Director of Nursing & Patient Experience
Direct Line: 020 7288 3589
www.whittington.nhs.uk

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

24 July 2013

Title:	**CQC Final Report of Unannounced Inspection 3rd June 2013**		
Agenda item:	**13/103**	**Paper**	**3**
Action requested:	For Noting		
Executive Summary:	The CQC Inspection Report refers to the Inspection conducted on Monday 3rd June 2013. This was a re-inspection following the unannounced inspection in January 2013 and focussed on two themes: 1. The prevention and management of pressure ulcers 2. The care of patients who are outlying in non-specialist wards The important points to note from the inspection are: • The report confirms that Whittington Health is compliant with all the essential standards • The CQC inspectors 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. • People the CQC inspectors spoke with who used the services at the Whittington Hospital told us that they received a good level of care, treatment and support. Comments included "they are absolutely superb," "they talk to you," "they work hard," "they are supportive," and "you don't even need to press the call bell, they are here all the time." The final report is attached.		
Summary of recommendations:	The board is asked to note the CQC Report		
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 May 2013					
Author name and title:		**Bronagh Scott – Director of Nursing and Patient Experience**		**Director name and title:**		**Sue Rubenstein Non Executive Director – Chair of Quality Committee**	
Date paper seen by EC	**16.07 .2013**	**Equality Impact Assessment complete?**	**N/A**	**Risk assessment undertaken?**	**N/A**	**Legal advice received?**	**N/A**

Inspection Report

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

Whittington Hospital NHS Trust

Trust Offices, Magdala Avenue, London, N19 5NF

Tel: 02072883939

Date of Inspection: 03 June 2013

Date of Publication: July 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Whittington Hospital NHS Trust had taken action to meet the following essential standards:

- Care and welfare of people who use services

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 3 June 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 given to us by the provider. We were accompanied by a specialist advisor.

What people told us and what we found

Four inspectors, including a tissue viability advisor (with expertise in pressure ulcer prevention and management), conducted visits to five wards: Betty Mansell Ward (Surgical/Gynaecology), Mercers Ward (Oncology/Haematology/ Gastroenterology), Montuschi Ward (General Medical), Victoria Ward (Surgical and Medical), and Meyrick Ward (Care of Older People). We conducted observations on the wards, spoke to 15 patients or relatives, 17 staff members and looked at 16 patient records.

People we spoke with who used the services at the Whittington Hospital told us that they received a good level of care, treatment and support. Comments included "They are absolutely superb," "They talk to you," "They work hard," "They are supportive," and "You don't even need to press the call bell, they are here all the time."

We found that significant improvements had been made in the care of older people with general medical needs on other specialist wards, to ensure that their needs were met and they were protected from the risk of unsafe care.

You can see our judgements on the front page of this report.

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

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit Betty Mansell, Mercers, Montuschi, Victoria, and Meyrick Wards were run calmly and patients felt confident about staff on duty. We observed staff meeting people's individual needs effectively, and staff spoke highly of team work on each ward. People we spoke with were satisfied with the care provided to them and said that they found staff caring and professional. Comments included : "It's been mostly brilliant," "I'm very comfortable," "I get pain relief if needed," "I think they're wonderful," "They are always looking in on us," "They come quickly," "They are nice, and will joke with me," and "It's better than a hotel."

The vast majority of people spoken with said that staff had answered their questions. One person was unhappy with the communication from their doctor. Most people indicated that there were "plenty of staff around all of the time," although a small number of people said that staff support was not as strong at nights. On most wards people who were mobile, were able to go to a day room on their ward to watch television, however there was no day room available on Betty Mansell Ward. Although management advised that individual television sets could be hired, the provider may find it useful to note that none of the patients we spoke with were aware of how this could be arranged.

At the previous CQC inspection some staff were experiencing difficulty meeting the needs of older people being treated on wards designated for other specialisms. We were particularly concerned about standards of pressure ulcer care for these people. Following the previous inspection, the Trust provided a detailed action plan to address this. As of 30 January 2013 all medical patients were moved from Betty Mansell Ward to a dedicated 12 bedded female medical ward. This ward had been closed by the time of the current inspection visit. Clear procedures had been put in place for managing the need for further extra medical beds, and a Trust pool of 22 whole time equivalent nurses was being recruited to, with nine in post on 3 June 2013. These nurses could be allocated to wards where patient dependency required additional staff, to decrease dependence on bank or agency staff.

The Trust had also initiated a major change programme known as 'Enhanced Recovery' to reduce the length of stay of inpatients at the hospital. The enhanced recovery programme for medical inpatients was based on seven core principles – eating well, staying hydrated, promoting sleep, promoting hygiene, being mobile, informing and involving, and wearing own clothes. They had also provided increasing elderly care input in the Acute Admissions Unit (AAU), and were reviewing the bed model across the hospital to determine the most appropriate way to group patients given the number of beds, geographical and environmental restrictions.

During our current visit to Betty Mansell Ward (a female gynaecology ward), staff told us that they were no longer taking older people with medical needs, although some surgical patients were accommodated. Only two patients staying on the ward were older people with surgical needs. No patients on the ward had pressure ulcers or were diagnosed with dementia. A noticeboard on the ward indicated that 122 days had passed since anyone had developed a pressure ulcer on the ward. Two patients were assessed as at risk of developing pressure ulcers, and were being monitored appropriately. All staff had received pressure ulcer prevention and management training and we noted that pressure area care was discussed at ward meetings. Management undertook walk arounds twice weekly to review care on the ward, and staff described them as very supportive and approachable.

We found that it was standard practice across the hospital, to conduct an assessment for all patients on admission regarding the risk of their developing pressure ulcers (a Waterlow risk assessment). This was then reviewed daily over their first three days on a ward, and then on a weekly basis. A core care plan regarding pressure ulcer prevention and treatment was put in place for all people deemed at high risk, and this was completed on a daily basis alongside safe rounds carried out every day. This is known as a SSKIN bundle (covering Surface, Skin inspection, Keep moving (repositioning), Incontinence and moisture, and Nutrition and hydration). Staff advised that they were able to access specialised pressure reducing mattresses and other pressure-reducing equipment promptly. At night and over weekends hospital porters were able to access this equipment. On all wards visited we noted that people's pressure care needs were being met, with provision of appropriate equipment and records of repositioning in place when needed. Wards maintained ongoing audits of hospital acquired pressure ulcers, falls, infection rates and nutrition audits as appropriate. Good practice was in place regarding the recording of pressure ulcers as hospital incidents within the emergency department. However the accuracy of grading pressure ulcers on admission was variable.

If patients had a pressure ulcer or were found to be at very high risk, support was being obtained from the hospital's Tissue Viability Nurse (TVN). Staff indicated that the TVN could be contacted without delay. We met with the TVN, who described a comprehensive training programme for relevant staff at all levels including general study days, updates, and more specialised training. We found appropriate pressure care practice in place on all the wards visited. However the provider may find it useful to note that there was a lack of consistency between wards regarding recording practices, distribution of information leaflets and explanations to people about pressure ulcer care. We also noted use of generic care plans which had not been tailored to individual patients, a lack of review dates, and some conflicting information recorded in safe rounds and pressure ulcer care records.

On Victoria Ward (staff advised that there were six additional 'winter pressure' beds which were being used for patients with surgical or medical needs. Staff and patients spoken to indicated that there were sufficient staff on the ward. Patients at high risk of pressure

ulcers had specialised mattresses, although few of these patients that we spoke with knew why these were in place. We found appropriate care and support for older people on Montuschi and Mercers Wards. Staff were in the process of implementing the SSKIN bundle on Mercers Ward. Across the hospital staff told us that they had attended conflict management training, and thirty minute dementia training sessions in addition to computer learning, some staff had attended longer training session, however several staff told us that they would appreciate more dementia training. All wards had tissue viability link nurses in place, who attended periodic meetings, although there was no record of the frequency of their attendance.

On Meyrick Ward (Care of Older People) staff noted that some patients who were ready for discharge were experiencing delays in doing so due to community care considerations. The Trust advised that they were implementing a 'going home' bundle on best discharge practice to facilitate speedier discharge.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk