

Worcestershire Acute Hospitals NHS Trust

Kidderminster Hospital and Treatment Centre

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.

Ratings

Overall rating for this hospital

Minor injuries unit

Medical care (including older people's care)

Surgery

Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) previously carried out a comprehensive inspection in November 2016, which found that overall; the trust had a rating of 'inadequate'.

We carried out a focused inspection on 11 and 12 April 2017. We also visited on 25 April 2017, specifically to interview key members of the trust's senior management team. This was in response to concerns found during our previous comprehensive inspection in November 2016 at Worcestershire Royal Hospital, the Alexandra Hospital Redditch and Kidderminster Hospital and Treatment Centre whereby the trust was served with a Section 29a Warning Notice. The Section 29a Warning Notice required the service to complete a number of actions to ensure compliance with the Health and Social Care Act 2008 Regulations and the trust had produced an action plan, which reflected these requirements as well as additional aims and objectives for the service. This inspection looked specifically at the issues identified in the warning notice and therefore no services were rated as a result of this inspection.

Focused inspections do not look at all five key questions; is it safe, is it effective, is it caring, is it responsive to people's needs and is it well-led, they focus on the areas indicated by the information that triggered the focus inspection.

The inspection at and Kidderminster Hospital and Treatment Centre focused on the following services; minor injury unit, medical care and surgery. We inspected parts of the five key questions for these services but did not rate them.

Areas where we found improvements had been made were:

- The hospital had addressed the mixed sex accommodation breaches observed during our previous inspection.

Areas where insufficient improvements had been made were:

- The Minor Injuries Unit (MIU) had a process in place for the monitoring of fridge temperatures where medicines were stored. However, there was no evidence of follow-up processes when areas of concern had been highlighted.

Areas of improvement, that were not included in the Section 29a Warning Notice, found from the last inspection were:

- Appropriate systems were in place for the management of controlled drugs within the endoscopy unit.

Additional areas of concern, that were not included in the Section 29a Warning Notice, that we found during this inspection were:

- Resuscitation equipment in the MIU was not fit for purpose in an emergency situation. The defibrillator was not ready for use, as the electronic pads had expired at midnight on the night before our inspection.
- Not all staff had completed their medicines' management training in the medical care service. Figures from the trust showed a completion rate of 30% against a trust target of 90%. This meant that not all staff had up-to-date knowledge relating to potential risks associated with medicines.
- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was mandatory training and only 33% of medical care staff were up-to-date on this training. This was below the trust target of 90%.

There were areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that all resuscitation equipment is fit for use.
- Ensure that effective actions are taken if medicines' fridge temperatures are not within the required range.
- Ensure all staff are up-to-date on medicines' management training.
- Ensure all staff are up-to-date on the Mental Capacity Act and the Deprivation of Liberty Safeguards training.

Summary of findings

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Minor injuries unit

Rating Why have we given this rating?

We carried out a focused inspection on 11 and 12 April 2017 to review concerns found during our previous comprehensive inspection on 22 to 25 November 2016. We inspected one part of the five key questions but did not rate it. We found that:

- Resuscitation equipment was not fit for purpose in an emergency situation. The defibrillator was not ready for use, as the electronic pads had expired at midnight on the night before our inspection.
- The unit had a process in place for the monitoring of fridge temperatures where medicines were stored. However, there was no evidence of follow-up processes when areas of concern had been highlighted.

Medical care (including older people's care)

We carried out a focused inspection on 11 and 12 April 2017 to review concerns found during our previous comprehensive inspection on 22 to 25 November 2016. We inspected one part of the five key questions but did not rate it. We observed the following improvement to the endoscopy suite since our last inspection:

- Appropriate systems were in place for the management of controlled drugs within the endoscopy unit.

However, we also found that:

- Not all staff had completed their medicines' management training in the medical care service. Figures from the trust showed a completion rate of 30% against a trust target of 90%. This meant that not all staff had up-to-date knowledge relating to potential risks associated with medicines.
- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was mandatory training and only 33% of medical care staff were up-to-date on this training. This was below the trust target of 90%.

Summary of findings

Surgery

We carried out a focused inspection on 11 and 12 April 2017 to review concerns found during our previous comprehensive inspection on 22 to 25 November 2016. We inspected one part of the five key questions but did not rate it. We found that:

- The hospital had addressed the mixed sex accommodation breaches observed during our previous inspection.
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Kidderminster Hospital and Treatment Centre

Detailed findings

Services we looked at

Minor Injuries Unit; Medical care (including older people's care) and Surgery.

Detailed findings

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Detailed findings from this inspection

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Background to Kidderminster Hospital and Treatment Centre

Kidderminster Hospital and Treatment Centre offers clinical facilities and patient accommodation for a wide range of day case, short stay and inpatient procedures. The nurse-led minor injuries service is open 24 hours a day and treats more than 24,000 patients every year. There are approximately 600 staff based at the hospital and treatment centre, 70 of which are consultants.

Other facilities at the Kidderminster site include a full range of outpatient clinics, including outpatient cancer treatment in the Millbrook Suite, MRI and CT scanners and a renal dialysis unit.

In 2015/16, the trust had an income of £368,816,000 and costs of £428,732,000; meaning it had a deficit of £59,916,000 for the year. The deficit for the end of the financial year for 2016/17 is predicted to be £34,583,000.

Our first comprehensive inspection took place in July 2015, when Kidderminster Hospital and Treatment Centre was rated as requires improvement and the trust entered special measures. We carried out a second comprehensive inspection of the trust in November 2016 on this occasion; the trust was rated as inadequate and remained in special measures.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspections: Bernadette Hanney, Care Quality Commission

The team included CQC inspectors and a variety of specialists: consultants and nurses from surgical services and general medicine and emergency department doctors and nurses. The team also included an executive director and a governance specialist.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive of people's needs?
- Is it well-led?

We reviewed a range of information we held about Worcestershire Acute Hospitals NHS Trust and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group, NHS Improvement, the General Medical Council, the Nursing and Midwifery Council, the royal colleges and the local Healthwatch.

Detailed findings

We spoke with people who used the services and those close to them to gather their views on the services provided. Some people also shared their experience by email and telephone.

We carried out this inspection as part of our programme of re-visiting hospitals to check improvements had been made. We undertook an unannounced inspection from 11 to 12 April 2017 and an announced inspection on 25 April 2017.

Facts and data about Kidderminster Hospital and Treatment Centre

Kidderminster Hospital and Treatment Centre is part of Worcestershire Acute Hospitals NHS Trust.

The trust primarily serves the population of the county of Worcestershire with a current population of almost 580,000, providing a comprehensive range of surgical, medical and rehabilitation services.

The trust's main Clinical Commissioning Groups (CCG) are NHS Redditch and Bromsgrove CCG, NHS Wyre Forest CCG and NHS South Worcestershire CCG.

The health of people in Worcestershire is varied compared to the England average. Deprivation is lower than average and about 15% (14,500) children live in poverty. Life expectancy for both men and women is similar to the England average.

As at August 2016, the trust employed 5,053.82 staff out of an establishment of 5,532.69, meaning the overall vacancy rate at the trust was 9%.

In the latest full financial year, the trust had an income of £368.8m and costs of £428.7m, meaning it had a deficit of £59.9m for the year. The trust predicts that it will have deficit of £ 34.5m in 2016/17.

In the last financial year the trust had:

- 120,278 A&E attendances.
- 139,022 inpatient admissions. (2014/15 financial year)
- 588,327 outpatient appointments.
- 5,767 births.
- 2,181 referrals to the specialist palliative care team.
- 51,444 surgical bed days.
- 1,945 critical care bed days (March to August 2016).

Minor injuries unit

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

The minor injuries unit (MIU) at Kidderminster Hospital and Treatment Centre is open 24 hours a day, seven days a week.

From November 2015 to October 2016, there were 20,211 attendances at the MIU. Of those, 5,755 (28%) were aged between 0 and 17 years old. The percentage of patients attending the unit had decreased by 22% since our last inspection of the MIU in July 2015.

The MIU is staffed by emergency nurse practitioners and health care support workers. It provides care and treatment for patients with minor injuries such as wounds, sprains, minor head injuries and broken bones.

Patients generally present to the MIU by walking into the reception area and booking in. Patients who attend should expect to be assessed and admitted, transferred or discharged within a four hour period in line with the national target for all accident and emergency and unscheduled care facilities.

The unit consists of five consulting rooms and a triage room including a plaster room and an ophthalmic room.

We carried out an announced inspection of the MIU on 11 and 12 April 2017.

Urgent and emergency services provided by this trust were located on three hospital sites, the others being Worcestershire Royal Hospital and Alexandra Hospital. Services at the other sites are included in separate reports. Services on all hospital sites were run by one urgent and emergency services management team. As such they were

regarded within and reported upon by the trust as one service, with some staff working at all sites. For this reason it is inevitable there is some duplication contained in the three reports.

Minor injuries unit

Summary of findings

We carried out a focused inspection in April 2017 to review concerns found during our previous comprehensive inspection in November 2016. We inspected parts of the safe key question but did not rate it. We found that:

- Resuscitation equipment was not fit for purpose in an emergency situation. The defibrillator was not ready for use as the electronic pads had expired at midnight on the night previous to our inspection
- The trust had a process in place for the monitoring of fridge temperatures where medicines were stored. However, there was no evidence of follow-up processes when areas of concern had been highlighted.

Are minor injuries unit services safe?

We carried out a focused inspection in April 2017 to review concerns found during our previous comprehensive inspection in November 2016. We inspected parts of this key question but did not rate it. We found that:

- Resuscitation equipment was not fit for purpose in an emergency situation. The defibrillator was not ready for use as the electronic pads had expired at midnight on the night previous to our inspection.
- The unit had a process in place for the monitoring of fridge temperatures where medicines were stored. However, there was no evidence of follow-up processes when areas of concern had been highlighted.

Environment and equipment

- Resuscitation equipment was not fit for purpose in an emergency situation. The defibrillator was not ready for use as the electronic pads had expired at midnight on the night previous to our inspection. This was not communicated to the day staff, meaning the equipment failure would not be identified and rectified until it was checked by the night staff the following evening. We reported this to the staff who took action to rectify this immediately.

Medicines

- The trust had a process in place for the monitoring of fridge temperatures where medicines were stored and this included escalation when the temperatures went out of range. However, there was no evidence of actions as a result of this escalation or confirmation of whether or not the drugs remained fit for use.

Safeguarding

- Staff told us that they used a paper copy of the child protection register as there were “problems with the online system”, which included not all staff having access to this system. There was a risk that a paper copy may not always be up to date.

Are minor injuries unit services effective? (for example, treatment is effective)

We have not rated the service for effective. As this was a focused inspection, we did not inspect this key question.

Minor injuries unit

Are minor injuries unit services caring?

We have not rated the service for caring. As this was a focused inspection, we did not inspect this key question.

Are minor injuries unit services responsive to people's needs? (for example, to feedback?)

We have not rated the service for responsive. As this was a focused inspection, we did not inspect this key question.

Are minor injuries unit services well-led?

We have not rated the service for well-led. As this was a focused inspection, we did not inspect this key question.

Medical care (including older people's care)

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

Worcestershire Acute Hospitals NHS Trust was established on 1 April 2000 to cover all acute services in Worcestershire with approximately 885 beds spread across various core services. It provides a wide range of services to a population of around 580,000 people in Worcestershire as well as caring for patients from surrounding counties and further afield.

Worcestershire Acute Hospital NHS Trust provides services from four sites: Worcestershire Royal Hospital, Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre and surgical services at Evesham Community Hospital, which is run by Worcestershire Health and Care NHS Trust.

This report relates to medical care services provided at Kidderminster Hospital and Treatment Centre (KHTC). We completed a focused follow up inspection on 11 April 2017 at KHTC, in response to the concerns we identified during our inspection of the endoscopy suite in November 2016 (when we found medical care services at required improvement).

As this was a focused inspection, we only looked at the record of controlled drugs within the endoscopy procedure room. We also reviewed the trust's medical performance data for KHTC regarding incidents and staff training.

Summary of findings

We carried out a focused inspection on 11 April 2017 to review concerns found during our previous comprehensive inspection in November 2016. We inspected parts of two of the five key questions (safe and effective) but did not rate them. We did not inspect the other three key questions (caring, responsive and well-led). We found that:

- Appropriate systems were in place for the management of controlled drugs within the endoscopy unit.

We also found:

- Not all staff had completed their medicines' management training. Figures from the trust showed a completion rate of 30% against a trust target of 90%. This meant that not all staff had up-to-date knowledge relating to potential risks associated with medicines.
- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training were mandatory training and only 33% of staff were up-to-date on this training. This was below the trust target of 90%.

Medical care (including older people's care)

Are medical care services safe?

We carried out a focused inspection in April 2017 to review concerns found during our previous comprehensive inspection in November 2016. We inspected parts of this key question but did not rate it. We found that:

- Appropriate systems were in place for the management of controlled drugs within the endoscopy unit.

However, we also found that:

- From figures provided by the trust that only 30% of staff were up-to-date on the medicines' management training and this was below the trust target of 90%.

Medicines

- During our last inspection in November 2016, we observed that controlled drugs (CDs) were given to patients within endoscopy clinical rooms and signed by the doctor at the end of the endoscopy session rather than when administered. Staff nurses confirmed they signed as witnesses once the consultant had administered the medicines. Controlled drugs are prescription medicines, which are controlled under the misuse of drugs legislation. The Department of Health (DoH) 'Safer Management of Controlled Drugs' (2007) states that: 'A record of administration should be made on the appropriate chart immediately after administration by the person who administered the CD'. This was escalated as an urgent concern with the service and we asked the trust to take action to address this.
- During this inspection, we saw a change in practice. We saw that the administration of CDs was recorded after each patient's treatment and signed by the doctor who gave it and the nurse countersigned (as the witness). This was done at the time of administration and was now in line with national guidance.
- We also found that from figures provided by the trust that only 30% of staff were up-to-date on the medicines' management training and this was below the trust target of 90%. The trust has raised this as an issue to be addressed.

Are medical care services effective?

We carried out a focused inspection in April 2017 to review concerns found during our previous comprehensive inspection in November 2016. We inspected parts of this key question but did not rate it. During the course of this inspection we found that:

- Staff compliance with mental capacity act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was 33%, which was below the trust target of 90%.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- During our last inspection, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training had been completed by 41% of staff at the trust within medical care. Current figures from the trust showed 44% (33% for this hospital) and this was below the trust target of 90%. We saw the trust had an action plan in place and had commissioned extra training, with the intention of delivering this training by September 2017.
- Staff understood their responsibilities in relation to gaining consent from patients, including those who lacked mental capacity to consent to their care and treatment. Staff said they would seek advice from a senior member of staff should a formal assessment of mental capacity require completing.

Are medical care services caring?

We have not rated the service for caring. As this was a focused inspection, we did not inspect this key question.

Are medical care services responsive?

We have not rated the service for responsive. As this was a focused inspection, we did not inspect this key question.

Are medical care services well-led?

We have not rated the service for well-led. As this was a focused inspection, we did not inspect this key question.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Surgery services provided by Worcestershire Acute Hospitals NHS Trust are located on four sites; Worcestershire Royal Hospital is the main site, with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire.

Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre (KHTC) were visited as part of the inspection process and each location has a separate report. Surgery services on all four hospital sites are run by one management team and are regarded by the trust as one service.

This report relates to surgery services provided at KHTC which has four theatres and two treatment rooms. The surgical ward had capacity for 18 patients. There was a separate theatre admission area and second stage recovery area for day case patients. From April 2015 to March 2016, there were 15,700 admissions; with over 90% of these were day case surgery. There were no emergency cases carried out at KHTC. The main specialities covered were, trauma and orthopaedic, ophthalmology and general surgery.

We carried this focused inspection out as a result of concerns identified during our inspection of Worcestershire Acute Hospitals NHS Trust in November 2016. During that inspection, we found surgical services at the trust overall to be requires improvement. At KHTC, surgical services were requires improvement. We only visited the theatre admissions area.

Summary of findings

We carried out a focused inspection on 11 and 12 April 2017 to review concerns found during our previous comprehensive inspection on 22 to 25 November 2016. We inspected one part of the five key questions but did not rate it. We observed the following during our inspection:

- The hospital had addressed the mixed sex accommodation breaches observed during our previous inspection.

Surgery

Are surgery services safe?

We have not rated the service for safe. As this was a focused inspection, we did not inspect this key question.

Are surgery services effective?

We have not rated the service for effective. As this was a focused inspection, we did not inspect this key question.

Are surgery services caring?

We have not rated the service for caring. As this was a focused inspection, we did not inspect this key question.

Are surgery services responsive?

We carried out a focused inspection on 11 and 12 April 2017 to review concerns found during our previous comprehensive inspection on 22 to 25 November 2016. We inspected one part of this key question but did not rate it. We observed the following during our inspection:

The trust had addressed the mixed sex accommodation breaches observed during our inspection on 22 to 25 November 2016.

Access and flow

- The trust had addressed the mixed sex accommodation breaches observed during our inspection on 22 to 25 November 2016.
- During our last inspection, we found patient privacy and dignity was not always maintained in the theatre admissions area, where we observed mixed sex accommodation breaches. Patients that were undressed in theatre gowns and dressing gowns waiting for surgery could be seen by other people, those of the opposite sex and by patients and visitors in the waiting area. During this focused follow up inspection we saw that staff had developed a temporary work-around to avoid mixed sex breaches in the theatre admissions area and that there were plans in place to redesign the area. Although the redesign work had not yet commenced, staff we spoke to said that the work would be undertaken soon. Staff said they were aware of the need to report any mixed sex breaches and told us how they always tried to separate male and female patients as best they could.

Are surgery services well-led?

We have not rated the service for well led. As this was a focused inspection, we did not inspect this key question.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Ensure that all resuscitation equipment is fit for use.
- Ensure that effective actions are taken if medicines' fridge temperatures are not within the required range.
- Ensure all staff are up-to-date on medicines' management training.
- Ensure all staff are up-to-date on the mental capacity act and the Deprivation of Liberty Safeguards training.

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service was not meeting this regulation because:

Resuscitation equipment in the minor injuries unit was not fit for use.

Effective actions were not taken when medicines' fridge temperatures in the minor injuries unit were not within the required range.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service was not meeting this regulation because:

Not all staff were compliant with medicines' management and Mental Capacity Act/Deprivation of Liberty Safeguards training.