

Brighton and Sussex University Hospitals NHS Trust

Royal Sussex County Hospital

Quality Report

Royal Sussex County Hospital

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a focussed, unannounced inspection at Royal Sussex County Hospital (RSCH) on 12 October 2017. The purpose of the inspection was to ensure the trust had appropriate measures in place regarding the Control of Substances Hazardous to Health Regulations. We did not inspect a specific core service we focussed on one key question, "Are services safe?" We did not look at the other key questions relating to effectiveness, caring, responsiveness and well-led as this was a focussed inspection. Our findings did not affect the ratings we gave the hospital after our inspection in April 2017, when Royal Sussex County hospital was rated as requires improvement overall. References to ratings in this report relate to this earlier inspection.

For full details of the inspection undertaken in April 2017 please visit [/www.cqc.org.uk/location/RXH01](http://www.cqc.org.uk/location/RXH01)

Our main findings were as follows:

- Housekeeping assistants had a good knowledge of the Control of Substances Hazardous to Health cleaning products they used and had recently received refresher training.
- Although nursing staff received Control of Substances Hazardous to Health training as part of their mandatory training programme, the three nurses we spoke with were not clear about their responsibilities in relation to Control of Substances Hazardous to Health.
- The trust had removed green coloured water jugs (which were implemented to support people with dementia) and only clear jugs were in use. This meant it was possible to see the liquid inside the jug.
- The trust had instructed all the codes on the cleaning cupboard doors to be changed however, we found not all door lock codes had not been changed.
- Ward areas had information folders and generally staff knew where these were located. However, the content of the Control of Substances Hazardous to Health folders we reviewed was not always complete. Control of Substances Hazardous to Health risk assessments or data sheets were not available in cleaning cupboards.
- There was not a system in place which gave assurance that Control of Substances Hazardous to Health information had been read and understood by staff using the substances.
- Substances subject to Control of Substances Hazardous to Health legislation were not always stored securely. We found products stored in unlocked utility rooms and kitchens and access codes were written in close proximity to digital locks. There were unattended cleaning trolleys containing hazardous substances.
- There were cleaning products in use, which had not gone through the trust's procurement policy.

There were areas of poor practice where the trust needs to make improvements. Importantly the trust must:

- Ensure all products that are subject to Control of Substances Hazardous to Health regulations are stored securely.
- Introduce systems which give assurance that information relating to substances subject to Control of Substances Hazardous to Health is available in work areas, that this information is complete and accurate, and that staff have understood it.
- Ensure nursing staff are aware of the regulations and their responsibilities with regard to safe storage and use of Control of Substances Hazardous to Health products.

In addition, the trust should:

- Consider how Control of Substances Hazardous to Health substances are kept securely on cleaning trolleys.

Summary of findings

- Consider alternatives to the digital lock system to control access to cleaning cupboards.

Edward Baker

Chief Inspector of Hospitals

Royal Sussex County Hospital

Detailed findings

Services we looked at

We did not inspect a specific core service but looked at Control of Substances Hazardous to Health management across Royal Sussex County Hospital. However, as the bulk of our inspection activity focussed on medical care services we have reported this under Medical care. We focussed on one key question, “Are services safe?” We did not look at the other key questions relating to effectiveness, caring, responsiveness and well-led as this was a focussed inspection.

Detailed findings

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Our inspection team

Our inspection team was led by Shaun Marten, CQC Inspection Manager, overseen by Nick Mulholland CQC Head of Hospital Inspections.

The team included two CQC inspectors and a specialist advisor in estates and facilities functions.

How we carried out this inspection

We carried out an unannounced inspection focussed on the management of Control of Substances Hazardous to Health substances on the 12th October 2017. We visited seven wards and the emergency department at the Royal Sussex County Hospital. We looked at documents relating to Control of Substances Hazardous to Health Regulations, and areas where these substances were

stored. We spoke with more than 20 staff including nurses, health care assistants and housekeeping staff. We interviewed the estates and facilities management team, including the interim Director of Facilities. We requested, and the trust supplied, further data and documents during and immediately after the inspection.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Medical care

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

This inspection focussed on the management of Control of Substances Hazardous to Health at the Royal Sussex County Hospital overall. We have reported our findings under the core service of Medical care as this was the service where the majority of inspection activity for this inspection was directed.

Summary of findings

We found:

- Housekeeping assistants had a good knowledge of the Control of Substances Hazardous to Health they used.
- Housekeeping staff that we spoke with had all recently undergone Control of Substances Hazardous to Health training.
- Housekeeping staff underwent a competency assessment in the use Control of Substances Hazardous to Health products and we saw evidence of this.
- Coloured patient water jugs had been removed from use.
- Housekeeping staff were clear that they were not to decant cleaning materials from their original containers.
- Ward areas had Control of Substances Hazardous to Health folders and generally staff knew where these were located.

However, we also found areas of concern:

- We found some substances subject to Control of Substances Hazardous to Health regulations were stored in unlocked utility rooms and kitchens.
- We were able to access the cleaning cupboards where hazardous substances were stored on three wards because the lock code number was written on the door itself or on the doorframe.

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- There was no system that gave assurance that Control of Substances Hazardous to Health information had been read and understood by staff using the substances.
- We saw that there were no Control of Substances Hazardous to Health risk assessments or data sheets kept in cleaning cupboards. The content of the Control of Substances Hazardous to Health folders we reviewed was variable.
- There were no posters displaying Control of Substances Hazardous to Health information for staff to familiarise themselves with, or remind them of, their responsibilities.
- There were unattended cleaning trolleys, which contained substances subject to Control of Substances Hazardous to Health regulations.
- There were cleaning products in use, which had not gone through the trust's procurement policy.

Are medical care services safe?

Incidents

- A housekeeper told us that although they had undertaken training on how to report an incident electronically they had never done so. The housekeeper told us they had previously escalated concerns to the supervisor but had never received any feedback, the culture was to report concerns "through the chain of command". This meant incidents may not be thoroughly investigated and lessons learnt.

Environment and equipment

- Staff we spoke with knew that only the clear type of jug should be used and told us that the coloured type had been removed and disposed of. This meant it was possible to see the liquid inside the jug.
- Safety Data Sheets are required by the Registration, Evaluation, Authorisation and Restriction of Chemicals December 2006 regulations. Safety Data Sheets are key documents in the safe supply, handling and use of chemicals. They help to ensure that those who use chemicals in the workplace do so safely. Safety Data Sheets contain the information necessary to allow employers to do a risk assessment as required by the Control of Substances Hazardous to Health Regulations.
- All wards we visited had data sheets and Control of Substances Hazardous to Health risk assessments with the exception of ward 9A. We reviewed 11 Safety Data Sheets on ward 9A and there were no Control of Substances Hazardous to Health risk assessments accompanying the Safety Data Sheets. We reviewed 33 Safety Data Sheets and risk assessments on Bailey and Solomon wards and there was one Control of Substances Hazardous to Health risk assessment missing on Bailey ward. There was one missing Safety Data Sheet on Bailey ward and two on ward 9A, the products that the Safety Data Sheets related to were used on the wards. This meant that not all Control of Substances Hazardous to Health information was complete and there was variation of the completeness of information across wards. However, the trust informed us that there were at the time of inspection

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fully up-to-date Safety Data Sheets available by calling the 24 hour facilities helpdesk. During the inspection, we did not specifically ask staff if they were aware of this.

- The variability of the quality of the Control of Substances Hazardous to Health folders indicated there was limited central oversight or quality monitoring of Control of Substances Hazardous to Health information in ward areas. This meant senior managers could not be sure all relevant information was available and that this was accurate and current and met Control of Substances Hazardous to Health requirements.
- The Head of Hotel facilities told us that there were duplicate Safety Data Sheets and risk assessments in the cleaning cupboards on the wards. During our inspection, we checked six cleaning cupboards. None had the Control of Substances Hazardous to Health folders within which contained Control of Substances Hazardous to Health risk assessments or Safety Data Sheets. This meant that the relevant information required in relation to each product was not available if an incident occurred. This could delay appropriate action being taken. It is important that all staff are informed of the appropriate safety precautions should they be exposed to substances that are hazardous to their health and the environment. On the areas visited, we did not see any posters, outlining the safety precautions for the substances in use. In addition, we did not see any posters, which outlined the Control of Substances Hazardous to Health regulations or pictures of the Control of Substances Hazardous to Health hazard symbols. This meant staff may not be aware of hazard symbols and their meaning or what safety precautions were required for each substance in use. Since our inspection, we have seen photographs, which confirmed posters containing information regarding key products were now displayed in cleaning cupboards.
- The trust supplied us with copies of standard operating procedures (for the safe handling, usage and dilution of chemicals). Facilities staff were required to complete a competency assessment in the safe handling, usage and dilution of chemicals and were required to pass 12 out of the 15 assessments. This was included in the chemical competency refresher training and the Control of Substances Hazardous to Health mandatory training module.
- We spoke to 16 members of staff who worked for facilities in both cleaning and catering. All staff we spoke to had a working knowledge and understanding of their responsibilities regarding Control of Substances Hazardous to Health that was appropriate to their job.
- We were told by the estates and facilities management team that the chemical competency refresher training included training which ensured staff had read the Safety Data Sheets and Control of Substances Hazardous to Health risk assessments relating to the products they used. However, the estates and facilities management team were unable to provide any evidence that this had occurred. Therefore, the management team had no assurance that training was effective. Without this evidence, there was no assurance that staff had read and understood the documents. We asked seven facilities staff about these documents and none knew what they were used for or where they could access them. Other staff we spoke to said they thought they were kept in the housekeeping office.
- The trust told us that they had changed the lock key code on cleaning cupboard doors. This action was to prevent unauthorised access and ensure the cleaning products were secure. During our inspection, staff told us that the codes had not yet been changed. This was confirmed during a meeting we had with the estates and facilities management team. We were told that the codes would be changed by 17 October 2017. The estates and facilities management team assured us that they would expedite the lock codes being changed. The following day after our inspection, the trust provided us with evidence the door codes had all been changed.
- During our inspection, we saw the access code for the locks on the cleaning cupboards were written on the doorframe or door on three wards (Bailey, emergency department and Level 9A). This meant that unauthorised people could access the cleaning cupboard and the items within without difficulty. We brought this to the attention of the estates and

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facilities management team who were aware this practice went on and had recently removed the code from the doorframe of the cleaning cupboard on Bailey ward. Since the inspection, we have seen photographs of the affected doors and doorframes which showed the codes had been removed. In addition, we have seen photographs of cleaning cupboard doors which now have posters on advising that the door must be kept shut and locked.

- We were told by the housekeeping duty manager that daily random checks of the cleaning cupboards were undertaken by supervisors and managers to ensure they were locked and no codes were written on the doors or door surrounds. We have seen confirmation that these checks were undertaken on some wards. However, we have not seen any for the three wards where the codes were written on the door or doorframe prior to our inspection.
- During our inspection, we were told and we observed that the cleaning trolleys did not fit into the cleaning cupboard on Bailey ward. When we checked the zipped compartment of the trolley, it contained two cleaning liquids subject to Control of Substances Hazardous to Health regulations. Housekeeping staff told us that they were not allowed to leave their cleaning trolleys unattended when they contained cleaning products. However, we saw on ward Level 9A and the acute medical unit unattended trolleys, which contained two cleaning products, the compartments, were unzipped allowing easy unauthorised access.
- We saw there was a list which contained details of all substances used within housekeeping that were subject to Control of Substances Hazardous to Health regulations. However, this list did not contain all the substances we saw in use during our inspection, for example kitchen cleaning spray.
- The trust's management team told us that some products subject to Control of Substances Hazardous to Health regulations had been purchased outside of the trust's procurement process, and this was why there was no Safety Data Sheets for them or risk assessments. We noted during a random check undertaken by the facilities and estates team on 11 October 2017 a bottle of bleach that a member of staff had brought in from home was in a ward kitchen. The documented action taken at the time was "if I find it

again I will confiscate it". This did not provide adequate assurance that the hospital had processes, which prevented unauthorised substances being used in the hospital.

- Staff told us that products subject to Control of Substances Hazardous to Health regulations were kept in clinical and dirty utility rooms but were inaccessible as doors were locked. During our inspection, we found quantities amounts of substances subject to Control of Substances Hazardous to Health regulations in unlocked storage areas. This meant that unauthorised personnel could easily access substances subject to Control of Substances Hazardous to Health regulations.
- On Chichester ward, the sluice door was propped open and there was liquid detergent and toilet cleaner in the sluice room.
- On Egremont ward there was a storage room unlocked which contained hand sanitiser and liquid disinfectant. The kitchen door was propped open and there were cleaning sprays on worktops.
- On the acute medical unit there was a storage room unlocked which contained liquid disinfectant, lime scale remover and hand sanitiser.
- On Bailey ward, in the sluice room there were three different types of disinfectant accessible.
- The unsecure storage of substances governed by Control of Substances Hazardous to Health regulations demonstrated that there was ineffective oversight of compliance.
- We reviewed the Control of Substances Hazardous to Health mandatory training and the chemical competency update content and both referenced that there was no legitimate reason to decant cleaning products used at the hospital. Staff we spoke to were aware of this and the reasons why cleaning products should not be decanted. However, cleaning staff recounted to us instances where unauthorised decanting had occurred. The management team that we fed back to confirmed that they too had heard similar anecdotal evidence.

Mandatory training

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- Training in the Control of Substances Hazardous to Health for nursing staff was part of the mandatory training programme. Data supplied to us by the trust showed that overall 79% of staff were up to date with the training. We spoke to three trained nursing staff who had a varied knowledge of Control of Substances Hazardous to Health regulations and their responsibilities with regard to risk assessments. One member of staff did not know what Control of Substances Hazardous to Health was, or their responsibilities in the event of an incident. Although the training was delivered as part of mandatory training, the application of Control of Substances Hazardous to Health appeared not to be embedded within the nursing staff we spoke to. This lack of knowledge could lead to mismanagement of a Control of Substances Hazardous to Health product.
- Five members of housekeeping staff that we spoke to confirmed they had received Control of Substances Hazardous to Health training in the last two weeks. Data provided by the trust showed that as of 13 October 2017, 76% of housekeeping staff at Princess Royal Hospital and 65% at had undertaken the chemical competency refresher training. We reviewed the electronic training record, which confirmed this. We saw that there was a training programme planned for the weekend of 14 and 15 October to ensure all weekend staff received the training.

Staffing

- Staff told us that staffing the wards with housekeepers at the weekend was difficult and agency staff were often used. Staff told us this had an impact of the standard of cleaning undertaken.

Are medical care services effective?

We did not inspect this key question as this was a focussed inspection.

Are medical care services caring?

We did not inspect this key question as this was a focussed inspection.

Are medical care services responsive?

We did not inspect this key question as this was a focussed inspection.

Are medical care services well-led?

We did not inspect this key question as this was a focussed inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

The trust must:

- Ensure all products that are subject to Control of Substances Hazardous to Health regulations are stored securely.
- Introduce systems that give assurance that information relating to Control of Substances Hazardous to Health regulations is available in work areas that this information is complete and accurate, and that staff have understood it.

- Ensure nursing staff are aware of Control of Substances Hazardous to Health regulations and their responsibilities with regard to safe storage and use

Action the hospital **SHOULD** take to improve

The trust should:

- Consider how Control of Substances Hazardous to Health products are kept securely on cleaning trolleys.
- Consider alternatives to the digital lock system to control access to cleaning cupboards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	12(1) 12 (2) (a) (b)
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	Substances hazardous to health were not securely stored.
Termination of pregnancies	Information relating to the management of substances hazardous to health was not always available in ward areas in a way that ensured it was complete and accurate.
Treatment of disease, disorder or injury	There was limited assurance that information relating to substances hazardous to health was complete, current and accurate, and that staff understood it and their responsibilities.