We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

University Hospitals Bristol Main Site

Bristol Royal Infirmary, Upper Maudlin Street, Bristol, BS2 8HW

Date of Inspection: 19 November 2013

Date of Publication: December 2013

We inspected the following standards in response to concerns that standards weren’t being met. This is what we found:

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<th>Standard</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>Cleanliness and infection control</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✗ Action needed</td>
</tr>
</tbody>
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### Details about this location

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<tr>
<th>Registered Provider</th>
<th>University Hospitals Bristol NHS Foundation Trust</th>
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</thead>
<tbody>
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<td>Overview of the service</td>
<td>'University Hospitals Bristol Main Site' is a location of the University Hospitals Bristol NHS Foundation Trust. A range of acute and specialist services are provided from the location. The location's hospitals include the Bristol Royal Infirmary, the Bristol Royal Hospital for Children, St Michael's Hospital, the Bristol Eye Hospital and the University of Bristol Dental Hospital.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Acute services with overnight beds</td>
</tr>
</tbody>
</table>
| Regulated activities | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Family planning  
Management of supply of blood and blood derived products  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
Transport services, triage and medical advice provided remotely  
Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 19 November 2013, talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

We carried out this inspection in response to concerns that were raised with us about the operating department at the Bristol Royal Hospital for Children. This hospital is part of the Trust's location known as 'University Hospitals Bristol Main Site'. The Trust is registered to provide a number of regulated activities from this location; the regulated activities 'Surgical procedures' and 'Treatment of disease, disorder or injury' were relevant to this inspection.

A number of the concerns related to a lack of good housekeeping and how this was being managed within the department. For example, we were told that areas of the department were "a mess" and were not being kept clean and tidy. There were also concerns about shortcomings in routines that could have an impact on the safety of patients and staff and which were not being addressed.

The inspection was limited to checking certain aspects of the operating department at the Bristol Royal Hospital for Children. The concerns we received did not relate to the care of patients and we did not look at the clinical outcomes for children who underwent procedures in the department.

We visited the department accompanied by one of our specialist advisors, a practising theatre manager. We found that there were risks relating to the premises and facilities that were not well managed. This meant that the safety of patients and standards in relation to the environment were compromised.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 03 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service.
(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

**More information about the provider**

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Cleanliness and infection control</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should be cared for in a clean environment and protected from the risk of infection</td>
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</tbody>
</table>

Our judgement

The provider was not meeting this standard.

Suitable standards in relation to cleanliness and infection control were not being consistently maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The concerns reported to us included an allegation that the department was dirty and that good standards of cleanliness were not being maintained in all areas.

During our inspection we found that procedures were in place for maintaining a hygienic environment. We saw for example that schedules had been produced for cleaning tasks that were to be undertaken within a minimum frequency. A monthly audit of cleanliness in the department was carried out, with a procedure in place for increased monitoring depending on the outcome of the audit.

These arrangements helped to ensure that there was a systematic approach to cleanliness within the department. However, we found that the arrangements were not entirely effective in ensuring that good standards were kept. We spoke with staff in different roles; they clearly described the importance of a clean and hygienic environment, although we also heard about the difficulties that staff encountered in achieving this. A senior staff member told us about the building and refurbishment work that was taking place. Staff commented on the impact of this. For example, we heard that dust on equipment such as trolleys increased on occasions and that this had been reported to the cleaners and porters.

We were told that there was at times "a lot of traffic" through the department, which had resulted in the need for increased cleaning. When we arrived at the department we saw that the corridor floor leading to the entrance to the paediatric intensive care unit (PICU) had been swept and an amount of dirt brushed into a heap against the wall. This was not removed for at least 20 minutes after we first saw it, although several staff were aware that it was there.
We found that the standard of cleaning was not consistent across the department. A staff member commented that cleaning was maintained in the theatres, but the outside areas were not being cleaned as much as they should be. We saw examples of this throughout our visit. The operating theatres we saw looked clean and equipment such as trolleys was cleaned between patients. In corridor areas, we saw that some items of equipment were being stored on shelves, or covered with sheets, which were not wholly clean and free of dust. In other locations, clean linen was stored on shelves where they were open to dust and other contaminants. This meant that the arrangements being made for the storage of equipment and other items did not ensure that they were kept in a hygienic condition for use with patients.

Good practice was not always followed in relation to infection control. We saw examples of this in different areas of the department. In the corridors and at the entrances to PICU and the recovery area there were paper notices displayed which had been attached with sticky tape. The notices had not been laminated, which meant that they could not be cleaned effectively. We saw that an un laminated notice had been taped to the side of a dental trolley which we were told was used within the operating theatres.

Infection control was also compromised by the use of adhesive tape to cover damage on equipment, and we saw that used tape had been left on items such as limb supports and tourniquets. We saw this on items in the corridors and also in an operating theatre. This made effective cleaning difficult to achieve. The concerns we received also alleged that dirty cups were being left in operating areas. We saw that one dirty cup had been left in an anaesthetic room next to the sink.

The concerns we received referred to a lack of clear separation between clean and dirty laundry. We observed this practice in the recovery area, where clean linen had been left on trolley shelves next to an open linen skip which contained dirty items. This meant that there was a risk of cross-infection from the dirty linen to the clean linen. At the entrance to the recovery area we saw an open box containing used intravenous drip bags; these had not been disposed of in a timely and appropriate manner.

A staff member commented that equipment was often moved around and that it was difficult to keep track of where things were and when they had been cleaned. We saw nine drip poles being stored on a corridor, of which only one had been tagged to display that it had been cleaned. This meant that there was a lack of clarity about what was clean and what wasn’t. However, a senior member of staff told us that staff would clean any untagged items before they were used.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

Risks to the safety of patients and staff within the operating department were not being effectively identified and managed in all areas.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Concerns were raised with us about the arrangements made for maintaining a safe environment and how this aspect of the department was managed. Comments were also made about the effectiveness of procedures within the department and the impact this had on the standards being achieved. For example, we were told that boxes and other items were being left on the floor, rather than stored away, and that this was not addressed by management.

When we checked the department we found that there were risks to people's safety. When we arrived at the department we saw that a variety of items had been left on the corridor floor near to the entrance of PICU. The items, such as boxes and loan equipment, restricted the space along the corridor. They created an obstacle when patients and equipment were transferred between PICU and the department. A nearby storage area also had an impact, as stored items and a delivery cage extended into the corridor. A staff member commented that it was hard to manoeuvre the patients' trolleys when going into PICU.

The staff we spoke with were aware of the difficulties that had been created in the corridor areas. We were told that items would be moved when access was needed, in both routine and emergency situations. This meant that in urgent situations there was risk that the transfer of patients would be delayed.

Safety was compromised in other parts of the department because of how the facilities were maintained. We saw that the entrances to two utility rooms were obstructed with items such as trolleys, drip poles and cardboard boxes. This meant that the fire doors to these areas could not be kept closed. We observed that access to control panels and a chemical spillage kit that might be needed quickly was blocked. We brought this to the attention of the person in charge before leaving the department in order to ensure that the risks were addressed. We saw that the bottom of a fire door had been damaged and we questioned the timescale for a repair. The person in charge told us that the damage had
been reported a week earlier but it had not yet received attention.

The storage of items within the department lacked an organised and systematic approach. We saw that supplies and items of equipment were stored in an untidy manner. For example, sterile packs were being stored with used boxes on top of them. Clinical supplies were being kept on high shelves with no room for steps to be used safely to access them.

One room was designated as a recovery area and part of this was also being used for storage. We saw that items and equipment including gas cylinders were being stored along one side and in two bays. This meant that staff had to retrieve stored items while children were recovering from surgery.

The staff members we spoke with acknowledged that there were shortcomings with the facilities. We heard, for example, that there was "a lot of clutter" and a lack of storage space. However, staff told us that the privacy and dignity of children was being maintained, and their comments indicated that this was a priority for them at all times. Staff told us how dignity was maintained in the operating theatres, for example by ensuring that the children were suitably covered.

We spent time in the operating theatres and saw that the appropriate staff were present when the World Health Organisation (WHO) surgical safety checklist was being completed. Use of this checklist by theatre teams helps to minimise the most common and avoidable risks to patients who are undergoing surgery.

The concerns we received suggested that there were other shortcomings which compromised standards within the department. Staff said that changes in the use of the Endoscopy room and facilities were having an impact on the daily routines. We were told that a lot of the changes had been as a result of the building and refurbishment work that was taking place. We found that one such change had resulted in the department's operating registers being moved from an office to the staff coffee and rest room, where there was less assurance of confidentiality.

There was an ineffective system was in place for assessing risks. The shortcomings we found were not being responded to appropriately. We were shown records of assessments that had been undertaken in relation to environmental hazards and storage within the department. The assessment of environmental hazards had last been reviewed in 2012 when the outcome was 'no change'. This assessment did not reflect the impact of current building work on the department and the increased risks that we had found. This meant that hazards were not being identified and action was not being taken where necessary to reduce the impact on people.

The senior staff member who completed the assessments told us that they believed the building contractors had completed their own risk assessment but they had not had not seen the assessment. This meant that there was a risk that not all relevant information was being taken into account when risks within the operating department were being assessed.

We were told that the current risk assessment which covered storage could not be retrieved on the department's IT system. We were shown an older assessment which highlighted the need for aisles to be kept clear and for stores to be put away as soon as possible. The senior staff member said that the current assessment had not changed and
that there should be no storage in corridors "if humanly possible". We found that appropriate action was not being taken to reduce risks associated with the facilities and environment.
This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
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<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical procedures</td>
<td>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Cleanliness and infection control</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met: Suitable standards in relation to cleanliness and infection control were not being consistently maintained. Regulation 12.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical procedures</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met: Risks to the safety of patients and staff within the operating department were not being effectively identified and managed in all areas. Regulation 10 (1).</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us by 03 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
**Glossary of terms we use in this report (continued)**

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.