Inspection Report

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

Watford General Hospital

Vicarage Road, Watford, WD18 0HB

Tel: 01923244366

Date of Inspection: 29 January 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	West Hertfordshire Hospitals NHS Trust
Overview of the service	Watford General Hospital is part of West Hertfordshire Hospitals NHS Trust, it is an acute hospital in Watford serving the local population. It has an A&E department, and it provides general and medical, surgical and maternity care.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

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'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We reviewed information sent to us by commissioners of services, reviewed information sent to us by other regulators or the Department of Health, reviewed information sent to us by other authorities and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with other regulators or the Department of Health, talked with local groups of people in the community or voluntary sector, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The people we spoke to were happy with the care and treatment they had received at Watford General Hospital. They told us that their treatment had been explained to them and that their care had been delivered in a manner that promoted their dignity and independence. We were told that the staff were 'wonderful' and that they were 'kind and caring and would do anything to ensure you were as comfortable as possible'. Some people told us that they were concerned about the patients who had a memory loss or a dementia and they told us 'that they found their crying in the night sad and disturbing'.

We saw that staff were aware of infection control and that the hospital had systems in place that ensured that staff and visitors were aware of the risks of cross infection. Staff were aware of their duty of care to vulnerable adults and to children.

All the wards had protected meal times and there were systems in place to monitor, the food and fluid intake of the people.

All the people had care plans and risk assessments as appropriate.

We found that there were systems in place to assess and monitor all aspects of the running of the hospital.
Staff consistently told us that they found if increasingly difficult to meet the needs of the

patients and that they worried about how they deliver care to people now and how they would cope in the future if the staffing levels were not reviewed.

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 17 April 2013, 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

All the staff we spoke with described good practice in maintaining the privacy and dignity of the patient. This included closing curtains in bay areas,doors in private rooms, the use of do not disturb signs and knocking on doors before entering a room. All the wards we visited were single sex with adjoining bathing and toilet facilities.
The hospital had a privacy and dignity policy which staff told us they had received mandatory training on. An equality and diversity information pack was available to patients this contained information about how people should expect to be treated at the hospital.

People who were treated at the hospital told us that they understood the care and treatment choices available to them as staff had taken time to explain it to them. We saw that people's dignity was promoted. We saw that when they were receiving treatment or care staff had ensured the screen was fully closed before commencing. People were well presented in clean fresh clothes and the bed linen was clean and fresh. This promoted the well being of the people. People told us that most staff were kind and caring and were easy to speak to but that some of the more senior staff were not so easy to talk to.

We saw that staff took time when they communicated with the patients and they ensured the patients understood what was happening to them. A patient in A&E told us that the procedure had been explained in detail and the staff checked if they had any questions about their care and treatment.

We saw that patients had access to call bells and that they told us that the call bells were answered in a reasonable time. However the management should note we found that the emergency call bells in the antenatal unit were faint and could not always be heard if the office door was closed. Further to this we noted that in the maternity unit the location of the bereavement room, close to the ward where people had given birth may have caused unnecessary distress to the bereaved parents.

We noted that staff did not always have the skills to communicate with people who had a memory loss or had a dementia. This could have left the patients affected without input into their care and to feel isolated. The senior managers of the Hospital told us that they

were aware of this and had planned staff training to address this area of care.

At the time of our inspection the hospital was very busy and the senior managers of the hospital had taken the decision to cancel some elective surgery in order to accommodate the need to admit from A&E. This may have caused distress to some of the people who were booked for day surgery and had it cancelled. People were been treated on a day ward that was not always appropriate for overnight stays as call bells and toileting facilities did not always meet their needs. However the hospital was under strain and the management was seen to take difficult decisions in best interests of patient's care.

Bed management meetings were held up to four times a day. We saw that every effort had been made to ensure the hospitals resources had been used in the best interests of the people who needed it.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed a sample of care plans in the maternity unit, and other wards throughout the hospital. These demonstrated that patients had been assessed for their care and treatment, this included their diagnosis.

Risk assessment had been completed and reviewed when changes in care were needed. For example, one person had diarrhoea and vomiting and was transferred to a single room, the required changes had been made to their plan of care. The staff said that they ensured that patient's care and treatment was carried out as prescribed. They said that most patients were in hospital for a short period and after treatment they were discharged either to their home or other places of residence. The discharge team ensured that all relevant information and medication was supplied to the patient or their representative, so that continuity of care was maintained.

The care plans included regular monitoring of person's dietary intake including food and fluid charts and all personal care that had been delivered. We noted that two people who had acquired grade two pressure areas during their stay in hospital, had been well managed and appropriately treated. One pressure area had completed healed and the other showed signs of healing. Body maps indicating the position of the pressure areas and regular evaluation of the wound had been carried out so that the treatment was monitored for its effectiveness. The hospital monitored pressure areas on people who had been admitted and on their healing progress and on their condition on discharge. This area of care was then linked to the safeguarding of adults procedure.

We were accompanied in the maternity unit by a specialist advisor who found that the recording of care was good and that the records were up to date and reflected the patient's care needs. The people told us that the staff were good and were very obliging and would do anything for you. Staff told us that they had managed to provide one to one care for the patients in established labour and they felt that although they were short staffed in periods of surges the people's care had not been compromised. People we spoke with confirmed this.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's food and drink met their nutritional requirements and religious or cultural needs. We saw that the hospital had protected meal times. This meant that while meals were being served and eaten no other activity took place in the ward. This included visits from medical professionals. This allowed people, particularly those with frail appetites and those who needed assistance with eating, to have dedicated time to get optimum nutrition from their food.

We were told by 15 people, chosen at random, that the food was better than expected and that it was good. Two other people disagreed and were unhappy with the food. Food arrived partly cooked on each ward and it was then finish cooking in a microwave on the ward this ensured that the food was fresh and served while still hot.

People were given the opportunity to clean their hands prior to and after eating. We noted that those who needed assistance with eating were assisted in a manner that was unhurried and friendly. We saw one health care assistant give the person choice in what they wanted to eat next. This approach to assisting people to eat gave the person control over their eating and encouraged them to eat as much as possible.

Those people who needed it, had assessments on all aspects of their diet and their ability to eat and swallow so that appropriate food could be provided. The dieticians we spoke with told us that they had been used appropriately for advice and guidance and we noted their input in to people's care plans.

We were told that snacks such as cheese and biscuits or toast were available at all times and we saw that all of the patients had drinks close to hand at all times.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who were treated in the hospital were protected from the risk of abuse, because the hospital had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who were treated in the hospital were protected from the risk of abuse, because the hospital had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All the staff we spoke with were aware of their duty of care to the people (children and adults) using the hospital, this included those people who used accident and emergency, day services as well as those patients who were admitted to the hospital.

Staff had received extensive training in how to recognise and respond to suspected abuse. All of the staff we spoke with were clear that they would recognise the signs of abuse. The staff were further supported in their decision making by extensive information on the hospital's electronic systems. Each ward had a safeguarding lead and all the staff we spoke with were aware of who that was. The hospital made a high number of referrals to the appropriate services last year.

Safeguarding training was mandatory for new staff and refreshed each year for existing staff.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The hospital had effective systems in place to reduce the risk and spread of infection.

We found all areas of the hospital to be visibly clean and fresh at all times. There were hand hygiene facilities for staff and visitors at every door way in the hospital. We saw educational posters and an interactive stand strategically placed in the hospital to educate visitors to the dangers of cross infection. We saw evidence that this worked as visitors and staff used the hand hygiene facilities on entering and leaving the wards and other areas in the hospital.

The staff we spoke with had received infection control training and knew where to go to get specific advice or information on the control of the spread of infection. Each ward had a lead person on infection control. Audits on all aspects of infection control had been carried out this included how people who had an invasive procedure were protected from the risk of cross infection, hand hygiene and the cleanliness of equipment such as commodes. We saw that from the results of the audits that no concerns had been raised this demonstrated a high level of supervision and compliance.

This information was passed to the Trust's Board to keep them updated on how the staff were adhering to the procedures on infection control. We also identified from staff that there were clear procedures in place to care for a person who may have an infection.

The hospital last conducted an audit of mattresses in September 2011. The audit for 2012 had been delayed and was now scheduled for February 2013. We checked four mattresses and found that three of them were stained but not damaged. We were told that they would be replaced immediately.

The hospital had a good cleaning regime in place and we saw that the ward staff and the domestic staff worked well together this ensured the patients had a clean environment for the duration of their stay. The cleaning regime ensured equipment was cleaned, labelled and stored appropriately.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

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

There was not always enough qualified, skilled and experienced staff to meet people's needs and to ensure the patient's safety was not compromised.

Staff generally reported that staffing levels were sufficient to meet people's needs but that they sometimes missed their breaks or stayed late to catch up as they felt this ensured the people did lose out.

With the exception of the maternity unit ward managers felt that the skill mix on each ward was good. Staff described using bank or agency staff for short notice sickness cover. They also reported that they would move staff between wards during busy periods or surges in demand. During the course of the visit we saw a range of staff working in the wards visited.

We saw that people were cared for by appropriate staff who were trained to meet the patient's needs. Staff told us that their training was up to date and that the hospital encouraged them to pursue their professional development. There were structures in place that allowed health care assistance to progress. We were told that many of them progressed to train as qualified nurses.

Staff told us felt they were supported and that good team work was always in evidence. Staff told us that morale was high in most of the hospital at the moment. We found the staff in the maternity unit to be under more pressure than other staff as the staffing mix of newly qualified staff and experienced staff was not satisfactory. We saw evidence that at times up to 75% of midwives on duty were newly qualified. This had put additional pressure on the experienced staff. The senior mangers of the Unit and the Hospital were aware of this and had endeavoured to ensure that there was a better mix of staff on the unit. This represented a nationwide problem with a lack experienced midwives.

All of the staff we spoke with had times in the recent past where they felt that their practice was not safe and that the person's care could have suffered. All the staff we spoke with said that they put good care first and at times this was at a cost to themselves as they often missed breaks and stayed late to complete paperwork. They said that they didn't

mind doing this but all felt that they couldn't carry on indefinitely without there being some repercussions.

Staff also told us that they do not always have time to complete paperwork in relation to incidents that may have caused a risk to the patient or incidents where there were insufficient or inexperienced staff on duty and the care provided may have been compromised. In the maternity unit a high proportion of incidents had not been analysed. Without this information the senior managers of the Trust do not have the full information to base decisions that safeguarded patients.

All the senior ward staff we spoke with were unhappy with the staff provided by NHS Professionals the staffing agency they have to use. They told us that they felt that the staff were not sufficiently trained or experienced to work unsupervised. When agency staff were used this also caused stress and additional work to the staff on duty.
All the staff we spoke with in A&E told us that they had had a very busy year and that the closure of the A&E department of the Queen Elizabeth II in Welwyn Garden City had an unexpectedly impacted on the numbers of people they treated. This meant that they did not have the expected quieter period in the summer to 're-charge their batteries'. This, we were told, had a detrimental effect on the staff and that they were now very tired.

We were told that the maternity unit was struggling to be fully staffed as there was currently a national shortage of midwives. The hospital operated a ratio of 1:30 this is due to drop to 1:29 in the coming year. Incident reports we reviewed indicated that a shortage of staff accounted for the top five issues in October, November and December 2012. We do not have information of the consequences of this for the patients however staff told us that they absorbed the extra work but that they were very tired and feared that as a consequence they could become ill and need time off work.

Assessing and monitoring the quality of service provision ✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that every aspect of running the hospital and people's care had been audited. These audits included patient waiting times, isolation of patient's policy, MRSA admissions and screening policies, infection control, safeguarding children and adults, wound care and serious incidents In planning for the future to meet the needs of the community the Trust had recognised that the community it served had expanded and to meet this need the Trust had expanded the Acute Admissions Unit. However the closure of the A&E department at the QEII in WGC had put unexpected pressure on Watford General Hospital resulting in approximately a 10% increase in demand. This had put pressure on all departments in the hospital and we found that while the hospital was meeting the people's needs it was under extreme pressure.

To meet this pressure the Trust had to take difficult decisions on people's care by balancing the needs of the patients on site and those whose procedure had been planned. Part of the hospital's response was to cancel elected day surgery and use the beds to accommodate people admitted through A&E. We were told by the trust that they were closely monitoring the risk involved in this strategy. We were assured, at the time of our inspection, that the postponement of elected procedures had not had a detrimental effect to the health of the people effected.

The trust had a number of systems in place to assess and monitor the quality of services provided at Watford General Hospital, Hemel Hempstead General Hospital and St Albans City Hospital. These included monitoring patient waiting times, monitoring complaints, incident reporting and safeguarding. The trust had an incident reporting system which was used across all the hospitals that were part of the trust. Staff reported that they knew how to report incidents using the electronic system. We saw the link to this system on the computer screen. The incident reporting system ensured that incidents, concerns and risks were identified and escalated by staff, to the senior managers and medical leads. However the management of the hospital should note that staff told us that they do not always have time to complete the forms, and in some wards the information had not been analysed this could present a false picture of what is happening in the Trust's hospitals and could lead to bad decision making.

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.

Regulated activities	Regulation
Diagnostic and screening procedures Family planning Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: There was not always sufficient numbers and mix of staff on duty to provide the best and safest care to the people using the hospital.

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 17 April 2013.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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