

Premises: West Herts Hospitals NHS Trust, Watford General Hospital, Vicarage Road, Watford, WD18 0HB

Reference: 18/00115/FOOD2

Date of Inspection: 22 November 2022

Inspection Details:

- A review of the food safety management systems and changes in operation since the last inspection took place on 2nd November 2022.
- The primary hygiene inspection of the NHS wards at Watford General Hospital took place on 22nd November 2022 by [REDACTED]
- [REDACTED] was accompanied by Wendy Docherty and inspected the following wards: Starfish, Langley, Cassio, Stroke, AAU Level 1 and Ambulatory care.
- [REDACTED] accompanied Kathryn Annison-Coppiters on inspection of Katherine Ward and Sarratt Ward and oversee audit of Elizabeth Ward.
- It is recognised that food handlers are Housekeepers, Matrons and Health Care Assistants.
- Improvements have been made with respect to the way high risk food is stored on the wards, with commercial grade fridges in use.
- There were failures in respect of your food safety management of allergens and temperature monitoring controls, albeit it for low-risk foods (outside of the main meal provision).
- Your food safety management system only mentions the special diet form and a menu listing allergens present in relation to the main meal provision supplied by Mitie. There is a lack of controls in respect of the food handling, breakfasts and snacks which you prepare and provide to the patient. There were no consistent control measures in place across the wards to keep patients with allergies safe. **As a matter of urgency, you must review your food safety management system and introduce effective controls and a monitoring regime that demonstrate you are managing allergens as a hazard within your food safety management system.**

SCHEDULE A: LEGAL REQUIREMENTS

Compliance with food hygiene and safety procedures			
<i>Note – Ready to Eat (RTE) products are those that are not going to have any subsequent process such as reheating, cooking or washing such as washed spring onions and cucumber etc and cold desserts.</i>			
Item	Heading	Non-compliance details and works required	Required Completion Date
1	Personal Hygiene	<p>On Elizabeth Ward, a staff member with long hair down was serving lunch. This presents a potential physical contamination risk.</p> <p>You must ensure that all persons working in food handling areas either wear protective headwear or tie their hair back.</p> <p>Regulation (EC) No 852/2004 Annex II Chapter VIII Para. 1.</p>	Immediately and ongoing
2	Allergen Control	<p>In respect of managing allergens, the following issues were noted:</p> <p>a) There was no allergen labelling on decanted cereals.</p> <p>b) There was no allergy controls by staff providing breakfast, or drinks.</p> <p>c) There was no separation of products with allergens, milk etc.</p>	Immediately and ongoing

		<p>d) [REDACTED]</p> <p>e) Although allergy sufferers are identified there are no [REDACTED] separation procedures identified or noted as controls.</p> <p>f) Elizabeth Ward is a self-serving kitchen where no specific allergy controls could be identified. Both dairy free and dairy milk stored were stored side by side within the same fridge. Gluten free bread was seen in fridge, which was wrapped in its own wrapper. However, crumbs could be seen within the fridge itself.</p> <p>g) As a self-serving kitchen, staff just check on kitchen structure itself. Management in this area is problematic with no ability for patients to clean as you go if they are preparing their own snacks.</p> <p>h) [REDACTED]</p>	
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Compliance with structural requirements			
Item	Heading	Non-compliance details and works required	Required Completion Date
3	Cleaning and disinfection	The kitchen floor covering in the Starfish Ward was dirty especially at floor/wall junctions and behind or below equipment. Thoroughly clean the floor and maintain in a clean condition. Regulation (EC) No 852/2004 Annex II Chapter I Para 1.	Immediately and ongoing
4	Cleaning and disinfection	Staff were using Chlor Clean as a sanitiser. It is understood that once the tablets were diluted with water, the mixed chemical has a life of 6 hours, which was being monitored in some wards. However, to be used for cleaning and disinfecting on food contact surfaces, there was no supporting information to confirm the suitability as a food grade chemical and the contact time for use. Regulation (EC) No 852/2004 Annex II Chapter V paragraph 1(a).	Immediately and ongoing
5	Cleaning and disinfection	A Staff member wearing a lilac overall on Starfish Ward was seen hand washing cups and plates in the equipment sink as the dish washer was broken. It is understood that local arrangements for wards where dish washers are broken or where they are not present is for equipment to be sent to the main Mitie Kitchen for adequate washing and disinfection. You must ensure that cutlery and crockery used by patients are effectively disinfected between uses. Regulation (EC) No 852/2004 Annex II Chapter V paragraph 1(a).	Immediately and ongoing
6	Structure	There was bare plaster exposed on the wall in Starfish Ward where shelving had been removed. Renew the wall covering to leave a surface that is impervious, non-absorbent, and washable. Regulation (EC) No 852/2004 Annex II Chapter II Para. 1(b).	1 Month
7	Structure	The wooden door and door frame on Starfish Ward and the edge of the wooden door in the Stroke Ward kitchen were damaged in places, with the paint peeling to expose bare wood. These surfaces must be renewed to leave surfaces which are smooth and non-absorbent and easy to clean. Regulation (EC) No 852/2004 Annex II Chapter II Para. 1(d).	1 Month
8	Structure	There were no dedicated wash hand basins for staff to use in XXXXXXXXXXXXXXXXXX Langley Ward. In Katherine Ward, there was a newly installed wash hand basin, but due to plumbing issues, staff were unable to use this. In each of the mentioned ward kitchens, you must provide a washbasin with adequate supplies of hot and cold running	2 Weeks

		water, soap and hygienic means of drying hands. These need to be properly plumbed in and connected to the drainage system and must be used for hand washing only. Regulation (EC) No 852/2004 Annex II Chapter I Para.4.	
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Confidence in management/control procedures.			
Item	Heading	Non-compliance details and works required	Required Completion Date
9	Food Safety Management System: Hazard Analysis	<p>a) The chilled storage of high-risk food is identified as a Critical Control Point (CCP). However, at various places within the policy both 5°C and 8°C are referred to. Please clarify the critical limit for the chilled storage of high-risk food and ensure that this is consistent throughout your policy and monitoring forms.</p> <p>b) The policy for sandwiches being brought up by trolleys being out of temperature control refers to the tolerance of 8-14 °C. It is understood that where an exceedance is found, a 2-hour rule is introduced for usage. However, the 14 °C does not appear to have any significance, i.e., once a sandwich is found above 8°C, this is the trigger for the start of the 2-hour rule.</p> <p>c) The policy states that patient food to be stored in the fridge should be removed by their use by date or within 24 hours if home produced or shop brought. It is understood that a blanket 24 hour policy is actually in place regardless of whether the use by date permits longer. Therefore, this point needs to be changed to reflect current practice.</p> <p>d) In respect of controls for the service of ice cream, the policy states that at the point of sale, the ice cream should be solid and have a temperature no higher than -10°C. It would not be possible to probe the ice cream if it was solid. Therefore, it is unclear how food handlers are to implement this requirement.</p> <p>e) The policy makes references to the cold side of the trolley being plugged in where possible. Mitie staff will record delivery and time of plugging in by signing and by obtaining the signature of a member of the Nursing Staff on the Mitie HACCP form. However, in practice the trolleys are not plugged in. This point should therefore not feature in the policy as current practice does not comply with your own policy.</p> <p>f) Procedures in respect of allergen management at ward level is completely missing from your policy. Every step of a process is a Critical Control Point (CCP) when considering allergens. Therefore, the preparation and</p>	Immediately and ongoing

		<p>service of breakfasts and snacks outside of main meal times must be considered. You have failed to identify control measures in relation to how incoming ingredients containing allergens (e.g. cereals, yoghurts, milk, biscuits, bread etc) are received from your supplier (Mitie), storage arrangements of ingredients prior to use, safe handling methods during preparation to prevent cross contamination from contact with hands, clothing, dirty surfaces and equipment and distribution to the correct patient. This is also not featured in your targeted audits which are used as a means of verifying correct implementation of your food safety management system.</p> <p>Please ensure that you review your food safety management system to ensure that it contains accurate information and reflects current practice.</p> <p>Regulation (EC) 852/2004 Article 5</p>	
10	<p>Failure to implement control measures in your Food Safety Management System</p>	<p>The following failures to implement control measures in your own food safety management system were identified during the inspection:</p> <ul style="list-style-type: none"> a) As the wards are so short staffed, food and drinks can be served by any available member of staff. this means staff providing food who have not always been identified and some handle food without having received food hygiene training to level 2 as required by your food safety management system. b) On Cassio Ward, patient food was stored in plastic bags which does not comply with your policy, of plastic bags not being permitted in patient fridges. c) Both Officers noted that on several wards visited, doctors were seen entering the kitchen and helping themselves to tea and coffee which is for patients only. A staff member also helped herself to some bread and butter, which was designated for patients only. d) Due to lack of space in the Stroke Ward kitchen, there were 2 under counter fridges. Only one of them had a temperature record sheet present on it. The second fridge containing milk and yoghurt did not appear to be included in the monitoring regime. e) Management weekly review of records had also failed to detect this. f) The 'am' chilled storage check on the other fridge in the Stroke Ward not been recorded. g) In the Stroke Ward, the cereals had been decanted from the bags into lidded plastic containers and labelled with a shelf life. However, there was no 	<p>Immediately and ongoing</p>

		<p>allergen labelling to indicate the allergenic ingredients. There was also no other packaging which could be used to cross reference against. As such, there was not a system in place for confirming allergenic ingredients. This presents a serious risk to patients with allergies as you were unable to safely confirm suitability of the breakfast food. This was witnessed on other wards too, by both officers.</p> <p>h) A staff member on Starfish Ward advised me that she uses a bottle of Ecolab Aseptopol 76 which she had been given by Mitie staff in the main kitchen, to disinfect the surfaces in the kitchen. This is not an approved disinfectant in accordance with your policy. The contact time, instructions for use and dilution was not known.</p> <p>i) The wrong form was in use in AAU level 1, which mean that the fridge weekly clean and defrost was not being recorded.</p> <p>j) It was noted that late food arriving at Sarrett Ward and other kitchens may undergo checks; however, this is not recorded as the monitoring sheets do not allow for recording of late food checks.</p> <p>k) Food monitoring records were missing in the Katherine Ward at weekends. It appeared that records being documented were dependant on who is on shift.</p> <p>l) A review of records identified exceedances for the chilled storage of high-risk food (ham salad) but there was no indication as to if this had been identified at the time by the staff member who took the temperature and what corrective action had been taken.</p> <p>m) It was found that on Katherine ward a jacket potato had been documented with a service temperature of 61 °C. There were also no comments to indicate any follow up action.</p> <p>Audits are used as means of verifying the policy is implemented. The below findings relate to officer's observations from witnessing audits taking place:</p> <p>n) The audit failed to spot that a food handler was wearing her hair down (when the policy requires hair to be tied back when carrying out food handling.</p> <p>o) The audit failed to identify that a food handler did not probe the first sandwich which was served from the cold box during lunch time service. This is not in compliance with your policy.</p>	
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11	Staff training on allergen management	<p>Although you have confirmed that food handler have undertaken a training module on allergen awareness, I was of the opinion that food handlers did not fully understand the potential for cross contamination and the presence of allergens already in brought in ingredients which they handle. This was indicated by the way ingredients were stored next to each other in fridges, the failure to label containers and the inconsistent way that this was implemented across all the wards.</p> <p>You must ensure that all food handlers engaged in your food business are supervised, instructed and/or trained in allergens as necessary, bearing in mid the type of work, which they do.</p> <p>Regulation (EC) No 852/2004 Annex II Chapter XII para 1.</p>	

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SCHEDULE B: RECOMMENDATIONS

NOTE: You should consider the **Recommendation** advice, as this is designed to assist you in addressing matters observed that could potentially escalate into non-conforming issues if left unattended.

Item	Recommendation
1	Personal Hygiene I recommend that all persons working in rooms where open food is handled wear hair nets or hats.
2	Temperature Control: Checks to ensure equipment working I recommend you make regular checks of your equipment for storing cold foods to ensure it is working correctly and you keep a written record of your checks. You can use the thermometer built into the equipment, but this will only measure the air temperature at a single point in the unit, not the temperature of the food. It is advisable to use alternative equipment such as an independent thermometer or probe thermometer. Probe thermometers can be used to check both hot and cold temperatures and will measure both air and food temperatures. It is good practice to use a product substitute to probe refrigerator contents to monitor cold temperatures without destroying stock. The product substitute should remain in the chiller (in the warmest position) and be dedicated to probing alone. This way, there can be no chance of cross-contaminating food for consumption when temperatures are checked. A plastic bottle of water or, a dedicated jelly dessert or a block of butter can be used as a food substitute.