

The Hillingdon Hospitals NHS Foundation Trust

The Hillingdon Hospital

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Overall summary of services at The Hillingdon Hospital

Inspected but not rated



On 2 July 2020 a COVID-19 outbreak was declared by the Hillingdon Hospitals NHS Foundation Trust affecting staff in a single clinical area at Hillingdon Hospital, which resulted in a number of staff from that area and outside it having to self-isolate. On 30 June 2020, a staff study day had been held in the trust Education Centre lecture theatre which had been attended by some of the affected staff. Concerns were raised about alleged lack of social distancing maintained at this event both in the lecture theatre and adjacent social area where food was consumed during the lunch break. During the time of the outbreak Hillingdon Hospital was closed to emergency admissions with ambulances diverted to other NHS trusts in the sector. The trust re-opened to emergency admissions on 16 July 2020.

Following this incident, we undertook a focused inspection on 4 and 5 August 2020 at Hillingdon Hospital, specifically looking at infection prevention and control (IPC) generally and in relation to COVID-19. The inspection focused on the safe and well-led domains in the following areas: urgent and emergency care; Bevan Ward and the acute medical unit.

We visited the Education Centre on site at Hillingdon Hospital following the recent study day held there which had resulted in a number of staff self-isolating. We also viewed the hospital's arrangements to ensure social distancing in relation to general areas of the hospital.

Following this inspection, we took immediate action and issued the trust with a Notice of Decision to impose conditions to their registration under Section 31 of the Health and Social Care Act 2008 requiring the trust to provide us with assurances to implement an effective system to assess, monitor, identify, mitigate and manage any risks relating to the health and safety of people using the service, staff and others. We inspected the trust again on 29 and 30 September 2020 to follow up on the issues we had identified in the August inspection.

As a further follow up we visited the Education Centre, emergency department and medical wards again on 19 and 20 May 2021 to assess the trust's progress against the warning notice issued to them after the September 2020 inspection.

At our inspection of 4 and 5 August, we observed that it was difficult for staff and patients to maintain adequate social distancing in the general areas, entrances and corridors of the hospital. At the September inspection we noted that the trust had installed a two-way system for staff and patients to follow throughout the common areas and corridors of the trust. This was clearly marked using lines and markings on the floor. We noted at our latest inspection that this system remained in place and was being followed by staff and visitors. We also noted additional stations where staff and visitors were monitored for wearing masks and also changing masks when moving between different areas of the hospital.

During the August inspection, two retail outlets were open directly opposite each other in a narrow corridor leading to and from the main entrance of the hospital. This posed a risk of cross-infection as people would not be able to maintain social distancing. In response to our concerns, the trust had immediately closed the second outlet. During the September inspection there was only one retail outlet open. This remained the case in our latest inspection.

During our August inspection, there were no signs in lifts indicating the maximum number of persons allowed due to COVID-19. On our inspection on 29 September and again on an inspection of 19 and 20 May these signs were in place.

Our findings

During the August inspection, there was a general lack of signage referring to COVID-19 awareness in the areas that we visited and in the corridors. During the September inspection, we noted an increase in COVID-19 awareness signs. At our latest inspection of inspection of 19 and 20 May we were aware of more prominent signage in relation to COVID-19 throughout the hospital. However, there was still room for improvement on medical wards.

During our August inspection, we saw patients congregating in the main hospital entrance area from their wards without adequate social distancing and inadequate policing. We saw patients standing in the corridor outside the urgent treatment centre, waiting to be assessed, and not social distancing. There was no challenge from staff or signage to maintain social distancing. During our September inspection, we did not see patients congregating as before and we observed staff to be vigilant in policing this. This remained the case at our latest inspection in May 2021, and patients were checked by staff to ensure that patients maintained social distancing.

Because the Education Centre and general areas did not fall under either the urgent and emergency care or medical departments, we have included our continued observations over three inspections in relation to them here.

At around the time of the outbreak a study day had taken place in the main lecture theatre of the Education Centre. The seating capacity of the lecture theatre was one hundred people in a tiered cinema formation. The room was accessed at the back, with a double fire exit at the front of the room. Also, on the ground floor of the Education Centre was a library, a small reception area and associated administrative offices and a seating area with a small kitchen. Upstairs there were two seminar/ training rooms of a small to medium size, used for small groups. There was also a clinical skills laboratory on the first floor.

During our August 2020 inspection, we learned that the Education Centre could be booked by a wide variety of staff members for various functions both educational, for example study days; and social, for example retirement celebrations. When we checked again during our September inspection, the Education Centre bookings had been limited to education events only.

At our latest inspection on 19 and 20 May we found that the same strict limitation to education only events had been maintained. In the intervening months the previous social area adjacent to the lecture theatre had been converted into a COVID-19 vaccination centre for trust staff with facilities also to vaccinate other non-trust public sector workers, such as the police. It was not a vaccination centre open to the public. The lecture theatre had been used as a socially distanced post vaccination recovery area. A timed video was used for those vaccinated to watch and to then know when their safe recovery time was completed, and they were free to leave the recovery area.

Previously there had been no prior policing or checking of the nature of bookings. Different members of Education Centre staff took bookings according to the groups of people wishing to book. During our September inspection, we found that there was a single booking system.

We also found during our September inspection, that there was only one permitted access to the Education Centre where previously there had been several access points. Access was supervised by one member of staff who ensured that all visitors signed in clearly indicating the event or room booked and also ensured hand sanitisation.

At our unannounced latest inspection on 19 and 20 May we found that the same diligence was being applied to controlling the access of people into the education centre and there was a strict rule of no food being allowed to be consumed on the premises except by education centre staff.

Our findings

At the beginning of each lecture a member of education centre staff continued to explain as before the latest COVID-19 regulations as they applied to the facility. Members of education centre staff were encouraged to challenge anyone they could not account for, or who was not following, the wearing of masks or not adhering to other COVID-19 precautions.

The receptionist also checked rooms, library and lecture theatre for cleanliness and ensured surfaces were wiped clean following use, conducting a daily audit of rooms. There were wipes available in all of the education centre rooms. We noted that staff were able to use the library with socially distanced seating and tables.

During the August 2020 inspection, we were informed that food had been consumed on the study day. However, during the September 2020 inspection, we were informed that this practice had now stopped. An exception to this was made for education staff who had their own kitchen and were able to prepare and eat food within those confines. At our May 2020 inspection we noted that these restrictions on the consumption of food were still being rigorously applied.

We noted an improvement over time in relation to risk and the wearing of personal protective equipment (PPE) face masks within the Education Centre. During the August 2020 inspection, we noted that there was a risk assessment for every room in the Education Centre. During the September 2020 inspection, we observed all staff and visitors to the Education Centre were wearing face masks and observing social distancing. In our latest inspection on 19 and 20 May we noted that all staff and visitors were wearing face masks and a more sophisticated electronic risk assessment process was in place whereby a risk assessment had to be completed and approved before any meeting could go ahead in the education centre.

Following the September inspection, we took regulatory enforcement action as a result of our findings in emergency care and in medical care services. We issued a Warning Notice under section 29A of the Health and Social Care Act 2008. This means that we asked the trust to make significant improvements in the quality of healthcare it provides. In the intervening period between the September 2020 inspection and the latest inspection of 19 and 20 May the trust provided us with regular updates on their progress and improvement in the areas of infection prevention and control as requested by CQC.

We did not rate this service at this inspection.

See the Urgent and emergency care and Medical Care sections for what we found in those departments at Hillingdon Hospital.

How we carried out the inspection

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Medical care (including older people's care)

Inspected but not rated



Hillingdon Hospital provides medical and older people's inpatient services including acute medicine, ambulatory care, respiratory, gastroenterology, neurology and stroke, care of the elderly, cardiology, endocrinology and haematology. The trust provides a specialist level two neuro-rehabilitation unit with 24 beds. The endoscopy department carries out both diagnostic and therapeutic treatment for patients. The service has a 38-bedded Acute Medical Unit (AMU) which also includes cardiology beds.

We undertook an unannounced focused follow up inspection of medical care on 19 and 20 May 2021. We undertook this focused inspection to follow up on the concerns identified in the Section 29A Warning Notice served in October 2020, following the inspection of the service in September 2020.

The warning notice set out the following areas of concern, where significant improvement was required in medical care:

- There was a lack of governance arrangements in place for respirator masks to ensure good maintenance and filter change requirements were met.
- Senior leaders did not always identify risks around infection, prevention and control (IPC) in medical care areas.
- The trust did not have an effective system in place to ensure that staff on the medical wards received guidance and support in relation to IPC issues.

We inspected medical care wards at Hillingdon Hospital and visited Bevan ward, the acute medical unit and the stroke unit.

We did not rate medical care at this inspection as we only looked at those areas related to infection, prevention and control.

We found:

At our last inspection in September 2020 the medical care division had implemented a number of steps to improve their infection prevention and control practice. This included environmental walk arounds and a matron audit to assess compliance. At this inspection we saw that these audits and walk arounds were an embedded process on medical wards.

Infection, prevention and control training was part of mandatory training and trust records showed that compliance rates continued to be above the trust target of 90% for nursing staff in the medicine division at 92.8%.

We saw that the trust had signage in front of the hospital lifts to indicate how many people should be in a lift at any one time to observe social distancing measures.

Personal protective equipment (PPE) dispensers had now been installed in the acute medical unit. Level 3 PPE which included: gloves, FFP3 masks, gowns and visors which should be used in the event a patient in the amber zone whose COVID-19 status was unknown had a cardiac arrest were easily accessible on resuscitation trolleys in the medical wards we inspected.

Medical care (including older people's care)

We saw a further improvement in adherence to infection, prevention and control practices compared to the September 2020 inspection. We observed staff on the wards wearing fluid resistant surgical masks appropriately, covering their nose and mouth fully.

Weekly PPE and infection prevention and control audits were now an embedded process on the wards. Most wards we inspected achieved compliance rates of above the trust target of 90%.

Green 'I am clean stickers' were in use and we observed a good level of cleanliness of equipment on the wards.

Hand sanitising gel was readily available at entrance and exit points to the wards and other medical areas.

The environment on the medical wards was visibly clean with no clutter.

Separate changing rooms labelled 'High risk' and 'Medium risk' were in use on Bevan ward to ensure that staff coming on to their shift could change in a 'Medium risk' changing room and staff coming off their shift could change in a 'High risk' changing room to prevent the risk of cross contamination. Staff rooms had signage to indicate how many staff members could be in the room at any one time to maintain social distancing. We saw staff adhering to this.

There were dedicated cleaners for each inpatient ward, and we observed them working throughout the day, maintaining the cleanliness of the wards.

The use of COVID-19 care plans was now embedded practice on wards which cared for COVID-19 patients. The care plans were also now being audited with overall compliance exceeding the trust target.

Staff we spoke with now fully understood the procedure should they fail a mask fit test. Staff also commented on the new dedicated team which undertook fit mask tests and monitored mask filter changes and reminded staff when their mask filter change was due.

Staff told us they now felt better supported by the trust's IPC team and had received better messaging in relation to new guidance and training support. They commented that the IPC team would come to the wards on a daily basis. They told us the IPC team were very visible and easily identifiable by their yellow uniforms.

At this inspection, numbers in the IPC team had increased although there were still vacancies within the team. The trust was also receiving support from the North West London Integrated Care System and had support from an interim deputy director of infection prevention and control.

Staff we spoke with were now more knowledgeable about patient pathways and regular swabbing and did not report concerns about unclear patient placements. Staff commented that swab test results were being returned much quicker than previously and patients' COVID-19 statuses were available within 24 hours.

Staff we spoke with on Bevan ward and the acute medical unit, which included both nurses and consultants, now had improved knowledge around the steps involved in the donning and doffing of PPE. Most staff we spoke with were able to demonstrate to us correct donning and doffing processes.

However:

Medical care (including older people's care)

Infection, prevention and control (IPC) training for medical staff in the department was 85.2% which was an improvement from compliance rates at the last inspection of 72.1% but did not meet the trust target of 90%.

Staff on wards we inspected told us they still did not have any COVID-19 information leaflets in English or in other languages or an easy read format that they could give to patients to explain what a COVID-19 swab test was and how it would be taken.

We were told that the treatment room in the acute medical unit was experiencing fluctuating temperatures due to ventilation problems caused by building work that was ongoing next to the room. We were told that the room should be kept at 25 degrees Celsius but would sometimes reach 29 degrees Celsius. This was not recorded on the unit's risk register but was being monitored by the pharmacy team.

We reviewed the risk registers for the wards we inspected and the medical care divisional risk register. We saw that IPC risks such as insufficient storage space in medical care areas had been recorded however the risk register did not mention the risk around temperature fluctuations in the treatment room in the acute medical unit.

Not all ward managers were able to explain the areas from the audits that required improvement. They told us that the trust's infection prevention and control team would help ensure improvements were made following the audits.

Staff reported that they had not received messaging around key IPC calendar dates such as Hand Hygiene day. When we spoke to the IPC team about this, they acknowledged that this was not promoted due to other priorities but that they had plans to hold an infection prevention and control week in the summer with study days and workshops.

Is the service safe?

Inspected but not rated



We did not rate safe at this inspection as we only looked at those areas related to infection, prevention and control.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

At our last inspection in September 2020, the medical care division had implemented a number of steps to improve their infection prevention and control practice. This included environmental walk arounds and a matron audit to assess compliance. At this inspection we saw that these audits and walk arounds were an embedded process on medical wards. The trust used electronic tablets to capture audit data and ward managers were able to show us the results of the audits on computer systems.

The trust continued to undertake weekly personal protective equipment (PPE) and environmental audits to assess infection, prevention and control compliance. Results were collated within an infection prevention and control dashboard and fed back to the matron and ward manager.

Medical care (including older people's care)

Between March 2021 and May 2021, the matron led weekly environmental audits showed compliance rates of 96% for Bevan ward, 98% for the stroke unit and 88% for the acute medical unit.

Between March 2021 and May 2021, the matron led weekly high-risk PPE audits showed compliance rates of 92% for Bevan ward. Compliance rates for medium to low risk PPE was 98% for Bevan ward, 98% for the stroke unit and 100% for the acute medical unit.

Cleaning audits were undertaken weekly on Bevan ward and monthly in the acute medical unit and stroke unit. The audit assessed 47 cleaning elements and 18 nursing elements. Where any IPC issues were identified, they would be raised with the IPC team. Between September 2020 and April 2021, the overall compliance rate on Bevan ward was 99.5% and the overall compliance rate on the acute medical unit was 95.6%. The overall compliance rate on the stroke unit was 97.5%.

We were told that following the audits areas of non-compliance were challenged on the ward and action taken. For example, members of the IPC team would highlight with individuals on the ward regarding areas of non-compliance.

Audit results were discussed at weekly IPC team meetings. We saw the minutes of the meetings which discussed: ward audit results, IPC related incidents, hospital acquired infection rates, the IPC dashboard and any issues identified on walkarounds.

Themes from audits were discussed at department and matrons' meetings as well as at the trust's infection, prevention and control committee meetings which took place monthly. We saw minutes for these meetings which showed discussion around: IPC incidents, hospital acquired infections data, complaints, the trust's IPC annual plan, the trust's IPC board assurance framework, IPC team audits and fit mask test reports.

The trust had now recommenced 'ward and department accreditation' programme which was suspended during COVID. This is an assurance framework to help drive improvement by focusing on patient outcomes, patient satisfaction and staff experience at ward and department level. The assessment results in one of four grades being awarded: gold, silver, bronze or white. As at April 2021, Bevan ward had achieved silver grade compliance. Ward areas were clean and had suitable furnishings which were clean and well-maintained.

We saw that the signage across wards were clear and posters on doors indicated whether bays were 'amber' or 'red' zones. We saw that the trust had signage in front of the hospital lifts to indicate how many people should be in a lift at any one time to observe social distancing measures. We also saw that there were stickers on each corner of the floor in the public lifts to indicate where people should stand to maintain social distancing when using the lift. We observed staff and patients adhering to the signage within the lifts.

The acute medical unit now only consisted of amber zone bays of 38 beds. The amber zone bays accommodated patients who had been swabbed for COVID-19 but had not received their results yet. All patients were required to wear fluid resistant surgical masks to reduce the risk of cross infection. We saw that doors to these bays were kept closed to prevent cross contamination and signage on doors indicated to staff what personal protective equipment (PPE) they should be wearing before entering the bay.

The acute medical unit was a short stay unit and once a patient had tested negative for COVID-19, they were moved to the appropriate medical ward within the hospital. COVID-19 positive patients requiring respiratory support would be moved to Bevan ward which at the time of the inspection, cared for COVID-19 patients who did not need to be cared for within the intensive care unit.

Medical care (including older people's care)

Bevan ward consisted of 24 individual rooms and was a respiratory ward but also cared for COVID-19 patients at the time of our inspection. The ward was now reconfigured to care for patients by acuity and doors leading to a section of rooms had signage indicating what kind of PPE would be required when entering the specific area. For example, there was clear 'red zone' signage on the doors which led to a section where 'high risk' patients were being cared for and aerosol generating procedures were being undertaken. Signage also indicated to staff that extra PPE was required when caring for patients in this area. There was a one-way system in place in Bevan ward to prevent cross contamination.

All patients on medical wards were swabbed for COVID-19 on admission, on day three of admission, on day seven of admission and then weekly to ensure they remained negative for COVID-19 throughout their stay in the hospital. Staff told us if a patient tested positive for COVID-19 they would be moved immediately to an available side room and the process of swabbing on day one, three and seven would start again. Beds in bays in the acute medical unit were spaced out to ensure a two-metre distance and staff told us patients who had been near the patient who tested positive would be informed and re-swabbed to ensure the infection had not spread. Staff were knowledgeable about when patients needed to be re-swabbed and told us that a member of the IPC team would also come down to the wards daily to ensure that patients had been swabbed as per the protocol.

At this inspection we saw that hand sanitising gel was readily available at entrance and exit points to the wards and other medical areas. There was also a system by which fluid resistant surgical masks were required to be changed after exiting wards.

There was signage at the entrance to the wards reiterating the hospital-wide policy that they were not accepting visitors due to COVID-19. We spoke with staff who confirmed this was the case unless a patient was receiving end of life care. Staff were aware that the hospital was rolling out visiting on three long stay medical wards in the hospital with the use of a booking system so visitors could book their visits and wards could ensure social distancing could be maintained.

The environment on the medical wards was visibly clean and free of clutter. We saw that changing rooms were tidy and equipment and linen were stored in designated cupboards.

Bevan ward had separate changing rooms, a shower and a store cupboard for scrubs so staff could change into and out of their uniform before entering and leaving the ward. Changing rooms were labelled 'High risk' and 'Medium risk'. This was to ensure that staff coming on to their shift could change in a 'Medium risk' changing room and staff coming off their shift could change in a 'High risk' changing room to prevent the risk of cross contamination. We also saw that the staff room on Bevan ward had a sign indicating how many staff were allowed in the room at a time to maintain social distancing. We saw that staff adhered to these rules. Staff told us that the nurse's office could be used as a break room if the staff room was full.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

We inspected various items of equipment, such as commodes, wheelchairs and blood pressure cuffs and monitors. The service continued to use green 'I am clean' stickers to identify equipment that had been cleaned. We saw an improvement in the cleanliness of the dirty utility room on Bevan ward and saw that the unit used a clear system to indicate when commodes had been cleaned in addition to the use of a green 'I am clean sticker'. However, we did see one commode which had been placed in the dirty utility room which had not been cleaned and did not have a green 'I am clean' sticker. We raised this with staff at the time of the inspection who immediately acted on this to ensure the commode was cleaned.

Medical care (including older people's care)

There was a dedicated cleaner for each inpatient ward. We observed cleaners working throughout the day, working to a standardised schedule to maintain the cleanliness of the ward. Cleaners used chlorine-based disinfectant and we were told patient rooms were also disinfected with an ultraviolet light system.

We saw that waste management and removal, including those for contaminated and hazardous waste, was in line with national standards.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Infection, prevention and control training was part of mandatory training and trust records showed that compliance continued to be above the trust target of 90% and had been completed by 92.8% of nursing staff in the medicine division.

At the September 2020 inspection we saw that PPE was being kept on a trolley outside of the bays in the acute medical unit so staff could put them on before entering a bay or side room. At this inspection we saw that PPE dispensers had been installed in the acute medical unit outside of bays and trolleys were no longer used. The installation of dispensers meant that there was less clutter in the corridors of the acute medical unit. On Bevan ward, we noted that PPE dispensers outside of the patient rooms were being used by staff and dispensers within the rooms were no longer in use.

We saw that level 3 PPE which includes gloves, FFP3 masks, gowns and, were easily accessible on the acute medical unit in grab bags on the resuscitation trolleys. We saw that this was also the case on Bevan ward and the stroke unit.

At the September 2020 inspection, we saw some posters showing the steps required to don and doff PPE had been put up however they were not placed in areas of the ward where staff could easily refer to, for example outside of a bay or patient room. At this inspection, we saw that posters had been placed outside of bays so staff could refer to these easily.

We saw a further improvement in adherence to infection, prevention and control practices compared to the September 2020 inspection. We observed all staff on the wards wearing fluid resistant surgical masks appropriately, covering their nose and mouth fully. We also saw that staff were using PPE effectively and socially distancing in staff rooms. We observed staff to be 'bare below the elbow' and adhered to infection control procedures such as hand washing and using hand sanitisers when entering and exiting wards.

Staff we spoke with on Bevan ward and the acute medical unit, which included both nurses and consultants now had improved knowledge around the steps involved in the donning and doffing of PPE. Most staff we spoke with were able to demonstrate to us correct donning and doffing processes.

Hand hygiene audits were included within the matron led weekly audit. Between March 2021 and May 2021, compliance for Bevan ward was 97% and compliance for the acute medical unit was 93% which was above the trust target of 90%. For the same period, hand hygiene compliance in the stroke unit was 94% which was an improvement from the last inspection and now was above the trust target.

However:

Infection, prevention and control (IPC) training for medical staff in the department was 85.2% which was an improvement from compliance rates at the last inspection of 72.1% but did not meet the trust target of 90%. The medical care leadership team told us that they had oversight of mandatory training non-compliance of medical staff and it was discussed at the weekly divisional meetings. The divisional management team told us non-compliant staff were

Medical care (including older people's care)

emailed reminders and formally written to by the management team if they remained non-compliant in their mandatory training. Leaders told us that staff were also sent notifications from the trust's training portal when training was due. An email from the divisional director and the medical director would also be sent to medical staff who had expired training modules.

We were told that the treatment room in the acute medical unit was experiencing fluctuating temperatures due to ventilation problems caused by building work that was ongoing next to the room. We were told that the room should be kept at 25 degrees Celsius but would sometimes reach 29 degrees Celsius. This was not recorded on the unit's risk register. The trust told us this was not on the risk register because there was a plan in place to address the concern whereby the building contractor would install a split unit air conditioning system and add film to the windows to maintain the temperature in the room by June 2021. We were told that the trust pharmacy team were monitoring the room and medications stored within the room. We requested the risk assessment for the treatment room which detailed that the ward lead pharmacist monitored the room temperatures and shelf life of the medication daily in the interim until the air conditioning and sun shielding film on the windows had been installed.

Ward managers told us they shared audit feedback at ward meetings and a social media messaging application. However, not all ward managers were able to explain from the trust audit software, which areas required improvement. They told us that the trust's infection prevention and control team would help ensure improvements were made following the audits.

On Bevan ward, we saw that PPE and other supplies were now being stored in a recessed area on the ward rather than within a cupboard with a door. This meant that PPE was not stored securely and was exposed to dust and potential cross contamination and boxes containing supplies impeded effective cleaning. Staff told us that this was on the risk register. We viewed the risk register for Bevan ward and saw that insufficient storage had been recorded as a risk and there were actions in place such as regular monitoring of the ward environment including addressing areas of clutter and work to reduce excess supplies and over stocking.

Is the service well-led?

Inspected but not rated



We did not rate well led at this inspection as we looked only at those areas related to infection, prevention and control.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Medical care was managed within the unplanned care division. Matrons led individual wards with the support of ward managers. At this inspection we spoke again with the medical care leadership who were able to describe the changes made by the division since our September 2020 inspection to address infection, prevention and control concerns and strengthen leadership within the medical care teams. Leaders told us that they had now filled some vacancies to ensure clinical speciality leadership was more robust. They still had vacancies for clinical speciality leads in the acute medical unit and radiology but was receiving additional support from the North West London Integrated Care System in the interim.

Medical care (including older people's care)

The leadership team told us that there was improved support from the trust IPC (infection, prevention and control) team since our last inspection. Staff we spoke with on the wards were now able to say who the IPC lead nurse was. Staff in Bevan ward and the acute medical unit said they also now had an IPC link nurse based on the wards although their role was new and being developed.

Staff told us they now felt better supported by the trust's IPC team and had received better messaging in relation to new guidance and training support. They commented that the IPC team would come to the wards on a daily basis. They told us the IPC team were very visible and easily identifiable by their yellow uniforms. During our inspection, some staff commented that the IPC team were not available to support seven days a week. However, following the inspection, the trust told us that a consultant microbiologist who was the medical staff member for the IPC team provided on-call support seven days a week and could be contacted for any IPC related issues. The trust also told us that the IPC nursing team provided a seven day service during the COVID-19 pandemic waves between November 2020 and February 2021.

At the September 2020 inspection we found that the trust IPC team numbers had reduced. At this inspection numbers in the team had increased although there were vacancies within the team. The trust now had a senior infection prevention and control nurse in post. The other senior infection prevention and control nurse was on maternity leave at the time of our inspection. A secondee IPC nurse had also been recruited into the IPC team. The IPC team medical staff consisted of one substantive and two locum consultant microbiologists. The IPC leadership team consisted of a Director of Nursing and Consultant Microbiologist who hold the post of joint Director of Infection Prevention and Control and a senior service manager. The post for a deputy director of infection prevention and control had been vacant since December 2020 but the trust told us that this post would be going out to advertisement imminently. At the time of the inspection, the trust was receiving support from the North West London Integrated Care System and had support from an interim deputy director of infection prevention and control. The IPC team also had an administrative staff member.

At our last inspection staff who were using respirator masks or hoods were required to change the filters every 28 days by themselves and the department was not monitoring this to see if this was being done and staff were not reminded when their filter was due to be changed. At this inspection, staff reported that there was now a central fit testing team based within the hospital who reminded staff when filters needed changing and also supported staff with fit tests. Staff told us they received email reminders from the team when the filters in their masks needed to be changed. Staff told us the team also supported staff in fit testing for new masks and followed up on those who had failed a fit test and needed to be fitted for another model of mask. Staff reported that this system was now fully embedded and that they appreciated the support they received from the fit testing team who would come up to the wards as well as being available for staff as and when required. They were based in a specific area of the hospital where staff could go to if needed. Fit test compliance for the medical wards we inspected was 98% for nursing staff and 89% for medical staff.

Senior leaders told us they now had better assurance and oversight that staff were being fit mask tested and were wearing the right masks. They also had access to an application where compliance could be monitored. Staff showed us small cards which they carried containing information on what sort of mask and model they had been fit tested for.

At the September 2020 inspection, we saw that the trust had implemented COVID-19 care plans. At this inspection we saw that the COVID-19 care plan (integrated care pathway document) which recorded patients' COVID-19 swab statuses, any interventions required, and their next swab re-test dates was in use. COVID-19 positive patients also had a red sticker on their notes for easy identification. We saw that this was being audited and between February 2021 and May 2021 audit results showed overall compliance of 93% for medical care wards.

At our August 2020 inspection we saw that a board in full view of the reception desk was being used to record patients' COVID-19 status and re-testing dates and did not maintain patient confidentiality. During the September 2020

Medical care (including older people's care)

inspection, we saw that the board had been removed and patients' COVID-19 statuses were recorded within their care plans. At this inspection we saw this was still the case. We did see a board within the acute medical unit where patients' re-swabbing dates were recorded however the board could be closed to maintain patient confidentiality and we saw staff ensuring that this was kept closed when not in use.

At this inspection we found that the patient information boards on Bevan ward, the stroke unit and the acute medical unit all had up to date information on staffing levels and data such as falls and pressure ulcers.

Staff we spoke with told us they had completed a risk assessment for COVID-19 to help assess their needs during the pandemic. They also told us that it was easy to locate IPC policies on the trust intranet and also showed us an area on the intranet with specific COVID-19 related advice and resources that staff could access for wellbeing support. Staff reported to us that they had received additional offers of support from the trust and ward managers such as group sessions with a psychologist. Staff also spoke of socially distanced social events such as picnics to help boost staff morale.

At the September 2020 inspection, the leadership team told us that patient placement errors where COVID-19 positive patients were moved to non-COVID-19 wards within the hospital was a challenge. At this inspection we were told that pathways were now being strictly followed, had been embedded and all patients were now being swabbed for COVID-19, on admission and at regular intervals throughout their stay. The leadership told us that they had also worked with the site managers and respiratory consultants to make sure the correct patients were going to the correct areas of the hospital. The team reported that they had had no patient placement errors and felt this was partly due to the lower numbers of COVID-19 patients being admitted into the trust but also the learning from previous outbreaks and a more embedded process of regular swabbing of patients and strengthened patient pathways to ensure that this did not happen. We spoke with staff on the wards who were now more knowledgeable about patient pathways and regular swabbing and staff did not report concerns about unclear patient placements. Staff commented that swab test results were being returned much quicker than previously and patients' COVID-19 statuses were available within 24 hours.

However:

Staff on wards told us they still did not have any COVID-19 information leaflets in English or in other languages or an easy read format that they could give to patients to explain what a COVID-19 swab test was and how it would be taken. Following the inspection, the trust shared with us examples of leaflets that were given to patients about COVID-19 swabbing. However, of the three examples given, one leaflet for the paediatric department contained the option of requesting the document in other languages and easy read formats.

We reviewed the risk registers for the wards we inspected and the medical care divisional risk register. We saw that IPC risks such as insufficient storage space in medical care areas had been recorded however the risk register did not mention the risk around temperature fluctuations in the treatment room in the acute medical unit.

Staff reported that they had not received messaging around key IPC calendar dates such as Hand Hygiene day. Following the inspection, the trust showed us that they had highlighted Hand Hygiene Day to all staff in the daily trust eNewsletter in the IPC update section. The trust was also planning to hold infection prevention and control week in the October with study days and workshops.

Medical care (including older people's care)

Areas for improvement

The service should:

- Continue to improve infection, prevention and control training compliance rates for medical staff.
- Provide COVID-19 information leaflets available in other languages and easy read formats for patients to explain what a COVID-19 swab test is and how it would be taken.
- Make sure all risks identified within the medical care division are documented on the risk register with mitigations in place.
- Ensure the IPC team continue to strengthen initiatives and messaging to promote awareness of significant IPC calendar events.
- Ensure ward staff know how to use and communicate IPC audit findings from trust systems.

Urgent and emergency services

Inspected but not rated



The Hillingdon Hospitals NHS Foundation Trust has a range of urgent and emergency care services based at two sites within the borough: Hillingdon Hospital and Mount Vernon (Urgent Care Nurse Practitioner Service). We inspected the emergency department at the Hillingdon site.

The emergency department is co-located alongside the Urgent Treatment Centre (UTC) at the Hillingdon Hospital site. This is open 24 hours a day, seven days a week. Alongside the emergency department (ED) and UTC is a separate dedicated paediatric emergency department designed specifically for the needs of young patients. Both paediatric and adult emergency departments are consultant led.

The UTC is run by an independent healthcare provider and is designed to see patients that have an urgent condition or minor injuries. The UTC were not inspected as part of this inspection. However, their environment was looked at when following the patient pathway.

There was a UTC COVID-19 streamer who screened patients for COVID-19 symptoms following entry to the department. There were two levels of assessment at the front door; one for COVID-19 symptoms and a second for clinical priority.

Patients were streamed to the 'High risk' or 'Medium risk' pathway and then to the different zones within the department according to their clinical priority. Patients streamed to the 'Medium risk' were those with no respiratory symptoms and no strong clinical suggestion of COVID-19. They could be streamed to the 'Medium risk' zone which included the 'Medium risk' resuscitation area. The 'Medium risk' resuscitation area included level two care and two high dependency bays. The 'Medium risk' zone also included the 'Medium risk' majors area and the initial assessment and treatment areas for both walk-ins and ambulances.

Within the 'Medium risk' zone there were two bays (side rooms) identified as 'Medium risk' bays that were to be used for vulnerable patients who may have been isolating or shielding that required reverse barrier nursing care in order to protect them.

Patients who were streamed to the 'High risk pathway' i.e. those with suspected recognised COVID-19 symptoms, were directed to the department's previous 'Majors' area which is now called the Red Zone. This had 12 bays and two of these bays have been made into 'High risk' resuscitation bays.

The department had two focused unannounced inspections in August and September 2020 to look at infection, prevention and control. The department had its last full comprehensive inspection in March 2018 and was rated inadequate. It was rated as inadequate in safe, effective and the well led domains.

We conducted an unannounced focused inspection of Hillingdon Hospital as part of a follow up inspection in response to infection, prevention and control concerns over two consecutive days on the 19 and 20 May 2021.

We did not rate urgent and emergency care at this inspection as we looked only at those areas related to infection, prevention and control.

We found:

Urgent and emergency services

The service provided mandatory training in infection prevention and control and made sure everyone completed it. In our September 2020 inspection we saw the infection prevention and control training compliance rates for staff did not meet the trust target of 90% in all areas of the department. This has since improved, and we saw the department now met the trust target with over 91% of all staff having had received training.

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. During our last inspection we found there were no management processes in place for filter changes in respirator masks and no assurance staff followed the recommended maintenance. This was not in line with the Health and Safety Executive (HSE) Respiratory Protective Equipment at Work: A Practical Guide guideline. During this inspection we found that filters were regularly changed, and the trust had implemented an electronic application (App) specifically to monitor this process. The trust had introduced a dedicated 'fit testing team' who were responsible for the changing of the filters.

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. During our last inspection we found that there were no staff changing rooms available for staff to change in and out of their scrubs, staff were sharing two small toilet cubicles at the start and end of shift and these were not separated into clean and dirty changing areas. There was no enhanced cleaning schedule in place for the toilets, and they were not being cleaned between staff members. Therefore, there was a risk of cross contamination between staff in dirty scrubs and those changing into clean scrubs. During this inspection we saw that the department had built a new staff changing area. The area was regularly cleaned, spacious and had both toilet cubicles and showers available for staff use. The area was divided into clean and dirty areas, and we saw good segregation of both.

Leaders had the skills and abilities to run the service. They understood and managed the infection prevention and control priorities and issues the service faced. They were visible and approachable. During this inspection we saw that the leadership team had recently changed. Although newly established, the leadership team understood the infection control priorities of the department and had made many positive changes since our last two inspections, including the introduction of a clear and concise department wide COVID-19 infection segregation criteria.

Leaders operated effective infection prevention and control governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant infection prevention and control risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

At both the August 2020 and September 2020 inspections we identified risks around infection, prevention and control (IPC). The Emergency Department (ED) leadership had put action plans in place in order to address these. This included adding a PPE check onto the weekly matron audit, introducing 'I am clean;' stickers to ensure clean equipment was easily identifiable for use, the building of appropriate staff changing facilities to ensure no cross contamination, and the introduction of the 'Fit testing app' to ensure the mask filters were being appropriately changed in line with national guidelines.

However:

There was no sluice room in the Green (medium risk) area of the emergency department to avoid cross-contamination.

Urgent and emergency services

There were limited isolation areas, cubicles and side rooms for the isolation of infectious patients. However, we found that since our September 2020 inspection the department now had three additional cubicles.

Is the service safe?

Inspected but not rated



We did not rate urgent and emergency care at this inspection as we looked only at those areas related to infection, prevention and control.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well-maintained. In our September 2020 inspection we noted the environment was generally clean and dirt free. During our May 2021 inspection we found that this continued. We saw that all areas were visibly clean and tidy. We saw staff cleaning soft furnishings between patient use. Chairs in the waiting rooms were in good repair. We saw some had been delegated as 'not in use' to maintain social distancing. Staff regularly cleaned both in use and not in use chairs. All trolleys we saw were clean and well maintained. We observed staff cleaning trolleys between patient use. We saw that cleaning wipes were readily available in all areas of the department.

The service generally performed well for cleanliness. We observed cleaners working throughout the day maintaining the cleanliness of the ED. We spoke with a cleaner who explained how they worked to a standardised cleaning schedule and used a chlorine-based disinfectant throughout the ED even in COVID-19 negative areas. Since our previous inspection the department had been delegated their own cleaning team. This meant that cleaning staff were exclusively for use in ED, and do not have to leave the department to clean other areas of the hospital. This allowed for quicker cleaning of the department, including the deep cleaning of areas. When COVID-19 patients were moved from the emergency department (ED) to other areas of the hospital they were followed by mobile cleaners. Any lifts that were used were locked until a deep clean occurred.

We saw that the department undertook peer review audits of the environment. These looked at areas such as cleanliness of patient areas, cleanliness of clinical areas, cleanliness of equipment and correct waste disposal. We saw that the department was achieving over 94% in these audits. In response to our previous inspections the trust was regularly submitting the audits to CQC as well as submitting action plans for any areas of underperformance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw cleaning records had been completed in each area of the department. This was part of the nurse in charge checklist for each area and was required to be completed during each shift. Senior staff we spoke with were aware of the need to complete this and told us that senior managers regularly audited the records.

Staff followed infection control principles including the use of personal protective equipment (PPE). During this inspection we saw that the department continued to be split into High risk and Medium risk zones. Patients were placed on either the High or Medium risk pathway. Staff we spoke with had a good understanding of the zoning system and

Urgent and emergency services

level of personal protective equipment (PPE) required for each of the zones. The 'High risk' pathway was for patients who displayed signs of COVID-19. The 'Medium risk' pathway was for patients who did not exhibit COVID-19 symptoms and were placed into the medium risk area. We saw signs displayed throughout the department that instructed staff and patients what level of PPE was required to be worn in that area.

In the Blue and Green Zone (Medium Risk Pathway) we observed a good use of PPE from staff. Staff wore PPE for each patient, and we observed staff washing hands between patients. Staff also used hand gel regularly and were bare below the elbow. Staff had to change their masks on entering and exiting each area of the department. We were told that this was introduced by the trust following our last inspection as a measure to reduce Covid-19 transmission.

In the Red Zone (High Risk Pathway) we observed most staff were wearing full PPE including eye protection and FFP3 masks, aprons and gloves. We were told this was due to the fact the two resuscitation bays were within the zone which meant there was always a risk of an aerosol generating procedure taking place. Staff were told they could always wear this level of protection if it made them feel safer. We saw red lines on the floor outside the cubicles. Staff told us these were there to remind them that they needed to wear full PPE once they had crossed the line. Staff told us they found this to be very effective.

Hand hygiene audits were provided for the different areas within the department. We saw that 29 Audits were carried out across five areas of Emergency Department between September 2020 and May 2021. Blue Zone was the only area in Emergency Department which scored below the trust target of 90%. Senior leaders told us that all areas of non-compliance was challenged/addressed at point and actions were immediately escalated. Leaders told us that individuals who are found not to be adhering to hand hygiene had the issue discussed with them at the time. We were told that the audits and themes were discussed at Emergency Department meetings.

PPE donning and doffing audits were provided for different areas within the department. We saw one audit was performed by the department across 'High risk' PPE areas between September 2020 and May 2021. This audit showed that compliance was 88% which was below the trust standard of 90%. Senior leaders told us that the biggest area of non-compliance was staff continuing to touch face masks and not washing hands immediately after. We were told that any areas of non-compliance were challenged and addressed with the individual at the time. Any themes were discussed at the matron meeting and escalated to the trust's infection, prevention and control committee meeting. We saw that the department had improved since their audit, with further peer audits being completed in the 'High risk' zone between 1st March and May 2021, and that the department scored 93%, which was above the trust target of 90% compliance. We saw that 13 audits were completed between September 2020 and May 2021 for medium and low risk PPE areas, in which the department consistently achieved above the trust target of 90%

During this inspection we saw that the trust had continued to take further measures to ensure staff were compliant with PPE. The trust had implemented 'Temperature Check Audits' which were led by the executive and senior management team. This included an environmental walk around of all clinical areas which included checking PPE and particularly mask usage. The trust was sending the outcome of these checks to the CQC on a weekly basis in response to Section 31 notice issues following the August 2020 inspection.

Staff we spoke with were aware of the latest government guidance in using PPE during the pandemic. Staff were aware of where to locate policies and procedures regarding infection prevention and control and showed us that these were easily accessible to all staff. Staff were also able to tell us who the lead for infection prevention and control was, and how they could contact them. Staff told us that they felt comfortable and confident to raise any issues that may occur.

Urgent and emergency services

The paediatric emergency department (PED) had six individual bays that were used flexibly for 'High risk' or 'Medium risk' patients depending on patient need. They were cleaned in-between patients and appropriate signage was placed at the entrance to the rooms. Staff complete donning and doffing at the entrance of each room and there was PPE placed at the front of each bay door for staff to access before entering. There was also access to full PPE on a designated trolley. We observed good levels of cleanliness and use of PPE within this area.

The paediatric assessment unit (PAU) had been turned into the paediatric 'Medium risk' patient area. This had three bays and dedicated toilet facilities. We observed a good level of cleanliness throughout. PPE was available for staff and there was access to hand washing facilities. Toys had been removed from the waiting areas to decrease the risk of cross contamination.

During our September inspection, senior leaders informed us that there were planned building works in the PED to turn the current waiting area into a 'High risk' waiting area for patients. During this inspection, we saw that this work had been completed.

During our last inspection, we found that all staff had been fit tested for masks and there were various masks to try. This was all documented on a fit testing log which was monitored by the lead nurse. However, some staff were using respirator masks which required filters to be changed on a monthly basis. Staff were required to sign to confirm they were responsible for changing the filter on their masks. There were no management processes in place for filter changes and no assurance staff followed the recommended maintenance. This was not in line with the Health and Safety Executive (HSE) Respiratory Protective Equipment at Work: A Practical Guide guideline. The HSE guidelines say respiratory masks should be checked regularly to ensure it remains effective. There was no assurance this was done. The HSE guidelines say the employers should ensure good practice around filter changes to ensure the mask remains effective.

Since our last inspection the trust had introduced an electronic application (app) to monitor the maintenance and changing of filters. This allowed the trust to know when the filters required changing to ensure they remain effective. Staff told us that there was a 'fit' team who maintained the respirator masks and changed the filters when they were due. Staff told us the 'fit' team were alerted by the app when the filters need changing, and automatically came to the ED to change them. Staff told us they have never had to contact the fit testing team to request a filter be changed as they 'just appear'. Staff told us the 'fit' team wrote the change dates on the filters so that staff had assurance that the respirator masks were fit for use. We saw that each member of staff had a named bag in which their filter masks were stored. This prevented cross- contamination from other staff using the mask.

During our last inspection, whilst we generally saw good practice in the use of face masks and PPE, we also observed some instances where staff were not following the appropriate PPE requirements. In the 'High risk' zone we saw the donning door to the Urgent and emergency services ward had been left open when it should be closed. We also observed some medical staff only wearing masks and visors when they should have been wearing full aprons whilst behind the red line in the area. We found similar challenges with PPE in the 'High risk' zone at the August inspection. During this inspection, we found that all staff were adhering to good practice in the use of PPE. Donning and doffing area had doors closed, and all staff were correctly wearing the right PPE for the zone in which they were in. We saw posters throughout the department showing staff what equipment was required for the area they were in.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We checked various pieces of equipment including commodes, monitors, and ECG machines and found they were clean and free from dust and other contaminants. The department had introduced the use of 'I am clean' stickers since our August

Urgent and emergency services

inspection to ensure staff knew equipment was clean and ready for use. The department also had a project running with the healthcare assistants to look at ways they can use 'I am clean' stickers in the department more effectively. We saw staff cleaning equipment between each patient use. We saw 'I am clean' stickers on all equipment with dates that showed the equipment had been cleaned that day.

At the inspection in August 2020, we found dried blood on the blood gas analysis machine and on some bed frames within the department. At the September inspection, we saw blood on the machine and therefore there had been no improvement. We also saw dried blood on one of the beds in the 'Medium risk majors' area. During this inspection we found this had improved, and we did not see any blood on equipment, floors or bed frames.

The service provided mandatory training in infection prevention and control and made sure everyone completed it.

All staff received and kept up to date with their infection control and prevention mandatory training.

In our September inspection we found Infection prevention and control training compliance rates for staff did not meet the trust target of 90% in all areas of the department. Infection prevention and control training compliance rates for all medical staff (70%) and other clinical services staff (78.9%) in the adult emergency department was below the trust target of 90%. During the latest inspection in May we found that this had improved, with over 91% of all staff having received Infection prevention and control training. Staff we spoke with told us they were kept up to date with changes to national infection control practices and guidelines during the pandemic. Staff told us that they were electronically notified when their training was due, and senior management would follow this up to ensure they had attended the training.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The entrance to the emergency department (ED) was still for patients only. The trust had introduced staff at the front door who ensured patients used hand gel and wore a surgical mask before entering. We saw the front door staff ensuring good practice around this. Staff members actively challenged those who were not adhering to the national guidelines.

The emergency department front door displayed information signs about COVID-19 and informed patients that no visitors were allowed in the hospital.

Patients entered the ED and were then seen by a COVID-19 streamer who assessed each patient. Patients were assessed for risk and COVID-19 symptoms and streamed to different areas of the department. Since our last inspection the trust had introduced an automated thermometer which took every person temperature as they came through the front door. This would alert staff if anyone had a temperature, and they would then direct those patients to the appropriate area of the department.

Since the August inspection the department had adjusted its zoning system. The department was now split into High risk (red zone) and medium risk (Blue/Green/Resus) zone. Patients are placed on either the High or Medium Risk pathway. Staff we spoke with had a good understanding of the zoning system and level of personal protective equipment (PPE) required for each of the zones. The 'High risk' pathway was for patients who displayed signs of

Urgent and emergency services

COVID-19. The 'Medium risk' pathway was for patients who did not exhibit COVID-19 symptoms and were placed into the 'Medium risk' zone. During this inspection we saw that these zoning areas continued to be used. Since our last inspection we saw that there were now three cubicles that could be used as either a 'Medium risk' or a 'High risk' area, dependant on the needs of the department at the time. We saw there were doors at either end of the cubicles that could be closed to allow the expansion of either area. Staff told us that this area could be quickly converted as they now had their own cleaning team and did not have to wait on a central cleaning team to clean the area.

Since our last inspection, the department had introduced a new segregation criterion that separated those who displayed signs of COVID-19 and those that did not. This was a standardised document that was being used throughout the department, including the urgent care centre. This meant that all patients were segregated the same way no matter how they entered the department. We saw that the ambulance service was also aware of the criteria. Crew members we spoke with told us they knew which area to take patients to dependant on their symptoms and would telephone ahead if the patient was potentially COVID-19 positive. All staff we spoke with were aware of the segregation criteria, and we saw posters displayed throughout the department. Staff told us they felt confident to challenge staff if they did not adhere to the pathway but told us that they had never had to challenge anyone as everyone follows the pathway.

During our last inspection there were no staff changing rooms available for staff to change in and out of their scrubs. Staff were sharing two small toilet cubicles at the start and end of shifts. These were not separated into clean and dirty changing areas. Public Health England provides recommendations for healthcare settings states they should be COVID-19 secure with regular decontamination. We had no assurance this was being done in staff changing areas. There was no enhanced cleaning schedule in place for the toilets. The toilets were not cleaned between staff members and therefore no assurance risk of infection was controlled in this area. Therefore, there was a risk of cross contamination between staff in dirty scrubs and those changing into clean scrubs. Senior leaders were aware of this issue. However, they told us this was not on the departments risk register. We received assurance from the trust that 'changing pods' for staff will be added to the ED.

During this inspection we saw that new changing room facilities had been built within the department for female staff. This area was clean and tidy, spacious, and allowed plenty of room for staff to change. We saw there were toilet and shower cubicles installed for staff to use. We saw there was a cupboard installed for the storage of clean scrubs, and that this was separate from the area in which staff disposed of worn scrubs. This meant that clean scrubs could not be contaminated by used scrubs. We saw that used scrubs were appropriately disposed of in linen bags, and that these were not overfilled. We saw that the area had been regularly cleaned, and signage to say how many staff could be in the changing room at one time. Male staff continued to use the changing facilities on the acute medical unit. Staff we spoke with told us they were very happy with the new changing facilities.

We saw that the department had also built new staff room facilities for the staff to allow safe social distancing at all times. We saw that they had installed cafeteria style benches and stools and had installed clear dividers to create individual cubicles for staff to use. Staff told us this allowed more people to be in the staff room at one time meaning they could catch up with their colleagues while taking their breaks and didn't feel as isolated.

The leadership team identified some issues within the environment that could impact IPC. For example, there was no sluice room or space for dirty utility in the 'Medium risk' resuscitation area. There was poor access to isolation facilities within the department. Senior leaders told us there was a general lack of side rooms to isolate infectious patients. They told us that the side rooms were prioritised for patients who may be at risk of contracting infections such as those with low immunity. We saw that these had been identified on the department risk register. Senior leaders told us that they had just received permission to rebuild parts of the department and were looking at ways in which they could change the layout of the department, including building more sluice areas and side rooms.

Urgent and emergency services

Staff disposed of clinical waste safely. We saw good management of sharps bins which were signed and dated. There was also good waste management and removal, including processes for contaminated and hazardous waste. This was in line with national standards.

Is the service well-led?

Inspected but not rated



We did not rate urgent and emergency care at this inspection as we looked only at those areas related to infection, prevention and control.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable.

The emergency department (ED) was part of the unplanned care division within the trust and was led by the senior leadership team. During our last inspection the leadership team comprised of the lead nurse, clinical lead and service manager who were supported by the ED educational team, the ED matron and the junior service manager. During this inspection we saw that the leadership team had recently changed. The department had a new clinical lead, and had employed an additional matron, so that there was now a matron for paediatrics and adult services within the department.

Although newly established, the leadership team understood the infection control priorities of the department and had made many positive changes since our last two inspections, including the introduction of a clear and concise department wide COVID-19 infection segregation criteria.

Staff we spoke with complimented the newly established leadership team. All staff told us they felt comfortable and confident that they could raise any infection control issues with senior leaders. We saw that there was a strong focus on training. All staff we spoke with told us they felt they had a high level of infection, prevention and control training, and that leaders kept them up to date with changes in national guidelines around infection prevention and control and supported them in making any required changes.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There were monthly clinical governance meetings within the department and a separate paediatric ED (PED) meeting once a month. Senior leaders within the ED also met once a week to discuss governance, training and recruitment related issues. In addition to this, there was a daily breach and performance review meeting and joint governance meetings with system partners including the UTC, the Central and North West London Mental Health teams and police services. All these meetings fed into the integrated divisional meeting.

Urgent and emergency services

Leaders told us that information was fed down to staff through shift handovers, safety huddles, emails and newsletters. Staff told us they were able to raise any concerns by the same processes. The clinical lead attended monthly regional clinical lead meetings which allowed the ED to share experiences and learn from other ED departments within the region.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. The service worked closely with the Urgent Treatment Centre (UTC) and London Ambulance Service (LAS) around patient flow as this was changing regularly due to COVID-19. Staff we spoke with including ambulance crews, told us they felt there were good working relationships between all parties.

The department had three cubicles they were able to flex to either 'High risk' or 'Medium risk' to assist with flow. The clinical decision unit was also able to flex between 'High risk' and 'Medium risk' areas to support flow as and when required.

At both the August 2020 and September 2020 inspections we identified risks around infection, prevention and control (IPC). The Emergency Department (ED) leadership had put action plans in place in order to address these. This included adding a PPE check onto the weekly matron audit, introducing 'I am clean;' stickers to ensure clean equipment was easily identifiable for use, the building of appropriate staff changing facilities to ensure no cross contamination, and the introduction of the 'Fit testing app' to ensure the mask filters were being appropriately changed in line with national guidelines.

We reviewed the department's risk register and saw there were 14 risks on the risk register relating to the ED. Each risk was rated for severity and assigned a risk lead. The dates for the risk to be reviewed and updates were also documented for each risk. Leaders were able to tell the inspection team what their highest risks were, and what actions were being taken to address these. For example, they were able to tell us that there was a risk of infection due to lack of sluice within Resus/Green areas, and that there was a lack of designated side rooms in which to isolate patients.

Areas for improvement

The service should:

- Ensure an additional sluice room is made available in the Green (medium risk) area of the department to avoid cross-contamination.
- Ensure additional isolation areas, cubicles or side rooms, are made available to isolate infectious patients, and also protect patients who may be at risk of contracting an infection.

Our inspection team

The team that inspected the service comprised one CQC inspection manager, two CQC inspectors and two specialist advisors. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.