Frimley Health NHS Foundation Trust

# King Edward VII Hospital

## Quality Report

St. Leonards Rd,
Windsor,
West Berkshire
SL4 3DP
Tel:01753 860441
Website:www.fhft.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.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Why have we given this rating? |
|---|---|---|
| Medical care | Not sufficient evidence to rate | There were robust systems to monitor safety throughout the service. Staff understood risks, had a clear picture of safety across service and were focused on improvement. Staff took an active role in delivering and promoting safety, learning and improvement. When things went wrong they were open and transparent with those affected.<br>However:<br>There was scope to improve the environment in the unit.<br>The storage of chemotherapy medicines at King Edward VII day unit needed reviewing as temperatures of the storage facility were not being monitored and were not secure.<br>We found some paper health records to be large in size and documentation was hard to locate in these records easily.<br>The electronic prescribing system used for patients requiring chemotherapy could not be accessed by staff working in the emergency department at Wexham Park hospital.<br>Although staff had put in measures to mitigate this risk the trust may wish to reassess the risks associated with these measures. |

# King Edward VII Hospital

## Detailed findings

**Services we looked at; Medical care**

# Detailed findings

## Contents



## Background to King Edward VII Hospital

The Chemotherapy Service at Wexham Park Hospital is provided as a part of the Thames Valley Cancer Strategic Clinical Network. They work in collaboration with consultants based in other trusts to provide services appropriate to the needs of the local population; the main Cancer Centres are at the Royal Berkshire NHS Foundation Trust and Mount Vernon Hospital, part of The Hillingdon Hospitals NHS Foundation Trust.

Following the creation of the new Frimley Health NHS Foundation Trust, there have been a number of transitional plans across the trust. The trust ceased to provide its own Oncology Consultants, this provision is now through partnership with the two local Cancer Centres.

The trust is working towards moving to a single Cancer Centre, which will be the lead partner for the delivery of Oncology Services for Wexham Park Hospital.

Chemotherapy Services are currently provided both at the Eden Day Unit on the Wexham Park Hospital site and through the Ashford Suite on the King Edward VII Hospital site.

## How we carried out this inspection

We carried out an unannounced visit to the Ashford Suite at Edward VII Hospital on 21 October 2015 to follow up on concerns that were raised during our comprehensive inspection of Wexham Park Hospital. On this occasion we only looked at the 'Safe' domain of our inspection process and did not rate this location.

To help us understand and judge the quality of care in medical care services at King Edward VII Hospital we used a variety of methods to gather evidence. We spoke with registered nurses, healthcare assistants, and reception staff. We also spoke with five patients. We looked at about five sets of patients' health records. We observed care and the environment and reviewed a range of documents.

Patients we spoke to at the King Edward VII day unit told us that staff were very caring and that it was nice to see the same staff when they attended for their treatments. During the inspection we observed good interactions between staff and patients.

# Medical care

| | |
|---|---|
| Safe | Not sufficient evidence to rate |
| Overall | Not sufficient evidence to rate |

## Information about the service

The Ashford Suite at King Edward VII Hospital helps to facilitate the provision of a wide range of chemotherapy clinics; this includes both oral and intravenous chemotherapy clinics.

The Ashford Suite comprises of four Consultation Rooms and eight Recliner Chairs. The Ashford Suite is open 9am – 5pm, on Tuesday and Wednesday.

In total the Ashford Suite had 1218 attendances in 2014/15. This represents an average of 23.4 attendances per week. So far, in 2015/16 (at week 38) the unit has had 912 attendances at an average of 24 attendances per week. This throughput of patients is consistent with the usual working day of 12 patients in attendance.

## Summary of findings

There were robust systems to monitor safety throughout the service. Staff understood risks, had a clear picture of safety across service and were focused on improvement. Staff took an active role in delivering and promoting safety, learning and improvement. When things went wrong they were open and transparent with those affected.

However:

There was scope to improve the environment in the unit.

The storage of chemotherapy medicines at King Edward VII day unit needed reviewing as temperatures of the storage facility were not being monitored and were not secure.

We found some paper health records to be large in size and documentation was hard to locate in these records easily.

The electronic prescribing system used for patients requiring chemotherapy could not be accessed by staff working in the emergency department at Wexham Park hospital. Although staff had put in measures to mitigate this risk the trust may wish to reassess the risks associated with these measures.

# Medical care

## Are medical care services safe?

Not sufficient evidence to rate

### Incidents

- Governance arrangements for the Chemotherapy Services were an integrated part of the governance structure of the trust as a whole. There was a Chemotherapy Steering Group that met monthly. This reported to the Haematology Clinical Governance Meeting, which in turn reported to the Medicine Directorate Clinical Governance Board.
- Where incidents occurred, they were reported through the trust incident reporting system 'Datix', and again the outcomes of any investigation would be communicated through the Steering Group and the Clinical Governance meeting structure.
- Staff on the unit demonstrated their knowledge of the incident reporting system. All staff were aware that incidents should be reported and were able to use the electronic reporting system effectively.
- During the period October 2014 to September 2015 the unit had reported one serious incident (SI) and no never events.
- On reviewing the SI that took place on the unit we found a well-structured process with multidisciplinary input from the investigating team. There was a detailed summary with findings and recommendations made. We saw an action plan had been developed which included a lead responsible person, date for completion and review. We were able to confirm that the majority of recommendations made had been implemented to improve safety.

### Cleanliness, infection control and hygiene

- We observed the unit was visibly clean and well maintained. Cleaners attended to the unit after it was closed. However, if further cleaning or spillages occurred during the units opening hours, staff were able to contact cleaning teams to assist. Staff told us cleaning staff always attended promptly when required.
- The unit had a range of equipment that was seen to be visibly clean. There was a system of "I am clean" labels to indicate an item had been cleaned and was ready for use.
- The unit had adequate hand-washing facilities. Trust bare below the elbow policies were seen to be observed by all staff. Staff were able to tell us about the five World Health Organisation (WHO) steps to good hand hygiene.
- We observed staff wearing personal protective equipment (PPE) including disposable gloves and aprons and washing their hands and disposing of PPE appropriately between each patient contact.

### Environment and equipment

- The toilet facilities at the King VII Hospital chemotherapy unit were accessed through a closed door. The area was separate from the main treatment area and patients in the toilet area could not be seen or heard by staff. We found the area to be cold in comparison to the main treatment areas.
- Of three patient toilets, we found one did not have a call bell to summon help in an emergency. This meant that should a patient become unwell in this area their safety could be compromised as they would be unable to summon staff assistance.
- We found the environment did not always provide a high level of privacy for patients. We observed patients having their blood pressure and temperatures taken in the waiting area in front of other patients and relatives. Should privacy be required during the delivery of treatment, or in an emergency, there were a limited number of treatment chairs that could be screened off to provide the necessary privacy for the patient.
- Resuscitation trolleys contained logs detailing when equipment was checked. Equipment was expected to be checked daily and ready for use as per trust policy. However, we observed that the resuscitation trolley was not regularly checked on two days (Tuesdays and Wednesdays) that the unit was opened each week.

### Medicines

- Chemotherapy was stored in the treatment room. We observed the door was left open throughout the day, which provided opportunities for unauthorised access to this room and meant chemotherapy medicines were not secure.
- We observed there was no thermometer in the treatment room to monitor the ambient room temperature. Inside the treatment room was a radiator meaning medicines may have been exposed to temperatures that could reduce their efficacy and safety. Staff were unable to provide evidence that the chemotherapy was being stored within the required temperature ranges.
- Staff in the unit used e-prescribing located in the treatment room and not mobile, this meant all relevant pre and post chemotherapy documentation was completed remotely, which introduced a level of risk into the process for both patients and staff.
- A satellite pharmacy was attached to the unit where patient's take home medication was dispensed, ensuring care was accessible from a single point. We observed the pharmacist dispensing medication to a patient.

**Records**

- Staff used a combination of paper and electronic medical and nursing notes. An Oncology Electronic Information System supported chemotherapy prescribing, drug ordering and pharmacy dispensing. Staff had received training and passwords to use the system to input patient information pre and post treatment. This information was inaccessible to staff on the medical wards at Wexham Park Hospital should a patient be admitted for treatment. To mitigate this situation, nursing staff on the unit had been asked to update patients' medical records to ensure that patient records were complete, accurate and up to date. However, we found in the five records no nursing updates were written in the medical notes. Patients had chemotherapy diary record books that were completed by the nurses at the end of a chemotherapy treatment.
- Staff in the Emergency Department at Wexham Park Hospital did not have access to the electronic prescribing system used for oncology patients. We were told the department could contact Eden Day Unit at Wexham Park and the ward overnight for access to information from trained staff. However, once the King Edward VII day unit was closed, access to paper records would not be possible overnight.

**Safeguarding**

- Staff in the unit worked across sites. Nearly100% of nursing staff across the medical directorate had completed their safeguarding training levels 1 and 2.
- Staff were able to demonstrate an understanding of safeguarding of vulnerable adults and the Deprivation of Liberty Safeguards (DOLS). They were able to describe the escalation process required to raise a concern.

**Safeguarding**

- We found mandatory training was predominantly annual and a mixture of study days and e-learning. Some training took place every two to three years. Annual training included infection control, manual handling, fire and basic life support. Three yearly training included dementia, safeguarding and information governance training. Training was modelled around the duties of the different staff groups to ensure patient safety.

**Assessing and responding to patient risk**

- Systems were in place to support a patient who might suffer a reaction to chemotherapy in the unit. In an emergency the patient would receive immediate life support and transferred by ambulance to the Wexham Park emergency department six miles away.

**Nursing staffing**

- The management of the Ashford Suite was through the Eden Day Unit based at Wexham Park Hospital, with nursing staff part of the establishment at Eden Day Unit. Staff attending clinics varied depending on the number and complexity of treatments required for patients attending the clinics. Staff worked across both the Eden Day Unit and the Ashford Suite.
- We were told by the trust that the Ashford Suite staff establishment should be a nurse to patient ratio of between 1:4 or 1:5 depending on the needs of patients attending the Suite on that day. There were usually 3 trained nursing staff who are also Chemotherapy trained, on the Ashford Suite at any one time.

# Medical care

- On the day of our inspection there were eight patients being treated in the department. Two trained nurses and a health care assistant were working on the unit. One trained nurse was a permanent member of the staff, the other was agency. The permanent staff member had worked from 9am until 2.40pm without a break. We also observed that on occasions, there were no staffing the patient treatment areas as other tasks took them away. This left patients at risk if they became unwell. We were told the unit was often busier than it was on the day of our inspection.
- We reviewed the nursing staff rotas for the chemotherapy day service and saw that for the majority of weeks since April 2015, two RN's and an HCA were rostered at the King Edward VII day unit.

**Medical staffing**

- Clinics were specifically provided in the Ashford Suite for breast cancers. In addition, the suite was used for providing chemotherapy treatments to patients from other clinics being held on the King Edward VII site. These included lung clinics on Tuesdays and lower gastro intestinal (GI) clinics on Wednesdays.
- The clinics were covered by four consultants. One consultant for breast and one for lung on Tuesdays; and one consultant for breast and one for lower GI on Wednesdays.

**Major incident awareness and training**

- The trust had a major incident policy in place. Action cards were available for staff describing their duties in the event of a major incident. Staff demonstrated they were aware of how to access plans and what their role would be or who would be responsible for directing them.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital MUST take to improve

- Ensure that the temperatures are monitored in areas where chemotherapy medicines are stored.
- Ensure that patients and staff are able to use emergency call bells in all toilet cubicles.

### Action the hospital SHOULD take to improve

- Consider making improvements to the temperature in the patient toilet area.
- Ensure that the environment allows for patients to have privacy where required during their care and treatment.
- Consider the size and layout of paper health records to ensure that documents can be located easily.
- Make improvements to emergency department staff being able to access the electronic prescribing system used for patients requiring chemotherapy. Although staff had put in measures to mitigate this risk the trust may wish to reassess the risks associated with these measures.
- Consider staffing numbers on the unit.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>12.—<br>1. Care and treatment must be provided in a safe way for service users.<br>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—<br>a) Assessing the risks to the health and safety of service users of receiving the care or treatment;<br>d) Ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;<br>g) The proper and safe management of medicines; |