The Hillingdon Hospitals NHS Foundation Trust

The Hillingdon Hospital

Quality Report

Pield Heath Road
Uxbridge
UB8 3NN
Tel: 01895 238282
Website: http://www.thh.nhs.uk

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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.

Ratings

Overall rating for this hospital	Requires improvement
Urgent and emergency services	Requires improvement
Medical care	Requires improvement
Surgery	Requires improvement
Services for children and young people	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

When we inspected in October 2014, we told that the trust that it must make improvements, which included:

- Make sure it complies with infection prevention and control standards and monitors cleanliness against national standards.
- Assure itself that the ventilation of all theatres meets required standards.
- Make sure that staff are appropriately trained in safeguarding both adults and children, and that the trust regularly monitors and assesses the completion of actions agreed at weekly 'safety net' meetings.
- Make sure that all staff understand their responsibilities in relation to the trust's systems and processes that exist to safeguard children.
- Make sure patients and visitors are protected against the risks associated with unsafe or unsuitable premises.
- Make sure that there equipment is properly maintained and suitable for its purpose.
- Make sure that equipment is available in sufficient quantities in order to ensure the safety of patients and to meet their assessed needs.
- Make sure that all staff receive the full suite of mandatory training that is required to minimise risks to patient safety.
- Make sure patients are protected against the risks associated with the unsafe use and management of medicines.
- Make sure that early warning system documentation is appropriately maintained and that all staff react appropriately to triggers and prompts.

Our key findings from this inspection were as follows:

- The inspection took place approximately three months after we published our comprehensive inspection report in February 2015. We found that the trust had responded appropriately to many of the key issues we highlighted at that time. In some areas however, custom and practice had not changed, despite systems and processes being implemented to deliver changes in practice.
- We observed improved practice in some areas in relation to hand hygiene and the use of personal protective equipment, however, some staff in A&E and on medical wards were not following best practice.
- We observed improved practice in the management of medicines in most departments. Where there were known issues plans were in place and steps had been taken to begin to address these issues and mitigate the risks. However, we found best practice was not always followed by all staff, with daily checks occasionally not happening as necessary and some areas left unsecured.
- It was evident that the trust had taken significant action to address estates deficiencies highlighted by the previous inspection. The trust had restructured its estates function, provided the capital works to the operating theatres and had moved to a less reactive, more planned maintenance service.
- The comprehensive work programme for theatres was on going at the time of our visit. The works to the operating theatres, both to date and planned, and the commitment to annual maintenance were in line with the Health Technical Memorandum (HTM) 03-01.
- The trust had implemented a new estates compliance reporting process to provide the organisation with a collective understanding of its risks and level of compliance against best practice and legal requirements.
- The trust was cleaning and auditing in line with the National Specifications for Cleanliness in the NHS.
- Children presenting to the trust's A&E were appropriately safeguarded as effective systems and processes were in place. Staff received appropriate training which had increased their awareness and key staff were deployed to oversee practice and promote good practice.
- Equipment was clean and staff had enough equipment to meet patient needs. Further supplies could be accessed in a timely way when required.
- Mandatory training figures had improved, the divisions we reviewed having made sure the targeted number of staff received mandatory training, including for infection prevention and control and safeguarding.

Summary of findings

- Early warning score documentation was completed accurately and staff responded correctly to triggers and prompts as required.

Areas for improvement:

The provider should consider the concerns of the staff on children's wards about whether locks could hamper access in an emergency.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Urgent and emergency services	Requires improvement 	The safety domain rating was reviewed as a result of our follow-up inspection in May 2015. This review did not alter the overall rating for this service, however, the safe rating was changed from Inadequate to Requires Improvement. We found practice had improved in the management of medicines. Risks had been identified through audit and steps had been taken to mitigate risks. However, we found best practice was not always followed by all staff, with daily checks occasionally not happening as necessary and some areas where medicines were stored were left unsecured. Housekeeping staff had been allocated to A&E at all times of day. Senior nursing staff told us that domestic support had increased in direct response to the previous inspection and that it had made a big difference in the cleanliness of the department. The vast majority of staff had received mandatory training, including safeguarding training and training on infection prevention and control.
Medical care	Requires improvement 	The safety domain rating was reviewed as a result of our follow-up inspection in May 2015. This review did not alter the overall rating for this service, however, the safe rating was changed from Inadequate to Requires Improvement. We found the medical wards were clean. Records on medical wards were stored in lockable trolleys in the doctors' office located on the wards. Most of the doctors' offices were lockable on the wards although two were waiting for the maintenance department to fit locks. We reviewed more than ten medical administration records (MAR) across medical wards and found they were fully completed. Across medical wards we observed several patients receiving oxygen therapy. We did not find an oxygen prescription on the MAR for any of these patients. Early warning score documentation was completed accurately and staff responded to triggers and prompts as required.

Summary of findings

Surgery	**Requires improvement**		The safety domain rating was reviewed as a result of our follow-up inspection in May 2015. This review did not alter the overall rating for this service, however, the safe rating was changed from Inadequate to Requires Improvement. We found that the trust had taken action to address the estates deficiencies highlighted by the previous inspection. The changes to operating theatres were work in progress at the time of our inspection. The works to date, the planned works and the commitment to annual maintenance were in line with the Health Technical Memorandum (HTM) 03-01 to provide assurance that the environment protected patients from the risk of infection. Medicines were stored and managed in line with best practice and relevant guidance.
Services for children and young people	**Requires improvement**		The safety domain rating was reviewed as a result of our follow-up inspection in May 2015. This review did not alter the overall rating for this service, however, the safe rating was changed from Inadequate to Requires Improvement. We found that children presenting to the trust's A&E were appropriately safeguarded as effective systems and processes were in place. Keypad locks had been installed on the main doors to the ward to improve security. Equipment was clean and staff had enough equipment to meet patient needs and could access further supplies in a timely way when they required them. Mandatory training figures had improved with the divisions we reviewed having made sure that the targeted number of staff received mandatory training, including for infection prevention control and safeguarding.

The Hillingdon Hospital

Detailed findings

Services we looked at
Urgent and emergency services; Medical care (including older people's care); Surgery and Services for children and young people.

Detailed findings

Contents

Background to The Hillingdon Hospital

The current Hillingdon Hospital opened its doors in 1967 and the trust was awarded foundation status in April 2011. The trust employs over 2,500 staff.

The trust provides services to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire giving them a total catchment population of over 300,000 people.

Hillingdon is a diverse suburban borough, with a large young population and an increasing proportion of older people. 25% of the population is under 18 years of age, while the proportion aged over 85 is set to rise by 22% by 2020. The proportion of the population from an ethnic background has risen to 28% of the total, and is projected to rise to 37% in 2020.

Hillingdon is the nearest district general hospital to London's Heathrow Airport, the busiest airport in Europe in terms of passenger numbers.

Our inspection team

Our inspection team was led by:

Inspection Manager: Damian Cooper, Care Quality Commission

CQC inspectors were joined on the inspection team by specialist facilities and estates advisors.

How we carried out this inspection

This was a focused inspection to follow-up on two enforcement notices that were issued to the trust in December 2014, after our comprehensive inspection in October 2014. After the previous inspection, the hospital was rated as inadequate for the safety domain and they were rated inadequate for safety in the Urgent and emergency services, Medical care, Surgery and Services for children and young people.

For this focused inspection, we reviewed the progress against the measures in the two enforcement notices and aspects of the safety domain where the hospital was not meeting the required standards in October 2014.

We visited nine medical wards, the hospital's A&E, AMU, a surgical ward, surgical theatres and children's wards.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Notes

Four individual ratings and one overall rating were reviewed as a result of this inspection. These were the ratings for safe in Urgent and emergency, Medical care, Surgery, Services for children and young people and the overall rating for safe for this hospital. All other ratings are taken from our October 2014 inspection findings and subsequent report. The overall ratings represent the overall ratings for this hospital including Critical care, Maternity and gynaecology, End of life and Outpatients and diagnostic imaging services.

At the time of our inspection in October 2014, we were not confident that we were collecting sufficient evidence to rate effectiveness for Urgent and emergency services.

Urgent and emergency services

Safe	Requires improvement
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

Hillingdon Hospital's emergency department (ED), also known as the accident and emergency (A&E) department, consisted of a major treatment area, an assessment area, resuscitation area and separate paediatric ED.

The initial assessment / triage of all walk-in patients was undertaken by another provider, the urgent care centre (UCC) which was based within the hospital's main ED area. Once assessed by the UCC, patients would either remain under the care of the UCC service for further treatment, or would be referred to the ED.

Summary of findings

When we inspected the accident and emergency department (A&E) in October 2014, we found issues regarding medicines management. The environment was regularly checked for hygiene standards, however, parts of the environment were not clean despite audit scores indicating good levels of compliance.

Training attendance was an average of 50% against a trust target of 80%.

When we inspected on 5 and 7 May 2015, we found practice had improved in the management of medicines. Risks had been identified through audit and steps had been taken to mitigate risks. However, we found best practice was not always followed by all staff, with daily checks occasionally not happening as necessary and some areas where medicines were stored were left unsecured.

Housekeeping staff had been allocated to A&E at all times of day. Senior nursing staff told us that domestic support had increased in direct response to the previous inspection and that it had made a big difference in the cleanliness of the department.

The vast majority of staff had received mandatory training, including safeguarding training and training on infection prevention and control.

Urgent and emergency services

Are urgent and emergency services safe?

Requires improvement

Cleanliness, infection control and hygiene

- The department was found to be of an acceptable level of cleanliness and was being cleaned in line with its risk category as per the National Specifications for Cleanliness in the NHS.
- We saw the cleaning strategy and operational plan which was presented to the board on the 25th February 2015. It shows the risk categories and percentage targets of achievement as those set out in the National Specifications of Cleanliness (NSC), and the trust is using a consistent approach to clean and audit against these specifications.
- There were three members of housekeeping staff allocated to A&E in the morning and one during the afternoon, evening and overnight. Senior nursing staff told us this had been increased in direct response to the previous inspection and had made a big difference in the cleanliness of the department.
- Housekeeping staff were responsible for completing specialist cleaning as well as day to day tasks such as cleaning shelving, floors and emptying bins. Nursing staff were responsible for cleaning equipment including beds and any spillages of bodily fluids.
- Senior nursing staff told us the cleaning supervisor completed a quality audit every Tuesday and would address any cleaning issues immediately with the housekeepers in the department.
- Cleaning and environmental checklists were available in each area of A&E and we saw that these had been completed.
- One cubicle had been used for a barrier nursed patient and was being deep cleaned during our inspection. There was appropriate signage outside the cubicle indicating that additional precautions were needed for that patient.
- Equipment was stored around the nursing station and in corridors due to lack of storage and senior staff told us this meant it always had to be "clean and ready for use". We observed that this equipment was clean and ready for use.
- All curtains used in A&E were disposable and were marked with the date they were put up. Senior staff told us the policy is to change the curtains every four months, which is more frequent than recommendations suggest. Curtains would also be changed if they became soiled or if a barrier nursed patient had been in the bed space.
- We saw evidence that the trust had taken action to improve the systems and processes which govern infection prevention and control as per the action plan they provided after our inspection in October 2014. This included senior nurses carrying-out twice monthly hand hygiene and bare below the elbows compliance audits. However, despite these steps being taken, we observed on many occasions, best practice not being followed.
- We observed staff moving from patient to patient without using alcohol gel or washing their hands. We also saw staff using the same observations machine on more than one patient without cleaning the equipment. Phlebotomy staff were seen to take their equipment trolley into patient bed spaces and move on to another patient without cleaning the trolley.
- Staff used personal protective equipment such as gloves and aprons but we saw these were often worn and disposed of outside the patient bed space which is against infection prevention and control guidance. We observed some staff dispose of used gloves in general waste bins at the nursing station rather than in clinical waste bins.
- We observed several members of staff, including those in senior positions, wearing watches and rings with stones, therefore not complying with bare below the elbow policy. We also noted one doctor wearing nail varnish.
- We saw evidence that 56 members of domestic staff across the trust had received refresher training on the use of microfibre cloths, a further 40 staff had received training on how to set up a cleaning trolley and the use of microfiber. Domestic training and induction records showed staff were trained in 'damp dusting using microfiber method' and 'high dusting using microfibre method'. We were told all staff carry out this training as well as the refresher training. We also saw a communication to staff reminding them of the way to use the cloth as well as the reason for using it in this way. However, we observed that staff were still not following the guidance that had been provided for them which meant that cleaning was not optimised.

Urgent and emergency services

Environment and equipment

- It was evident that the trust had taken significant action to address estates deficiencies highlighted by the previous inspection. The trust had restructured its estates function and had moved to a less reactive, more planned maintenance service.
- We saw an email from a company quoting for the work to clean the façade to the front of A&E . We asked the Head of Facilities Operations what the plans were to sustain this and ensure this area was kept clean. We were told that it was being cleaned three monthly.

Medicines

- Through an NHS Protect medicines security audit carried-out in February 2015, the trust had identified where systems and processes needed to be improved to make management of medicines safe. Action plans had been drafted; and some actions had been completed and some were due to be completed. However, despite these measures, we found best practice was not routinely being followed in the department.
- In the main A&E, the locked medicines cupboards were located within a digi-locked clean utility area. We observed the digi-lock mechanism being bypassed and the door left unsecured on two occasions during our inspection.
- In A&E Resus, all medicine cupboards were locked and the nurse coordinating that area of A&E was holding the keys.
- Intra-venous (IV) fluids were stored on unsecured racks within storage areas. There was a solution warming unit in A&E Resus which was located within a patient bed space. This unit contained many IV fluid bags and was not locked, which meant it was potentially accessible to patients and their visitors. Staff had identified this as being incorrect and we were told of plans to purchase new lockable storage in the future. We were shown purchase orders relating to new fridges with digi-locks to address the issues with chilled medicines storage.
- Temperature checks on the medicines fridges should occur daily but was variable in completion, although this appeared to be improving. In the main A&E area, the documentation showing when checks occurred demonstrated no omissions so far in May, four in April, ten in March and 13 in February. In A&E Resus, there were no omissions so far in May and six in April.

Safeguarding

- On arrival to the urgent care centre (UCC) or accident and emergency (A&E) department, children's names were checked against the child protection plan register, which allowed staff to identify known children at risk. A&E cards were checked for all young people under 18 years of age, and adults with children who may be vulnerable. This was the responsibility of the lead nurse.
- Staff told us a full time administrator would be in post from 11 May 2015 to assist with completing the vulnerable child checks and to support the entry of data in children's notes which are kept off site.
- Weekly safety net meetings were held every Monday and the information shared during this meeting was recorded electronically. This meant there was a searchable database of children who had attended A&E or UCC and may be at risk.

Mandatory training

- The trust sets an internal target of 80% completion for all staff groups for mandatory training.
- 74% of staff in the medicine division had completed local induction training as of 5 May 2015.
- 95% of staff had completed Infection Prevention and Control Level 1 training.
- 91% of staff had completed Infection Prevention and Control Level 2 training.
- 94% of staff had completed Safeguarding Adults training.
- 94% of staff had completed Safeguarding Children level 1 training.
- 91% and 89% of relevant staff had completed Safeguarding Children level 2 and level 3 training respectively.

Are urgent and emergency services effective?

(for example, treatment is effective)

Not sufficient evidence to rate

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Urgent and emergency services

Are urgent and emergency services caring?

Good

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are urgent and emergency services well-led?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are urgent and emergency services responsive to people's needs?

(for example, to feedback?)

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Medical care (including older people's care)

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

Medical wards at Hillingdon Hospital include rehabilitation, stroke, gastroenterology, elderly care, haematology, emergency assessment unit, acute assessment unit, coronary care unit, cardiology, respiratory, endocrinology, and surge wards.

Summary of findings

When we inspected the medical wards in October 2014, we had concerns regarding aspects of medicines management, such as storage that could not be locked and incomplete medicine administration records.

Some ward areas were not clean and records were not always secure.

Early warning system documentation was not always appropriately maintained.

When we visited on 5 and 7 May 2015, we found the medical wards were clean.

Records on medical wards were stored in lockable trolleys in the doctors' office located on the wards. Most of the doctors' offices were lockable on the wards although two were waiting for the maintenance department to fit locks.

We reviewed more than ten medical administration records (MAR) across medical wards and found they were fully completed.

Across medical wards we observed several patients receiving oxygen therapy. We did not find an oxygen prescription on the MAR for any of these patients.

Early warning score documentation was completed accurately and staff responded to triggers and prompts as required.

Medical care (including older people's care)

Are medical care services safe?

Requires improvement

Cleanliness, infection control and hygiene

- The medical wards were found to be of an acceptable level of cleanliness and were being cleaned in line with their risk category as per the National Specifications for Cleanliness in the NHS.
- We saw the cleaning strategy and operational plan which was presented to the board on the 25th February 2015. It shows the risk categories and percentage targets of achievement as those set out in the National Specifications of Cleanliness (NSC), and the trust is using a consistent approach to clean and audit against these specifications.
- We saw evidence that the trust had taken action to improve the systems and processes which govern infection prevention and control as per the action plan they provided after our inspection in October 2014. However, despite these steps being taken, we observed on many occasions, best practice not being followed.
- Some staff including nurses and therapists regularly used alcohol gel on the ward. However, some members of staff moved from patient to patient without cleaning their hands, staff were wearing watches, bracelets or rings with stones and we observed two doctors sitting on patient beds. On Drayton Ward we observed nurses completing a lunchtime drug round moving between patients in a bay, without cleaning their hands.
- Disposable curtains were used on the medical wards and were found to be labelled with the date they were put up. Staff told us they were changed three monthly or sooner if they became soiled or if a barrier nursed patient had been in the bed space.
- We inspected eight commodes across three wards and they were cleaned to an acceptable standard.
- We saw evidence that 56 members of domestic staff across the trust had received refresher training on the use of microfibre cloths, a further 40 staff had received training on how to set up a cleaning trolley and the use of microfiber. Domestic training and induction records showed staff were trained in 'damp dusting using microfiber method' and 'high dusting using microfibre method'. We were told all staff carry out this training as well as the refresher training. We also saw a communication to staff reminding them of the way to use the cloth as well as the reason for using it in this way. However, we observed that staff were still not following the guidance that had been provided for them which meant that cleaning was not optimised.

Medicines

- Medicines across the medical wards were stored in locked cupboards behind a secured door.
- We reviewed more than ten medical administration records (MAR) across the medical wards and found they were fully completed. Patient allergies were clearly documented and each MAR had been reviewed by a pharmacist.
- Staff told us there were delays in dispensing tablets to take away (TTAs) which meant some patients were being discharged home without their medicines. They told us patients were given the option of waiting for the TTAs or to come back to collect them at a later time. Staff told us delays normally occurred over weekends and nurses would check with patients that they had enough medicines at home to last them until Monday. Senior ward staff were unaware of how frequently patients were discharged without their TTAs and we were told this information is not audited.
- Oxygen cylinders were found to be in date and storage was generally appropriate in designated racks. However, on Hayes Ward and Drayton Ward though, we saw oxygen cylinders free standing in the corridor and randomly throughout the area.
- Across the medical wards we observed several patients receiving oxygen therapy. We did not find an oxygen prescription on the MAR for any of these patients. Within the observation charts, there were respiratory care plans which provided space to document changes in oxygen administered but these were only completed in two records we checked. Pharmacy staff told us oxygen should be prescribed on the MAR using a specific label but that this rarely happened.

Records

- We looked at records on all the wards and found them to be neatly filed in date order and pages secured within the folders.
- The majority of 39 records we reviewed were complete and had appropriate information, such as risk assessments for skin integrity and falls, however, many

of the records we reviewed did not have signatures to show who had completed the review of the patient. We found a few sets of records which had another patient's notes within the file.

- Most of the records we reviewed were legible. We found good examples of notes where the member of staff completing them had included examples of the patient's general emotional state for the day and the kind of conversations they'd had.
- We visited nine wards and found records were stored in lockable trolleys in the doctors' office located on the wards. Most of the doctors' offices were lockable on the wards although two were waiting for the maintenance department to fit locks. We found patient records in the AMU were stored in lockable cupboards by the nurses' stations outside the bed bays. However, although all the sliding doors to the cupboards were closed we found that none of them were locked and we were able to access all patient records.

Consent, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

- When we inspected the trust between 1 and 3 October 2014 we had concerns about the standard of documentation and staff understanding of the Mental capacity Act (MCA). As a direct result of our initial findings the trust added an additional sentence to the Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form stating that 'If a patient lacks capacity the mental capacity form must be completed and placed in the patient's medical notes'.
- At our unannounced follow up inspection on 16 October 2014 we found these forms had not been completed in cases where patients had been identified as not having mental capacity. We also found that not all staff were trained and understood their responsibilities in relation to mental capacity and Deprivation of Liberty Safeguards (DoLS).
- When we returned to the trust for our follow-up inspection on 5 and 7 May 2015, we found that the trust had updated the DNACPR policy and issued it to staff on the 22 December 2014. The policy stipulated 'Patients who are judged to be incompetent to make decisions about their care should be managed under the principles of the MCA 2005 (England and Wales). The procedures included holding discussions with people who were important to the patient and/or their Lasting Power of Attorney for Health and Welfare or Independent Mental Capacity Advocate.
- The DNACPR form had been redesigned and box one specifically related to the patient's mental capacity. The doctor completing the form was asked to indicate whether the patient had capacity to make and communicate decisions about CPR. If the doctor indicated that the patient did not have capacity they were asked to respond to three further questions one of which referred to consideration of the Mental Capacity Act.
- We reviewed 17 DNACPR forms across five wards a Hillingdon Hospital. We found five of those patients had been identified as not having capacity to make a decision in relation to their resuscitation status. In four cases the box on the form had been ticked to say the doctor had considered the MCA and one case there had been no consideration of the MCA. We found no reference in the medical notes as to what thought had been given when making this decision. We asked medical and nursing staff what was meant by considering the MCA. No one was able to explain what marking this box yes or no meant. One person thought it was a reminder to use the MCA however they were unable to clearly define what considerations they would make and where it would be recorded.
- The remaining DNACPR forms we reviewed indicated patients had capacity to discuss and make their own decisions in relation to their resuscitation status. However the provider may wish to note the completion of the DNACPR forms was not consistent. We noted some were completed in full and used appropriate language while others had missing information such as the names of all the multi-disciplinary team involved and tick boxes not completed. The form should also include a summary of the main clinical reasons CPR would not be beneficial, however in some cases we saw dementia, futility and frailty noted as the reason CPR would not be beneficial to the patient as opposed to the main clinical reasons such as respiratory or heart disease.
- We also noted there were three copies of the DNACPR form. The first copy was filed in the medical notes, the second in the nursing notes and the third copy remained in the nursing notes unless the patient was transferred to another trust, in which case the third copy

went to patient transport services when transporting the patient. We found in some cases that these copies had been separated prior to the consultant reviewing and endorsing the document. This meant that sometimes not all copies were signed or in some cases the other copies had been signed retrospectively showing with a different date to the top copy.

- We asked staff whether they had received any training or information on the new DNACPR form and policy. Staff told us they were unaware of any specific communication or training in relation to the DNACPR form or the use of the MCA for patients who were not able to make decisions about their resuscitation status.
- We spoke with a number of staff on the medical wards about MCA and DoLS policy. Senior staff were able to describe the procedures to follow when asked about hypothetical situations. Junior staff told us they would speak with a senior member of staff if they were unsure of the process to follow or needed guidance. A flow chart for applying the MCA and DoLS was available to all staff for reference. Senior staff told us DoLS decisions were processed in conjunction with the hospital site liaison team to ensure appropriate application.

Mandatory training

- The trust sets an internal target of 80% completion for all staff groups for mandatory training.
- 74% of staff in the medicine division had completed local induction training as of 5 May 2015.
- 95% of staff had completed Infection Prevention and Control Level 1 training.
- 91% of staff had completed Infection Prevention and Control Level 2 training.
- 94% of staff had completed Safeguarding Adults training.
- 94% of staff had completed Safeguarding Children level 1 training.
- 91% and 89% of relevant staff had completed Safeguarding Children level 2 and level 3 training respectively.

Assessing and responding to patient risk

- Falls risk assessments had been fully completed for most patients this was indicated for. Nursing staff were clear about which patients required this kind of assessment.
- National Early Warning Score (NEWS) was seen to be accurately calculated for all patients where a full set of observations had been completed. We saw documentation showing doctors were informed and reviewed the patient if the NEWS was elevated, suggesting the patient might be deteriorating.
- In some cases, such as patients receiving oxygen therapy, an elevated NEWS was normal for the patient and we saw guidance written in the patient notes suggesting what level of NEWS should trigger a doctor review.
- An AVPU (alert, voice, pain, unresponsive) assessment was completed alongside the regular observations which determines the patients level of responsiveness. On one ward, we saw two patient records showing they had full observations completed at hourly intervals including overnight and their AVPU level was noted as 'alert' for every entry. This showed the patient was either woken fully for each set of observations or that the assessment was being completed incorrectly. We showed this to the nurse in charge who agreed with our observation.

Are medical care services effective?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are medical care services caring?

Good

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are medical care services responsive?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Medical care (including older people's care)

Are medical care services well-led?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Surgery

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

The hospital has six theatres, anaesthetic rooms, recovery areas, male and female day case units, post-surgical wards, an interventional radiology service and a preoperative assessment unit.

Summary of findings

When we inspected in October 2014, we had concerns regarding the theatre environment and that the trust were not able to provide assurance that for the performance of theatre ventilation systems. We also found that medicines were not stored securely.

The trust told us a review of the theatre's ventilation systems and the associated plant room had been carried out shortly after the inspection.

When we visited on 5 May 2015, we found that the trust had taken action to address the estates deficiencies highlighted by the previous inspection.

The changes to operating theatres were work in progress at the time of our inspection. The works to date, the planned works and the commitment to annual maintenance were in line with the Health Technical Memorandum (HTM) 03-01 to provide assurance that the environment protected patients from the risk of infection.

Medicines were stored and managed in line with best practice and relevant guidance.

Surgery

Are surgery services safe?

Requires improvement

Cleanliness, Infection and control and hygiene

- Jersey ward was found to be of an acceptable level of cleanliness and was being cleaned in line with its risk category as per the National Specifications for Cleanliness in the NHS.
- We saw the cleaning strategy and operational plan which was presented to the board on the 25th February 2015. It shows the risk categories and percentage targets of achievement as those set out in the National Specifications of Cleanliness (NSC), and the trust is using a consistent approach to clean and audit against these specifications.
- The ventilation in each operating theatre was being revalidated in line with Health Technical Memorandum (HTM) 03-01 including microbiological tests, in the form of settle plate testing prior to the theatres being handed back into service.
- We inspected the operating theatres including theatres which were in use and theatres being refurbished. The programme of works appeared to be having minimal impact upon the overall function of the operating suite. Operating theatres that were in use were accessed from the clean corridor while rooms being refurbished were accessed from the external courtyard. In this way, there was good separation between the building works and the functioning operating suite.
- We also inspected the plant rooms and found essential works to the primary plant had been carried-out which should ensure suitable ventilation performance and reliability.
- The performance of the completed operating theatre, theatre 6, showed a significant improvement in air flow rate and confirmed the level of performance achievable through refurbishment of existing plant. Settle plate results were also provided further confirming satisfactory results.
- The trust had committed to limiting activity to day case surgery only while air flow rates were below the required levels. We reviewed the theatre lists for the relevant theatres which showed that this commitment had been met.
- Performance against the proposed programme appeared to be on track with minor flex to time scales as would be expected of a project of this complexity. From the inspection and review of the evidence provided the trust were still largely on target.

Environment and equipment

- A programme of refurbishment was underway at the time of our inspection.
- Lighting within the operating theatres was being replaced with high efficiency LED lights, damaged terrazzo flooring was being overlaid, internal doors and fitted furniture was being replaced together with new ceilings and redecoration.
- The trust are implementing a new planned preventative maintenance system. This will improve the reactive nature of the maintenance function as more work will be planned and less will be reactive.
- The trust were restructuring the estates function. From the evidence provided and discussions with staff. This would consolidate the estates operational functions at both the Hillingdon and Mount Vernon sites. The proposed structure would strengthen both the management and overall governance of the estates function.

Medicines

- Through an NHS Protect medicines security audit carried-out in February 2015, the trust had identified where systems and processes needed to be improved to make sure of the safe management of medicines.
- In Theatre six new lockable units had been installed as part of the refurbishment programme. This was due to be repeated as each theatre was updated. As a temporary measure the cupboards in the other theatres had been fitted with sliding lockable doors which were all locked at the time of our inspection, with the exception of one which was in use with staff present.
- Emergency medications were taken into the operating theatre and not left unattended.

Mandatory training

- The trust sets an internal target of 80% completion for all staff groups for mandatory training.
- 87% of staff in the surgery division had completed local induction training as of 5 May 2015.
- 97% of staff had completed Infection Prevention and Control Level 1 training.

Surgery

- 92% of staff had completed Infection Prevention and Control Level 2 training.
- 93% of staff had completed Safeguarding Adults training.
- 91% of staff had completed Safeguarding Children level 1 training.
- 89% and 100% of relevant staff had completed Safeguarding Children level 2 and level 3 training respectively.

Are surgery services effective?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are surgery services caring?

Good

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are surgery services responsive?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are surgery services well-led?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Services for children and young people

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

The service for children and young people is comprised of an inpatient ward with 12 cubicles (two of which are en-suite and can be used as isolation rooms), a family room and an eight bed ward. About 3000 children a year are admitted to this unit.

The paediatric day-care unit sees 5000 children a year for day surgery, scans, blood tests and clinical reviews. An adjoining children's outpatient clinic holds consultant and nurse-led clinics for diabetes, neurology, allergies, respiratory and endocrine illness and babies. Clinics requiring special equipment, such as ear, nose and throat (ENT), dental and eye clinics are held in the main outpatients department alongside adult clinics. A children's hearing service for detecting and treating hearing impairment is based in a separate building.

A children's (paediatric) oncology shared care unit (POSCU) works with two tertiary centres, Great Ormond Street Hospital and University College Hospital London.

The neonatal unit has a maximum capacity of 18 cots. Five intensive, three high-dependency cots and 12 special care cots. Facilities for parents include a parents' kitchen, sitting room and two bedrooms. This unit is part of the North West London Neonatal Operational Delivery Network. It is located in the maternity building at the opposite end of the hospital from the children's ward.

Summary of findings

When we inspected the children's wards in October 2014, we had concerns about the condition and security of the children's wards. There were also concerns regarding the availability of certain equipment and lapses observed in infection prevention and control. Safeguarding children systems had weaknesses and risks associated with not having thorough safeguarding systems in place were not mitigated.

When we visited on 5 May 2015, we found that children presenting to the trust's A&E were appropriately safeguarded as effective systems and processes were in place.

Keypad locks had been installed on the main doors to the ward to improve security.

Equipment was clean and staff had enough equipment to meet patient needs and could access further supplies in a timely way when they required them.

Mandatory training figures had improved with the divisions we reviewed having made sure that the targeted number of staff received mandatory training, including for infection prevention control and safeguarding.

Services for children and young people

Are services for children and young people safe?

Requires improvement

Cleanliness, Infection control and hygiene

- Cloth curtains were used within the paediatric A&E and PAU. Staff told us they were changed every three months or sooner if they became soiled or had been used with a barrier nursed patient.
- In response to an incident observed during our initial inspection in October 2014, there were signs over every hand wash basin asking parents not to use them to wash their children.
- We observed staff following hand hygiene protocol, using alcohol gel or washing their hands appropriately.

Children's wards – Peter Pan ward and Wendy ward

- We observed housekeepers working on the wards and they were aware of their responsibilities and schedule of work.
- Cloth curtains were used on the ward and staff told us they were changed every six months or sooner if they became soiled or had been used by a barrier nursed patient. Records of curtain changes were kept by the housekeeping staff who were also responsible for completing the changes.
- We observed staff following appropriate hand hygiene protocols, using alcohol gel and washing their hands when indicated.

Environment and equipment

- In the paediatric A&E waiting area, there were only paediatric patients and their relatives waiting. Previously, paediatric patients had been waiting alongside adult patients. Additionally, there was a new segregated waiting area for paediatric patients in the UCC.
- The paediatric A&E department and equipment within the area was clean.
- The paediatric assessment unit was used primarily for paediatric patients but would convert to an adult assessment area if paediatric A&E was quiet and there were a large number of adult patients waiting to be seen. The area was being used by adults during our follow up inspection and was noted to be clean and tidy.

Children's wards – Peter Pan ward and Wendy ward

- Both children's wards were noted to be clean during our inspection and there was new flooring fitted throughout the ward, with the exception of the cubicles.
- Equipment on the ward had been recently tested for electrical safety and was suitably clean.
- Staff told us they had enough equipment other than oxygen saturation monitors and probes.
- We observed staff following appropriate hand hygiene protocols, using alcohol gel and washing their hands when indicated.

- The trust had planned to have new resuscitation trolleys in place by February 2015. At the time of our follow up inspection, trolleys obtained from the adult wards were now in use on the children's wards. There was a separate smaller trolley for oxygen and the emergency equipment bag. These trolleys could be safely wheeled to another area of the ward if needed. New paediatric resuscitation trolleys had been ordered for the wards in March 2015.
- The resuscitation trolley had secure tag-closed drawers and was checked on a daily basis, according to hospital policy.
- Keypad locks had been installed on the main doors to the ward to improve security. Staff were concerned that in the event of an emergency, ward staff would have to hold these doors open to allow the crash team access which would reduce the number of staff available to help with the emergency on the ward. Staff did not know if there would be a way to override the lock in this situation.
- Security cameras had been installed at the ward entrance, as well as to monitor people accessing the garden area. These cameras were not yet functional as they hadn't been wired in but staff told us this was planned to happen in the following couple of weeks.
- The resuscitation trolley in paediatric A&E was checked daily as recommended, however, the trolley in paediatric resus had six days in April where checks were not documented as completed and four days in March.

- Supplies within paediatric resus were seen to be in date, other than some glucose bottles which were past their expiry date; some in April 2015, some in February 2015 and some in November 2014.

Medicines

- A new keypad lock had been put on the door to the clean utility room, which meant the locked medicines cupboards were behind a secured door. Staff were not keen on the new lock as they felt it made accessing the room difficult when carrying a tray with medicines equipment on it. The keys to the medicine cupboards were held by the nurse in charge.
- The medicines fridge was secured with a padlock due to the original fridge lock breaking. A new digi-locked fridge had been ordered and we were shown the purchase order for this.
- Temperature checks on the medicines fridge should occur daily. The checks had been completed every day so far in May, however, senior staff were unable to show us previous records as they were unsure where these were kept. They told us they knew temperature checks did not always happen every day.

Safeguarding

- On arrival to the urgent care centre (UCC) or accident and emergency (A&E) department, children's names were checked against the child protection plan register, which allowed staff to identify known children at risk. A&E cards were checked for all young people under 18 years of age, and adults with children who may be vulnerable. This was the responsibility of the lead nurse.
- Staff told us a full time administrator would be in post from 11 May 2015 to assist with completing the vulnerable child checks and to support the entry of data in children's notes which are kept off site.
- Weekly safety net meetings were held every Monday and the information shared during this meeting was recorded electronically. This meant there was a searchable database of children who had attended A&E or UCC and may be at risk. Access to the database was limited to named individuals to maintain confidentiality. The safety net meeting was attended by the named doctors and nurse for safeguarding, A&E consultant, A&E paeds lead nurse, Hillingdon Drug and Alcohol representative, a psychiatrist, health visitor liaison officer and the UCC lead nurse.
- We asked several different staff about how the safety net meetings were working and all told us it was effective.
- The meeting reviewed new cases, noted concerns, required actions and the named individual to take action. The team would also discuss cases where children had not attended appointments. Previous cases were reviewed and colour coded according to progress made.
- There was an additional, regular orthopaedic safety net meeting where suspicious fractures were reviewed.
- Vulnerable children were referred to other relevant organisations outside of the hospital, such as Marie Stopes.
- All staff were sent safeguarding children information with their pay slips and new staff were contacted by the Lead Safeguarding Nurse to raise awareness. Staff felt profile of safeguarding was much higher in the trust and people understood the processes.
- Sessions for junior doctors were arranged to discuss specific safeguarding cases and encourage learning from experience.
- The lead nurse in A&E was undertaking training in Child Protection Clinical Supervision. The named nurse for safeguarding considered supervision very important and was setting up quarterly safeguarding supervision sessions.
- The computer system at the UCC and the Hillingdon patient administration system remain incompatible. Staff work round this by UCC staff attending weekly meetings at Hillingdon and bringing relevant reports from their computer system with them. Staff told us this system was bridging the gap well and were pleased action had been taken.

Mandatory training

- The trust sets an internal target of 80% completion for all staff groups for mandatory training.
- 97% of staff in the women's and children's division had completed local induction training as of 5 May 2015.
- 100% of staff had completed Infection Prevention and Control Level 1 training.
- 92% of staff had completed Infection Prevention and Control Level 2 training.
- 96% of staff had completed Safeguarding Children level 3 training.

Services for children and young people

Are services for children and young people effective?

Good

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are services for children and young people responsive?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are services for children and young people caring?

Good

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.

Are services for children and young people well-led?

Requires improvement

This key question was not inspected against nor its rating reviewed as part of this inspection. Please refer to our October 2014 inspection report.