitation trolleys were checked daily and weekly, however this wasn't always consistent.
- Patients were assessed in a timely way and records were completed and signed by the professionals undertaking the assessments.
- Staff protected patients' privacy and dignity; patient assessments were carried out in cubicles and conversations were held out of earshot of other people.

Are urgent and emergency services safe?

Environment and equipment

- During our 2018 inspection, we saw that equipment was not checked consistently and in line with trust policy. Staff could not be assured that safety checks of equipment had been completed as date labels were not clear.

During this inspection we saw that the emergency trolleys were checked daily and weekly in line with trust policy and the senior nursing staff carried out regular audits and spot checks. The nurse in charge at the time of our visit explained that the staff also check the cupboards to ensure the stocks were available and in date.

However, we saw there were some random days that did not have any checks recorded with no reason why this was the case. The nurse in charge was unable to explain the reason for the small number of infrequent gaps.

Assessing and responding to patient risk

- During our 2018 inspection, we raised concerns about how staff assessed and monitored risks to patients to maintain their safety.

During this inspection, we saw that staff monitored risks to maintain patient safety. We reviewed four patient records in the emergency department and found that each one was fully completed including the risk assessments, falls risk, sepsis screening tools, and onward care plans. All records were all signed and dated with the time recorded for when a doctor saw the patients.

Are urgent and emergency services caring?

Compassionate care

- During our 2018 inspection, we raised concerns about how staff sometimes lacked consideration for people's privacy and dignity.

Urgent and emergency services

During this inspection we spent some time observing activities in the different areas of the emergency department and saw staff ensured patients' privacy was always maintained. Handovers of patient care from the ambulance crews to nursing staff within the ambulance reception were carried out away from other people or behind curtains. Staff could be assured of protecting patients' confidentiality.

At the time of our visit, building works were ongoing to reconfigure the area to improve patient flow and patient

privacy. The rapid assessment and treatment bays had been open for less than a week, therefore practices were not fully embedded. Staff were in the process of identifying minor problems that needed modification to ensure best care, and builders were dealing with a blocked drain which meant one of the toilets was out of order. We did not see these issues impacting on patient care in any way.

Medical care (including older people's care)

Safe

Summary of findings

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Cleaning standards on Victoria ward had improved; all staff took responsibility to ensure checklists were completed and audit staff carried out spot checks.
- Equipment on wards was safety checked and labelled accordingly and staff checked resuscitation equipment daily in line with trust policy.
- Staff assessed patient risks, recorded the assessments and understood what actions to take on the results.
- Medicines were stored and managed according to the manufacturers' instructions.

Are medical care (including older people's care) safe?

Cleanliness, infection control and hygiene

- During our 2018 inspection, we saw areas that were dusty, demonstrating that cleaning and infection prevention and control measures were not of the highest standards. On Victoria ward the resuscitation trolley was very dusty, demonstrating effective cleaning to reduce the risk of infection had not taken place.

During this inspection we saw that cleaning standards were high on the ward. Cleaning checklists were completed by night staff and if they were unable to complete the check, staff made sure they told the day shifts that this was the case. The senior ward sister explained that audit and checking processes had become more structured since our previous inspection and staff were clear about their role in maintaining standards to prevent the spread of infection. The ward sister was able to show us the recent audit activity which supported this.

Environment and equipment

- During our 2018 inspection, 2018 we saw that equipment was not checked consistently and in line with trust policy. Staff could not be assured that safety checks of equipment had been completed as date labels were not clear.

During this inspection we spent some time on Shawford ward and found that all the equipment had received a safety check. We could see that each item had a label indicating when the equipment was due another service. We did note, however, that the mobile air conditioning fans on the ward did not have the labels with dates for the next service; the ward sister explained that this was because the fans were brand new and would not require servicing until they were a year old.

The trust had developed servicing schedules and staff in every area had removed equipment that was no longer used or fit for purpose to ensure they had the right equipment and it was safe for use. The estates team had an accurate list of all trust equipment and could manage the servicing in a timely way.

Medical care (including older people's care)

In the endoscopy unit, we saw that staff had completed the necessary daily and monthly safety checks, and this was recorded. Staff told us the resuscitation trolley had been moved to a more accessible area. The endoscopy service had achieved JAG (Joint Advisory Group accreditation) earlier in the year, which showed that high standards had been achieved and verified.

Assessing and responding to patient risk

- During our 2018 inspection, we raised concerns about how staff assessed and monitored risks to patients to maintain their safety.

During this inspection we saw staff monitored and assessed patient risks. We visited Victoria ward and found that in all four charts we reviewed, National Early Warning Score (NEWS) scores were correctly calculated and care had been escalated when necessary. The ward sister explained that all the staff had received training in completing NEWS assessments and scoring; the senior nursing staff audited the charts monthly and if they found that staff were not completing the charts correctly they would receive extra training.

Medicines

- During our 2018 inspection, we raised concerns that the storage of medicines did not meet national best practice standards:

During this inspection we saw that medicine storage rooms in all areas we visited, had a thermometer measuring the ambient room temperature and staff checked and recorded this daily. If staff found fridge temperatures to be outside of the acceptable range they called the estates team to investigate the cause and rectify the problem.

Since the last inspection staff on the McGill acute medical unit told us that the medicines store room was now checked monthly and any items close to their expiry date were highlighted. If items were found to be past their expiry date they were removed. We saw that this regular monitoring process was successful and there were no items on the unit past their expiry date.

Surgery

Safe

Caring

Summary of findings

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Patient charts and care plans were completed, dated and signed.
- Medicines were stored and managed according to the manufacturers' instructions.
- White boards in almost all wards were well managed with patient privacy protected.

However, on Wainwright ward:

- Cleaning had not improved.
- The store room was cluttered and disorganised with items stored on the floor.
- There were out of date items in the store room.
- A picture had been placed on the wall containing broken glass.
- Patients' privacy was not protected, their names were displayed on the white board without their consent

Are surgery services safe?

Cleanliness, infection control and hygiene

- During our 2018 inspection, we saw several areas that were dusty, demonstrating that cleaning and infection prevention and control measures were not of the highest standards.

During this inspection we found that cleaning standards in most areas had improved. However, on Wainwright ward we found that the resuscitation trolley and suction unit were dusty. We saw that the toilet and shower rooms were last cleaned at 18.53 and 18.55 the previous evening.

Environment and equipment

- During our 2018 inspection, we saw that equipment was not checked consistently and in line with trust policy. Staff could not be assured that safety checks of equipment had been completed as date labels were not clear. In the treatment centre we saw hooks that were not non-ligature hooks.

During this inspection we found that the unsuitable coat hooks had been removed and the wall re-plastered, thereby eliminating the ligature risk.

However, on Wainwright ward we found:

The stock room was cluttered with items stored on the floor. The room was inaccessible at the time of our visit as property (suitcases and other bags) belonging to patients undergoing surgery, and due for admission, was also stored on the floor in the doorway to the room. Staff explained that there was nowhere else to put the patients' belongings before they arrived on the ward, but this was not identified on the ward risk register. We saw the check list for the stock room, this had not been updated since 19 February 2019.

We removed a picture from the wall; the picture had previously fallen off the wall and had been replaced with half the glass missing.

Assessing and responding to patient risk

Surgery

- During our 2018 inspection, we raised concerns about how staff assessed and monitored risks to patients to maintain their safety.

During this inspection we found the following:

On St Cross ward we reviewed four patient charts, they were completed fully and staff had signed and dated them. The senior sister explained the trust had updated training on understanding and completing National Early Warning System (NEWS) charts since the previous inspection. Records showed that all the staff on the ward had attended this training.

On Kemp Welch ward we reviewed six sets of patient records, all of them had been completed properly and to a good standard. The NEWS charts showed scores that triggered intervention by a doctor were actioned accordingly, and in good time with extra observations carried out in keeping with the instructions. We noted that the folders were well structured with inserts in a logical order, which meant that staff could find the charts and care plans easily.

We reviewed four sets of records on Wainwright ward. These were all completed fully and interventions had been initiated where necessary, for example, a patient losing weight rapidly was under the care of the dietician.

In the operating theatre we spoke with the theatre manager who explained that the WHO safe surgery check list was completed after each case and they were able to show us the results of the weekly audits which confirmed this.

Medicines

- During our 2018 inspection, we raised concerns about ventilation in rooms that stored medicines.

During this inspection we revisited Kemp Welch ward and St Cross ward and found these issues were addressed on

both wards; on Kemp Welch ward the ventilation had been improved meaning the fridge no longer overheated. Staff told us if the temperature exceeded the maximum acceptable they would call the estates team to cool the room.

We saw that medicines rooms throughout the trust had thermometers on the walls and staff kept records of the daily temperatures and the temperatures of the medicines fridges.

Are surgery services caring?

Compassionate care

- During our 2018 inspection, we raised concerns about how the service respected people's privacy and dignity.

During this inspection we re-visited Freshfield and St. Cross wards and found that this concern had been addressed. On Freshfield ward patients' initials were used on white boards and other codes were added to indicate special needs such as dementia or Deprivation of Liberty Safeguards (DoLS).

On St Cross ward patients were asked for consent to display their names on the white boards and staff recorded that consent had been sought.

However, we saw that patients' privacy was not protected on Wainwright ward where staff continued to display the patients' full names but did not consistently gain their consent.

Ward managers told us that the trust had a long-term plan to provide electronic boards for patient details which would provide comprehensive patient details to authorised staff but protect patients' privacy.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should:

- Make sure emergency medical equipment is checked and ready for use consistently as defined by trust policies in all areas.
- Review facilities on Wainwright ward to enable staff to meet the needs of patients, in particular the storage of patients' belongings,
- Improve the cleaning schedule on Wainwright ward to comply with infection prevention standards.
- Facilitate a consistent approach to maintaining patient confidentiality throughout the hospital, including the use of patient whiteboards.