

King's College Hospital NHS Foundation Trust

Princess Royal University 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 effective?

Inspected but not rated ●

Are services caring?

Inspected but not rated ●

Are services responsive to people's needs?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Overall summary of services at Princess Royal University Hospital

Inspected but not rated



- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- Staffing levels were not always at the required level to meet patient care needs.
- The service did not always manage infection control measures as well as expected.
- The service did not always display patients dietary and feeding needs within bays.

Medical care (including older people's care)

Inspected but not rated



Princess Royal University Hospital (PRUH) is part of King's College Hospital NHS Foundation trust. The Trust provides local services primarily for the people living in the London boroughs of Lambeth, Southwark, Bromley and Lewisham.

The PRUH serves a population of approximately 330,000 people who primarily live in the London borough of Bromley.

King's College Hospital NHS Foundation Trust employs around 15,407 staff with approximately 4,016 staff working at the PRUH.

We carried out an unannounced focused inspection of the PRUH on 01 August 2022. We did not rate the service as it was a focused inspection so the previous rating stands (January 2018 Medicine including Older Adults was rated Good).

How we carried out the inspection

We visited three medical wards at Princes Royal University Hospital on 01 August 2022, Medical 1 and 2 and Darwin 1 Ward, this was as a result of receiving concerning information. We observed staff, spoke with 13 patients, six relatives and 19 staff. A range of information was reviewed by us on site and provided from the trust after our visit.

Is the service safe?

Inspected but not rated



Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training across all three wards. Information requested post inspection stated staff were between 94.9% to 98% compliant in this training.

The mandatory training was comprehensive and met the needs of patients and staff.

Training was available on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia, although this was not mandatory. Staff reported having adequate time to complete their required mandatory training.

Managers monitored mandatory training and alerted staff when they needed to update their training. This was evidenced on a spreadsheet within the online training data system.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. This was reflected on their online training matrix which was provided by the trust. Discussions were observed during inspection relating to safeguarding concerns. These concerns were shared with staff during handover times between shifts.

Medical care (including older people's care)

Safeguarding training compliance was requested and provided by the trust for all three wards. We noted nursing staff were documented as all up to date; however, one staff nurse was out of date with their level 2 safeguarding training with no evidence of the training being booked for a future date.

During inspection we spoke to staff on three different medical wards. All staff spoken to were able to give examples of a safeguarding and how to identify and escalate their concerns including the referral process.

Staff had access to an up-to-date adult safeguarding policy. Staff were able to evidence this during our inspection. The trust had a joint safeguarding committee which met quarterly, provided an annual report and quality update to the patient safety committee.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Not all staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Ward areas were visibly clean and had suitable furnishings, which were clean and well-maintained. Out of use furniture was clearly labelled and stored in locked rooms awaiting replacements. During inspection we found used bar of patient's own soap in shared bathroom facilities on Darwin Ward and Medical 2 Ward. This was raised with senior staff who agreed that the bars of soap should not be used in communal areas as they posed a risk of shared use between patients, which was not best infection control practice. The soap was removed from the communal area by staff as soon as it was raised by the inspection team.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly. This was provided by an external cleaning company who maintained the standards of the Health and Social Care Act 2008: code of practice on the prevention and control of infections.

Not all staff followed infection control principles including the use of personal protective equipment (PPE). During inspection most staff wore face masks, however, some non-clinical staff were observed in Medical Ward 1 not wearing face masks. Due to the increase of Covid 19 cases face mask use had been reintroduced to the trust three weeks prior to our visit.

During inspection we saw staff followed good hand hygiene practices. Hand washing facilities were visibly clean and situated throughout the three medical wards. Hand sanitiser was available and situated on every wall outside bays and doors. Staff and visitors were seen using the hand sanitiser on all three wards.

During inspection we observed staff cleaning equipment, surfaces and patient areas as per policy and providing green labels detailing time and date of when items were last cleaned. Examples of patient equipment included observation machines, commodes and hoists. The Infection Prevention (IPC) Team visited the wards daily and were available via the internal bleep system. Staff were aware of how to access the IPC team via their policies and procedures.

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.

Patients could reach call bells and staff responded quickly when called. During inspection it was evident that call bells were answered quickly by staff, at no point did we witness call bells ringing for prolonged periods. Patients informed us during inspection that their call bells were answered promptly by staff.

Medical care (including older people's care)

The design of the environment followed national guidance including separate bays and toilet facilities for male and female patients. The service had suitable facilities to meet the needs of patients' families.

Staff carried out daily safety checks of specialist equipment including daily resuscitation trolley checks, which were documented and signed for accordingly as per policy. Specialist equipment had clear labels of electrical safety checks during our inspection.

The service had enough suitable equipment to help them to safely care for patients. We observed staff use various machines to monitor patients, all equipment on wards was in working order at time of the inspection. Staff disposed of clinical waste safely and effectively. Clinical waste areas were visibly clean and tidy on our inspection reflecting safe practice and national guidelines.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the National Early Warning Score 2 (NEWS2) tool to identify acutely ill patients. The tool is based on a scoring system relating to the change in physiological measurements including respiratory rate, oxygen saturations and blood pressure. Staff were able to articulate how to escalate concerns using the NEWS2 tool.

Patients notes were viewed on inspection, records were up to date including risk assessments and charts for patients. Wards used both electronic and paper-based risk assessments, examples of both were viewed on inspection. Paper charts and risk assessments included nutrition and feeding regime, skin integrity and falls paperwork. Staff were made aware of individual risk assessments during shift handovers to ensure communication was maintained regarding patient care.

The service had access to mental health liaison and specialist mental health support. This was accessed via Bromley Mental Health liaison Team where referrals could be made.

Staff shared key information to keep patients safe when handing over their care to others. During inspection we observed staff on handovers and ward rounds discussing patient care, social needs and planning discharges.

Staffing

The service did not always have enough staff to support with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

During inspection we were told by staff there was not enough nursing and health care assistants on Medical 1 and 2 Wards to match the planned numbers on the day of our inspection. Senior staff were requesting additional staff from other wards due to sickness, however, they struggled to cover at such short notice. According to the information board at the entrance of Medical 1 Ward there should have been three 'planned' nurses, however, the actual number was two. The shift should have been four 'planned' healthcare assistance, however, the actual number was two. As a result of the

Medical care (including older people's care)

reduced staffing levels patients did not always receive the appropriate care. For example, it was noted that four bays should have been constantly monitored by staff in 'cohorted bays,' but this was not always happening. Cohorted bays are used to support and protect patients from potential risk and harm, for example patients who are at risk of falls or are confused.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Due to sickness and short notice absence managers reported that it was difficult to fully staff wards as bank, agency and taking staff from other wards was not always possible.

The trust recorded its registered staffing fill rate over the past six months at 98% and above for all three wards during the day and 95% and above for night shifts. The trust reported having an active recruitment program in place however, expressed the continuous challenges to recruit registered nurses.

Consultants were on call weekends and evenings on all three wards and medical staff reported that they were accessible and responsive when needed. On the day of the inspection it was change over for the rotation of doctors which meant that it was difficult to get a clear account of any concerns from the medical team. Speaking to the team of doctors the consensus was that they felt supported and had clear understanding of their roles and who to report to.

Records

Staff kept detailed records of patients' care and treatment. Records were mainly clear, up to date, stored securely and easily available to all staff providing care.

During inspection 13 patient notes were viewed over the three wards. We found the records were detailed and provided enough information to enable staff to know what was needed for each patient, as well as treatment plans and investigations, for example. Staff with authorisation to do so could access patient records easily. Multidisciplinary teams were able to access both electronic and paper notes to update patients care and details. Patients paper notes were stored in a lockable filing unit located behind the nurse station which required an access code. The electronic files were accessed via individual staff members log in details. We observed staff locking computers after each use.

Patients had care plan documents within their records, however, these were generic and not tailored to the patient as personal information such as likes, dislikes, preferences and routines were not included.

We saw evidence of various assessment charts being completed such as food, fluid, falls and skin integrity charts having been completed. Although there was evidence of these charts there was no clear evidence of which patients required feeding support on our initial visit onto the bays. When asked the staff knew who required feeding support as this was stated on handover sheets; however, there was no indication in the patient bedside area. After this was raised as a concern with staff posters and Speech and Language Team (SALT) information was placed behind required patient beds to inform all of their required support.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. During inspection staff were observed conducting their medicine rounds, this consisted of nurses safely administering medicines as per policy to patients. Safe practice included checking patients details and allergy status prior to giving medicines. Staff were observed signing medicine charts accordingly.

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We observed staff completing medicines records accurately using the electronic system. This electronic system enabled staff to have instant access to a support database relating to medicine queries, this was demonstrated to us during our inspection. Staff stored and managed all medicines and prescribing documents safely. We observed medicines being stored in secure lockable trolleys and each nurse wearing a red disposable tabard stating they were not to be disturbed when participating in a medicine round.

Medicines were stored in a lockable room, cabinet and fridge which was accessed via a medication key that was clearly labelled and identifiable. Patients also had lockable medication cabinets on the walls within their bed space for staff to store patients own medicines. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Routine audits were carried out by all three wards, these were assessed in quarterly time frames. On request the trust provided evidence of medication audits from 2021 until present. Results were colour coded red, amber and green according to the scoring system. Comparisons from the previous quarter were also highlighted to identify any improvement. Evidence showed that Darwin 1 Ward had one fail during quarters three and four between 2021/22, evidence was not available for Medical 1 and 2 Wards.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff spoken to on the day of inspection knew what incidents to report and how to report them. Staff explained they used a reporting system on the intranet in line with trust policy and guidance which was easily accessible.

Managers shared learning and feedback of incidents with their staff via meetings and emails. We observed incident communication via staff handovers which took place prior to staff starting their shift on the wards.

Incidents were investigated thoroughly by managers, and patients and their families were involved in these investigations. Action plans were developed for future learning and to reduce similar incidences occurring. Evidence was provided of weekly meetings which were being held to discuss serious incidents along with regular governance meetings. These meetings focused on learning outcomes and how incidents had been responded to including being open and transparent with patients and families - the duty of candour.

Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. We observed information relating to patient feeding concerns which had been addressed by providing additional staff training from the dietitian.

Is the service effective?

Inspected but not rated



Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Medical care (including older people's care)

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Policies were evidenced on inspection and could be found on the trust internal systems which staff had individual log in access. Staff routinely referred to the psychological and emotional needs of patients, their relatives and carers at handover meetings.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients were identified using handover sheets of their additional nutritional needs. It was noted on inspection that there was no information regarding a feeding support plan either behind or in patients bed space, this was raised with staff at the time and rectified. Staff did explain that they were aware of the patients additional feeding needs via their handover sheet however it was not clear to other staff and visitors that a specific feeding regime needed to be followed if the patient was at risk of choking. Signs were placed above patient beds who required specific feeding assistance after inspectors had raised concerns.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. Charts were evidenced on inspection identifying patient intake.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it. These patients' notes were reviewed on the day of inspection which detailed recommendations and assessments from dietitians and speech and language therapists.

One patient informed us that it was not always easy to reach their tray next to their beds, they reported that staff often moved the trays to work around the bed space however, did not always place them back within reach. This was not witnessed on inspection, instead Inspectors observed staff placing trays back within reach of patients during inspection.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The NEWS2 record was used by staff to monitor pain on all three wards. This is an early warning system that helps identify acutely ill patients. Staff also used the Abby pain score to assess patient pain. This is a tool that is used to assess and identify pain in patients who are unable to articulate their needs, for example patients living with dementia or other cognitive conditions.

We observed nursing staff assessing patients' pain during their medicine rounds and promptly administering pain relief to patients when required. During inspection patients reported that their pain was managed well and were able to get pain relief from health care professionals when needed. Inspectors observed nursing staff administer and record pain relief accurately.

Medical care (including older people's care)

During inspection staff were asked how they monitored pain in patients who are not always able to verbally communicate. Inspectors were informed by staff that a pain assessment tool called the 'Abbey pain score' was used to determine patients' pain and discomfort. The Abbey pain score is a tool used to assess patients are unable to articulate their needs, it is designed on a numerical scale from 0 to 10 identifying if pain is mild, moderate or severe.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. New staff were given a full induction and orientation to the wards. We spoke to two new members of staff who reported they felt well supported from the practice development nurse and their peers. Staff reported they mostly had allocated time and support to get their competencies signed off, however, reduced staffing levels meant this was sometimes challenging.

Managers supported staff to develop through yearly, constructive appraisals of their work. The time frame for appraisals was between April and June of each year. Due to the COVID-19 pandemic some appraisals were not completed in this time however, an action plan of future completion dates was evidenced to inspectors after our inspection.

Managers made sure staff received any specialist training for their role. For example, additional dementia training had been provided on Medical 1 and 2 Wards to support and upskill staff in caring for patients living with dementia. We spoke to the dementia specialist nurse who was responsible for supporting and educating staff, patients and families in dementia. This was a new team that consisted of two specialist dementia nurses who covered the whole hospital.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary (MDT) meetings to discuss patients and improve their care on all three wards. We observed various MDT meetings across all three wards including a board round which consisted of doctors (consultant, senior house officer and junior doctors), Speech and language therapist, dietitian, discharge coordinator and senior nurse.

Nursing handovers were also observed on all three wards. These were detailed and informative to new staff starting their shift. These handovers took place at the central nursing station where staff could refer to the patient's board which detailed risks, infection status, planned discharge dates and MDT plans. Within these discussions' patients had their care pathway and continuing care reviewed by relevant consultants. Staff worked across health care disciplines and with other agencies when required to care for patients.

Seven-day services

Key services were available seven days a week to support timely patient care.

Consultants led daily ward rounds on all wards, including weekends. Patients were reviewed by consultants depending on the care pathway. Staff reported that support was available from multidisciplinary teams when needed and that the medical team were present and easily accessible when needed.

Medical care (including older people's care)

Is the service caring?

Inspected but not rated



Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. On inspection we observed staff interacting with patients to meet their individual needs. For example, staff would give personal choice and preferences to patients regarding personal care, meals and hydration.

We spoke to 12 patients from all three wards who reported they were happy with their treatment received on the wards and that staff treated them with kindness and respect. Some of the feedback from patients include: 'attentive staff', 'happy with care' and 'given a varied choice on the food menus'. Patients also reported that they felt that their call bells were answered in timely manners, these comments were supported during our inspection as we did not hear call bells sounding for prolonged amounts of times.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff used curtains around patient bed space and closed side room doors when providing personal care to maintain dignity and respect, this was also done when discussing personal information such as future care and test results.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed staff responding to the need for emotional support to a family member. They were caring and considerate in their approach.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff showed compassion and empathy towards patients and relatives. We asked patients if they felt emotionally supported by staff and were told by patients, they felt that staff were approachable and reassurance was given when needed.

The hospital provided a faith room and employed a chaplaincy which was accessible to patients and families. Staff also understood the importance of being aware of patient's faith and beliefs, a staff member informed us they had to recently contact a patients' priest as a visit was important to fulfil their wishes.

Is the service responsive?

Inspected but not rated



Medical care (including older people's care)

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff supported patients living with dementia by using a specific care plan to support their needs. This care plan is a recognised nation-wide and is called 'This is me'. This is not a medical care plan; however, it is designed to support staff caring for a patient living with dementia in an unfamiliar environment. Details include the patient's life so far, communication preferences and people/things close to them.

During inspection we were introduced to the newly formed dementia specialist team consisting of two specialist nurses at present. This team had implemented additional dementia training for staff and introduced activities and cognitive stimulation for patients living with dementia. Examples of cognitive stimulation included sensory items that patients could use to support with memory and communication. Although Medical Wards 1 and 2 had recently been refurbished to comply with the NHS Dementia standards not all areas had been completed. For example the 'day room' was being used as a locked storage area not accessible to patients and there was no evidence of 'dementia friendly' prompts such as large clocks on the walls and pictures to orientate patients. Staff did inform inspectors that they were in the process of creating a space 'day room' specifically for dementia patients which had been put on hold due to the COVID-19 pandemic.

The trust also used markers on patients records and next to their names on boards to identify specific needs or risks, for example butterfly stickers were used for identifying patients with dementia and colour codes were used for patients at risk of falls.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. On inspection staff explained that they were able to access a language line which was available trust wide.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff came and took orders from patients regarding meals, alternative options such as hallah and dietary requirements was available if required.

Is the service well-led?

Inspected but not rated



Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

Staff that we spoke to on the day of inspection reported feeling supported by their peers and managers. We spoke to newly appointed staff from different grades and longer serving staff, feedback included: 'positive culture', 'supportive and approachable staff' and 'development opportunities'.

Medical care (including older people's care)

The service promoted equality and diversity in daily work and provided opportunities for career development.

Staff said they had concerns regarding staffing levels and how this had an impact on staff moral and development. Staff said they felt unable to report these issues via the internal incident reporting system as they did not have time due to reduced staff levels.

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.

Evidence was provided post inspection of governance meetings that staff attended specific to the service. These meetings discussed topics such as incidents, complaints, service performance and audits.

Staff said on inspection that information from these meetings was delivered via staff handover meetings and emails if staff were not available. Information covered included infection control prevention, pressure ulcer statistics and prevention and medication audits.

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.

Senior staff were able to identify and explain risks to the service, these were routinely discussed in governance meetings which were attended by senior staff. Plans were in place to deal with unexpected events, staff could access information regarding such events via the trust intranet.

Clinical staff were able to explain how to escalate patient risk if needed, for example they were able to articulate how to manage a deteriorating patient and the process they would follow.

Areas for improvement

Action the trust SHOULD take to improve:

Core service

- The trust should ensure that there are enough staff on duty to enable the safe delivery of patient care and their individual needs.
- The trust should ensure staff effectively manage infection control risks.
- The trust should ensure nutrition and hydration needs of patients are clearly identified to ensure patient safety.

Our inspection team

The team consisted of one inspector, one inspection manager, one assistant inspector, one specialist nurse and one specialist doctor consultant. The inspection was over one day.

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>.