

Whittington Health Trust Board

22 May 2013

Title:	CQC Final Report of Unannounced Inspection January 2013		
Agenda item:	13/074	Paper	5
Action requested:	For Noting		
Executive Summary:	<p>The CQC Inspection report refers to the Inspection conducted on 29th January 2013.</p> <p>The important points to note from the inspection are:</p> <ul style="list-style-type: none"> • The report is mostly positive with a number of examples of good or excellent care observed by the CQC and reported by staff patients and carers • The CQC inspectors have reported that they observed many examples of staff providing high quality safe care. Patients and carers were also interviewed as part of the inspection and the majority were very complimentary of the staff and the care they received. • The CQC has however issued a compliance action regarding the Standard of Care and Welfare of people who use services – this is specifically in relation to the care of patients with acute medical illnesses who, at the time, were being cared for on other specialist wards. • The CQC has judged that on the day of their inspection this was having a moderate impact on people who use our services and have asked the Trust to take specific actions to address this. • At the time of the inspection the Trust had opened some additional beds on Bridges ward and was in the process of transferring patients safely to this ward. This was completed within 24 hours of the CQC visit. • The Trust is currently reviewing its bed management plan and ambulatory care plan to ensure that this situation does not occur again. • The Trust responded to the compliance action notice as required and continues to liaise with CQC regarding actions 		

	The final report and the Trust's response is attached.						
Summary of recommendations:	The Board is asked to note the CQC Report and the Trust Response. Further reports on progress with actions will be presented to the Quality Committee as required.						
Fit with WH strategy:	Ensuring that the organisation is meeting national and regulatory standards is fundamental to the delivery of WH strategy.						
Reference to related / other documents:							
Date paper completed:	9 th May 2013						
Author name and title:	Bronagh Scott – Director of Nursing and Patient Experience			Director name and title:	Bronagh Scott Director of Nursing and Patient Experience		
Date paper seen by EC	16th April 2012	Equality Impact Assessment complete?	N/A	Risk assessment undertaken?	N/A	Legal advice received?	N/A



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

Whittington Hospital NHS Trust

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Tel: 02072883939

Date of Inspection: 29 January 2013

Date of Publication: April
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
Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✗	Action needed
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	The Whittington Hospital NHS Trust
Overview of the service	Whittington Hospital NHS Trust is an acute local general teaching hospital situated in Archway, in the north of Islington. It provides inpatient and outpatient services to the communities of North Islington and West Haringey, a population of approximately 250,000 people. The hospital also treats a significant number of patients from Camden, Barnet and Hackney. It has approximately 23 wards, and employs over 2,000 staff.
Type of service	Acute services with overnight beds
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

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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 local groups of people in the community or voluntary sector and talked with commissioners of services. We 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.

What people told us and what we found

Nine inspectors, including a dementia advisor conducted visits to eleven wards/departments: Cavell Ward (Stroke Rehabilitation), Cloudesley and Meyrick Wards (Care of Older People), Cearn and Cellier Wards (Maternity), Mercers Ward (Oncology/Haematology/ Gastroenterology), Betty Mansell Ward (Surgical/Gynaecology), Mary Seacole North and South Wards (Short Stay Medical Assessment Units), Emergency Department and a number of Outpatients Department. We conducted observations on the wards, spoke to 60 patients or relatives, 40 staff members and looked at 20 patient records. Following the inspection we requested information from the Patient Advice and Liaison Services Department and the Trust's Clinical Governance Team.

Most people we spoke to who used the services at the Whittington Hospital told us that they received a good level of care, treatment and support, and some were very proud of their local hospital. People were generally very complimentary about the staff and said that they explained and answered questions about their care and treatment. Very few people we spoke with had complaints about the service they had received. Our observations of care and discussions with patients and staff identified some areas for improvement in some services provided. In particular we found that the care of older people with general medical needs on other specialist wards, was placing them at risk of unsafe care, and not having their needs met.

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 20 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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

All the people we spoke to told us that their privacy and dignity were being maintained appropriately and they were addressed in the way they preferred, and could understand. Comments included "they have offered me privacy," "They are very respectful," "They respect your privacy," "They speak to you in a friendly manner," and "When I came in they asked me if I wanted to be called by my first or second name."

We found that single sex accommodation was provided on all the wards visited, with designated toilet and bathroom facilities. In the Emergency Department and throughout the hospital curtains on cubicles or around beds were closed when appropriate with signs saying 'please respect my privacy' clipping the curtains together.

People we spoke to told us they were given enough information about their care, treatment and support choices. They noted "Staff have introduced themselves to me at the start of the shift," "They have explained things to me," "They are always available to answer questions," "I have been given lots of information and support," and "They discussed all the choices and what was best for me."

On Betty Mansell Ward one patient was observed in a side room calling out loudly, and appearing to be very confused. Some visiting relatives were finding the noise distressing but the nurses who were with the patient in the side room told us that they needed to keep the door open as the side room would have become too hot. The staff politely explained the situation to the relatives.

We visited the orthopaedic/fracture, respiratory/cardiology, diabetic, haematology, oncology, neurology, endocrinology, bariatrics, dermatology, and pre-assessment clinics in the Outpatients Department. Most, but not all patients waiting in outpatient clinics or the emergency department had been told how long they would need to wait.

On the maternity wards, all the mothers spoken to felt well informed about the service and

the choices they had been offered. One woman noted "I was offered lots of choices but in the end I needed an emergency caesarean and they gave me a full explanation of why." The modern matron said that since September 2012 there has been a pilot study where partners have been able to stay on the ward at night (in an upright chair next to the bed) however they now had funding to purchase more suitable reclining chairs. One new father spoken to was very positive about this development.

Staff spoken with described how they provided a holistic assessment of patients' needs on admission, and were aware of the need to provide choices, and advice about the consequences of decisions made. They spoke of how they introduced new patients to the ward or department.

Individual ward information leaflets were seen on some but not all of the wards visited. Wards included staff photograph boards with the names of regular staff, and other relevant information. Throughout the hospital, there was information displayed about care, treatment and services for patients in the form of posters and leaflets.

We observed staff asking before entering curtained off areas. Most patients told us that when they had to use a call bell the "staff had come quickly" and that most of the time staff "were popping in and out." During our visit we observed staff responding quickly to call bells. Call bells were generally placed in reach of people who needed them.

Staff advised that an electronic referral service was available for interpreters. On one ward we observed a doctor conversing with a patient and their relatives in Greek, in line with their cultural needs. The modern matron on the maternity ward talked about how they could access the "Big Word" interpreting service for patients who did not speak English and the advocacy team where there were mental capacity issues or other complex issues to address.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider generally acted in accordance with legal requirements.

Reasons for our judgement

Patients we asked about consent were able to make decisions and told us they had given verbal consent, or where appropriate had signed written consent forms for their treatment. We found consent forms for various procedures, in people's case notes and these had been completed appropriately by patients and doctors.

We saw Deprivation of Liberty checklists in place for people who lacked mental capacity to understand their treatment, who were at risk of trying to leave the hospital or refuse life saving treatment. These patients were assigned one to one workers to support them, and had access to Independent Mental Capacity Act Advocates (IMCA). Staff told us that they were able to access advice from the hospital's legal team in order to ensure that people's rights were protected.

We asked a range of staff members about how and when they sought consent. Staff members were generally clear about when consent was required. The Trust advised that there is a rolling programme for Deprivation of Liberty and Mental Capacity Act training for staff. However the provider may find it helpful to note that staff across the hospital showed variable awareness of the need to assess people's mental capacity, and include professionals, advocates and relatives in best interest meetings when important decisions needed to be made on someone's behalf.

On Meyrick Ward some staff said that it would be helpful to have more IMCA input and involvement in making decisions for older people who lacked mental capacity to make important decisions about their care and support.

Discussion with staff on the Mary Seacole Wards (Medical Assessment Units) indicated that they were able to access regular support from psychiatric teams when working with patients who had mental health needs.

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

Our judgement

The provider was not meeting this standard.

Some people experienced care, treatment and support that met their needs and protected their rights. However at the time of the inspection the care of older people with general medical needs on other specialist wards, was placing them at risk of unsafe care and not having their needs met.

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

The great majority of people spoken to were satisfied with the care provided to them and said they found staff caring and professional. We saw many examples of good practice in staff meeting the diverse needs of individuals sensitively, promptly and calmly. People told us that they were generally provided with pain relief promptly. People waiting in Outpatient told us "I have nothing but good to say about the place," and "It's astonishing – better than anywhere else."

5000 mothers per year booked to have their babies at the hospital, with 4000 delivering there. Feedback from mothers on maternity wards was generally very positive. They said "The staff were wonderful," "They have been very helpful – I am very happy," "I have had wonderful care and treatment," and "I have epilepsy and this has been fully understood and addressed." One person noted "When I was induced the midwife was rude, did not listen and handled me roughly" and another patient noted "it is very noisy at night." The modern matron said that the psychology team had provided training for maternity staff on use of more helpful language in responding to mothers leading to a drop in complaints received.

In the last year Cavell Ward became a stroke rehabilitation ward relocated from St Ann's Hospital. Meyrick, Cloudesley and Cavell Wards were run calmly and patients felt confident about staff on duty. Staff noted that a reduction in older people's beds led to some older people being treated on wards designated for other specialisms. There had been a rise in the number of older patients needing high levels of support, with one bay on Meyrick Ward set aside for patients at particular risk of falling with staff assigned to support them. A dementia specialist provided support over 2.5 days weekly. People said they were able to go to the TV room, however one person noted "I feel a bit sorry for people who cannot get out of bed - it must be a bit boring." One such person confirmed "There is not enough to do on the ward – it would be good to have a radio." The provider may find it helpful to note the lack of activities available for people confined to their beds. The recent environmental audit undertaken by Dementia UK, had also confirmed

this. The Trust's Dementia lead was involved in refurbishing wards taking account of this audit.

On the medical assessment units patients spoke highly of staff support, as one person noted "They go the extra mile." The atmosphere was calm and organised with therapists providing support and specialists available. People at risk of falls had been identified, and staff used a Dementia Screening Tool. However we noted a lack of pictorial aids for a stroke patient unable to communicate verbally, although their communication had been assessed. This person asked to be moved up in their bed for 45 minutes before staff understood their request.

On Betty Mansell Ward, designated a female gynaecology ward, all but five patients were older people with general medicine needs, including three patients with dementia. One patient advised "A month before my gynaecology procedure I was invited to a learning session to find out about the procedure and what to expect." They were concerned that after their operation they had to stay in recovery for six hours awaiting a bed "My operation was planned so why was a bed not available?" They noted "The staff have been very caring, if I have needed help they have come in reasonable time, but they are very busy." A second patient said "All the nurses have been very kind and helpful" but "when I first came here I thought I was on an elderly ward, it's very noisy and there is lots of screaming." The nurse in charge noted that in recent months gynaecology patients had to go to other wards as the ward was full, and the difficulties of caring for such different groups of patients on one ward. When a young patient was given grave news about her gynaecological condition, she was asked why she was crying repeatedly by an older patient in the next bed. Staff said "We have a very strange combination of gynaecology patients and older people, its been like this for the past few months - they have very different needs." After the inspection, the Trust explained how they had considered different options for managing winter bed pressures, an issue placed on the Trust's risk register.

At the time of the inspection two patients on the ward had pressure sores, one was admitted with the sore and the other's had developed on the ward. The person who had developed the pressure sore had a high risk Waterlow assessment (for pressure sores) on admission, but did not receive a pressure relieving mattress for 9 days. By this time she had developed a grade 3 pressure sore on her heel, for which she received appropriate care and support. Another patient admitted with a high risk Waterlow assessment, waited 9 days for their mattress, but fortunately they had not developed a pressure sore. Staff in charge said that accessing the mattresses promptly was not a problem. The senior nurse said that in recent months the number of patients with pressure sores on the ward had increased and all staff had received pressure care training.

We also found a high number of older patients on Mercers Ward, who did not have Gastroenterology, Oncology and Haematology needs. The management advised that this ward was also a general medical acute ward, with the appropriate skill mix of staff to meet older patients' needs.

The Trust Executive and Operational Management teams and The Director of Nursing and Patient Experience and the Governance Team were aware of the issues on Betty Mansell Ward. They advised that Older People would be placed on Betty Mansell for treatment for Gynaecology conditions. Where patients required input by Care of the Elderly staff this would be arranged in accordance with their needs. They said that other older patients were moved to Bridges Ward on 31st January 2013.

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

Most people told us that they were satisfied with the food and drink served to them on the wards, although a small number were unhappy with the options available. Comments included "The food has been good, with enough choice – lots of vegetables and salad," "It's ok – you get a choice," "They're pretty good," "Food isn't great but you do get a choice," "It's OK," "Quite nice", "I think the food is excellent," "It's edible," "It's very good," and "They give you a choice of portion size."

We observed lunch being served on a number of inpatient wards all of which had protected mealtimes. Menus included a selection of cultural options and nutritious choices including salads, vegetables and fresh fruit. Meals were conducted in a relaxed and pleasant manner, with support provided to people who needed this. Staff used a red tray system to identify those needing support or encouragement to eat. Boards above each person's bed specified dietary and cultural needs (such as Halal or Kosher food) and people spoken to confirmed that they were able to choose cultural foods including Asian and Caribbean dishes according to their preferences.

Water jugs were available on people's bedside tables, within easy reach, with red jugs and beakers in place for patients who needed support or encouragement with drinking. One patient noted that they were left for three hours without water whilst their water jug was changed.

People who needed assistance or encouragement with their meals were supported by allocated staff, including volunteers on some wards. When patients were asleep or away from the ward for particular procedures we observed staff saving food for them. Most staff sat down next to the person they were assisting, however on two wards we observed some staff standing whilst assisting people to eat their lunch in bed. It was also noted that people lying in bed, who needed support, were not always encouraged or assisted to clean their hands before and after mealtimes.

Inspection from people's case notes indicated that dietary monitoring was undertaken as appropriate with assessments in place, and food and fluid charts being completed for people considered at risk. We also saw evidence that instructions from dieticians was followed.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Patient we spoke with told us they were satisfied about their safety within the hospital. As one patient noted "I feel very safe," and others confirmed that they would be able to speak to somebody if they had any concerns.

Most staff members we spoke to throughout our visits demonstrated an understanding of different types of abuse that adults and children could experience, and their responsibilities in safeguarding patients from abuse. They advised that they had received appropriate training in safeguarding children and vulnerable adults. However the provider may find it helpful to note that only a few staff had a good understanding of the Trust's whistle blowing procedures. One midwife noted "I have heard of it but not sure how it works."

Staff were aware that the Trust's safeguarding children and adults, and whistle blowing policies were available on the staff intranet.

Staff on maternity wards told us that there was a maternity safeguarding lead who would assist in making referrals to social services. There was a system in place for identifying patients who were at risk, and when needed babies could be cared for separately from their mothers.

We observed posters with information about safeguarding adults and children on various wards and departments within the hospital, and staff explained the use of security bell systems when needed.

The Trust advised that 86% of eligible staff at the hospital site have received training on safeguarding adults and 85% had undertaken child protection training at the time of the inspection, with ongoing training scheduled for staff in this area.

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

People we spoke with told us that they found the hospital, toilet and bathroom facilities to be clean, and that their bedding was regularly changed. Most said that they observed staff members cleaning their hands before and after caring for people. Comments included "Everything is very clean," "I have my own bathroom and it is very clean," and "I feel the ward is clean."

All the units we visited during the inspection appeared to be clean and free from unpleasant odours, with sufficient hand wash basins, soap, and hand-gels available. There was ready access to disposable protective clothing including gloves and plastic aprons. Sluices were available on each unit, and once cleaned, commodes and other equipment were labelled and dated with the date on which they had been disinfected. Staff members told us that cleaning staff undertook general domestic cleaning, whilst nursing staff cleaned the clinical equipment. We also observed appropriate clinical waste arrangements in all areas of the hospital visited, with dedicated safe disposal containers in each treatment area.

Where patients were cared for in isolation for infection control reasons, suitable precautions were in place, and we observed staff following procedures as directed. Staff members in all the areas we visited were able to tell us about steps they took to protect people from infectious disease outbreaks, including the use of isolation rooms, and appropriate nursing procedures as needed. Staff spoken with indicated that there were sufficient domestic staff working in all areas, to maintain appropriate levels of hygiene.

In the Emergency Department, a cleaning regime was in place for each cubicle after each use, and staff advised that this was the responsibility of the nurse who has been looking after the person in that room. Cleaning the bed frames and mattresses were part of the routine each time a cubicle was used, with access to different mattresses if needed.

Staff members told us about infection control audits that were carried out on the wards, and the results of these audits were displayed on each unit.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found the environment in all areas visited to be safe and suitable. Patients spoken with were satisfied with the hospital environment, although some areas for improvement were noted.

In the Emergency Department the sluice was out of order and some trolleys were broken, but staff advised that they would be repaired swiftly. A new sluice and shower room were being installed on the Emergency Admissions Ward.

The 'T' shaped post-natal ward (Cellier Ward) could accommodate up to 24 mothers with beds along the sides and five side rooms. Most mothers kept the curtains drawn around their beds to have some privacy, but when babies were crying it was very noisy. The modern matron explained that if there were not enough beds, mothers went to the antenatal ward.

In July 2012, an environmental audit had been undertaken by Dementia UK, of the hospital environment. This included visits to the Emergency Department, Mary Seacole North and South, Coyle, Thorogood, Cavell, Cloudesley and Meyrick Wards. Potential environmental design needs were discussed, and advice was provided about how best to improve the environment. Since then some improvements had been made regarding signage on wards for care of older people, and further improvements were planned. We were advised that the Trust's Dementia lead was involved in the planning and design of a new Ambulatory Assessment Area and in the refurbishment of wards for care of older people, incorporating the results of the environmental audit. The Ambulatory Care Unit was scheduled to open in September 2013 and the refurbishment programme was scheduled for the summer of 2013.

Since the previous inspection the stroke rehabilitation ward had been relocated from St Ann's hospital to Cavell Ward. We noted that there was only one bathroom/toilet for seven male patients on this ward, whilst seven female patients shared three toilets and two showers. It was also clear from observation of the ward that there was insufficient storage space for equipment, with areas of the day room used instead. Staff confirmed the lack of sufficient storage space, and also indicated that administrative space was limited. The Trust advised that Cavell ward was a temporary location for the stroke rehabilitation ward, and the future relocation of this ward was still being considered.

Staff members told us that the equipment they used was in good working order and checked regularly as part of health and safety audits. They advised that the maintenance department responded promptly to requests for equipment repairs. We saw that where equipment was in need of repair, it was set aside and labelled and dated as such. Staff members advised that they had access to a medical equipment library, providing essential equipment when repairs were taking place. Resuscitation equipment including suction machines was available on all units as needed, and this was checked daily, with separate emergency equipment for the babies.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke to generally spoke highly of the staff supporting them across all the areas we visited, describing them as conscientious and caring. We spoke to a range of clinical staff of different grades, and they displayed appropriate knowledge and skills for their posts.

Most patients and staff told us that there were enough staff members to look after patients safely, although it could be very busy. Some staff expressed concerns about the possibility of further staff cuts on their wards, and how this might impact on patients.

Staff in the Emergency Department described some reductions in the staff on duty. In outpatients, staff noted that there was no cover for staff sickness, but that they did receive support from the unit leaders.

At the time of the inspection the staffing on the postnatal ward (Cellier Ward) was three midwives, one health care assistant and one nursery nurse for twenty four mothers. Staff advised that there had been an increase of two beds on the ward, but no corresponding increase in staffing. The manager of maternity services advised that staff could also be moved from the Labour Ward to postnatal to help if the Labour Ward was quiet. Across the inpatient services there were 16 midwives, five health care assistants and one nursery nurse. The manager said that eight midwives were on maternity leave and were being covered by bank staff and midwives on temporary contracts. The rate of pay for bank midwives had improved since September 2012 and this had reduced the use of agency staff.

The nursery nurse on Cellier Ward said that at times it could be hard to "spend time with the mums and babies," and if she was off sick there was no nursery nurse cover. A midwife also advised "Sometimes we can't give the personal touch we would like to and spend quality time with new mothers." Although we could see that the ward was extremely busy, mothers did not complain about a lack of support.

On Cairns Ward the midwife said there were two midwives and two health care assistants 24 hours a day. No agency staff were used on this ward as the women had complex needs, so staff were redeployed from other parts of the maternity service if needed.

On Betty Mansell Ward the nurse in charge said that the staffing levels on the day of the inspection consisted of the nurse in charge, three staff nurses and two health care assistants. At night there were two staff nurses and two health care assistants. On the day of the inspection there were two agency staff nurses working due to staff sickness and maternity leave, however the nurse in charge advised that they "knew the ward." She advised that they always tried to find a bank nurse if possible and were recruiting more bank staff.

Staff on Meyrick Ward advised that there were not enough bank staff available, and it could be very busy with only two staff on and sometimes only one nurse at night. They told us that there had been some staff reductions since the previous inspection, and there was no longer a coordinator on duty each day. However the Trust advised that there had been an increase of five whole time equivalent registered nurses on this ward since the previous inspection, with the skill mix changed from 55% qualified to 65% qualified as a result of staffing reviews. The manager advised that they were in the process of reviewing the staffing on this ward.

On Mercers Ward staff described reductions in staffing numbers at night. With two nurses on duty, when one of these nurses was from the agency, this presented problems for administering controlled drugs to patients on the ward, as a second staff member from another ward had to be called upon. The Trust advised that they were working to avoid the use of agency nursing staff at night on this ward and provided figures for the last three months indicating that an agency staff had worked on Mercers Ward on 3, 6 and 8 nights respectively in November 2012, December 2012 and January 2013. Some staff also indicated that more health care assistance was needed to support older people, some of whom had dementia. Staff advised that staff from the mental health alliance came to offer support in working with people with dementia on the ward.

The Trust's business plan incorporated quality improvement initiatives alongside an ongoing review of staffing levels and the Trust Board Quality Committee had an annual program review of staffing levels on all wards. Any concerns about staffing levels outside of this programmed review were escalated through clinical risk reporting by each Division to the Quality Committee on a bi-monthly basis. Outside of this cycle they were addressed through the operational management and executive team's routine processes.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were mostly supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We received positive feedback about staff, from patients. Comments included "Staff are good, they answer your questions," "Staff are really great here," and "They are very helpful - I feel confident about staff."

Staff members in all areas of the hospital visited told us they had received induction training and mandatory training, and most advised that they had also received other relevant training to their role. The great majority of staff members told us that they felt supported by their team and line managers, and they had the opportunity to discuss their professional development needs. Although staff members said they sometimes felt under pressure at work, no staff member told us that they felt bullied at work. They were aware of the Trust's anti-bullying hotline that they could access if needed. Staff also confirmed that the Trust had encouraged them to take up the offer of the seasonal flu jab.

Staff advised that they had been receiving annual appraisals however some spoke of a lack of team meetings. There were differences in the way team meetings were conducted throughout the areas we visited, with some wards having separate monthly or weekly meetings, and others including team discussions in shift handovers, or not having team meetings at all. Staff spoken with were confident that managers listen to them, and felt able to speak up freely about their concerns. Staff generally spoke highly about support from their line managers, however some did not feel that senior managers understood the pressures they faced.

On the maternity wards, midwives including midwifery students spoke highly of the training and support provided to them. They noted "The team works well" and "there is no bullying." At the time of our visit three new health care assistants were undertaking their induction training (we noted that they were shadowing other staff on the ward). One midwife told us "Some months we have a team meeting. We all have a midwifery supervisor who we meet with once a year or if we need any help, and they make sure we have our study days." The nursery nurse said she felt there was "very good multi-disciplinary work" and that she felt "well supported." She noted "There is always someone I can speak to if I am worried about a baby." The breast feeding co-ordinators told us that they supported the staff on the ward so that they could support the mothers and felt that they had "taken it on board. They said that they found it "a happy place to come to work." They also described multi-disciplinary meetings and annual clinical supervision and said

"there is a good management team."

On Betty Mansell Ward the nurse in charge said that in her "first six months of working as a qualified nurse I was closely supported and offered training." Following this she could go to "the ward manager as needed." She said that she felt "well supported," and that the ward manager and the training department monitored everyone's mandatory training, and they received an email reminding them if this needed to be updated. However she noted that she had not yet received training on the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards (which had been postponed). She noted that "Initially when the medical patients came to the ward there was no special preparation in terms of training for the staff. but now there is going to be a link nurse for dementia, to offer training and support." A health care assistant on this ward confirmed that there was good "team communication" and "multidisciplinary working," but she had not yet had dementia training. The provider might wish to note that on this ward staff were caring for patients where they had not all had the training to meet their specific needs.

On the wards for care of older people and medical assessment units, staff described a good staff culture, describing most staff as "extremely supportive," but expressed concerns that senior nurses were not always supported. Staff on the medical assessment units said that they thought that they would benefit from team meetings. Mandatory training had been provided regarding naso-gastric feeding, following a serious incident within the Trust. Staff on Meyrick Ward spoke highly of the training provided on a dementia away day, and tissue viability study day.

The Trust provided us with details of their training plans for Dementia, including training nine staff to train others in this area (Training the Trainers) for cascading through the Trust. Trainers had been identified and trained but additional funding was being sought for 'backfill' staff so that the trainers could spare clinical time to carry out the training. They also provided data for staff training in other areas including Equality and Diversity (83%), Fire Safety (85%), Health and Safety (82%), Infection prevention and Control (83%), Information Governance (73%), Manual Handling (84%), Resuscitation (84%) and Risk Management (82%).

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

Patients spoken to described few improvements that they felt were needed at the hospital. One person in Maternity noted "I can't think of anything I'd change," another person in Outpatients said "I don't see any problems here." However some patients in Outpatients and the Emergency Department said that they would have liked to know the waiting times and those for scans and other tests needed. One person in Outpatients said they had received no apology for a 90 minute wait for their appointment. The Trust advised that 94.6% of patients were admitted or discharged from the Emergency Department within four hours.

Several staff members were able to tell us about improvements that had been made as a result of complaints, incidents, or staff and patient consultation including improved management and supervision arrangements and training in particular areas.

Computerised feedback stations were available in many areas across the hospital, however the provider may find it helpful to note that staff spoken to were not always aware of the results of these surveys within their own departments. The results of daily audits for falls, hand hygiene, pressure sores, and infection rates were posted on ward and department walls. On most wards we also found notices asking for feedback and suggestions, with contact details for the matron in charge.

We requested details of action plans following Never Events (events that should never happen) within the Trust. Actions previously taken in response to Patient Safety Alerts were being reviewed to determine why they failed to prevent Never Events occurring. So far core issues identified included the need for a Trust-wide lead to oversee implementation of learning from safety alerts and clearer monitoring arrangements needed for all actions. An example of this was the action plan for 'Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants.' It was agreed in the original action plan that all junior doctors would receive training, but there was no evidence that monitoring arrangements were agreed. Since March 2012 it had since been agreed that completion of this training by junior doctors would be monitored following their induction, and this was incorporated as part of Trust's mandatory training for doctors.

The Trust told us that a formal policy for responding to central alerts had been developed, outlining the process for allocating a lead for each alert, and the subsequent dissemination, implementation and monitoring of alerts to address the gaps that had been identified. This was agreed by the Patient Safety Committee. The provider may find it helpful to note, however, that the Trust was found to be insufficiently prompt at reporting notifications. 50% of notifiable incidents had been reported within 53 days (compared to 30 days for other organisations), and within 48 days for death and severe notifications (compared to 32 days in other organisations).

We also requested a response from the Trust to the results of the most recent Dr Foster's survey on Dementia care. The Trust had secured funding from the Burdett Trust for Nursing for a grant for a two year project to improve the health and wellbeing of people with dementia across the hospital and community. They had recently appointed a programme manager to lead on developing a local dementia care pathway, facilitating training and developing a clinical toolkit to increase skills and knowledge in caring for people with dementia. The Trust was also participating in the NHS London and UCL Partners project for dementia training in acute hospitals, and incorporating the recommendations from the environmental audit undertaken by Dementia UK in 2012 into refurbishment plans for the Whittington Hospital. The Trust had also applied to be part of the Royal College of Nursing Development programme for Transforming Dementia Care for Hospitals, submitting three members of staff to attend and take forward the outcomes of the programme. The Trust had also successfully obtained funding to pilot an increase in the mental health liaison service, to work closely with ward staff to deliver better care planning and management for patients with dementia .

We reviewed quality assurance information relating to the Emergency Department, including summaries of complaints and their outcomes, a summary of Quality Indicators with supporting action plans for any deficient areas, staff training information, and recently undertaken clinical audits. We also reviewed the Trust's action plan in response to the most recent Outpatients survey. This included ensuring clinical staff, particularly doctors understood expectations for customer care, privacy, and information, ensuring patients felt welcomed to clinics, staff being visible and wearing identity badges, improving the quality of written patient correspondence and information, and improvements to the clinic environment, and seeking and acting on patient feedback. Other actions included a review of administrative staff support, and the nursing establishment.

The Trust Board holds regular public meetings, providing the opportunity for staff, patients and the public to attend and to ask questions. The Trust Board has overall responsibility for the strategic direction of the Trust, monitoring its performance against objectives. We reviewed the most recent Integrated Performance Dashboard for the Trust and exception report setting out responses to weak or fragile performance. For example in response to people not attending outpatient appointments, plans were in place to restructure administrative staff into patient pathway coordinator teams with responsibility for ensuring that patients are seen promptly. We also reviewed information about the Trust's procedures for selection, monitoring and support of board members and Non Executive Directors as part of this inspection.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately, and the Trust had an action plan in place to further improve response times to complaints received.

Reasons for our judgement

People we spoke to told us they were happy with the service they or their relative had received, and had no complaints. We noted, however, that very few people across the hospital that we spoke with were aware of how to make a complaint, or had heard of the Patient Advice and Liaison Service (PALS). We saw posters publicising the PALS department on some but not all wards or departments. The Trust website also included information about how to contact the PALS department.

Staff members told us that they dealt with complaints by trying to resolve any issues locally or directed people to the complaints process if they wanted the matter taken up more formally.

The PALS department provided us with the most recent quarterly report. The provider may find it helpful to note that the number of complaints being responded to within 25 days, (the Trust's target) in July-Sept 2012 was 64%, compared to 76% in the previous quarter. Although this was an improvement on response times from the previous inspection, this did not meet the Trust's previous target of 85% of complaints being responded to within 25 days by April 2012. The Trust advised that they had made improvements to performance in this area, however this had reduced more recently due to a significant increase in complaints received as the profile of PALS increased.

Action plans were in place to decrease the number of complaints received and decrease timescales for complaints to be addressed. Actions agreed to reduce the number of complaints included ensuring that learning was taken forward from complaints, customer service training for Emergency Department (ED) administrative staff, and use of learning disabilities champions in ED, , and redesigning patient pathways in maternity services. Actions agreed to reduce timescales to address complaints included improving the quality of responses, increasing capacity of PALS department and resources to Outpatients, and the ED, providing further training for investigators, and consultants, escalation through divisional structures. The Trust aimed to achieve 75% complaints responded to within timescale by March 2013.

The Trust had identified areas for follow up as a result of complaints relating to a range of particular issues, wards and departments. Improvements made as a result of complaints received included the provision of overnight beds for partners in maternity, producing a Bariatric patient pathway and updating of anaphylaxis (sever allergic reaction) guidelines

in the Emergency Department.

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 activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: At the time of the inspection the care of older people with general medical needs on other specialist wards, was placing them at risk of unsafe care and not having their needs met.

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 20 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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