

# Review of compliance

## Imperial College Healthcare NHS Trust Charing Cross Hospital

<b>Region:</b>	London
<b>Location address:</b>	Charing Cross Hospital Fulham Palace Road London W6 8RF
<b>Type of service:</b>	Acute services
<b>Date the review was completed:</b>	20 and 21 January 2011
<b>Overview of the service:</b>	<p>Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. It is one of the largest NHS trusts in the country, and has merged with Imperial College to establish one of the UK's first academic health science centres (AHSCs).</p> <p>Charing Cross Hospital is one of five locations of this provider. It is an approximately 580</p>

	<p>bedded general acute teaching hospital that provides a full range of adult clinical specialties. The Serious Injuries Centre for West London is based on this site. The hospital includes a day-surgery unit called the Riverside wing, the Kennedy Institute of Rheumatology, the West London Neuroscience Centre and Maggie's Cancer Centre. The trust employs approximately 10,000 people across all locations.</p> <p>Charing Cross is currently registered without conditions.</p>
--	--

## **Summary of our findings** for the essential standards of quality and safety

## What we found overall

**We found that Charing Cross Hospital was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 and 21 January 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

### What people told us

We visited 13 wards and departments. The majority of patients we spoke to were happy with the care they were receiving. They found staff to be generally polite and helpful and felt they were treated with respect. All of the patients had been nursed in single sex areas. They reported that the environment was clean.

Patients were generally happy with the food in the hospital. They received assistance with eating when they needed it.

Patients felt informed about their care, including medications they were taking. We saw evidence of information being available for patients and visitors.

### What we found about the standards we reviewed and how well Charing Cross Hospital was meeting them

#### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use the service generally reported positive experiences. Their views are sought and taken into account in the way the service is provided and delivered.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

There are systems in place to gain people's consent to care and treatment.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 5: Food and drink should meet people's individual dietary needs**

People who use the service were generally satisfied with the food and nutrition provided. Those that needed assistance received it.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**

The registered provider cooperates with other providers to protect the health, safety and welfare of service users.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

The registered provider has taken steps to protect vulnerable patients from abuse.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

The environment in which the patients are cared for was seen to be clean with evidence of systems in place to reduce the risk of infection and appropriately treat those with infection.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

The registered provider has taken steps to make sure that medication is managed safely, securely and appropriately. Patients are generally kept informed of all medications they are receiving.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The registered provider has taken practicable steps to make sure that people receive care in safe and accessible surroundings.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

The provider has taken steps to make sure that procedures are in place that protects the health and welfare of people who use the service, by ensuring that equipment is safe and well maintained and staff are trained in how to use it.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People are being cared for by a team of staff that are appropriately qualified and competent.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider has contingency plans in place to ensure that people are being supported by sufficient numbers of appropriate staff.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider does have systems in place to support staff. Historically attendance at mandatory training has been poor and staff appraisals have not always been completed. We were told and shown that this has improved at ward level.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider has taken steps to make sure that the service assesses and monitors the quality of care delivered and that patients views are taken into account.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

There is a system in place for reporting and managing complaints. Complaints are analysed and learning shared.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

Records are kept for each patient and are available at ward level.

- Overall, we found that Charing Cross Hospital was meeting this essential standard.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
The majority of patients and relatives we spoke to said their experience had been positive, staff were polite, treated them with respect and they were satisfied with their overall care.  
Patients gave examples of how they were involved in their care, attending family meetings with staff in one area.

**Other evidence**  
We observed staff talking to and caring for patients. We found them to be respectful and sensitive in communicating with patients. We saw that curtains were used when required to ensure patient's privacy and dignity. We observed doctors on ward rounds closing curtains before they examined patients. The hospital was rated as good for privacy and dignity in the last Patient Environment Action Team (PEAT) inspection.

We saw hand held electronic devices used for patient feedback in ward areas. Staff reported that these are completed after 24 hours of admission and at discharge. Some of the wards had volunteer staff to help patients who needed support, complete the feedback forms. In other areas, the ward staff would assist patients. We saw evidence of results of patient feedback displayed on each ward, with improvement plans if needed. Generally the patient feedback seemed positive for example, staff were very polite, friendly and approachable.

We were told about monthly stroke meetings where the patients, their relatives and staff would meet.

We observed staff caring for all patients in the same manner. The trust has a number of policies in place to ensure staff and patients from all backgrounds are treated with respect.

### **Our judgement**

People who use the service generally reported positive experiences. Their views are sought and taken into account in the way the service is provided and delivered.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

**The provider is compliant** with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
Patients told us that they felt they had enough information to make a decision regarding surgery. Risks were explained to them.

**Other evidence**  
The trust has a consent policy and is about to launch an updated consent policy. We were shown consent forms on the ward. We were informed that a signed consent form was checked as a matter of course, as part of the theatre check list.

Doctors explained the consent process, highlighting the importance of verbal consent for all aspects of care as well as written consent for procedures.

The trust monitors any complaints associated with the consent process. These have been minimal.

Staff and patients told us that consent for planned operations is gained in outpatients department. Interpreters are available and booked if needed.

**Our judgement**

There are systems in place to gain people's consent to care and treatment.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**The provider is compliant** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
The majority of patients said that staff were nice and that the overall care had been 'great'. One patient said he had heard the NHS was in crisis but did not find this matched his experience; it had been 'absolutely brilliant'. Patients confirmed that they had been nursed in single sex bays throughout their stay.

Patients interviewed, knew the name of the nurse looking after them.

A minority of patients felt that nurses could have been quicker to respond to call bells.

**Other evidence**  
We were informed by staff and saw evidence of, risk assessments being undertaken on admission, for example, nutrition, skin, food and falls assessments. Staff explained how these assessments are applied in practice for example those at risk of malnutrition will be assessed by a dietician and have their food intake monitored.

Staff told us that they complete electronic incident forms if needed and they receive feedback on incidents. Risk and Patient Safety reports are produced and reported to the board. These include a breakdown of all incidents, and actions arising from

them.

Staff reported that they introduced themselves to patients each day. We saw evidence of staff names on information boards, some with photographs. Staff were seen to be wearing their identification and name badges in the clinical areas.

Single sex bays were in operation on all the wards we visited. Patients had access to clearly signposted single sex toilet and bathroom facilities. The trust monitors its compliance with single sex accommodation, completing a thorough investigation of any non-clinical breaches. Current compliance is greater than 99%.

**Our judgement**

People who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**The provider is compliant** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
The majority of patients we spoke to told us that the food had been very good. They chose their own food and were pleased with the choices they had. They reported the temperature of the food was good.  
  
A minority of patients found the food wasn't warm enough and they didn't enjoy the presentation of the food.  
  
Patient feedback indicated that patients received help with eating when they needed it. Patients reported meeting the dietician and receiving help in planning their own diet.

**Other evidence**  
Nutritional risk assessments are carried out on admission. We saw evidence of these in patient records. The trust uses a red tray system to identify those patients who either require assistance with eating or are having their food intake monitored. The nursing staff inform the catering staff which patients require a red tray. We saw evidence of the trays being used appropriately at meal times.

The trust operates a protected mealtime policy throughout the hospital. We saw evidence of signage being placed outside of each ward at mealtimes. We observed the wards to have a calm atmosphere at these times, with nursing staff serving and assisting patients. We were informed that during protected meal times, sometimes patient treatment will take priority. We did observe one doctor taking blood from a patient whilst the patient was eating. We were told this was a non-urgent blood. The sister dealt with this at the time of the visit. We spoke to one doctor who understood and explained the purpose of protected mealtimes and said she thought they were a good idea.

A menu was available on the wards and people were able to make a choice for each day's meals. We also saw a picture menu board available for those who could not communicate verbally.

We spoke to catering staff and nurses and were informed of the system of ordering food and identifying patients who required help. We were given consistent information. We saw the trays prepared for lunch, with the completed menu slip on each tray to ensure the patients received the correct meal and correct coloured tray.

We observed food temperatures being checked prior to serving to patients. The majority of patients who required assistance received it in a timely manner. We observed the catering staff checking with patients prior to the removal of their food trays. In addition, we observed nurses recording food intake before the red trays were collected.

We saw nurses assisting with patient toileting and hand hygiene prior to meals in some of the wards.

We saw evidence of patients being offered drinks and snacks outside of mealtimes. We were informed that the staff can access snacks for patients at all times. We were shown a range of such snacks kept in the ward kitchens. We observed patients asking for drinks and receiving them.

The PEAT score for this hospital for food was excellent in 2010.

### **Our judgement**

People who use the service were generally satisfied with the food and nutrition provided. Those that needed assistance received assistance.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant** with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
The majority of patients gave positive feedback about their discharge experience. Patients in the outpatients department reported that there had been good coordination with their general practitioners.

One patient told us that in a previous admission, her discharge could have been better. She had been discharged from this ward before and had no complaints about those discharge arrangements.

**Other evidence**  
A doctor told us that in one ward that a Health Needs Assessment is completed prior to discharge and that all discharges are coordinated with the physiotherapists and occupational therapists. The nursing staff communicates with the community nursing teams.

Staff reported that electronic discharge letters are completed and a copy is given to a patient on discharge. We observed staff completing the discharge process electronically and discussing the discharge arrangements with a patient. The trust was in the best performing 20% of similar NHS Trusts in both the inpatient and outpatient national surveys in relation to receiving copies of letters sent to the

patient's general practitioner (GP).

We were informed by nursing staff on several of the wards visited that discharge is routinely discussed on admission. In one ward, the consultant told us that they have a multidisciplinary discharge planning meeting each day.

In the Emergency Assessment Unit (EAU) they have a discharge team who deal with the majority of their discharges. We were told that this can sometimes delay discharges over the weekend as staff wait for the discharge team on Monday.

A sister in one ward described a complex discharge case that required working with multi-agencies. In order to ensure all of the patients' needs were met, the ward organised the patient to go home with a 'packed lunch' until their 'meals on wheels' was delivered the following day.

### **Our judgement**

The registered provider cooperates with other providers to protect the health, safety and welfare of service users.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**The provider is compliant** with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
People we spoke to during our visit felt able to raise any issues/concerns with the matron or sister on the ward.

**Other evidence**  
The majority of staff interviewed had all received safeguarding vulnerable adults training. One member of staff reported having raised two safeguarding alerts about vulnerable adults and had received feedback about these cases.

We saw an example of an abusive patient being managed in the A & E department during our visit. The security staff and medical staff were engaged in this and the incident was managed without the need for further escalation or disturbance to the department.

We were informed that patients presenting to the A & E requiring a mental health assessment will receive this prior to discharge home.

We were told that the A & E department sees the majority of patients with safeguarding concerns. As a result of this, all staff have had training in Child

Protection level two as well as safeguarding vulnerable adults. The matron for this area had received level three training.

The EAU has regular teaching sessions for staff. One of the subjects that is included is domestic violence awareness.

The trust has a safeguarding board for both adults and children. In addition, they have safeguarding meetings with each hospital's local authority.

The trust safeguarding policy outlines the process for reporting and managing such cases. Staff confirmed that they were aware of the policy and the process for reporting. We were told that the electronic incident reporting system allows safeguarding concerns to be recorded and automatically triggers these to the appropriate managers.

**Our judgement**

The registered provider has taken steps to protect vulnerable patients from abuse.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
Patients told us that they thought the wards were clean and that staff were good at washing or applying gel to their hands between patients. One patient informed us that he had been routinely swabbed on admission for meticillin-resistant *Staphylococcus aureus* (MRSA) and had been told why this was done.

**Other evidence**  
We observed the wards to be generally clean. The majority of the wards visited were in a good state of repair with two exceptions. In these areas, there was evidence of damage to cupboards and the general fabric of the wards. The majority of the bathrooms visited had been refurbished.

All patients are screened for meticillin-resistant *Staphylococcus aureus* (MRSA) on admission. Patients who are admitted with signs of infection are isolated in side rooms. Staff reported that they felt they could isolate patients when they needed to. We saw side rooms with appropriate personal protective equipment (gloves and aprons) outside and signage on the doors. The majority of the doors were closed during the visit. Staff explained that they sometimes have to leave the doors open if a patient is at risk of falling or is confused.

The majority of staff were seen to be using the personal protective equipment appropriately. We saw a few exceptions from this. In addition we observed hand gel

at the point of patient care in all areas except one patient bay. In this area there was gel outside of the bay. We were informed the ward sometimes had problems with gel going missing as bed ends are removed in theatre. We observed staff to be using the hand gel and washing their hands between patients. The majority of staff were noted to be bare below elbows in accordance with the trust's policy. We observed three doctors who did not comply to this; they were challenged by staff at the time of the visit.

The hospital uses an external company for cleaning. Each ward had a cleaning schedule displayed or available.

We inspected equipment in the ward areas. We found equipment generally to be clean with a clear process and guidance on how to clean and label equipment. We found eight commodes to have soiling on the underside of the lower frames across all of the wards visited. These were dealt with at the time of the inspection.

We saw one bathroom that was infrequently used. The staff reported that they flushed this area twice a week in accordance with trust guidance. They had only received the documents for recording this the previous day. We visited another ward and found they were recording this information on an electronic system.

Each ward we visited had information displayed for patients about infection control. This included numbers of infections, cleaning audit results and results of audits such as hand hygiene.

We were told by ward staff that the infection control team is accessible for support and advice. Each ward had a link nurse who worked with the infection control team.

All staff spoken to reported having received annual updates on infection control. They were also aware of audits being undertaken in relation to the management of intravenous cannulas and urine catheters.

Feedback from NHS Choices and the PEAT inspection, rated this hospital as good for cleanliness. The last Healthcare Associated (HCAI) inspection (November 2009) found the trust to be compliant.

### **Our judgement**

The environment in which the patients are cared for was seen to be clean with evidence of systems in place to reduce the risk of infection and appropriately treat those with infection.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**The provider is compliant** with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
Patients reported that they generally knew why they were taking their medications. The majority of patients reported and were observed taking their medications during the ward round. A minority of patients reported that their medications were left for them to take and they did not always take them.

**Other evidence**  
We observed nurses on drug rounds and heard them explaining the medications to patients. We found the majority of medications to be stored in locked cupboards or trolleys. We observed two wards that had unlocked medicine cupboards and the rooms they were in were also unlocked and accessible. We noted that the doors to the rooms could have been locked with key pad access available.

We were told by staff on one ward that there can be delays in discharge related to waiting for medications. The ward has tried to address this by ordering the medications 24 hours in advance.

We spoke to nurses, doctors and pharmacists. All staff were aware of the relevant drug policies. The doctors reported having received training in the antimicrobial

policy. Pharmacists reported that they audited records each day and would feedback any concerns to medical staff. This was confirmed by the medical staff.

We were told that a range of audits are undertaken in relation to medicines management. Findings from these audits are reported through the Trust Drug and Therapeutics Committee, In addition, an annual report on Medicines management is produced.

Medicines Management was assessed as part of the National Health Service Litigation Authority (NHSLA) level 3 assessment process. The trust was rated as 'much better than expected' for the relevant criteria for this outcome. In addition, the trust scored in the best performing 20% of trusts in the National Patient Survey for the following indicator 'were you given clear information about your medicines?'

Patient incidents involving medicines are recorded on the hospital Datix recording system, they are investigated and the outcomes communicated within the hospital to improve patient safety.

### **Our judgement**

Charing Cross Hospital has taken steps to make sure that medication is managed safely, securely and appropriately. Patients are generally kept informed of all medications they are receiving.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
Patients generally reported that the environment was clean and comfortable.

**Other evidence**  
The wards inspected were a mixture of bays and single side rooms. We observed that each bed space inspected had an alarm system that could be used by the patient. Each bed space had a patient locker for the storage of personal items. The majority of wards inspected did not have a private room specifically for talking to patients or their families. Staff reported that in these instances, they would utilise the ward office.

The ward environments were generally in a good state of repair. The majority of the ward bathrooms had been renovated. There were two wards inspected that were could have been improved, with areas that were in a poor state of repair such as cupboards with loose doors and poor décor. We also observed two wards that had been extensively updated and modernised.

We inspected one ward that was found to be cold in one bay due to a faulty window preventing it from being completely closed. This matter was dealt with at the time of

the inspection.

Whilst each ward had storage facilities, they could have been improved in some areas to prevent items being stored on the floor. We did not observe items being stored in patient areas.

Charing Cross hospital was rated by PEAT as 'much better than expected' for bathrooms, lighting, tidiness, floors and signage.

**Our judgement**

Charing Cross hospital has taken practicable steps to make sure that people receive care in safe and accessible surroundings.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

**The provider was compliant** with outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

Patients reported that they were not aware of any shortages of equipment in the ward areas.

##### Other evidence

Staff reported that they received training in all new equipment. Staff training records are held at ward and trust level. The medical devices policy includes competency training for all equipment. The equipment inspected was generally found to be clean and in a good state of repair.

The trust has strengthened its medical devices audit process and training programme following an NHSLA report in 2009. The trust provided evidence of medical devices internal audits. These contain risk assessments and time lined action plans and are reported to the quarterly medical devices management group.

The trusts risk register includes medical devices making direct reference to potential equipment failure or user error. The trust ensures the purchase of all new equipment is controlled and makes provision for the training of staff and the maintenance of the equipment.

**Our judgement**

Charing Cross hospital has taken steps to make sure that procedures are in place that protects the health and welfare of people who use the service, by ensuring that equipment is safe and well maintained and staff are trained in how to use it.

# Outcome 12: Requirements relating to workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider was compliant** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
Patients did not report any specific concerns about staff. They felt staff were polite and approachable.

**Other evidence**  
Staff informed us that references and criminal records bureau (CRB) checks are undertaken prior to the employment of staff. The trust monitors all professional registrations to ensure staff are registered with the relevant registration body and that this is updated as necessary. Staff who require work permits are also monitored to ensure they are renewed as required.

The trust has policies in place to ensure a consistent approach in the recruitment and employment clearance processes. These are monitored through the human resources department. The NHSLA Risk Management Standards for this criterion rated the trust as 'much better than expected' in terms of internal reporting and ensuring everyone complete induction training. The trust reported compliance with CRB checks.

**Our judgement**  
People are being cared for by a team of staff that are appropriately qualified and

competent.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider was compliant** with outcome 13: Staffing.

### Our findings

**What people who use the service experienced and told us**  
One patient in the outpatient department felt that there weren't enough staff on the wards. This was not reported as a concern by other patients or relatives interviewed.

**Other evidence**  
Staff generally reported that staffing levels were adequate for all wards. Ward managers felt that the skill mix on each ward was good. Staff described using bank or agency staff for short notice sickness cover. They also reported that they would move staff between wards during busy periods. During the course of the visit we saw a range of staff working in the wards visited.

The trust monitors its sickness and vacancy rate for each clinical programme group (CPG). Each CPG produces a scorecard containing key performance indicators. In the medicine CPG the average sickness rate from April 2010 is 4%. the trust's target is 3.3% for 2010/11. The vacancy rate is currently about 18% with a target set of 15% for the year. A recent report to the board confirmed that whilst work is still needed on vacancy rates, these have reduced from last year and the usage of agency and bank staff has also come down.

**Our judgement**

The provider has contingency plans in place to ensure that people are being supported by sufficient numbers of appropriate staff.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

## What we found

### Our judgement

**The provider was compliant** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
Patients did not report any specific feedback in relation to this outcome.

**Other evidence**  
The trust monitors appraisal completion and mandatory training attendance. Past results indicate that both areas require improvement. We were told that actions have been taken to address these concerns including ensuring each ward monitors their own training and appraisal records.

Staff interviewed generally reported that they felt supported on the wards. Staff told us that they received their mandatory training and could also attend specific additional courses as part of their ongoing professional development. We were given examples of learning from training. We were told about leadership programmes and appraisal training for ward managers. Staff reported that they had had their appraisals completed. We saw evidence of records of staff appraisals and attendance of training at ward level.

Student nurses reported having been supported in the clinical areas and one newly qualified staff nurse described the support and supervision she had received in her first month. The majority of staff enjoyed working in their wards, although a minority

felt 'not part of the loop' outside of the ward as the hospital was too big.

The recent NHSLA Risk Management Standards rated ten criteria relevant to this outcome as being 'much better than expected'.

**Our judgement**

Charing Cross hospital does have systems in place to support staff. Historically attendance at mandatory training has been poor and staff appraisals have not always been completed. We were told and shown that this has improved at ward level.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

### Our judgement

**The provider is compliant** with outcome 16: Assessing and monitoring the quality of service provision.

### Our findings

**What people who use the service experienced and told us**  
Patients reported they were happy with the general quality of care in the wards. Notice boards were seen on each ward, displaying audit findings for public information.

**Other evidence**  
Staff reported that they knew how to report incidents using the electronic system. We saw the link to this system on the computer screen. Ward managers confirmed that they receive incidents to review and talk to staff involved. Two of the wards visited reported having regular ward meetings where findings from incidents are discussed. The trust scored in the best performing 20% in the NHS survey for staff witnessing and reporting near misses, errors or incidents.

Ward staff described the 'back to floor Fridays' where senior staff work clinically on the wards. We observed this happening in practice. Matrons reported that this enabled them to see for themselves the quality of care being delivered.

The trust has an electronic system in place for capturing patient feedback. We were

shown the electronic devices and results from the surveys. Patient feedback forms part of the trust performance scorecards. The trust performance scorecards also incorporate national targets. This is reported monthly and reviewed quarterly. Reports are added to the monthly trust-wide scorecard and quarterly quality of service reports for the trust directors and the trust board.

The Trust was named by the NHSLA as being the first NHS trust in London to pass the new risk management and patient safety standards at the highest level (level 3).

**Our judgement**

Charing Cross hospital has taken steps to make sure that the service assesses and monitors the quality of care delivered and that patient views are taken into account.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
Patients reported that they were aware of how to complain if they wanted to. They also said they would discuss with the ward manager in the first instance.

**Other evidence**  
During the visit, we saw information leaflets available on the wards on how to complain. We saw the Patient Advice and Liaison office (PALS) located in a visible and publicly accessible area.

The Trust received a total of 904 complaints in 2009/10. This was a reduction of 10.1% from the previous year. The number of complaints relative to the number of patients was less than 0.001%.

The trust provided evidence that it responds to 91% of complaints within the agreed timescales. This has improved over the past two years. Complaints are analysed and actions identified. A summary of this is included in the trusts Risk and Patient Safety Reports.

**Our judgement**

There is a system in place for reporting and managing complaints. Complaints are analysed and learning shared.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**The provider is compliant** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
Patients in the outpatients department reported that their records were always available for appointments. Patients in wards were not aware of any concerns regarding their records.

**Other evidence**  
Staff informed us that they can access patient records however there can sometimes be delays in obtaining them. Staff did not believe this affected patient care. We were informed by administrative staff that all temporary notes are merged with patient records.

Staff reported that records will be transported between departments by hospital staff.

We observed that patient records are kept in open trolleys in ward areas. We noted that the trolleys were kept either near the nursing station where they could be

observed or in locked rooms. The notes we inspected were securely fastened and clearly labelled.

Upon discharge, patient records are stored centrally in the medical records department. The trust has an electronic system for tracking all records.

**Our judgement**

Records are kept for each patient and are available at ward level.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA