

University Hospital Southampton NHS Foundation  
Trust

# Southampton General Hospital

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

# Our findings

## Overall summary of services at Southampton General Hospital

### Inspected but not rated



We carried out an announced focused inspection in response to information of concern.

During the inspection we looked at window restrictors in patient accessible areas in 4 ward areas of the hospital. Following our inspection, we also requested and reviewed additional documents in relation to the safety and management of the service.

We did not rate this service at this inspection. The previous location rating of requires improvement remains.

We saw that:

- Estates staff checked annually to ensure windows openings did not exceed 100mm in line with guidance.
- When window faults were reported, these were resolved in an appropriate timeframe.

However

- We saw that some window restrictors had visible rust, which may reduce the ability to withstand reasonable force, and not all restrictors were tamper proof.

### How we carried out the inspection

We carried out this inspection in line with our responsive inspection methodology. During our inspection we spoke with 2 members of the estates team, a ward matron, and a senior leader.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Medical care (including older people's care)

Inspected but not rated



See the summary above for details.

## Is the service safe?

Inspected but not rated



### Environment and equipment

**Windows were checked annually to ensure restrictors were in place. However, some windows had visible rust and not all restrictors were tamperproof.**

Window safety within Southampton General Hospital is determined by guidance published by the Department of Health (DoH) in 'Health Building Note 00-10 Part D: Windows and associated hardware'.

Hospital estates staff showed us how they carried out annual maintenance checks to ensure windows complied with this guidance. The guidance specifies opening of windows should be restricted to 100mm or less and window restrictors, attached to windows to allow this. Restrictors should also be tamper-proof and could only be disengaged using a special tool or key.

We were provided with completed documentation to show all windows at Southampton General Hospital had been checked to ensure the window restrictor guidance regarding opening, was met. This was recorded on the window survey form.

We looked at 19 windows in semi-private areas that were accessible by patients, such as bathrooms and quiet spaces, of these windows 11 could be opened. We saw that all 11 windows that opened had double restrictors fitted in line with guidance. However, 6 of these sets of window restrictors were not tamperproof. This meant they could be unlocked, and windows opened beyond the recommended 100mm or less. This posed a risk to staff, patients, and visitors.

DoH and HSE guidance states that window restrictors should be adequate in preventing a determined effort to force a window open. This guidance also recommends that restrictors must 'be able to hold a window in place for 60 seconds when a static load of 350 newtons is applied to that window'. However, we observed that some windows had visible rust, which may compromise structural integrity when force is applied.

We asked if any other checks were carried out on estate windows. We were told a visual check of the window and the surrounding frame was undertaken at the same time as the annual restrictor check. Any concerns found by estates staff would then be added to the window survey form. We saw some evidence of when this had been done. However, the assessment of window integrity was down to the individuals own professional judgement and may not follow a consistent process.

Hospital staff could report window faults using the internal fault reporting system. The estate team would then assess the window and make any necessary repairs.

# Medical care (including older people's care)

We reviewed all reported window related faults for the 3 months prior to the inspection, we saw there were no outstanding window repairs. On average, reported window faults took 2 days to be looked at by estates team and under 14 days to resolve. The average length of time from fault being reported to resolution was 12 days.

Following our inspection, we were supplied with documentation demonstrating when routine that window restrictor checks had been undertaken. The trust also told us they had conducted a repeated check of all windows and window restrictor safety across the site.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust **MUST** take to improve:**

#### **Southampton General Hospital**

- The trust board must ensure they have oversight regarding window safety across all trust sites. Regulation 17(1).

### **Action the trust **SHOULD** take to improve:**

#### **Southampton General Hospital**

- The trust should ensure that a clear and documented process is used to complete a visual inspection of window safety and that this is consistently applied.
- The trust should consider how it maintains oversight of window restrictor durability outside of the annual checking programme.

# Our inspection team

The team that inspected the service comprised a CQC lead inspector, and 1 other CQC hospitals inspector. The team also included a Specialist Advisor with specialist knowledge in Estates management and window restrictors. The inspection team was overseen by Karen Hill, Deputy Director of Operations.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

Regulated activity	Regulation

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

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

Regulated activity	Regulation