Southend University Hospital NHS Foundation Trust
Southend University Hospital

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<th>Region:</th>
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<td><strong>Location address:</strong></td>
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<td>Prittiewell Chase</td>
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<td>Westcliff-on-Sea</td>
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<td><strong>Type of service:</strong></td>
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<td>Acute services with overnight beds</td>
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<td>Rehabilitation services</td>
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<td>Community healthcare service</td>
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<td><strong>Date of Publication:</strong></td>
<td>August 2011</td>
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<td><strong>Overview of the service:</strong></td>
<td>Southend University Hospital is an acute district general hospital located in Prittlewell Chase, Westcliff-on-Sea, Essex. The hospital provides a comprehensive range of acute services including acute medical and surgical specialities, general medicine, general surgery, obstetrics and gynaecology,</td>
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orthopaedics, ENT (ear, nose and throat) procedures, ophthalmology, cancer treatment, renal dialysis and children's services.
Our current overall judgement

Southend University Hospital was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 08 - Cleanliness and infection control

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 July 2011, talked to staff and talked to people who use services.

What people told us

We spoke with patients in five of the six wards we visited and received positive and complimentary comments from everyone.

People described the standard of cleanliness as 'quite reasonable', 'good', 'always very clean', 'the cleanest ward I've been on' and 'spotlessly clean'. They also told us that cleaning and bed changing was carried out everyday or 'more if necessary'.

People consistently told us that nursing staff were very conscientious about washing their hands, using gel hand rub and putting on gloves and aprons before they provided any care.

What we found about the standards we reviewed and how well Southend University Hospital was meeting them

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People can be confident that they will receive treatment in a clean environment and will receive reasonable protection against the risks of infection.

Other information
Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 08: 
Cleanliness and infection control

What the outcome says
Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

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<th>Our judgement</th>
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<tr>
<td>The provider is compliant with Outcome 08: Cleanliness and infection control</td>
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<th>Our findings</th>
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<td><strong>What people who use the service experienced and told us</strong></td>
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People described the standard of cleanliness as 'quite reasonable', 'good', 'always very clean', 'the cleanest ward I've been on' and 'spotlessly clean'. They also told us that cleaning and bed changing was carried out everyday or 'more if necessary'.

People consistently told us that nursing staff were very conscientious about washing their hands, using gel hand rub and putting on gloves and aprons before they provided any care.

Patients on Balmoral Ward were happy with the standard of cleanliness; one person said the ward was cleaned every day and was 'quite reasonable.' Another person told us their bed was changed every day at least, more if necessary. Someone else said the nurses checked the bathroom regularly for cleanliness.

One mother on the post natal ward was very complimentary about the standard of care. They said that the staff are 'very hot' on infection control and hand hygiene. She said that the staff use hand rub a lot and "they always ensure that we have access to it as well." She told us the bed linen is changed very regularly and they check to ensure it is clean. "They are always mopping the floors and under the bed and move the lockers out. The en-suite is very clean and I am happy to use the bath."

People were also complimentary about the nursing staff. One person told us the nurses were very conscientious about washing their hands, using gel hand rub and putting on...
an apron before they provide any care. They also said that the nurses do this every time they go to a new patient. Another person said, "I can't fault the care, the patient is definitely their priority."

We had a discussion with a patient who had been in Balmoral ward several times. They told us that the nurses and the doctors were very good with hand hygiene and that there was alcohol rub at every bedside. They commented that the toilets and the bathrooms were always very clean and that they had no concerns. This person said the infection control nurse came around to visit the ward and spoke with patients. They were also aware of the bed cleaning team who come around on a regular basis.

One patient was very satisfied with Kitty Hubbard Ward. They told us, "I could not speak more highly of this ward and it's well organised. It's spotlessly clean, the staff are happy and morale is high amongst the staff. They are good with hand hygiene, 110%. A special team of men come in and clean the beds and other areas. I wouldn't think that any germs have a chance here. I have been on two other wards in this hospital and they are equally clean."

One patient on Castlepoint Ward who told us the room was cleaned every morning, "A full clean including changing the bed. As far as cleanliness is concerned I have no complaints."

**Other evidence**

On our inspection visit of 12 July 2011, we discussed processes around infection control with the chief executive, members of the senior management team and staff working on the wards. The chief executive explained that they have a team of four infection-control staff consisting of three infection control nurses and one administrator and that the hospital microbiologist is very involved in processes relating to infection control. We saw from minutes of meetings of the Board of Directors that there are discussions at board level about environmental cleaning standards, incidents of healthcare acquired infections (HCAI) and cleanliness of the facilities. We also saw that infection control is one of the agenda items discussed by the hospital's Quality Standards Assurance Committee.

The chief executive provided information about the training staff receive around infection control. She explained that all staff have an induction day which includes infection control training and it is also included in every member of staff's annual infection control update. Informal updates are also provided at ward level during handovers and the infection prevention and control team attend the wards to provide updates and supplementary training as required. Staff on all the wards we visited were able to demonstrate an awareness of good practices around cleanliness and infection control.

Southend University Hospital has wards in three separate buildings, Prittlewell which is the older part of the hospital, Cardigan and the tower block. We visited a total of six wards that provided different types of care including wound management, recovery after surgical procedures and postnatal maternity care. We also looked at cleanliness in communal areas including the eye clinic and outpatients department. We were informed that the George Taylor Ward in the older part of the hospital is now closed.

In general we saw that information reminding staff and visitors to use the antibacterial
gel provided was very high profile on all the wards and departments that we visited. On entering each ward there was a noticeable hand disinfection station and the floor was prominently marked to make people stop at that point. Hand washing facilities around the hospital were good and staff had easy access to gloves and aprons.

There is an infection-control noticeboard inside the entrance to each ward where the results of the most recent audit of cleanliness and infection control for that ward can be seen. Staff told us that if any failings come to light through the audit process a 'deep clean' team is brought in to address the issue.

Curtains were seen to be clean everywhere we visited; staff told us that the 'bed team' change them and if necessary they could ring up and ask to get them changed at any time. They are currently trialling disposable curtains in some areas such as recovery and accident and emergency.

The chief executive told us about an initiative whereby the domestic standards at ward and department level would be the responsibility of the manager of that area and any poor staff performance would be addressed within that team. During our visits to the wards, ward managers were up to date with this initiative and were very keen to take on this responsibility, making the ward domestic staff part of the team. The chief executive described a recent review of domestic services and overall improvements in standards. We discussed this with one of the hospital matrons who confirmed this approach.

We saw that the floors on some wards and departments were discoloured at the edges, but this was due to wear and tear rather than the floors being dirty. Ward staff and the management team were aware that this could give a false impression of cleanliness standards in the hospital and were working towards finding ways to address the problem.

We saw when we visited Balmoral Ward that all areas appeared clean and tidy including bathrooms and toilets. The matron explained that they have cleaners who are allocated to this ward between 7a.m. and 1p.m. following which they will move on to clean public areas. She also explained that there is a deep cleaning team for cleaning of beds and the supervisor of this team also manages curtain changes. The matron told us that she has seen improvements recently and feels that this is because ward managers are taking ownership of standards on the wards. She also explained that regular audits are carried out by a team that includes the matron, the domestic supervisor and a domestic so they can all assess how well things are working.

Balmoral is the 'wound management' ward and the ward manager told us that, due to the nature of the work they do, the consultant microbiologist comes on ward rounds to check on the use of antibiotics and provides advice as part of the hospital's policy on the use of antibiotics. This ensures that people receive appropriate medication.

We visited the maternity post natal ward and saw that the ward and the individual rooms we visited were clean and tidy, including shower rooms, toilets and en-suite bathrooms. We noted that the floor in one of the side rooms appeared quite worn but was very clean.

On the surgical high dependency unit, Kitty Hubbard Ward, staff explained that they have domestic staff during the day up until 2p.m. and also a member of catering staff
who checks cleanliness in kitchen areas. The ward manager explained that they are now starting to take ownership of domestic issues on the ward and nursing staff have developed good rapport with domestic staff so that they are all working as part of the one team.

Kitty Hubbard is one of the older wards in the hospital and we saw that one sink area needed re-grouting, but the ward manager assured us that they will request this work is done by the relevant department. We saw that the ward was clean and tidy and had achieved 98% in the last audit.

Staff told us that, when patients are admitted, they carry out screening for MRSA, which is methicillin-resistant staphylococcus aureus, a bacterium that is responsible for a number of infections that are difficult to treat. If there are any positive results the patient goes straight into a side room. They also said that any prescriptions must go through microbiology first and the use of antibiotics is closely monitored to reduce the incidences of MRSA and Clostridium Difficile, a type of bacterium that causes diarrhoea.

We visited J. Alfred Lee Ward, the 'recovery' ward where patients go immediately after an operation. We saw that this ward was very clean and staff told us that domestic staff are assigned to theatres for two hours every evening and nurses do the 'damp dusting' of equipment. One nurse explained that they are trialling new curtains which are disposable and impregnated with a substance to help control bacteria. Nursing staff on this ward were also very knowledgeable about the infection-control audits that are carried out regularly.

In the main public corridor near the theatres we saw a number of large wheeled clinical waste bins are stored, which may not be ideal as this is this is not a service corridor, but one to which the public have access. However all bins were securely locked.

We visited Castlepoint Ward and saw that this ward was also very clean and had recently been refurbished. Staff said that they have two domestics on this ward, one for food and one for cleaning, which is sufficient to meet the needs on the ward. The ward manager told us that she didn't yet manage domestic staff but that is changing with the new initiative. We saw that there were tick charts behind toilet doors indicating when the toilets had been cleaned. We also saw that ample personal protective equipment, such as gloves and aprons, was available.

We visited Southbourne Ward, which is due to have the bathrooms refurbished. Staff told us they are looking forward to the improvements. They said that they feel the executive team is listening and that they understand the reasons why other wards such as Blenheim have been prioritised. We spoke with the chief executive who explained they are determined to push forward the improvements and this month the wet rooms in Blenheim have been prioritised. They plan to improve the communal bathrooms in Southbourne Ward in the next four months.

During our inspection visit we examined records of complaints that had been received relating to hygiene, cleanliness and infection-control. We saw that the hospital had an open approach to complaints and if they were in error they acknowledged this and explained what they had done to address the issue such as deep cleaning, further training for staff or increasing domestic cover at weekends. All the complaints we
examined had been relatively minor and had been resolved promptly. In all cases apologies were given to the complainants.

**Our judgement**
People can be confident that they will receive treatment in a clean environment and will receive reasonable protection against the risks of infection.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they *maintain* continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they *achieve* compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
### Information for the reader

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<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
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### Care Quality Commission

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| Postal address  | Care Quality Commission  
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