Royal Free London NHS Foundation Trust

# Barnet General Hospital

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Barnet Hospital provides acute health services and specialist treatments and therapies to more than 500,000 people living in Barnet, Enfield, Haringey, East Harrow, South Hertfordshire, South Essex and Waltham Forest. It is a modern acute hospital with more than 450 beds. Barnet General Hospital became part of the Royal Free London NHS Foundation Trust on 1 July 2014.

We inspected this hospital on 5 and 6 September 2014 in response to concerns of patients and relatives about the standard of care on some wards.

This was a responsive unannounced inspection undertaken by three inspectors from CQC and one specialist advisor in elderly care and general nursing practice. The medical services within three wards, Olive. Juniper and Rowan were inspected. We have identified that the service was not compliant with some regulations following this inspection. We have not rated the service overall as this was a focused inspection in response to specific concerns raised. However, a further comprehensive inspection will be undertaken in the future to determine ratings at all services within the trust.

Prior to the CQC on-site inspection, CQC considered a range of quality indicators captured through our intelligent monitoring processes. In addition, we sought the views of a range of partners and stakeholders.

The inspection team make an evidenced judgment on five domains to ascertain if services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

Whilst we noted some good practice there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Improve staff training for dementia.
- The provider must improve communication from medical and nursing staff to patients and their relatives to ensure patients (and relatives) have a better understanding of their treatment and staff understand better the needs of their patients.
- Improve the hygiene standards on Olive ward.
- Ensure that medicine cabinets are kept locked when they are not under the direct control of authorised staff.

In addition the trust should:

- Ensure hand hygiene audits take place and the results are recorded on the ward notice boards.
- Ensure patient's non-medical aspects, such as communication needs, are handed over by nursing staff and taken into account in delivering care.
- Ensure patients and their relatives are involved in discharge planning.

During this inspection we found that the essential standards of quality and safety were not being met in some areas. As a result of our findings, we have issued the trust with compliance actions. We have asked the provider to send CQC a report that says what action they are going to take to meet these essential standards.

**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? |
|---|---|---|
| Medical care | | We have not given this service a rating. We found that the standard of care on Olive ward was not meeting an acceptable standard. The standard of care for Rowan and Juniper wards was acceptable but there were a number of areas for improvement for all three wards. |

# Barnet General Hospital

## Detailed findings

**Services we looked at**
Medical care (including older people's care)

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# Detailed findings

## Background to Barnet General Hospital

We inspected this hospital on 5 and 6 September 2014 in response to concerns of patients and relatives about the standard of care on some wards. We inspected the medical services within three wards, Olive. Juniper and Rowan were inspected.

## Our inspection team

This was a responsive unannounced inspection undertaken by three inspectors from CQC and one specialist advisor in elderly care and general nursing practice.

## How we carried out this inspection

Prior to the CQC on-site inspection, CQC considered a range of quality indicators captured through our intelligent monitoring processes. In addition, we sought the views of a range of partners and stakeholders.

The inspection team make an evidenced judgment on five domains to ascertain if services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

We inspected Rowan, Olive and Juniper wards. We spoke with 23 patients and seven family members. In addition, we spoke with 17 members of staff including, doctors, nurses, and health care assistants. We observed care and treatment and looked at care records.

# Detailed findings

## Facts and data about Barnet General Hospital

Barnet Hospital provides acute health services and specialist treatments and therapies to more than 500,000 people living in Barnet, Enfield, Haringey, East Harrow, South Hertfordshire, South Essex and Waltham Forest. It is a modern acute hospital with more than 450 beds. Barnet General Hospital became part of the Royal Free London NHS Foundation Trust on 1 July 2014.

# Medical care (including older people's care)

## Information about the service

Barnet Hospital provides acute health services and specialist treatments and therapies to more than 500,000 people living in Barnet, Enfield, Haringey, East Harrow, South Hertfordshire, South Essex and Waltham Forest. It is a modern acute hospital with more than 450 beds.

Following concerns raised by members of the public about the care they and their relatives had received at the hospital, we undertook an unannounced inspection of the Hospital on the 5 and 6 September 2014.

We inspected Rowan, Olive and Juniper wards. We spoke with 23 patients and seven family members. In addition, we spoke with 17 members of staff including, doctors, nurses, and health care assistants. We observed care and treatment and looked at care records.

## Summary of findings

We found that the standard of care on Olive ward was not meeting an acceptable standard. The standard of care for Rowan and Juniper wards was acceptable but there were a number of areas for improvement for all three wards.

Rowan and Juniper wards were clean and have processes in place to reduce the risk of infection. We found that poor hygiene practices were increasing the risk of infection on Olive ward.

For all the three wards there were enough nursing and medical staff to cover the basic needs of patients. However, staff were not up to date on infection control training.

We observed two nursing shift handovers which fully covered the medical needs of patients but did not fully cover their other needs. For example, at hand over staff did not discuss patient's communication needs or which patients were upset and might need some additional emotional support.

Staff we spoke with were competent and knowledgeable about their specialist areas. We observed a number of nurses talking to patients and giving them good advice in line with best clinical practice.

We found that discharge arrangements were not always effective. Staff told us that discharge coordinators work over the weekend to ensure that people can move to a more suitable setting as soon as possible and valuable hospital beds are available for the more unwell patients. Patients and family members told us that patients were sent home without the appropriate support being put in place. This had an effect on the wellbeing of the patients and had led to the patients having to return to hospital unnecessarily.

Most of the time patients were treated with compassion, dignity and respect. Some patients we spoke to on Olive ward had concerns about their treatment, one person

# Medical care (including older people's care)

told us, "they are rude and uncaring and when you try to complain they get nasty". Another said, "I don't think they have enough staff, when you need help you don't always get it".

Patients on Juniper and Rowan wards were positive about their experiences, "It's fine here, I have no complaints the staff are very nice". Another patient told us, "I am happy, they are all very nice here".

Staff we spoke to were not always aware of the communication issues of their patients. For example, they did not know which patients had difficulty in hearing. We found one example where the patient's family had put a sign over the patient's bed stating that the patient was 'hard of hearing'.

Staff we spoke to were not fully aware of the issues with regards to supporting patients who live with dementia. For example, they were unclear how they would request support if they suspected a patient had concerns with their memory and needed an assessment.

Information on how to complain was easily available on each ward and patients and relatives told us that they felt comfortable about raising concerns with staff.

Staff told us that since the Accident and Emergency department closed at Chase Farm hospital in December 2013 they have seen an increase in the number of patients on their wards. Staff told us that their staffing numbers had not increased and that they did not feel senior managers had planned for the increase in patient numbers.

Most staff we spoke with were patient-focused and aimed to provide a good service for patients. Some staff appeared very task focused and were not caring for the patients as individuals.

## Are medical care services safe?

Rowan and Juniper wards were clean and had processes in place to reduce the risk of infection. We found that poor hygiene practices were increasing the risk of infection on Olive ward.

Equipment was appropriately checked and was visibly clean. Staff told us that there was adequate equipment available such as hoists to assist them in moving patients.

On Olive ward, we found that the main corridor was full of large items of equipment which created a trip and fall hazard to staff, patients and visitors and would slow down the movement of staff and patients in an emergency situation. We found medicine cabinets on Olive and Rowan wards were left unlocked and unattended by staff.

There were enough nursing and medical staff to cover the basic needs of patients. However, staff are not up to date on infection control training.

### Cleanliness, infection control and hygiene

- Clinical areas on Rowan and Juniper wards were visibly clean and tidy. Toilet facilities and corridor areas were visibly clean and we found cleaning schedules had been completed.
- On Olive ward we found a toilet by Bay One to be very dirty with a light brown substance splashed across the sink and floor. We found a bin in a second toilet to be overflowing with rubbish.
- Each of the three wards had a 'Hand Hygiene' performance chart on the wall setting out how well the ward was performing in this area. We found that on Rowan and Olive wards this chart had not been completed. Staff we spoke to on these two wards were not aware if any audits had recently been carried out.
- There were hand washing facilities and hand gel dispensers available at the entrance to each ward and around the ward itself, and we observed most staff washing their hands and using hand gel between treating patients.
- We observed that some staff were not observing hand hygiene rules. For example, we observed a doctor who was undertaking the procedure of inserting a cannula into a patient. The doctor went to the store room to get the required equipment while wearing the gloves he

was using to perform the procedure. We observed him touching a chair and paperwork with his gloves prior to performing the procedure. This creates a risk of infection to patients.
- 'Bare below the elbow' policies were adhered to by staff.
- Personal protective equipment (PPE), such as gloves and aprons, were available for staff use.
- We found that there were 'sharps' waste bins available in all of the wards and none on them was more than half full. This means that the risk of staff receiving a needle-stick injury is reduced.

### Environment and equipment
- Equipment was appropriately checked and was visibly clean. Staff told us that there was adequate equipment available such as hoists to assist them in moving patients.
- On Olive ward we found that the main corridor was full of large items of equipment such as hoists, medicine trolleys and laundry baskets. In addition to creating a trip and fall hazard to staff, patients and visitors it can slow down the movement of staff and patients in an emergency situation.

### Medicines
- We checked all the Medicine cabinets on each ward to make sure they were locked. We found one medicine cabinet on Olive Ward and one cabinet on Rowan ward was not locked. This creates a risk that medical drugs may be taken away by unauthorised persons.
- Staff we spoke to were fully aware of the hospital's policy on the safe storage of medicines.

### Records
- Patient's notes were kept securely at the nurses' station. Some nursing notes were stored by the patient's bed.
- We found that medical and nursing notes were kept up to date, and contained all the necessary information to support patient's medical and nursing care.

### Safeguarding
- The department had up to date policies and procedures for safeguarding adults. Staff we spoke to were aware of the safety issues for their patients. For example, all the staff we spoke to knew which patients were at high risk of developing a pressure sore and were able to explain the correct action to take to reduce the risk.
- We spoke to eight patients during our inspection, who had been identified in their medical notes as being at high risk of developing a pressure sore. For each of these patients, we found that they were accommodated on a special pressure relieving mattress and had been repositioned on a regular basis by staff.
- Staff were clear about what the action they should take should they suspect that a patient was at risk or the subject of abuse.
- We noted that there was safeguarding information on the walls of each ward for both staff and the public.

### Mandatory training
- All staff we spoke to said they had received up to date mandatory training.
- The trust's training records for the department showed that most staff had completed their mandatory training. Mandatory training covered areas such as, adult basic life support, conflict resolution, health and safety, infection control, safeguarding, and information governance. The trusts records indicated that a number of staff were not up to date on infection control training.
- Mandatory training was provided either face to face or on line, depending on the topic. We were told that cover was provided to allow staff to attend training when required. Some staff told us that they did not feel the online training was very effective.

### Nursing staffing
- The hospital had undertaken a patient needs analysis to confirm the correct number of staff it needed to care for patients. Each ward had a sister, four registered nurses and two or three health care assistants
- Senior nurses told us that it was often difficult to get replacement staff if someone went absent at short notice.
- Patients told us that call bells were usually answered within 4/5 minutes but it could sometimes take up to 20 minutes before nursing staff came.
- Nurses and care assistants told us that they felt under pressure. One nurse told us, "we have enough people to deliver nursing and medical care, but we don't always have the time to talk to people".

### Medical staffing
- Staff told us that doctors made regular ward rounds and a doctor could always be found if one was needed between rounds.
- Patients we spoke to said that they saw a doctor almost every day.

# Medical care (including older people's care)

- During our inspection on a Friday and Saturday, on both days we observed doctors caring for patients. On Juniper ward on the Saturday, we spoke to a consultant who told us that all medical patients are seen by a consultant within 24 hours of admission.
- There were enough medical staff to meet the needs of patients.

## Are medical care services effective?

We observed two nursing shift handovers which fully covered the medical needs of patients but did not fully cover their other needs. For example, at hand over staff did not discuss patient's communication needs or which patients were upset and might need some additional emotional support.

Staff we spoke with were competent and knowledgeable about their specialist areas. We observed a number of nurses talking to patients and giving them good advice in line with best clinical practice.

We found that discharge arrangements were not always effective. Staff told us that discharge coordinators work over the weekend to ensure that people can move to a more suitable setting as soon as possible and valuable hospital beds are available for the more unwell patients. Patients and family members told us that patients were sent home without the appropriate support being put in place. This had an effect on the wellbeing of the patients and had led to the patients having to return to hospital unnecessarily.

### Pain relief

Patients told us that staff had spoken to them about pain control. Patients told us that when they had been in pain staff had responded promptly.

### Patient outcomes

- We observed two nursing shift handovers which fully covered the medical needs of patients but did not fully cover their other needs. For example, at hand over staff did not discuss patient's communication needs or which patients were upset and might need some additional emotional support.
- On Olive Ward we spoke to a patient who was concerned that they had received a blood transfusion overnight and had been unable to sleep because of it. The patient had not been informed why he had been given an overnight transfusion and it was noted in his medical records that he did not want an overnight transfusion. There was no consent to the transfusion record in the patient's notes. We questioned a doctor about blood transfusion times. He said that they would never occur overnight unless the patient was bleeding. However, nurses told us that transfusions regularly happen overnight. The trust told us that they had reviewed the two blood transfusions which occurred during the night and concluded that they were clinically justified.

### Competent staff

- Staff we spoke with were competent and knowledgeable about their specialist areas. For example, health care assistants knew how to support people with eating and drinking.
- We observed a number of nurses talking to patients and giving them good advice in line with best clinical practice.
- All staff had participated in an annual appraisal in the last 12 months. Some staff told us they did not feel they were offered enough opportunities to develop their careers.
- All newly appointed staff in the department had completed an induction programme which included mandatory training as well as an overview of hospital practices and procedures.

### Multidisciplinary working

- Patients and family members told us that patients were sent home without the appropriate support being put in place. This had an effect on the wellbeing of the patients and had led to the patients having to return to hospital unnecessarily.
- We spoke to one patient who told us that they had been discharged a few days before although they still felt unwell. The patient told us they had been telephoned by the hospital one and a half hours after returning home to be asked to return as they should not have been discharged.
- One relative told us, "I don't know what the discharge plan is. They know I do the washing, cleaning and cooking. But I can't do it all by myself. They have two nurses to move him here but think I'll be able to do it alone at home. I can't and I'm not that well either, no one has asked me if I can cope."

# Medical care (including older people's care)

- The hospital pharmacy is open on Saturday and Sunday to dispense drugs to patients who need to take them home with them.

## Are medical care services caring?

Most of the time patients were treated with compassion, dignity and respect. However some patients we spoke to on Olive ward had concerns about their treatment. One person told us, "they are rude and uncaring and when you try to complain they get nasty". Another said, "I don't think they have enough staff, when you need help you don't always get it".

Patients on Juniper and Rowan wards were positive about their experiences, "It's fine here, I have no complaints the staff are very nice". Another patient told us, "I am happy, they are all very nice here".

Staff we spoke to were not always aware of the communication issues of their patients. For example, they did not know which patients had difficulty in hearing. We found one example on Juniper ward where the patient's family had put a sign over the patient's bed stating that the patient was 'hard of hearing'.

We observed that staff seemed more empathetic with the younger and more alert patients than those who had greater needs in understanding and communicating.

### Compassionate care

- Most of the time patients were treated with compassion, dignity and respect. Some patients we spoke to on Olive ward had concerns about their treatment. One person told us, "they are rude and uncaring and when you try to complain they get nasty". Another said, "I don't think they have enough staff, when you need help you don't always get it".
- Patients on Juniper and Rowan wards were positive about their experiences, "It's fine here, I have no complaints the staff are very nice". Another patient told us, "I am happy, they are all very nice here".
- On two occasions on Olive ward, we observed that curtains were not fully drawn when patients were receiving personal care.
- On Rowan and Juniper wards, we observed Healthcare assistants spending time talking with patients. We observed one Healthcare assistant chatting and laughing with patients while changing a bed. Curtains were pulled while they were assisting patients with personal care.
- We observed a porter returning a patient to their bed. The porter was very comforting telling the patient "to take their time, no need to rush". As they assisted them in sitting in chair.
- Staff we spoke to had some knowledge in the best ways to ensure that end of life care is delivered effectively. Few staff had had specific training in this area. Most relatives of patients, who were coming to the end of their lives, had not had detailed conversations with staff about planning for this.

### Patient understanding and involvement

- Patients we spoke with stated they did not always feel involved in their care. For example, one patient on Olive ward told us, "no one talks to me, I have no idea what my tablets are for". Another patient said, "I haven't spoken to a doctor for a few days, I expect they will see me when they have something to tell me".
- Other patients did feel they were fully consulted in all aspects of their care. One patient told us, "The doctors are excellent and very interested in my condition".
- We found that not all patients and families had been consulted about their wishes should a patient suffer a heart attack. Some patients and families do not wish staff to attempt to resuscitate the patient and it is important that people's views are discussed and documented in the patient's notes.

### Emotional support

- Staff told us that the hospital is moving from the Butterfly scheme to the Forget-Me-Not scheme which was aimed at identifying and supporting people who are living with dementia. We found during our inspection that only one patient had a butterfly sticker on their notes, although we were told there were a number of patients living with dementia. This means that there is a risk people will not be identified and receive the extra support they need.
- Staff we spoke to were not always aware of the communication issues of their patients. For example, they did not know which patients had difficulty in hearing. We found one example on Juniper ward where the patient's family had put a sign over the patient's bed stating that the patient was 'hard of hearing'.

# Medical care (including older people's care)

- The hospital does not have a single End of Life pathway, instead, the palliative care team advice staff on developing individual care plans. Nurses we spoke to said they received good support from the palliative care team.
- We observed a consultant speak with a patient on Juniper ward. They explained some recent tests results were good and the condition the patient had was not going to get better and he would have to "learn to live with it". They said they would refer him to a clinic to help support him with his condition. The consultant was not empathetic with the patient and acted in a matter of fact way.
- We observed that staff seemed more empathetic with the younger and more alert patients than those who had greater needs in understanding and communicating.

## Are medical care services responsive?

Staff we spoke to where not fully aware of the issues with regards to supporting patients who live with dementia. For example, they were unclear how they would request support if they suspected a patient had concerns with their memory and needed an assessment.

We observed a lunch period and found that patients who needed it were given support in eating and drinking. The hospital uses a 'Red Tray' to identify patients who need additional support at mealtimes.

Information on how to complain was easily available on each ward and patients and relatives told us that they felt comfortable about raising concerns with staff.

### Meeting people's individual needs

- Staff told us that they had ready access to a translation service for those patients whom English was not their first language. We spoke to one patient whose first language was Turkish, she told us that staff took extra time to explain things and would call her husband to translate if needed.
- Some staff told us that they had received a full days training on dementia awareness but most staff had only received a one hour input on the subject as part of their one day safety training. One senior nurse told us, "Nurses need more training in communication with patients".
- Staff we spoke to were not fully aware of the issues with regards to supporting patients who live with dementia. For example, they were unclear how they would request support if they suspected a patient had concerns with their memory and needed an assessment.
- We observed that there was a good variety of food which was well cooked and presented. We spoke to one patient who said that he was very happy with the kosher food that had been prepared for him. This patient told us, "I had the option of going private but what's the point?"
- We observed that patients were regularly offered hot drinks such as tea, coffee and hot chocolate.
- We observed a lunch period and found that patients who needed it were given support in eating and drinking. The hospital uses a 'Red Tray' to identify patients who need additional support at mealtimes.

### Learning from complaints and concerns

- Information on how to complain was easily available on each ward. Patients and relatives told us that they felt comfortable about raising concerns with staff.
- We were told that concerns were initially managed by the sister or matron in charge of the ward. If they were unable to resolve the issue satisfactorily, the patient or relative would be directed to the Patient Advice and Liaison Service (PALS) who would assist them to make a formal complaint.
- Information provided by the hospital with regards to complaints indicated that between 1 October 2013 and 30 September 2014; Olive ward had nine formal complaints, Juniper ward had six formal complaints, and Rowan ward had no formal complaints.

## Are medical care services well-led?

Staff told us that it was unclear how recent changes at trust level affected them in their role.

Staff told us that since the Accident and Emergency department closed at Chase Farm hospital in December 2013 they have seen an increase in the number of patients on their wards. Staff told us that their staffing numbers had not increased and that they did not feel senior managers had planned for the increase in patient numbers.

# Medical care (including older people's care)

Each ward has a sister in charge all the time for each shift. We spoke to a number of sisters during our visit and found that most of them had a clear vision for how they would ensure high standards of care for patients.

Most staff we spoke with were patient-focused and aimed to provide a good service for patients. Some staff appeared very task focused and were not caring for the patients as individuals.

### Vision and strategy for this service

- Staff told us that they hoped things would improve now that the hospital was part of the Royal Free Trust, but it was too early to see any changes yet.
- Staff told us that it was unclear how recent changes at trust level affected them in their role.

### Governance, risk management and quality measurement

- The hospital was incorporated with the Royal Free Hospital Trust in July 2014. Staff told us that there had been more auditing to ensure standards were monitored following the change.
- Staff told us that since the Accident and Emergency department closed at Chase Farm hospital in December 2013 they have seen an increase in the number of patients on their wards. Staff told us that their staffing numbers had not increased and that they did not feel senior managers had planned for the increase in patient numbers.

### Leadership of service

- Each ward has a sister in charge all the time for each shift. We spoke to a number of sisters during our visit and found that most of them had a clear vision for how they would ensure high standards of care for patients.
- Staff working in each ward told us they felt able to discuss a range of issues with their line manager and felt able to contribute to the running of the department. However, they did not feel engaged with the strategic decisions of the trust.

### Culture within the service

- Most staff we spoke with were patient-focused and aimed to provide a good service for patients. Some staff appeared very task focused and were not caring for the patients as individuals.
- Staff said there was an open culture in which they were encouraged by their line managers to raise and report concerns.
- We observed that some staff did not always work well as a team across the whole ward and kept to their specific areas.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br>People's individual needs were not being met. People's communication and emotional needs were not being identified and planned for. Staff were not always delivering individual care for people living with dementia. |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control<br>People who use services and others were not protected against the risks associated with infection because of inadequate maintenance of appropriate standards of cleanliness and hygiene within Olive ward. |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br>People who use services and others were not protected against the risks associated with the unsafe use and management of medicines because the medicines were not stored securely as medicine cabinets were left unlocked and unattended on Olive and Rowan wards. |