Princess Royal University Hospital

Quality Report

Farnborough Common
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Date of inspection visit: 26 November 2019
Date of publication: 18/02/2020

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

King's College Hospital NHS Foundation Trust provides in-patient and out-patient services from King's College Hospital, Princess Royal University Hospital, Orpington Hospital, Queen Mary's Hospital, Sidcup, and Beckenham Beacon. The trust has satellite Dialysis units in Dulwich, Dartford, Bromley, Woolwich and Sydenham. The trust refers to the Princess Royal University Hospital (PRUH) and its nearby locations as the PRUH and south sites.

As a foundation trust it is still part of the NHS and treats patients according to NHS principles of free healthcare according to need, not the ability to pay. Being a foundation trust means the provision and management of its services are based on the needs and priorities of the local community, free from central government control.

The trust works with King's College London, Guy's and St Thomas' and South London and Maudsley Foundation Trusts, and are members of King's Health Partners, which is an Academic Health Science Centre.

The trust was last inspected in January and February 2019 (report published June 2019).

This is a report on a focused inspection we undertook of the emergency departments at Princess Royal University Hospital on 26 November 2019. The purpose of this inspection was to follow up on concerns from our previous inspection conducted in January and February 2019.

The concerns focused on patient care and leadership.

We found the emergency department at the Princess Royal University Hospital had significant challenges and was rated inadequate. We undertook enforcement action and have monitored the trust's progress against their action plan. This focused inspection was undertaken to review the progress the trust had made.

The department had been going through significant challenge at the time of the first inspection. The local governance and leadership were weak and were being revised to work to improve the service. Culture was poor and there was a level of disharmony between consultant within the department and those of other departments and local leadership. At the time morale was very low.

Services we rate

Our rating of this service stayed the same. We rated it as **Inadequate** overall.

We found

- The service provided mandatory training in key skills and topics to all staff but still did not ensure everyone had completed it.
- A range of consumable, single use equipment had expired but remained accessible for use.
- There was still a lack of consideration given to ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm.
- Staff still did not always adhere to best practice when storing medicines. Some staff still displayed an apathy towards patients and visitors.
- The trust still continued to fail to meet constitutional performance targets.
- Patients were still experiencing delays in their care due to poor patient flow across both the department and wider hospital.

Summary of findings

- Morale across the department remained low and with that the culture of learned helplessness within the department remained. There was still a disparity in the thinking of the department leadership and the senior divisional leaders with regards to support to the department. The 'done too' culture remained within the department.

However

- Resuscitation equipment was now being checked and was ready for use in an emergency. Checks were completed in line with trust policy.
- Falls and venous thromboembolism (VTE) risk assessments were being completed.
- Policies and procedures were now in date in line with trust policy.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and the South)

Overall summary

Whilst we recognise work had been undertaken by the service to correct the concerns raised during the previous inspection, we found that further work was required to demonstrate clear sustainable results.

Mandatory training rates were still variable for the staff groups and during the rolling year of the training schedule. Completion rates provided showed some the trust target being reached in May and June 2019 but falling under the target in October 2019.

The rotating and stock control of single use consumables still required work as we found a significant number of items which were past their use by date. Safe storage of medicines required further review.

The cubicle which was used as a mental health safe assessment room still had ligature points and was dirty in its appearance.

Issues relating to infection prevention and control remained a concern due to the doubling up of patients in cubicle designed for one patient.

Assess and flow within the department remain a concern but we recognised that work was being undertaken by the service to alleviate this situation where possible.

We witnessed apathy towards some patients who were being cared for within the major's area and in the corridors.

The morale of the department remained low. Leadership issues had not been resolved.

However:

The use of the resus area had been reviewed and area was being used appropriately with appropriate step down of patients managed enabling the flow within the resus to be improved.

We saw improvement in the safety checking of resuscitation trolleys, the use of digital locked fridges for the storage of medicines. Patient group directions had been reviewed and were in date in line with trust policy.

Hand hygiene within the department had improved.

Summary of findings

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Summary of this inspection

Background to Princess Royal University Hospital

Princess Royal University Hospital is operated by King's College Hospital NHS Foundation Trust. The Princess Royal University Hospital offers a range of local services including a 24-hour emergency department, medicine, surgery, paediatrics, maternity, critical care, and outpatient clinics.

Princess Royal University Hospital is located in Farnborough Common, Kent. It is managed by King's College Hospital NHS Foundation Trust. The hospital has 33 inpatient areas with 512 inpatient beds. The hospital has an Accident and Emergency department, intensive care and other clinical areas, such as a planned investigation unit and special care baby unit. Outpatient services are provided at the hospital along with its south site; Beckenham Beacon and Queen Mary's Hospital in Sidcup and at Orpington Hospital.

There is provision for diagnostic services, including x-ray, computerised tomography (CT) scans, magnetic resonance imaging (MRI) scans, ultrasound scans, mammography and interventional radiology. Nuclear medicine including diagnostic tests for a range of conditions are also available.

Allied health professions including physio and occupational therapists and dietitians are provided.

Services are available in most clinical areas 24 hours, seven days a week.

Our inspection team

The team that inspected the service comprised a CQC inspection manager, a CQC lead inspector and a specialist advisor with expertise in emergency medicine. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Why we carried out this inspection

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Information about Princess Royal University Hospital

The emergency department (ED) at the princess royal university hospital (PRUH) is open 24 hours a day, seven days a week. They see patients with serious and life-threatening emergencies. The department included a paediatric emergency department dealing with all emergency attendances under the age of 18 years.

Summary of this inspection

Patients present to the departments either by walking into the reception area or arrive by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department are seen initially by a nurse from a co-located urgent care centre (UCC) and, if determined suitable to be treated in the ED await triage (triage is the process of determining the priority of patients' treatments based on the severity of their condition). The UCC was managed by a different provider and was not part of the inspection.

The department has different areas where patients are treated depending on their needs, including resuscitation areas, major's areas, and a 'sub-acute' area for patients with less serious needs, and clinical decision units (CDU). There was also separate paediatric ED with its own waiting areas, cubicles.

We visited the ED for a day on 26 November 2019 to conduct an unannounced follow up focused inspection to review progress the trust and service had made on the concerns highlighted during our inspections in January and February 2019.

We looked at eight sets of patient records. We spoke with 22 members of staff, including nurses, doctors, nurses, managers, support staff and ambulance crews. We also spoke with five patients and two relatives who were using the service at the time of our inspection. We reviewed and used information provided by the organisation in making our decisions about the service.

For the full inspection report refer to the inspection report from January 2019. This report covers only the areas of concern and what we found during this inspection.

Inadequate

Urgent and emergency services

Safe	Inadequate
Effective	Requires improvement
Caring	Requires improvement
Responsive	Inadequate
Well-led	Inadequate

Are urgent and emergency services safe?

Inadequate

Our rating of safe stayed the same. We rated it as Inadequate.

Mandatory training

During the previous inspection we found the service provided mandatory training in key skills and topics to all staff but did not ensure everyone had completed it.

Mandatory training had ranged from 86.6% in May 87% in June to 78% on 27 October 2019. We asked for an explanation for the variation and were advised the mandatory training year was on a rolling basis, starting on the date of the employee's commencement date. This meant there was variation across the year, depending on when the staff member needed to complete their training. The trust's target for completion of mandatory training was 80%. There had been improvement with the trust meeting the mandatory training target in some months.

We noted the hand hygiene target had been set at 95% for compliance with the required trust standards. The audit results ranged from 92.5% in May to 80% in July and 93% in August.

Safeguarding

This domain question was not inspected as part of the follow up. Please see the previous inspection report for details.

Cleanliness, infection control and hygiene

During the previous inspection we found the service failed to control infection risks fully. Whilst the environment was kept clean, control measures to prevent the spread of infections were poorly complied with.

During the focussed follow up inspection, we saw the majority of staff routinely decontaminate their hands prior to and post contact with patients. However, we did observe two occasions where staff did not wash their hand following contact with a patient before moving onto to the next patient.

In our previous inspection we found that areas within the department were being used in a way which posed possible infection risks to patients. This included doubling up patients in cubicles and using non-designated areas as trolley cubicles. As we found previously the department was very busy and lacked sufficient space for the level of patient activity. As a result, we observed two patients being nursed in cubicles designed for only one patient. Although screens were used to divide the patients, the spacing between each patient still did not meet national service specifications and posed a potential infection risk to patients. We noted the information provided by the trust, which detailed that patients were asked if they minded being doubled up in a cubicle and the trust also only doubled up on patients that were considered low risk.

We found the designated mental health safe room was visibly dirty in its appearance with used tissues on the sink and dust and debris on the floor.

We reviewed evidence of training around various intravenous access devices, which had included a range of staff across nursing bands two-seven.

Cleaning actions were clearly stated for areas and who was responsible. Environmental technical audits had been carried out and reported. We saw the results of the latter had gone up from 70% in February 2019 to 90% in June 2019.

Environment and equipment

In the previous inspection we found resuscitation equipment was not always safe and ready for use in an emergency. A range of consumable, single use equipment had expired but remained accessible for use. Patients were observed being treated in parts of the emergency department which were not fit for purpose. There was a lack of consideration given to ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm.

During our focused follow up inspection, we found that patients on the whole were no longer being treated in parts of the department which were not fit for purpose. The staff had ceased the use of the additional two beds in the resuscitation area and confirmed that there was only ever four beds used. A more rigorous use of step-down protocols was now in place which enabled patients to be safely moved out of the resus area in a timely manner.

The use of the side room opposite the resus area as part of resus had been stopped and this room was now only used to provide patients dignity and privacy when being examined.

Previously we had highlighted concerns to the trust about the room used for patients presenting with mental health related matters. During the focussed follow up inspection, we found the room designated as the mental health safe room, still contained ligature points including high backed moveable furniture and sanitizing hand gel dispenser.

We found on this occasion the resuscitation trolleys in the department were now being safely managed. We saw evidence of completed daily and weekly checklists. The actions taken by the trust demonstrated that the checks were being conducted in line with trust policy.

As we found during our previous inspection, there was a large number of consumable, single use equipment items which had expired but remained accessible for use in the resuscitation area. The systems to manage such items had not improved since our previous inspection and we remained concerned that expired items of equipment could be used for patient care or treatment.

Assessing and responding to patient risk

During the previous inspection we found, there was no effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. Patients at risk of falls were not always identified and therefore risks were not always mitigated in a timely way. This was despite this being an area of long-standing concerns.

In this focused follow up inspection, we saw that patient falls were reported and classified as falls with no harm, falls with minor harm or falls with severe harm or death. In May 2019 there had been two falls with no harm in the Emergency Department, six in June five of which did not result in any harm and one minor injury. The figures were the same for August 2019. The service has introduced the use of slip socks for patients at risk of falling. A falls work stream had been developed and was being lead by one of the ED matrons. Falls that has been designated as causing harm were being presented for review at safe care forum meeting and learning was being shared with the team.

VTE assessments were monitored and we saw results which showed compliance with the expected standards ranged from 97% in May and June to 96.3% in August. This was an improvement from the previous inspection and provided us with some assurance that patient risk has started to be identified and monitored.

Nurse staffing

This domain question was not inspected. Please see previous inspection report for details.

Medical staffing

This domain question was not inspected. Please see previous inspection report for details.

Records

This domain question was not inspected. Please see previous inspection report for details.

Medicines

Inadequate

Urgent and emergency services

During the previous inspection we found staff did not always best practice when storing, supplying, preparing or administering medicines.

During the focused follow up inspection, we found the trust had installed new digital lock systems on the medicines fridge within the resus area of the department. However, we found seven bottles of intravenous paracetamol in a box on the floor at the side of the fridge in the resus area. This medication was not secured from the public and posed a risk of theft and misuse, which could put individuals in danger.

During the previous inspection the patient group directions we reviewed were all out of date. During the follow up focused inspection we reviewed a range of patient group directions which were located in the emergency department and found them to have been reviewed and were in date.

The service had developed an intravenous (IV) antibiotic preparation room. Which provided assurance regarding the concerns we had due to the cramped nature of the previous area used to prepare IV antibiotics.

Incidents

During the previous inspection we found the service did not manage patient safety incidents well. Whilst staff recognised the types of incidents they should report, including near misses, there was limited evidence of lessons being learnt following serious incidents. There was variability against compliance with the duty of candour regulations.

The matron told us they were trying to get to a position where there were less than 40 incidents open beyond the expected target. Complex issues or delays in getting statements, as well as the root-cause analysis process sometimes made the timeline harder to achieve. On the day of our visit there were 43 investigations outside of the expected target for closure. Some of these were linked to other clinical areas, such as pathology or medicine.

Staff we spoke with felt that there was wider dissemination of learning from incidents since we last inspected.

Safety Thermometer (or equivalent)

This domain question was not inspected. Please see previous inspection report for details.

Are urgent and emergency services effective?

(for example, treatment is effective)

Requires improvement

Our rating of effective stayed the same. We rated it as **requires improvement.**

Evidence-based care and treatment

During the previous inspection we found that the service provided care and treatment based on national guidance and evidence of its effectiveness. However, a range of policies and clinical guidelines had expired.

During this follow up focused inspection we found that the policies we reviewed within the department were all be within their review date. Old copies of polices were disposed of so the risk that staff would refer to out of date policies had been removed.

Nutrition and hydration

This domain question was not inspected. Please see previous inspection report for details.

Pain relief

This domain question was not inspected. Please see previous inspection report for details.

Patient outcomes

This domain question was not inspected. Please see previous inspection report for details.

Competent staff

This domain question was not inspected. Please see previous inspection report for details.

Multidisciplinary working

This domain question was not inspected. Please see previous inspection report for details.

Seven-day services

This domain question was not inspected. Please see previous inspection report for details.

Health promotion

Inadequate

Urgent and emergency services

This domain question was not inspected. Please see previous inspection report for details.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

This domain question was not inspected. Please see previous inspection report for details.

Are urgent and emergency services caring?

Requires improvement

Our rating of caring stayed the same. We rated it as **requires improvement.**

Compassionate care

During the previous inspection we found, some staff displayed an apathy towards patients and visitors. Whilst patients were complimentary about the attitudes of staff, our observations suggested staff did not always put the needs of patients first.

During the focused follow up inspection, we noted the service was experiencing a busy period. We spoke with five patients who described the care as 'good' but said that staff were extremely busy, and it took time for them to support them when they required support.

Some of the interactions we observed between staff and patients were quite dismissive and brusque in nature. Staff clearly appeared under pressure, which effected the way staff communicated and responded to patients' requests. We observed patients and relatives waiting in corridors without any interactions with staff. We saw patients call out for staff repeatedly in bays in the major's department with no staff responding during the time we sat and observed. There were staff sitting at the desks in the area, but they did not respond.

Emotional support

This domain question was not inspected. Please see previous inspection report for details.

Understanding and involvement of patients and those close to them

This domain question was not inspected. Please see previous inspection report for details.

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

(for example, to feedback?)

Inadequate

Our rating of responsive stayed the same. We rated it as **inadequate.**

Service delivery to meet the needs of local people

This domain question was not inspected. Please see previous inspection report for details.

Meeting people's individual needs

This domain question was not inspected. Please see previous inspection report for details.

Access and flow

During the previous inspection we found that although staff could demonstrate an understanding of the needs of the local population, services were not planned or delivered in a way which met those needs.

At this follow up inspection we continued to observe poor flow across the emergency pathway. The department was still congested with multiple patients who had confirmed decisions to be admitted but no beds to move to. Whilst ambulance personnel told us they had handed over information on their patients within 15 minutes, they were unable to leave their patients as there was no room to accommodate them. This meant patients waited in corridors.

The staff still reported difficulty at times with getting speciality doctors to attend the department to review patients in a timely manner. This had not improved since our last inspection.

Patients were still waiting long times for diagnostic results which was a significant reason for breaches. Diagnostic test were conducted and then results were waited on before staff planned the next course of action. There still remained an atmosphere of apathy within the department.

Inadequate

Urgent and emergency services

The trust had submitted a business case for the expansion of the ED as they reported the department facilities were not 'fit for purpose' however, this business case had not had funding agreed. There were no plans at present to expand the size of the ED with the exception of a portacabin structure to be used for patients that were 'fit to sit' when they had arrived by emergency ambulance. Work had not commenced on this structure at the time of our follow up inspection. However, this work would enable the department to have a step down HDU facility which would then allow patients to move to safer locations and therefore improve flow within the department, and therefore is expected to have a positive impact on flow.

After the previous inspection there were several immediate actions taken by the trust. This included stopping the use of resuscitation bay five and six. A clinical criterion was put in place to determine which patients should be cared for in resuscitation area and which were to be excluded. A standard operating procedure (SOP) was agreed for stroke patients and an intensive care pathway. Agreed actions included monthly audits around adherence to the SOP.

There were internal professional standards (IPS) audits related to specialty breaches, for example in respect to, gynaecology, medicine and surgery. The total breaches indicated as being above 60 minutes before patient review by specialty was 235 in May 2019, which went down to 83 in July 2019. Actions had been identified to improve this further.

Learning from complaints and concerns

This domain question was not inspected. Please see previous inspection report for details.

Are urgent and emergency services well-led?

Inadequate

Our rating of well-led stayed the same. We rated it as **inadequate.**

Leadership

This domain question was not inspected. Please see previous inspection report for details.

Vision and strategy

This domain question was not inspected. Please see previous inspection report for details.

Culture

This domain question was not inspected. Please see previous inspection report for details.

Governance

During the previous inspection we found there was no clear vision or strategy for the emergency department. Whilst there was several business cases and action plans, there was no strong supporting mechanisms to describe how these would be delivered. Morale across the department was low. There was a consensus amongst front line staff that organisational leadership was poor and inconsistent; and had a view the executive did not understand the challenges of the department. In comparison, organisational leaders considered the challenges of poor performance to be associated with the behaviours and attitudes of staff in the department and across the wider hospital. It was apparent through our interviews with staff that a "Done too" culture existed amongst staff in the emergency department. Learned helplessness and a lack of accountability both contributed to a lack of change across the emergency department.

At the follow up focused inspection we were reasonably assured that governance arrangements had started to improve. We reviewed emergency medicines clinical governance meeting minutes for 6 August and 17 September 2019. These meetings were attended by the clinical governance lead, consultant for ED, matron, heads of nursing, department head of patient safety. Incidents were discussed including falls and medicine errors. Trends were reviewed and learning points were highlighted. The main issues between 4 June and 1 July 2019 related to violence, aggression and security. This was the same as the period 2 July to 5 August.

We noted the mortality review for June and July 2019 had been covered in discussion. Adverse events were recorded and tracked via a ledger, using a traffic light system. Presentations of reports were provided to the serious incident committee.

We reviewed information from the acute and emergency department care group risk and governance meeting of

29 August 2019. This showed several incidents had been discussed using the root-cause analysis process. The risk register was discussed, including a point related to a presentation on how to register a risk. Attendees also discussed the quality and performance scorecard. Minutes for the same group meeting held on 24 September suggested a similar format to the agenda.

There was an ED quality and safety action plan. This had been presented by way of an update on progress at the Executive Quality Board meeting in August 2019. We saw this included information about the safety huddles checklist completion, with audit results for May-July presented. The initial results had shown a baseline position of 30% compliance in February 2019, rising to a sustained rate of 97% in June and July. For out of hours the compliance rate improved from 58% in May to 70% in June and 74% in July. Actions to further improve the rate of completion were stated clearly.

There were performance reports for the department. The report for the period 2018/19 included information related to for example, finances, quality and safety, infection prevention and control and patient responses through the Friends and Family test.

We reviewed the escalation and flow policy and full capacity protocol for the PRUH Emergency Department. This outlined the responsibilities and actions for staff working in the department and the associated teams. Principles were outlined, including to identify early and mitigate pressures and that these be managed well. We noted escalation levels were clearly stated and these included green, amber, red and black, taking into consideration risks to patient safety and their experience. Triggers had been stated, along with communication flow and action cards.

Managing risks, issues and performance

During the previous inspection we found that minutes of the ED governance meeting were high level and often lacked any significant detail. Whilst risks were discussed, there appeared little insight in to why developments or progress had not been made. Performance and quality trajectory graphs showed consistent “yo-yo” performance, with improvements made one month and then deteriorating performance the following. Whilst staff reported actions and work plans to resolve areas of challenge and risk, sustained non-compliance and poor performance was suggestive of a lack of insight in to the real challenges of the department and wider hospital operational workings. Repeated poor performance had appeared to go unchallenged, with a level of acceptance apparent due to a lack of grip and robust action to resolve what were, long standing issues.

The trust presented us with an action plan. This showed that the they was working to address the challenges within the emergency path way. We found that whilst there had been some improvement there was a long way to go to resolve the issues within the department, which the trust also acknowledged. Our assessment during our previous inspection had been that of a significant breakdown in relationships between departmental staff and that of the wider trust leadership team. Staff told us that there had been some improvement but felt that more work was still required. Staff still felt that there was a lot of ‘blame’ being pointed at them. The team within the department still felt that they were being targeted as the problem and the wider services within the trust were providing little support to affect change within the emergency pathway. The trust was recruiting a local executive director to oversee the princess royal university site at the time of the inspection. We saw that work had commenced on reviewing the culture and behaviours within the department and the wider trust team.

Managing information

This domain question was not inspected. Please see previous inspection report for details.

Engagement

This domain question was not inspected. Please see previous inspection report for details.

Learning, continuous improvement and innovation

This domain question was not inspected. Please see previous inspection report for details.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve
Action the provider MUST take to meet the regulations:

- The trust must ensure staff receive mandatory training in accordance with trust policies
- The trust must ensure patients have their clinical needs assessed and care delivered in accordance with national best practice standards, and within nationally defined timescales.
- The trust must ensure the environment and equipment is suitable and fit for purpose.
- The trust must ensure medicines are stored in accordance with trust and national policy.
- The trust must ensure patients and visitors are treated with kindness and compassion.