

Maidstone and Tunbridge Wells NHS Trust

Maidstone Hospital

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

At the inspection carried out 14th – 16th October 2014, we found Maidstone and Tunbridge Wells NHS Trust had failed to comply with Health and Social Care Act 2008 with respect to the monitoring and prevention of infection. This was specifically in relation to the arrangements for ensuring the quality and safety of its water supply at Maidstone Hospital. We took regulatory action and we served a warning notice on 16 November 2014.

We carried out a review at Maidstone Hospital on the 30th June 2015 to see if the improvements specified in the warning notice had been met, and to establish if the trust was compliant with the relevant regulations.

Our key findings were as follows:

- The trust had implemented suitable arrangements to ensure the quality and safety of its water supply thus minimising the risks of infection to patients, staff and visitors.
- Whilst some actions remain not fully completed, systems and processes have been put in place to ensure compliance with government guidance and Regulation 12 of The Health and Social Care Act 2008.

We saw an area of outstanding practice:

- The development of the estates dashboard as a system for collating all required tasks for all systems across the trust was an outstanding piece of work. The links with relevant guidance, legislation and external portals enabled staff learning and support as well as ensuring that the systems were safely monitored to a set programme.

However, the trust needs to continue to make improvements.

The trust should:

- Maintain progress in line with their action plan.
- Collate information to give the trust board assurance that improvements are made and sustained and that all relevant guidance and regulations are met.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Why have we given this rating?

We found that there were now arrangements to ensure the quality and safety of the water supply in surgery.

Maidstone Hospital

Detailed findings

Services we looked at

Surgery

Detailed findings

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Detailed findings from this inspection

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Background to Maidstone Hospital

Maidstone Hospital is one of two registered acute hospital locations of Maidstone and Tunbridge Wells NHS Trust.

At the inspection carried out 14th – 16th October 2014 Maidstone and Tunbridge Wells NHS Trust failed to comply with Regulation 12(1)(a)(b)(c)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The failure related to Maidstone Hospital and was identified during the review of surgical services where multiple areas of the hospital were visited. However, the impact affected the whole hospital and all services carried out whether in clinical or non-clinical areas. The inspection report published in February 2015 describes in full the findings.

During the inspection in October 2014 we asked for information and evidence that the registered provider

had appropriate systems in place to ensure that service users, persons employed for the purpose of carrying on the regulated activity and others who may be at risk of exposure, are protected against identifiable risks of acquiring a healthcare associated infection. Our enquiries included the management of water safety and quality at Maidstone Hospital and were specifically targeted at the management of Legionella. Further information was requested on 20th October 2014 and the trust responded on 22nd October 2014.

Our conclusion was that we were not provided with the necessary assurances or evidence relating to the systems and processes the registered provider had put in place relating to water safety and quality. A warning notice was served on 16th November 2014 in respect of the regulated activity: Treatment of disease, disorder or injury. The warning notice set out the detailed grounds upon which the trust was in breach of this Regulation.

Our inspection team

Our inspection review team was led by Venetia Sanders, Inspector, and included a specialist nurse in infection control.

How we carried out this inspection

On 30th June 2015 we carried out a review of the further documentary evidence provided by the trust. The evidence was discussed with two members of trust staff responsible for implementing the required improvements.

Detailed findings

Facts and data about Maidstone Hospital

The hospital has around 264 beds and serves a population of around 500,000. It employs around 1,200

whole-time equivalent (WTE) members of staff. It has around 249,069 outpatient attendances and around 58,871 urgent and emergency care attendances per annum.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Maidstone Hospital provides a range of surgical services. Surgical procedures carried out in the last year were divided into 73% day case procedures, 23% elective surgery and 4% emergency cases. The hospital has a dedicated laparoscopic theatre linked to an international minimal access centre for surgery. This new facility is involved in the worldwide development of innovative techniques in keyhole surgery.

Summary of findings

Registered providers must adhere to The Health and Social Care Act 2008, and the “Code of Practice on the prevention and control of infections and related guidance” (2010) (‘the Code’) when deciding how they will comply with registration requirements of the Care Quality Commission (CQC).

Criterion 1 of the Code requires that registered providers have, “Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.”

Following review of the evidence provided and described above we found that, whilst some actions remain not fully completed, systems and processes have been put in place in respect of the Code and Regulation 12 of The Health and Social Care Act 2008. This also includes Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that came into effect on 1 April 2015.

Surgery

Are surgery services safe?

The trust had implemented suitable arrangements to ensure the quality and safety of its water supply. This minimises the risks of infection to patients, staff and visitors.

Cleanliness, infection control and hygiene

We found that the trust had undertaken various actions immediately. These included:

Appointing a consultancy firm to undertake an independent review of the water hygiene management that commenced on 22 October 2014. Their detailed report formed the trust's "Water Hygiene Compliance Action Plan".

Appointing an external organisation to undertake a full risk assessment of the water management systems within Maidstone Hospital and the satellite sites. These commenced on 4 November 2014 and included areas such as the orthopaedic unit, endoscopy and the birthing centre.

Providing water safety training for eight members of staff in November 2014.

Developing an improvement tracker so that all required actions and improvements were included in one place for monitoring progress and completion.

In addition there had been a reconfiguration of the estates department. This included clarification of staff roles.

A Deputy Director of Estates and Facilities had been appointed. Their role included responsibility for compliance with all legislation in respect of the management of estates and facilities across the whole trust. A Deputy Responsible Person was appointed on 18th December 2014 and the General Manager for Estates and Facilities was appointed as a Responsible Person on 20th April 2015.

An authorising engineer was appointed and we saw the acceptance letter dated 29th December 2014. We saw that the authorising engineer attended the Water Steering Group meetings.

We saw that eight members of staff had trained in Legionella Control in November 2014. We were provided with various other certificates of completed relevant training such as City & Guilds Accredited Practical Water Hygiene Compliance.

The Trust told us that they had reviewed their governance structure and we found that the changes identified in the review had been implemented.

We saw that the Water Working Party met monthly from November 2014 and monitored the compliance action plan, reporting any non-compliance to the Water Steering Group. The steering group met quarterly and we saw minutes for November 2014, February and May 2015. That group reported to the Health and Safety Committee as well as the Estates and Facilities Governance Group. We saw that there was a standing agenda item for both committees. In addition, water sample results were reported to the Infection Prevention Committee and we saw evidence of this in the 18th June 2015 minutes.

Water reports and other estates and facilities reports were received by the Trust Executive Committee via the Health and Safety Committee. We were provided with terms of reference, minutes and agendas that confirmed the governance structure and demonstrated appropriate attendance.

Water risk assessments had been carried out for all hospital areas as well as satellite sites between November 2014 and January 2015. We were provided with the list of areas. The water safety programme had been implemented by the Water Working Party and monitored using a tracker spreadsheet which identified the tasks carried out, the actions identified and the progress against these actions, including the responsible person and a target date for completion.

The scope of the risk assessments included schematic drawings of all the areas of the hospital. This ensured that the provider received fully updated drawings of the water systems and we were provided with copies.

The tracker was managed and evaluated by a person who was competent in water safety. Some actions could be completed and closed off quickly, for example adjusting the thermostat on the roof plant room calorifier to ensure that water was stored at 60°C was closed as completed on the April 2015 improvement tracker we were provided with.

Other actions required staff training and procedures to be put in place. An example was where flushing of taps and showers needed to be implemented. It was identified by the Water Working Party at their meeting on 28th April 2015 that in order for this to take place ward sisters required

Surgery

training on water safety. This was to ensure that they were aware of their responsibilities. This was reported to the Water Steering Group on the 15th May 2015, including a decision as to how this could be taken forward.

Of the 36 tasks on the April improvement tracker we saw that 12 had been closed as completed and 24 tasks started, although there was some slippage with respect to the planned target dates for completion. For some of these we saw that quotes for the work had been received and purchase orders completed.

A water management database had been implemented which included all tasks as well as the planned preventative maintenance programme. We saw examples of the monitoring processes such as: tasks for planned preventative maintenance, weekly water outlet flushing records, daily flushing regimes, records of outlet temperatures, water temperature readings, pseudomonas analyses and thermostatic mixing valve monitoring sheets. A reactive system for maintenance had been created so that all immediate actions went to the workshop for the engineers to be aware of and complete.

We were provided with complete documentation in respect of Legionella sample testing across all areas of the hospital. These were first undertaken in November 2014. Other Legionella species were found in a few places such as treatment and sluice hot and cold water systems.

Recommended action was taken and all except two were clear in December 2014. The remaining two were clear on sampling in January 2015. Legionella sample testing was undertaken again in March 2015 with all results returned clear in April 2015. Legionella sample testing was booked for September 2015.

A Water Hygiene System had been put in place in April 2015 and included all the roles and responsibilities. This ensured there was clarity for staff and accountabilities were established.

An estates dashboard had been created and implemented that incorporated a learning tool for staff. Each area, such as electrical, fire and water systems, included specific related laws and external bodies. For example, there were links to the Secretary of State's portal, the CQC and the Health and Social Care Act 2014. Each part of the dashboard contained the required tasks with associated guidance and included all templates used for monitoring the systems. The dashboard enabled document control, an audit trail and was used for business continuity. This was a comprehensive piece of work that facilitated safe monitoring of all the systems across the trust.

Are surgery services effective?

We did not assess the effectiveness of services at this visit.

Are surgery services caring?

We did not inspect caring at this visit.

Are surgery services responsive?

We did not inspect the responsiveness of the service at this visit.

Are surgery services well-led?

We did not inspect the quality of leadership at this visit.

Outstanding practice and areas for improvement

Outstanding practice

The development of the estates dashboard as a system for collating all required tasks for all systems across the trust was an outstanding piece of work. The links with

relevant guidance, legislation and external portals enabled staff learning and support as well as ensuring that the systems were safely monitored to a set programme.

Areas for improvement

Action the hospital SHOULD take to improve

Maintain progress in line with their action plan.

Collate information to give the trust board assurance that improvements are made, sustained and all relevant guidance and regulations are met.