

Imperial College Healthcare NHS Trust Charing Cross Hospital

Quality Report

Fulham Palace Rd, London, W6 8RF

Tel:020 3311 1234

Website:

[www.imperial.nhs.uk/our-locations/
charing-cross-hospital](http://www.imperial.nhs.uk/our-locations/charing-cross-hospital)

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

Ratings

Medical care (including older people's care)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Imperial College Healthcare NHS Trust provides acute and specialist healthcare for a population of around two million people in north west London and the surrounding areas. The trust has five hospitals Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye. Charing Cross Hospital is an acute general teaching hospital located in Hammersmith, London.

Medicine and specialist medicine at Charing Cross Hospital sat under two directorates in the hospital; with the majority of the medical wards under the division of medicine and integrated care. The medical services include acute medicine unit (AMU), care of the elderly wards, specialist wards such as medical oncology, respiratory medicine, stroke unit, neurology, gastroenterology and endocrinology.

We plan our inspections based on our assessment of the risk to patients from care that is or appears to be less than good. We inspected the medicine and elderly care services because we had information giving us concerns about the quality of this service.

We last inspected the medicine and elderly care service in September 2014 as part of our comprehensive inspection program and rated the service as requires improvement. During that inspection we observed hospital discharges occurring after 10pm. We found that care plans for people living with dementia and diabetes were not used and we noted patients stayed in the hospital for longer than the national average. There were high vacancy rates among staff and it was not clear what the senior management was doing to address this.

During this inspection we found the overall quality of the medicine and elderly care services had improved and we rated it as good. We rated safe as requires improvement; effective and caring were rated as outstanding and responsive and well-led were rated as good.

Our Key findings were;

- The hospital participated in and used the outcomes from local and national audits for benchmarking, and to improve patient care and develop care and treatment pathways for the patients. All staff were actively engaged in activities to monitor and improve qualities and outcomes.
- The hospital was the second best performing hospital in the country among the trusts taking part in the Sentinel Stroke National Audit Programme (SSNAP) for the hyper acute stroke unit.
- The trust was consistently monitoring and improving their mortality rate and remained in the top five lowest-risk acute trust. The trust was the second lowest-risk acute trust in the 2016 Hospital Standards Mortality Ratio (HSMR) and the third lowest-risk acute trust in the Summary Hospital-level Mortality Indicator (SHMI).
- There was a strong, caring and visible-centred culture, which was fully rooted on all the medical wards visited. Staff we spoke to were highly motivated and inspired to offer care that was kind and promotes people's dignity.
- Staff demonstrated in-depth knowledge of the principles of Deprivation of Liberty Safeguards (DOLS), safeguarding, consent and the Mental Capacity Act (2005) and we saw examples of these areas in practice.
- Staff were proactively supported to acquire new skills and share best practice to ensure continuous development of their skills, competence and knowledge.
- Staff actively sought, monitored and reviewed patient consent and processes to improve patient decision making about their care and treatment.
- Staff worked proactively and effectively as part of the multidisciplinary and multi-agency team to deliver patient centred care and improve patient discharges, access and flow.

Summary of findings

- The service provided care that took account of people's personal, cultural, social and religious needs into account.
- Patients and relatives gave positive feedback about the manner and attitude of staff. During inspection we saw people were treated with kindness and respect by staff from all disciplines.
- There was emotional support, chaplaincy, support groups, psychologist and psychiatry support available to patients and their relatives.
- The service was planned and delivered to meet the needs of various patients in the local area.
- The medical wards were dementia friendly and there were dementia signs and activities for patients with dementia. The medical wards performed better than the England average on the 2016 patient led assessments of the care environment (PLACE) audit on the provision of care for people with dementia.
- The medical wards bed occupancy rate was better than the England average.
- The medical wards performed better than England average for the two weeks GP referral for breast symptoms.
- We noted improvement in the number of outliers, length of stay and discharges, and these were escalated to senior leads and discussed at their daily multidisciplinary team (MDT) meetings.
- The service had clear systems and processes, to ensure complaints were dealt with in a timely and appropriate manner. The trust recruited complaint investigator to handle complaint received in the hospital.
- Staff told us leaders were visible, accessible and supportive.
- There was a clear vision and strategy for the hospital. We saw the trust values were mirrored in staff actions and behaviours during inspection.
- The hospital welcomed views and input from staff and the local public which allowed a sense of engagement and empowerment from those involved in the service to help improve the quality of care and services been provided.
- We saw evidence of various initiatives, innovations and pathways developed in the hospital and trust to improve patient care and outcomes.

However:

- Staff did not follow the trust policies and national guidelines in the management and disposal of medicines, including controlled drugs and medical gases. We noted medicines errors that related to the use of controlled drug (CDs) during inspection. Staff were not following the trust policy in storing medicines at the right temperature and monitoring of the room temperature regularly. Controlled drugs were not secured and stored with other patients own property and equipment on Ward 8 South. We saw that expired medicines were not disposed and stored with other medicines on the wards.
- We found several boxes of unused medicines in the domestic waste bin, which were not disposed appropriately. We observed three bottles of used IV antibiotics still connected with the IV line on the worktable in the treatment and had not been disposed appropriately by staff.
- The trust compliance with mandatory training for medicine and the medicine specialities was 81.3 % for medical staff and 84% compliance for the nursing staff and allied health professionals, which was below their 90% target. Staff on medical wards were not meeting the trust targets for almost all modules of mandatory training, including safeguarding, information governance, health safety & welfare, MCA, consent, fire safety clinical and high risk area and resuscitation.
- Mandatory training rates for scientific and technical staff (31.4%) were significantly lower than the trust's 90% target.

Summary of findings

- There was personal protective equipment (PPE) and staff used it, however some medical staff did not wash their hands between patients.
- Resuscitation trolleys were not restocked and checked consistently by staff on the wards.
- There was a high usage of nursing bank and agency staff due to the high number of vacancies.
- There was poor signage on the wards and throughout the hospital. The signs were not updated to reflect the relocation of wards.
- The trust wide medical wards did not meet the NHS England national indicator for 18 weeks referral to treatment (RTT) times.

We saw several areas of outstanding practice including:

- Charing Cross Hospital medical care provided outstanding and effective medical care to patients. The hospital participated in and used the outcomes from local and national audits for benchmarking, and to improve patient care and develop care and treatment pathways for the patients. The hospital was the second best performing hospital in the country among the trusts that took part in the Sentinel Stroke National Audit Programme (SSNAP) for the hyper acute stroke unit.
- Staff actively engaged in activities to monitor the quality and outcomes of patients care and treatment.
- The trust's performed higher or similar to the national averages for outcomes of patients on other national audits. These included the the Myocardial Ischemia National Audit Project (MINAP), Inflammatory Bowel Disease Programme (IBD) and the National Diabetes Inpatient Audit (Nadia)
- The trust was consistently monitoring and improving their mortality rate and remained in the top five lowest-risk acute trust. The trust was the second lowest-risk acute trust in the 2016 Hospital Standards Mortality Ratio (HSMR) and the third lowest-risk acute trust in the Summary Hospital-level Mortality Indicator (SHMI).
- Patients care and treatment were always consultant led and staff used evidence based best practice.
- Staff worked proactively and effectively as part of the multidisciplinary and multi-agency team to deliver patient centred care and improve patient discharges, patient care, access and flow.
- Patients' medical and nursing records were available for all meetings and assessments, which meant that the most up to date information was considered when reviewing care and treatment.
- Without exception, patients told us they were treated with kindness, dignity, respect and compassion. There was a high standard of care provided for patients on the medical wards, and we saw that staff went to great lengths to respect and accommodate the wishes of patients and their loved ones. There was a strong, caring and visible-centred culture, which was fully rooted on all the medical wards visited. Staff we spoke to were highly motivated and inspired to offer care that was kind, respectful and promotes people's dignity. Staff consistently considered peoples' personal, cultural, social and religious needs and delivered kind and compassionate care.
- The Friends and Family Test (FFT) results showed the medical wards performed better than national average on the response rate and people who would recommend the service.

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

Importantly, the trust must;

- The trust must make sure that staff follows the trust's medicine management policies concerning safe storage of medicines and medical gases.

Summary of findings

- The trust must take action to ensure medical wards are meeting mandatory training including the resuscitation training requirements for their staff.

The trust should do the following;

- The hospital should review the recording of patients' own controlled drugs to make sure stock levels and administration can be clearly documented.
- The hospital should ensure resuscitation trolleys are checked, restocked and recorded consistently.
- The hospital should ensure staff washes their hands between patients.
- The hospital should ensure compliance with appraisal and mandatory training meets the trusts target for safeguarding, consent and mental capacity act.
- The hospital should consider improvements to the hospital estate and facilities for the elevators, lifts and flooring of some wards areas.
- The trust should improve hospital signage, ensure it is up to date and provides clear information for visitors on how to access the wards.
- The hospital should review the facilities provided in ward day-room areas so they meet the needs of the patients using them.

Professor Ted Baker
Chief Inspector of Hospitals

Charing Cross Hospital

Detailed findings

Services we looked at

Medical care (including older people's care)

Detailed findings

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Background to Charing Cross Hospital

Imperial College Healthcare NHS Trust is based in north west London, United Kingdom. The trust was formed in October 2007. It is a large trust registered with the CQC for 12 location, five of which are hospitals. The trust together with Imperial College London forms an academic health science centre. For the period of November 2015 to October 2016 there were 95,538 admissions trust wide for the medical core service, with the majority of admissions being day cases. Trust wide the top three specialities in the medical core service by activity were; medical oncology, gastroenterology and clinical haematology. The average length of stay in the mentioned period was 6.7 days.

Charing Cross Hospital is an acute general teaching hospital located in Hammersmith, London. The present hospital was opened in 1973 and is part of Imperial College Healthcare NHS Trust. The hospital has 306 inpatient beds providing a range of medical care services including; acute medicine unit (AMU), care of the elderly wards, specialist wards such as medical oncology, respiratory medicine, stroke unit, neurology, gastroenterology and endocrinology. The hospital hosts one of eight hyper acute stroke units (HASUs) in London.

In the period of November 2015 to October 2016, The hospital admitted 39,421 patients; of these 35% were medical oncology, 20% neurology, 15% general medicine and 30% were other specialities. The hospital medical care had undergone some divisional changes and most of the medical wards were placed under the medicine and integrated care (MIC) division while medical oncology was placed under the surgery, cardiovascular and cancer division at the time of the inspection. Both divisions have a divisional director (reporting to the chief executive), and a divisional director of operations and divisional director of nursing, reporting to the clinical director”.

During our inspection, we visited all the medical wards with the exception of endoscopy. These included: the acute medical unit (AMU), the hyper acute stroke unit (HASU), the stroke unit, the older person’s wards (ward 8 north, ward 8 south), the respiratory wards, the medical oncology wards, the gastroenterology ward, Lady Skinner Ward, the neurology ward, the private ward and the discharge lounge. We also inspected some of the medical wards during the night.

Our inspection team

Our inspection team was led by:

Inspection Manager: Michelle Gibney, Care Quality Commission

The team included CQC inspectors and a variety of specialists including consultants of varying medical professions, senior and junior medical nurses, nurse matron, pharmacist, governance lead and an Expert by Experience.

Detailed findings

How we carried out this inspection

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

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







We carried out this inspection as an unannounced focused inspection. We carried out the unannounced inspection on 7,8 and 9 March 2017. Before visiting, we reviewed a range of information we held about the hospital. During the inspection we talked with a range of staff throughout the medical core service, including senior managers, clinicians, nurses, healthcare assistants, administrative staff and volunteers. We also spoke with patients and relatives of those who used the medical core services at Charing Cross Hospital.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Outstanding	Outstanding	Good	Good	Good
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Medical care (including older people's care)

Safe	Requires improvement 
Effective	Outstanding 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 
Overall	Good 

Information about the service

Charing Cross Hospital is an acute general teaching hospital with 306 inpatient beds providing a range of medical care services. Charing Cross Hospital hosts the hyper acute stroke unit (HASUs) for the North West London region. The medical services include acute medicine unit (AMU), care of the elderly wards, specialist wards such as medical oncology, respiratory medicine, stroke unit, neurology, gastroenterology and endocrinology.

In the period 1 November 2015 to 31 October 2016, Charing Cross Hospital admitted 39,421 patients; of these 35% were medical oncology, 20% neurology, 15% general medicine and 30% were other specialities. The hospital medical care had undergone some divisional changes and most of the medical wards were placed under the medicine and integrated care (MIC) division while medical oncology was placed under the surgery, cardiovascular and cancer division at the time of the inspection. Both divisions have a divisional director (reporting to the chief executive), and a divisional director of operations and divisional director of nursing, reporting to the clinical director

We last inspected this service in September 2014 as part of the hospitals comprehensive inspection and rated it as requires improvement. This rating was reflective of a number of issues, such as: high numbers of hospital discharges taking place after 10pm and patients staying

in the hospital for excessive lengths of time. We found that care plans for people with dementia and diabetes were not being used and there were high vacancy and absence rates among nursing staff.

During our inspection, we visited all the medical wards with the exception of endoscopy. These included: the acute medical unit (AMU), the hyper acute stroke unit (HASU), the stroke unit, the older person's wards (ward 8 west, ward 8 south), the respiratory wards, oncology wards, the gastroenterology ward, Lady Skinner Ward, the neurology ward, the private ward and the discharge lounge. We also inspected some of the medical wards during the night.

We spoke with 16 patients including their family members and carers. We spoke with 68 staff members including consultants, doctors, nurses, specialist nurses, student nurses, senior managers, pharmacists, the discharge team, the dementia team, therapists and other support staff, such as domestics and catering staff. We reviewed patient and medication records and observed care being delivered on the wards.

We observed interactions between patients and staff, considered the environments and looked at 27 care records. We also observed staff handovers, board rounds and other multidisciplinary meetings on the wards. To support the information provided by staff during the inspection, we reviewed documentation and electronically held information on the wards. We also requested and reviewed additional documentary evidence during and following the unannounced inspection.

Medical care (including older people's care)

Summary of findings

We rated medical care as good because;

- The hospital participated in and used the outcomes from local and national audits for benchmarking, and to improve patient care and develop care and treatment pathways for the patients. All staff were actively engaged in activities to monitor and improve qualities and outcomes.
 - The hospital was the second best performing hospital in the country among the trusts taking part in the Sentinel Stroke National Audit Programme (SSNAP) for the hyper acute stroke unit.
 - The trust was consistently monitoring and improving their mortality rate and remained in the top five lowest-risk acute trust. The trust was the second lowest-risk acute trust in the 2016 Hospital Standards Mortality Ratio (HSMR) and the third lowest-risk acute trust in the Summary Hospital-level Mortality Indicator (SHMI).
 - There was a strong, caring and visible-centred culture, which was fully rooted on all the medical wards visited. Staff we spoke to were highly motivated and inspired to offer care that was kind and promotes people's dignity.
 - Staff demonstrated in-depth knowledge of the principles of Deprivation of Liberty Safeguards (DOLS), safeguarding, consent and the Mental Capacity Act (2005) and we saw examples of these areas in practice.
 - Staff understood how to report incidents through their online reporting system, they received incident feedback and lessons were learnt.
 - There was adequate seven days a week cover for consultants and other professionals on the medical wards.
 - Staff were proactively supported to acquire new skills and share best practice to ensure continuous development of their skills, competence and knowledge.
- Staff actively sought, monitored and reviewed patient consent and processes to improve patient decision making about their care and treatment.
 - Staff worked proactively and effectively as part of the multidisciplinary and multi-agency team to deliver patient centred care and improve patient discharges, access and flow.
 - The service provided care that took account of people's personal, cultural, social and religious needs into account.
 - Patients and relatives gave positive feedback about the manner and attitude of staff. During inspection we saw people were treated with kindness and respect by staff from all disciplines.
 - There was emotional support, chaplaincy, support groups, psychologist and psychiatry support available to patients and their relatives.
 - The service was planned and delivered to meet the needs of various patients in the local area.
 - The medical wards were dementia friendly and there were dementia signs and activities for patients with dementia. The medical wards performed better than the England average on the 2016 patient led assessments of the care environment (PLACE) audit on the provision of care for people with dementia.
 - The medical wards bed occupancy rate was better than the England average.
 - The medical wards performed better than England average for the two weeks GP referral for breast symptoms.
 - We noted improvement in the number of outliers, length of stay and discharges, and these were escalated to senior leads and discussed at their daily multidisciplinary team (MDT) meetings.
 - The service had clear systems and processes, to ensure complaints were dealt with in a timely and appropriate manner. The trust recruited complaint investigator to handle complaint received in the hospital.
 - Staff told us leaders were visible, accessible and supportive.

Medical care (including older people's care)

- There was a clear vision and strategy for the hospital. We saw the trust values were mirrored in staff actions and behaviours during inspection.
- The hospital welcomed views and input from staff and the local public which allowed a sense of engagement and empowerment from those involved in the service to help improve the quality of care and services been provided.
- We saw evidence of various initiatives, innovations and pathways developed in the hospital and trust to improve patient care and outcomes.

However:

- Staff did not follow the trust policies and national guidelines in the management and disposal of medicines, including controlled drugs and medical gases. We noted medicines errors that related to the use of controlled drug (CDs) during inspection. Staff were not following the trust policy in storing medicines at the right temperature and monitoring of the room temperature regularly. Controlled drugs were not secured and stored with other patients own property and equipment on Ward 8 South. We saw that expired medicines were not disposed and stored with other medicines on the wards.
- We found several boxes of unused medicines in the domestic waste bin, which were not disposed appropriately. We observed three bottles of used IV antibiotics still connected with the IV line on the worktable in the treatment and had not been disposed appropriately by staff.
- The trust compliance with mandatory training for medicine and the medicine specialities was 81.3 % for medical staff and 84% compliance for the nursing staff and allied health professionals, which was below their 90% target. Staff on medical wards were not meeting the trust targets for almost all modules of mandatory training, including safeguarding, information governance, health safety & welfare, MCA, consent, fire safety clinical and high risk area and resuscitation.
- Mandatory training rates for scientific and technical staff (31.4%) were significantly lower than the trust's 90% target.

- There was personal protective equipment (PPE) and staff used it, however some medical staff did not wash their hands between patients.
- Resuscitation trolleys were not restocked and checked consistently by staff on the wards.
- There was a high usage of nursing bank and agency staff due to the high number of vacancies.
- There was poor signage on the wards and throughout the hospital. The signs were not updated to reflect the relocation of wards.
- Data provided by the trust show patients being discharged out of hours between 10pm and 6.59am, which suggest patients being moved out of the hospital at unsociable hours.
- The trust wide medical wards did not meet the NHS England national indicator for 18 weeks referral to treatment (RTT) times.
- Although the hospital had short term plans and strategies, there was uncertainty on the long-term plans.

Medical care (including older people's care)

Are medical care services safe?

Requires improvement 

We rated safe as requires improvement because:

- Staff did not follow the trust's medicine management policies and the Nursing and Midwifery Council (NMC) standard for medicine management in regards to administering, recording and safe storage of medicines, controlled drugs and medical gases.
- We noted some medicines errors that related to the use of controlled drug (CDs) during inspection. Staff were not following the trust policy in storing medicines at the right temperature and monitoring of the room temperature regularly. Controlled drugs were not secured and stored with other patients own property and equipment on Ward 8 South. We saw that expired medicines were not disposed and stored with other medicines on the wards.
- We found several boxes of unused medicines in the domestic waste bin, which were not disposed appropriately. We observed three bottles of used IV antibiotics still connected with the IV line on the worktable in the treatment and had not been disposed appropriately by staff.
- The trust compliance with mandatory training for medicine and the medicine specialities was 81.3 % for medical staff and 84% compliance for the nursing staff and allied health professionals, which was below their 90% target. Staff on medical wards were not meeting the trust targets for almost all modules of mandatory training, including safeguarding, information governance, health safety & welfare, MCA, consent, fire safety clinical and high risk area and resuscitation.
- Mandatory training rates for scientific and technical staff (31.4%) were significantly lower than the trust's 90% target.
- There was personal protective equipment (PPE) and staff used it, however some medical staff did not wash their hands between patients.
- Resus trolleys were unsealed and not always restocked after use. We were not assured that staff consistently checked the resus trolleys daily.

- There was a high usage of nursing bank and agency staff due to the high number of vacancies.

However:

- Staff understood how to report incident through the online reporting system, they received feedback and lessons were learnt.
- Patient records were appropriately completed, fit for purpose and stored securely.
- There was adequate seven days a week cover for consultants and other professionals on the medical wards.
- Staff were aware of their responsibility under duty of candour and we saw examples on patients' record.
- Staff had good understanding on the mental capacity act and its implication on their practice.
- There were system and process in place to safeguard adults and children from abuse. Staff were aware on how to report safeguarding incidents or concerns.

Incidents

- The trust had policies and procedures that guided staff on incident or concerns reporting processes. They also provided guidance on investigation and learning procedures. These policies and procedures were available on the trust intranet.
- There were approximately 2500 incidents reported under the hospital medicine and integrated care (MIC) division between January 2016 and March 2017 and most were categorised as no harm. Charing Cross Hospital reported the highest number of incidents across the MIC division within the same period compared to Hammersmith Hospital (1555) and St Mary's Hospital (1643). All information under this section relates to the incidents reported within this period. We saw that the number of incidents reported in March 2016 and for the period of August to November 2016 was higher than trust wide average for medicine directorate. The majority of the incidents related to pressure ulcers, implementation of care, medication and blood transfusion, slips, trips, falls and collision. The hospital reported 237 medication incidents for the same reporting period that resulted in low harm (10%), no harm (70%) and near miss (19.4%); no severe or moderate harm reported. We

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noted that the reported pressure ulcers were mostly for patients admitted to the hospital with an existing pressure ulcer and some hospital acquired grade 2 pressure ulcers.

- There were no never events reported in 2016 for the MIC division in the trust. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were 46 serious incidents (Sis) in 2016 that occurred in the MIC division, in accordance with the Serious Incident Framework 2015. Fifteen of the 46 serious incidents related to Charing Cross Hospital for that period. Serious incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. The serious incidents related mainly to pressure ulcers (13), hospital acquired infections (8), slips, trips and falls (13) and hospital acquired infection or infection control incidents (8). We saw that all serious incidents were discussed at clinical governance meeting, MDT meetings and the trust MIC division weekly messages sent to staff. We noted that some of the serious incidents information and learning sent to staff in their weekly messages for the period of December 2016 to February 2017 included patient falls that resulted in fracture, hospital acquired pressure ulcer and staff not recognising a deteriorating patient.
- Nursing staff gave us examples of an incident that was currently being reviewed to decide if it was a serious incident. On the oncology wards, staff told us the multidisciplinary team (MDT) tried to offer local resolution following all reported incidents and met face-to-face with staff involved in the incidents to offer support and for learning to take place among staff.
- Incidents were reported through an electronic reporting system. Staff told us they had training on how to use it. Most of the staff we spoke to had reported incidents, been made aware of incidents and received incident learning feedback. Staff told us they would report patient falls, patients seen with pressure ulcers or medication errors and inform their managers or senior colleagues. Staff gave us examples of incidents that were reported. We also saw examples of an incident report completed by staff.
- Staff told us that following a reported incident, the managers or senior lead investigated the incident to find out if there was a trend and if the incident involved staff. The incident investigation involved talking to staff, patients and/or relatives, before the manager or senior lead made a judgement. The findings were then discussed with staff and patients.
- Staff were also informed of incidents that related to other divisions and the trust at team meetings and handovers in an open and honest manner. This meant they could discuss how the incident was handled and how others would have dealt with it, and ensured learning was shared. We reviewed the message dated the 6 December 2016 which discussed a patient who had a fall and became septic. It was noted that staff did not recognise signs that the patient was becoming septic following their observation. Staff were aware of recent safety alerts in the trust and attended a teaching session on managing oxygen level in chronic obstructive pulmonary obstruction (COPD) patient during emergencies following an incident.
- Senior staff told us they received advice and support from the director of governance if there were any incident concerns they could not deal with. Staff explained there would normally be a team brief for senior staff by the chief executive.
- Patient deaths were coded and reviewed electronically under the named consultant on the wards. We saw that deaths were reviewed timely and appropriately in line with the trust policy. Following this, mortality cases were discussed at the monthly mortality and morbidity meeting (M&M). The M&M for the MIC division were held monthly to review deaths that were preventable. The meeting aim was to learn from complications and errors, to modify behaviour and judgment based on previous experiences, and to prevent repetition of errors leading to complications. Audit or mortality and morbidity were alternated for discussion during the M&M.
- Nursing and medical staff told us the M&M's were consultant led and discussed by consultants not

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involved in the patient care. We reviewed the M&M minutes and learning for the six months prior to our inspection. We saw that patient deaths were adequately reviewed and the action points or lessons learnt were identified. Doctors we spoke with had attended the M&M. The meetings took place at speciality level and the concerns identified at this meeting were reported through the directorate committee meeting.

- The duty of candour is a regulatory duty that rates openness and transparency and requires providers of health and social services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The trust provided staff with an updated and detailed duty of candour policy. The policy, 'Duty of Candour and Being Open Policy' advised staff on different actions to take when things go wrong. Staff were trained in the duty of candour and we noted the MIC division's weekly messages in January 2017 included a teaching section on the duty of candour and its new structure. Minutes of clinical governance meetings showed that duty of candour was followed when responding to patients and/or their relatives when investigating incidents.
- Staff were familiar with the term duty of candour and were aware of their responsibility under duty of candour, this ensured patients and/or their relatives were informed of incidents that affected their care and treatment and they were given an apology. We saw several examples of where duty of candour has been used and an example of where it was used on the electronic system along with a written apology sent to the patient. For example, a letter was sent to a relative following complaint received that related to a delay in referral by the GP for the terminal health condition, late diagnosis and poor communication. The complaint was upheld following investigation. Consultants and other staff had a meeting with the patient's relative and they apologised and acknowledged where things had gone wrong. We were told this meeting was also taped and given to the relatives. Following this complaint and incident, training sessions were given to specialist registrars on how to have difficult conversations as the complaint and incident highlighted they had avoided giving bad

news to the family. There had been reflective meetings for nurses and the complaint and incidents was discussed at length at multidisciplinary team (MDT) meetings.

Safety thermometer

- The NHS Safety Thermometer is a national tool used for measuring, monitoring and analysing common causes of harm to patients, such as new pressure ulcers, catheter and urinary tract infections (CUTI and UTIs), falls with harm to patients over 70 and venous thromboembolism (VTE) incidence. Staff were aware of their responsibility to reduce and reports incidents such as falls, pressure ulcers, urinary tract infection relating to the use of catheters.
- During our inspection we saw that staff completed the VTE risk assessments and the hospital had measured the compliance rate of these assessments. 95.3% of patients were assessed in November 2016 for the risk of VTE by staff within 24 hours of admission on the medical wards, which was better than the national average of 95%. A root cause analysis was carried out for patients suffering a hospital-acquired VTE. Staff told us the completion of VTE forms had improved as the matrons ensured the forms were completed.
- We saw that safety thermometer performance data was displayed on the safety noticeboards on the wards visited. This meant patients, relatives and visitors could identify how well the ward was performing.
- Between February 2016 and February 2017 there were 31 new pressure ulcers across the hospital medical wards recorded by the safety thermometer and the worst performing wards were 6 North, South Green PIU, 9 South Neuro Rehab, 8 West, 8 North and 8 South. There was one reported avoidable pressure ulcers across the trust MIC division in December 2016. We saw evidence that the 'Waterlow Pressure Ulcer Prevention Score' was used across the medical wards and consistently completed. We saw that pressure relieving mattresses were in use on the wards and were switched on. Staff had access to the tissue viability services and grade 3 and 4 pressure ulcers were investigated. Nursing staff told us they completed an incident report if a patient developed a pressure ulcer, reported this to the senior nurse on

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duty and made a referral to the tissue viability nurse (TVN). Staff took photographs of pressure ulcers every 48 hours and uploaded these to the electronic records system for the TVN to review. The TVN reviewed and advised staff on how to manage the pressure ulcers. We saw completed TVN referrals and assessments on the wards during our inspection.

- Staff also monitored and analysed grade 2 pressure ulcers to help identify causes, trends and patterns for lessons to be learnt. We saw completed TVN referrals and assessments on the wards during our inspection. The trust updated staff on serious incidents and learning relating to pressure ulcers on their medicine and integrated care weekly messages. For example, the 13 December 2016 weekly message highlighted there was no timely referral to the TVN regarding a pressure-acquired ulcer that resulted in the development of heel damage.
- There were 16 falls in total with harm across the hospital medical wards for the reporting period by the safety thermometer and the worst performing wards were South Green PIU. In January 2017, we noted that 69 falls were reported across the medical wards and recorded by the safety thermometer. We saw evidence that falls assessment were completed and regularly reviewed by staff.
- On the wards, we saw posters to educate staff on how to prevent and manage falls titled, "Safe steps together to help prevent falls". The poster had prompts for staff to follow to ensure patient safety. The prompts were "check, act, inform and record".
- Within the reporting period, 13 catheters related UTIs were recorded via the safety. The majority of these occurred in 8 West ward, 9 South Grafton ward and 9 South Neuro ward. The service had a process in place for staff to review if patients still required a catheter. We saw that staff reviewed the use of catheters regularly.

Cleanliness, infection control and hygiene

- The hospital had an infection control policy, which included safe disposal of waste and cleaning and control of the environment. This policy was available to staff on the intranet. The policy and information

given to staff at induction included the use of personal protective equipment such as gloves and aprons, cleaning spillages and the Control of Substances Hazardous to Health (COSHH).

- Staff used side rooms to care for patients where a potential infection risk was identified in order to protect other patients from the risk of infection. We saw that signs were in place at the entrance to the side rooms which were being used for isolating patients. These signs gave staff and visitors clear information on the precautions to be taken when entering the room. During the inspection, we observed staff removing or changing their apron after leaving a patient who was in isolation before or after care.
- Staff told us the infection control nurse visited their ward weekly to assess and support them.
- The hospital cleaning audit showed 98.6% compliance on the wards and 100% compliance in the service level agreement with the externally contracted cleaning services.
- The weekly audit on the 3 March 2017 on the ward for the elderly showed 98.5% compliance on the cleaning audit and 90% compliance on the hand hygiene audit. Staff told us they attended focus group meeting which aimed to improve performance following audits like hand hygiene and infection control.
- Handwashing and sanitising facilities were in place in every side room, within the wards and ward bays. Hand gel dispensers were generally seen in the hospital and near patients' bed. However, we observed that some bays on the medical wards did not have hand sanitiser and the staff told us this was removed due to patients who were confused and were seen drinking the solution. The removal of this on the bay had reduced risk and ensured patients safety. We were assured that hand wash and gel were made available with staff supervision if these patients needed it.
- We saw that all hand gels were in date. Most staff washed their hands or used the hand gel before and after patient contact. However, we saw that some doctors did not wash their hand or use the hand gel before or after patient contact.

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- The hospital took part in the patient led assessments of the care environment (PLACE) 2015 audit. The medical service scored 100% for cleanliness on most wards and 97.8% on 4 South ward which was similar to the England average 98%.
- All the medical wards we visited were visibly clean. We observed that cleaning schedules were visible on the wards and clinical areas were cleaned at the allocated time. We saw that the cleaning company provided daily cleaning and followed a schedule of cleaning procedures in the hospital. We observed support staff cleaning throughout the day. We saw that staff used the cleaning equipment checklist and green 'I am clean' labels were in use to show when equipment had been cleaned. Alcohol wipes were used between each patient to clean equipment such as the commode or blood pressure monitors.
- We saw that the wards used disposable curtains and they were all cleaned and dated. The use of disposable curtain helped reduce the risk of transmitting infection and to be disposed when patient were transferred or discharged.
- The trust provided staff with adequate supplies of personal protective equipment (PPE). We observed and staff told us that PPE such as aprons and gloves were available on all the wards and used appropriately. We noted that staff adhered to the "bare below the elbows" trust policy in the clinical areas.
- The catheter bags observed on the medical wards were not touching the floors or leaking which was in line with best practice.
- Sharps bins were in use on all the medical wards to ensure the safe disposal of sharp instruments such as needles and we saw that these were in line with the infection control policy and Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw that all sharps bins containers used were dated and signed by staff when brought in. We observed that liquid medicine such as intravenous drugs were disposed of in the big sharp bins. Staff told us there was no separate bin for disposal of liquid medicine and we noted this was in line with their trust policy.
- For the month of December 2016 the trust wide MIC division reported 33 cases of Clostridium Difficile (C.difficile) incidents which was higher than the national average. However, the hospital reported no incidents of methicillin-resistant staphylococcus aureus (MRSA) and three cases of C.difficile in January 2017 for the medicine and medical speciality wards. There was MRSA screening rate in the hospital of around 85.2% compliance rate across all medical wards in January 2017. We saw evidence that C.difficile and MRSA screening were discussed at the clinical governance meeting.
- During the inspection we saw that the wards visited displayed information about the most recent MRSA, C.difficile, pressure ulcers incidents. This meant staff, patients and visitors were aware of any safety concerns and could seek advice from staff when they visited the wards.
- We observed that the MRSA compliance was low on 9 North ward and was 81% at the time of inspection, this was discussed during staff handover to raise awareness.
- Ward 4 South also had a low MRSA screening compliance (50%) and aseptic non-touch technique compliance (85%).
- Staff were knowledgeable about the infection control procedures including spillage and clinical waste. We observed that clinical and domestic waste was appropriately segregated and there were arrangements for the separation and handling of high risk used linen on the wards. We observed that most staff complied with these arrangements. However, we noted a used medicine pack which had patient details on the label. This was discussed with the nurse sister on shift who told us medicine pack with patient details was not supposed to be thrown in the general waste bin. The medicine pack was removed immediately.

Environment and equipment

- Weekly and monthly health and safety checks on the wards were carried out and any action required was recorded. Appropriate staff performed routine testing of electrical equipment. We examined a range of electrical equipment including: blood pressure machines, pumps, a bladder scanner, optiflow, portable fan heaters and a communal water cooler and all were in date and appropriately identified with compliance stickers.

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- We observed that all Electrical Medical Equipment (EME) including the bladder scan and auroscope were checked, had a registration label affixed and the equipment's were serviced regularly, calibrated, maintained and in date in accordance with manufacturer's recommendations. Safety testing labels were attached to the electrical systems showing they had been inspected and safe.
- We saw that other non-electric equipment such as trolleys, wheelchair and drip stands were cleaned, in good condition and serviced where necessary. The equipment rooms were also clean, neat and not cluttered.
- Water checks for legionella were carried out monthly to ensure patients, staff and visitors to the service were not at risk. We saw evidence that the water check for Legionella record, general taps or thermostatic mixing valves (TMVSS) and water heaters were checked regularly.
- The fire alarm was checked weekly on the medical wards to ensure all alarms and alarm panel were functioning correctly. We noted that the fire extinguishers were in date and had been checked. Staff told us there were issues with the site plant overheating. When we inspected the medical wards on the 7 March 2017 at night, we saw the fire brigades on site due to the plant overheating.
- Staff told us they were aware of the procedures to follow should the fire alarm sound. We were told that if the alarm sounded on the wards, people would be evacuated until the all clear was given.
- Safety posters relating to health and safety legislation, fire and emergency evacuation were highly visible on the medical wards and medical specialities visited.
- There was signage on the medical wards to help patients identify the male and female bathrooms, toilets and shower rooms.
- The majority of the toilets, shower room and bathroom we observed on the medical wards we visited were clean, bright, spacious, wheel chair accessible and had an emergency cord. Patients told us the toilets, showers and bathrooms on the wards were clean and smelled nice. However, we observed worn old taps, only one hand drier and no paper towels on the toilets on the private ward toilet. We saw a toilet on ward 8 South has been faulty for a while and was yet to be fixed despite been escalated to the estate and domestic managers.
- The wards we visited had swipe entry buzzer and key code at the entrance of the wards to ensure authorised staff had access to the wards at any time and to ensure the safety of patients and staff on the wards.
- Repairs and maintenance of the building were carried out routinely and when required and staff we spoke with mostly reported a good response when an emergency repair was required. However, patients, staff and visitors reported challenges with the use of lifts and escalator in the hospital. During inspection we observed the escalator was not working. Staff told us the escalators in the hospital have needed repair for around four months prior to our inspection. Some of the lifts were not working or in good condition during the inspection. On the 8 March 2017, staff told us five of the 14 lifts were not working and this was highlighted at the MDT meeting and included on their risk register. We also observed there was no button and fault with some of buttons in the lift that goes to the hospital canteen. Patients and visitors comments on the lifts include "wait forever and wish there were more lifts", "waited 10 to 15 minutes for the lift", "one of the worse things about the hospital, despite have a good staff and hospital is clean".
- We found each clinical area on the wards mostly had resuscitation equipment stored on two resuscitation trolleys, readily available and located in an accessible position. We saw that the resuscitation trolleys were checked daily and records of staff signatures showed the trolley was usually checked daily. We noted that one of the nasopharyngeal airways on ward 10 North was out of date. We saw written evidence to show the emergency equipment like the resus trolley were generally checked twice a day to ensure it was ready for use in an emergency. However, on the AMU we saw that the resus trolley was not restocked hours after it was used during an emergency situation. This meant that if there was another emergency the resus trolley was not fully available for use. Staff told us this should be completed immediately and told us there was another resus trolley on the ward available for use when

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needed. However, when we inspected that trolley later at night it had been restocked and sealed. The written evidence showed that the resus trolleys were cleaned by staff and was not documented on their record sheet. We reviewed the resus trolley daily check record for the period of October 2016 to March 2017. We noted that staff completed the checklist daily for October to November 2016 and March 2017. However, there were 17 missing records for December 2016, 20-23 missing records for February 2017 and the January 2017 record was not found. We noted that the resus daily checklist needed to be archived as the record was from June 2015. This was escalated to staff and we were told the trolley was inspected by the 'resus officer' and the trust would be able to provide evidence of the resus audit.

Medicines

- The trust provided staff with guidance and information on the safe management of medicines within their policies and procedures which were available on the intranet. The policies included 'administration of medicine', 'medicine reconciliation', 'controlled drug security', 'safe storage and transport of medicine policy'. However, we found that staff did not always follow trust policy and NMC standards for medicines management.
- We observed that ward 8 South treatment room felt warm and we noted the room temperature was not being recorded. Nursing staff told us the senior pharmacist was aware that the room temperatures were frequently warm but the risk was not recorded on the pharmacy risk register.
- The AMU clinic room felt warm. Staff said this had been an issue and some medicines had been moved into locked cupboards outside the room. The temperature records for February and March 2017 showed a range of 23 - 30°C. Most medicines should be stored below 25°C. Staff told us the high temperature issue had been escalated and the chief pharmacist was aware that room temperatures were frequently warm.
- Staff did not record the date liquid medicines were opened in line with the trust's own policy.
- On Ward 9 South we found several boxes of unused tablets in the domestic waste bin the treatment room. This was escalated to the nurse in charge which told us they would discuss this with the nursing team.
- Controlled drugs (CDs) were stored and generally managed appropriately on most of the wards including the private wards. We reviewed the CD record book during inspection. The CDs were checked twice a day by two registered nurses during the morning and night shift in accordance with statutory requirements. On the ward 7 West, we observed there was a system in place where staff identification and a second nurse was required before accessing the CDs. Two nurses checked prescribed CD, signed and dated it on the CD book and online prescription chart when CDs were administered.
- On Ward 8 South there was an appropriate CD cupboard and patients' own controlled drugs were stored in the outer cupboard. We noted that patient CDs stored in the outer cupboard were logged in the CD register. We saw that this section of the outer cupboard was full and disorganised and contained non CD items and this was not in line with their policy and good practice guidance for the storage of CDs. For example, syringe pump, patients own property and test strips were stored together with patient own CD.
- The CD keys were separated from the main bunch of keys and held by a registered nurse at all times. Two nurses were involved in checking CDs for administration and two signatures seen in CD record book. We saw that daily stock checks were recorded in the CD record book while patients own CDs were recorded in the back of the CD record book. We observed that the documentation did not allow clear recording of stock checks or administration from patient own medicines. We escalated this issue to the chief pharmacist who said they would review how patients own CDs were recorded in the trust. We saw three entries in February 2017 for patient own CDs where the stock was not present and the book had not been annotated to state if the medicine had been returned to the patient. Senior staff felt the self-administration policy was not embedded practice across the trust.
- We checked some medicine on the AMU CDs cupboard and saw they were in date and recorded

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correctly in the register. We noted a medication error concerning a CDs. Staff did not calculate the liquid CD medicine correctly and the amount seen in the bottle differed from the CD record. This was escalated to a member of staff. Staff told us the amount was not measured accurately by nursing staff and they were going to complete an incident report and inform the matron.

- The hospital reported 116 medicine errors for the period of September 2016 to February 2017 across the medical wards.
- We saw that patients' prescriptions were written clearly and included the patients' allergy status. Antibiotics were automatically reviewed every five days and the antibiotic policy was generally followed. The nursing and medical staff told us the pharmacist was often present during the ward rounds which helped in reviewing the antibiotics effectively. We observed pharmacists attended MDT meeting and discussions relating to discharges included information from the pharmacist and plans for discharge medicines. Staff told us they could contact the pharmacist when needed. We observed on Ward 10 North that a member of staff prepared, checked, signed and administered IV antibiotics alone for all patients on the ward, which was in line with the trust policy. However, studies have shown there is an increased risk of medication error if IV medicines are not checked by a second staff before administering the drug to the patient. Double-checking is widely considered best practice and recommended as an essential method to prevent medication errors.
- On ward 8 North, we observed three bottles of used IV antibiotics still connected with the IV line on the worktable in the treatment. This meant staff had not disposed the medicines safely and increased the risk of sharp injury and spreading of infection or contamination to other staff. We escalated this to a senior nurse who told us this incident would be investigated and discussed with staff on the importance of safety, medicine and infection control.
- Regular expiry date checks were mostly in place and there were suitable arrangements for ensuring medicines were available out of hours. Stock check of medicines took place once a month and records were maintained when this was carried out. Staff told us pharmacist services were available and they carried out medicines reconciliation on all new patients and wards. Medicines reconciliation is the process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency and route, by comparing the medical record to an external list of medications obtained from a patient, or GP. Wards were also expected to check IV fluids and some other medication as these were often delivered directly to the wards and not by the pharmacy.
- However, On Ward 8 South we saw five expired medication were stocked with other medicines that were in date. These expired medications had all expired between July 2013 and October 2016. We observed that medicines and IV fluids were stored in an unlocked cupboard and open shelves. We saw that the treatment room was linked to an adjoining office. The office staff did not have restricted access to the treatment room, which meant the medicines were not secured.
- We also noted that some liquid medicine were disposed in the large sharp bins on the medical wards. However, on the private wards we observed that disposal of chemotherapy and medicine were appropriate.
- We saw that where medicines had not been administered this was noted on the prescription section on the patients electronic record. Nursing staff were aware of how to obtain medicines if they were not immediately available and told us how the stock lists for some wards had been updated. We selected a random sample of drugs from each shelf in the medicine fridge and all were in date including the skin disinfectant. Medical fridges were clean, organised and not over-stocked. Fridge temperatures recorded daily and within the safe range. When the maximum fridge temperature was recorded as more than 8°C the thermometer was reset and rechecked. This was recorded on the back of the record sheets and this process was in line with trust policy. We observed the medication administration rounds, Nurses wore aprons to show that they were not to be disturbed and spent time ensuring patients took their medicines safely.
- We saw that the incidents were mostly on the oncology, stroke and neurology wards. The reason for

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the medical incidents included and not limited to delayed medication (39), omitted medicine (19), expired drugs, wrong dose (19), wrong drug (18) and wrong patient (10).

- In the AMU we saw free standing oxygen cylinders next to medicine trolley, 10 CD cylinders and three E cylinders. Five of the CD cylinders were empty or less than a quarter full - these should be separated from useable stock. The medical gas storage was not in line with best practice. This was highlighted to the matron and they immediately segregated the stock and moved the cylinders so that they were not in the way.

Records

- The trust used an electronic record system to record patients' information. This was a new system and most staff spoke positively about it. They found it accessible and useful to update patients' records. Staff told us they had sufficient computers and experienced few IT problems and senior staff were trained to "unlock" the system so there was no delay in documenting on patients' records. Staff reported no Wi-Fi or connection issues during the inspection.
- Staff had access to the electronic system using a smart card access and individual nurses completed their patient record which was trackable. We saw that staff stored records securely when electronic records were not in use or staff logged off their computer. Agency staff were trained and supervised by senior staff until they were confident using the system independently and then given their own password. Agency staff had smart cards to access patients record following their training.
- The oncology wards had two systems in use for patient records, the first system was used for their chemotherapy prescribing programme, while the other was used for documentation. Nursing staff told us there were plans to merge the systems three months post inspection and the recording system was on their divisional risk register. We saw that recording system was on their risk register during inspection.
- The medicine and the medicine specialities wards had integrated patient electronic records shared by doctors, nurses and other healthcare professionals. This meant all professionals involved in a patient's care could see their full record and recorded information in chronological order in the clinical notes section. This section included the medical plan and discussion plans from the MDT meeting for the patient. We noted that the clinical notes provided a description of the patient progress and discharge plans.
- Medical staff had access to electronic patient records (EPR), so they were able to order tests and look at results and images. The computers were on trolleys based on the ward; this meant that the doctors were able to take the computer to the patients' bedside to refer to their results when in consultation and update patients' record immediately.
- We saw evidence that staff assessed patients' medical, psychological and family history when patients were admitted.
- We looked at 19 sets of patient electronic records. The records showed most patients had been seen by medical staff within 12 hours of admission. Diagnosis and management plans were identified and nursing assessments and care plans were complete. Staff documentation on patients' records were legible and written in accordance with the NMC record keeping guidance.
- Managers undertook weekly documentation audits. On 7 West ward the manager audited nine records and the result showed staff were mostly compliant with record keeping. Records were assessed against 14 outcomes such as basic oral care, discharge plan, pain, initial wound assessment and nutrition score. Ten of the 14 outcomes of the audited records were fully completed and five of nine of the records were not fully completed for the initial wound assessment. Also, one of nine records were not fully completed for both the waterlow score and measurement of weight, height and BMI. We noted that the managers discussed with staff about the outcomes of the audit and highlight areas for improvement. We noted that where there was poor performance another audit will be carried out by the managers before the next scheduled audit.
- Information governance formed part of the staff mandatory training and was updated annually. Staff

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compliance with information governance training overall was 77% across the medical wards which was below the trust target of 90% for medical and nursing staff.

Safeguarding

- The trust had a detailed and up to date safeguarding and confidentiality policy for all staff. Staff were also provided with a Female Genital Mutilation (FGM) policy that guided staff on steps to take when a child is suspected at risk and following a parental disclosure of FGM.
- Staff told us they had access to the trust's safeguarding policy through the trust intranet and knew how to access the safeguarding team for advice and guidance when required. Staff felt their safeguarding pathway was effective for staff to follow.
- We saw that staff had good understanding of safeguarding concerns and alerts, were able to identify the potential signs of abuse and the process for raising concerns. Some staff told us they would report any concerns to the nurse in charge or manager and make a referral to the safeguarding team. We were given examples of concerns they had identified and referrals made. For example, a referral was made to social services when a patient who had suffered a stroke on the wards had unattended children on the wards or at home. Staff told us they occasionally received feedback on the outcome of referrals.
- The hospital had an alerting system and spreadsheet which helped staff to identify the vulnerable adults in the hospital. Staff told us safeguarding concerns were mostly identified at the accident and emergency department and later updated on the wards. They had link to the social services and there was details of the safeguarding lead and social service on their electronic system and notice board to contact them when needed.
- The trust had a dedicated safeguarding team based at the St Mary's hospital site. The team comprised of two safeguarding champions and a team lead who was also the complaint lead for the trust. We noted one of them was the medical divisional deputy director for nursing.
- Safeguarding adults and safeguarding children's level 1 and level 2 training formed part of the mandatory training programme and was updated yearly. The training was delivered on e-learning. Level 1 and 2 training was required for all staff and while level 3 training was optional for staff interested in the face to face safeguarding children training. The hospital reported 82% compliance in adult safeguarding training level 1 and 88% compliance for level 2 which was below their 100% target. The trust told us that the people and organisational development (P&OD) alerted managers of staff whose training modules were out of date. The managers were expected to address staff directly and informally as part of their annual appraisal process. However, the trust did not have an action plan to address staff mandatory training. There was 100% compliance for the level 3 training. We noted in the hospital renal directorate there was 90% compliance for safeguarding adult 1 and 96.2% for level 2.
- There was 100% compliance for safeguarding children level 1 and 94.2% compliance for safeguarding children level 2, which was below their 100% target.
- Within the hospital medicine and the medicine specialities the compliance with safeguarding adults and children training were below the trusts 100% target for administrative and clinical staff.

Mandatory training

- Staff were aware of the mandatory training they were required to undertake.
- The mandatory training programme covered: conflict resolution, equality and diversity, fire safety awareness, fire safety clinical and high risk areas, health and safety, infection prevention and control, information governance, moving and handling, adult basic life support levels 1 and 2, safeguarding adults levels 1 and 2, resuscitation, safeguarding children levels 1 and 2. Some mandatory training was delivered using online learning modules and some was delivered face to face.
- Ward managers maintained a training record that identified the training staff had attended and the date it was completed. These ensured managers were able

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to monitor their staff attendance at mandatory training to ensure it was completed, or refreshed. Staff we spoke with confirmed that their mandatory training was up to date.

- The trust's target for staff having completed their mandatory and statutory training was 90%. At the time of our inspection, the trust compliance with mandatory training for medicine and the medicine specialities was 81.3 % for medical staff and 84% compliance for the nursing staff and allied health professionals. The trust recognised that mandatory training rates were a challenge for some staff groups and specialities, however did not have an action plan in place to address this.
- The hospital submitted data for the staff mandatory training for the medical wards and specialities for the month of February. The compliance rate for renal staff was 90.3%, which was better compared to their trust targets. The mandatory training compliance rate for neurology departments were 75.6% compliance and 85.7% for oncology and palliative care. We saw that generally the scientific and technical staff had low compliance (31.4%) on their mandatory training across all the medical wards. The career grade doctors had 100% compliance and the allied health professionals had 92% compliance in their mandatory training across the medical wards.
- The hospital reported 67% compliance for clinical staff for safeguarding and consent training and 80% compliance in MCA training. Although, we saw that nurses had 100% compliance on MCA training. We noted that staff were compliant on the equality and diversity training (94%).
- Fire awareness and health and safety training formed part of the staff mandatory training programme and were updated annually. The trust target for mandatory training compliance was 90%. Of all staff on medical wards, 93% had completed the fire safety awareness training. The training record showed 70% of nursing staff and 78 % of HCA had completed the Fire Safety Clinical and High Risk Areas training, which was below the 90% target. Compliance with health safety and welfare training was 82% and below the trusts target for all staff.

- The trust was due to launch a sepsis module to guide staff on managing sepsis on their electronic records system following inspection.
- Locum or bank staff were required to provide evidence of mandatory training compliance from their employers.

Assessing and responding to patient risk

- Staff monitored patients' clinical observations such as blood pressure, heart rate, oxygen levels, level of consciousness and temperature in line with the NICE guidance CG50 'Acutely Ill-Patients in Hospital.' A scoring system known as the national early warning score (NEWS) was used by staff to recognise "at risk" patients and to trigger early referral to the medical staff or critical care outreach team, for early intervention to help prevent deterioration.
- The trust conducted a National Early Warning Score (NEWS) audit across the organisation in April 2015 as recommended by the National Institute for Health and Care Excellence (NICE, 2007). NICE recommended that all adult patients in acute hospital settings are monitored using a physiological track and trigger system in order to ensure that patients who are deteriorating are recognised and treated early, through an agreed escalation algorithm. The audit result showed that the most commonly completed parameters were blood pressure (96%), respiratory rate (94%), heart rate (94%) and oxygen saturations (94%). The poorest completed parameters were delivered oxygen (85%), oxygen device (84%) and total NEWS score calculation (75%). Result showed 38% of the wards had below 90% compliance for completion rate of all parameters required to calculate a NEWS score. Furthermore, the audit demonstrated that where a patient has triggered, in the majority of cases (66%), there was no documented evidence of any review or action were taken.
- Staff told us they could easily identify deteriorating patient on NEWS through the sepsis pathway. Staff had access to the NICE guidance on sepsis management on the wards. We saw that the trust also provided staff with an 'Adult Treatment of Infection Guideline' which contained information on the management of sepsis. We observed that staff completed the NEWS charts and found that these had

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been scored correctly and acted upon if necessary. We were told the clinical observation and NEWS score were recorded on the electronic care records, which calculates the score, highlights any action and escalates to the doctors or nurses where there were concerns. Staff we spoke to told us they were confident in escalating to the nurse in charge and doctors if there were concerns or increase in a patient NEWS score. Staff we spoke to told us that all patients considered at high risk on the NEWS score were reviewed consultant within one hour, which was in line with the London Quality Standards.

- We observed evidence in the trust's weekly message to staff on 6 December that learning from an incident involving a deteriorating patient was shared with staff.
- Staff told us there was a clinical protocol in place for managing and responding to acutely unwell patients. Staff we spoke with told us they knew if a patient scored 5 or more to inform the nurse in charge, doctors or the critical care outreach team (CCOT). Staff told us they found the support from the nurse in charge, doctors and CCOT helpful. Staff said "doctors responded quickly" to triggers when called to review patients on the wards.
- We saw evidence of appropriate action when a patient had a fall on the wards. Clinical and neurological observation and pain assessment was carried out frequently and the doctors were informed for physical examination to be carried out. Staff also assessed if patient was able to stand up to ensure there was no fracture.
- Staff told us they used the Situation-Background-Assessment-Recommendation (SBAR) framework to support their conversation when escalating concerns about a patient clinical condition or deterioration. Staff said they found this framework useful in identifying the kind of information they discuss with the critical care outreach team.
- Staff completed a risk assessment in key safety areas using nationally validated tools. The risk assessments were completed for all patients shortly after their admission on the ward. The risk assessments included falls, manual handling, nutrition risk assessments, body maps, mental capacity, bed rail assessments, venous thromboembolism (VTE), cannula and

pressure ulcers. Staff mitigated risks with appropriate risk management actions. We saw evidence of where care treatment have been changed following risk assessment such as: patient mobility and behaviours.

- We saw that there was a process in place on the wards where senior staff and the pharmacist or doctors had a daily bedside review to ensure deep vein thrombosis (DVT) prevention was appropriate and that anti coagulation was monitored.
- We saw there was a risk management of clinical emergencies policy and procedures in place for staff, to help identify clinical situations on the wards where resuscitation may be required, and guidance on how staff should manage these situations. These procedures included emergency drugs, emergency equipment, management of clinical emergency, record keeping and risk assessment.
- Resuscitation training level 1 to 3 formed part of the mandatory training programme. Within medicine and the medicine specialities 56.8% of clinical staff had completed the level 1 training and 84.2% for the level 2 training. There was 96% compliance in the level 2 training for the doctors in training. There was 40.8% compliance in the resuscitation level 3 training for qualified nurses, which was poor and below the trust 100% target.
- Medical staff told us they had intermediate life support at medical school and had advance life support (ALS) online and during their training day in the hospital. Staff received reminders through email when they were due training.

Nursing staffing

- The hospital used the 'Safe Care' acuity and dependency tool within the staff electronic roster system for planning nurse staffing levels. Ward managers and senior nursing staff monitored nurse to patient ratios against established criteria on a monthly basis. The nurse in charge decided acuity and dependency of patients on the ward at the end of each shift using this tool. Ward manager and senior nurse on duty advised they mostly used the same bank or agency staff to cover shifts.

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- There were 353.19 Whole Time Equivalent (WTE) qualified nursing posts and 114.53 unqualified nurses posts at Charing Cross Hospital in February 2017.
- The vacancy rate across the hospital medical wards as of February 2017 for nursing staff was 21.5% which was higher than the trust average of 16.8%. The staff turnover rate for December 2016 was 9.7% which was better than the national average of 10%. Senior nurses told us they were currently trying to newly qualified staff and encouraging their third year student nurses to apply for nursing position post qualification.
- Senior staff told us there has been a staffing restructure in the hospital with the medical directorates having new band 7 and band 8a management staff who were supernumerary.
- As of February 2017, the staff sickness absence rate for the hospital MIC division was 3.5% which was similar to the national average (3.1%) and better than the trust wide MIC division (4.4%). The trust sickness absence rate was better than the national average for all staff for the period of November 2015 to October 2016.
- The use of agency and bank nursing staff differed across the medical specialities. Senior staff told us bank and agency use was reviewed every week, 3% agency staff use was reported in the trust MIC division and mixed bank usage across all division. We saw that this figure was better and improvement from the December 2016 figure 12.8% reported for the trust MIC division. Data submitted by the trust for February 2017 showed 142 WTE use for nursing and agency staff.
- We reviewed the harm free care report for the period of September 2016 to February 2017 which contained data on the shifts covered by nursing and health care assistant staff (HCA). We saw that bank and agency staff had local inductions and orientation sheets so that they could familiarise themselves with the ward quickly. Fill rates for nursing staff shifts on medical wards for that period ranged from 95% to 98% for registered nurses, 91% to 96% for care staff during the day, from 97% to 98% for registered nurses at night and 94% to 98% for care staff.
- The trust participated in the 2015 National Cancer Patient Experience Survey. The result showed that 70% patients said there was always or nearly enough nurse on duty which was better than the national average of 66%.
- The trust ratio of band 6 nurses to band 5 nurses was 0.7, which was better than national average of 0.45 for the period of November 2015 to October 2016.
- We observed four staff handovers which included a 'safety huddle' where staff discussed key patient risks such as falls, pressure sores, patients not eating and NEWS scores. The handovers also covered patient medical history, investigations and plan of care. The general handover for the wards was followed by smaller handovers in patient bays. We saw that staff had printed hand over notes, which they told us was updated during handovers and during their shift.
- We observed on all the medical wards visited that the numbers of staff planned and actually on duty were displayed at ward entrance in line with guidance contained in the Department of Health Document 'Hard Choices'. Staffing levels were largely in line with the planned staffing levels. Generally, staff told us they felt they were well staffed on the wards and care for the patients were not compromised. However, senior staff told us mostly one out of five wards could be short of nursing or medical staff in a week.

Medical staffing

- The medical staff on the medical wards included consultants, specialist registrars, senior house officers (SHOs) and foundation level doctors.
- Medical wards at Charing Cross Hospital employed 206 Whole Time Equivalent (WTE) doctors in medical care services including the specialist wards. The trust submitted their medical staffing data for October 2016 for the medical and integrated team. The trust registrar group (50%) was better than the England average (42%). The consultant staffing (33%) was similar to the England average (32%). The junior doctors (10%) was lower than the England average (20%) while the middle grade doctors was 1% which was lower than the England average (6%). This suggested that the trust had more senior doctors than

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the England average. As of February 2017, medical wards at Charing Cross Hospital had a vacancy rate of 7.4%, with a staff turnover rate of 3% as at February 2017.

- The medical sickness rate for February 2017 was 0.4% which was better than national average of 4%.
- The junior and trainee doctors we spoke with told us they were clinically supported and supervised in the hospital. Professional development for foundation doctors and registrar level doctors was timetabled to ensure protected time. We saw that staff professional development review compliance was similar to national average for December 2016.
- There was consultant cover seven days a week supported by foundation level doctors per week in the acute medical unit (AMU) between 8am to 4pm. There was also on-take consultant 7.45am to 9pm on site and then on-call as well as three registrars (two on AMU and one on-take). Staff told us a consultant was also available on the high dependency unit Mondays to Fridays between 9am to 5pm for level 1b patients. Two consultant provided an on call service out of hours and at night after 4pm covering all the medical wards. The on call consultants reviewed night admissions on the medical wards with the support of the registrar and junior doctors. At night a registrar and four senior house officers (SHO) covered the medical wards. Medical staff told us the hospital was meeting the London Quality Standards of ensuring that all patients emergency admission were seen and assessed by a consultant within 12 hours of the decision to admit or within 14 hours of the time of arrival at the hospital. This was ensured through regular ward rounds that was led by the consultants and handover between the day and night team, The hospital two consultants that covered outlier patients on other wards and medical assessment unit and this ensured other consultants were able to review other medical patients. Two of these doctors were clerking, one doctor covered the stroke unit while two of the SHO either cover ground floor to sixth floor or sixth floor to tenth floor. At weekends the consultant, registrar and senior house officers (SHO) were on site to see new admissions and seriously ill patients. Junior doctors and SHO supported the consultants and covered seven days through a rota system.

- There were hospital night handover where the consultant, registrars and junior doctors handover patient care and treatment to the night team. This ensured all unstable or new admitted patients were highlighted and handed over formally.
- We observed handovers on medical wards between consultants and other medical staff, as well as ward rounds led by the consultant with junior doctors and specialist teams. We observed that patient needs and arrangements were discussed in detail and information was communicated well.
- We observed five consultant led multidisciplinary team (MDT) meetings and found they were detailed, carried out efficiently and effectively and had the appropriate medical staff present.

Major incident awareness and training

- The trust had a major incident plan in the event of a major event or catastrophe. We noted that major incidents were reviewed and assessed annually.
- The trust had a business continuity plan that was updated regularly. The continuity plan had actions in place for staff to refer to in the event of the impact of any of these risks. We saw that staff were compliant with their major incident and business continuity training; staff were all trained between October 2016 and February 2017.
- There was a trust major incident policy that was available to all staff via the hospital intranet and we observed that most wards had printed copies available at the nursing stations.
- The training record showed that staff were compliant with their major incident and business continuity training; staff were all trained between June 2016 and February 2017. All directors, general managers and nurse practitioners across the trust received training in Emergency Preparedness, Resilience and Response (EPRR). Staff who completed the EPRR course received training to support the service continuity during an incident or event in the hospital.
- Staff took part in a casualty exercise as part of their training to prepare them on how to manage major

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incidents. Major incidents plan training were given to security staff and nursing and medical staff as a standard training. There was a non-obligatory drop in session for staff to attend to refresh their skills.

- The hospital had six monthly communication calls to local boroughs to discuss major incident scenarios.
- The hospital had site managers that were available to manage operational issues, especially during out of hours and weekends. The site manager role was also to coordinate affairs during a major incident. Staff told us they alerted the senior nurse and site manager via phone if there was a major incident. The senior nurse and site manager advised staff on what to do if they were on site. If they were off site, they contacted the hospital and informed staff if they could attend and their estimated time of arrival on site or ward.
- There was a management committee that met regularly that provide assurance to the boards and that business and major incidents plans were updated regularly.
- Staff were confident on how to respond to fire alarms as they received fire training. They were also able to identify who was their fire marshal on each shift.

Are medical care services effective?

Outstanding



We rated effective as outstanding because:

- The hospital participated in and used the outcomes from local and national audits for benchmarking, and to improve patient care and develop care and treatment pathways for the patients. All staff were actively engaged in activities to monitor and improve qualities and outcomes.
- The hospital was the second best performing hospital in the country among the trusts taking part in the Sentinel Stroke National Audit Programme (SSNAP) for the hyper acute stroke unit.
- The hospital participated in national audits, which showed the trust's performance was higher or similar

to the national averages for outcomes of patients. These included the Myocardial Ischemia National Audit Project (MINAP), and the National Diabetes Inpatient Audit (NaDIA)

- There were clear pathways used by staff for assessing and managing patients' medical conditions, which were based on national guidance and practice. Patients had access to the full range of allied health professionals and specialist nurses.
- Staff had access to the trust's policies including safeguarding through the trust intranet and knew how to access the safeguarding, learning disability and dementia teams for advice and guidance when required.
- The MDT worked effectively to ensure there was no delay in discharging patient particularly during weekends.
- Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and gave examples of where this has been applied.
- Staff completed the food and fluid charts appropriately and patients' nutritional intake were monitored. The trust participated in the Nutrition Support in Hospital Project (NOSH) nutrition programme and the audit showed this had improved patient outcomes.
- Staff were proactively supported to acquire new skills and share best practice to ensure continuous development of their skills, competence and knowledge. We saw evidence most staff received training and their competencies were assessed prior to them working independently.
- Staff actively sought, monitored and reviewed patient consent and processes to improve patient decision making about their care and treatment.

Evidence-based care and treatment

- Trust policies were current and referenced according to national guidelines and recommendations. These were accessible through the trust intranet for all staff that had electronic access.
- Staff provided care in line with the National Institute of Health and Care Excellence (NICE) Guideline - CG50 - that covers recognising and responding to

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deteriorating patients. Staff used a national early warning score (NEWS) to identify deteriorating patients so they were escalated to the medical team or critical care outreach team (CCOT) appropriately.

- Staff, including student nurses, were aware of the NICE guidance in relation to their speciality such as stroke and anticoagulant. Staff also accessed the Royal College of Physician Guidelines on caring for patients with Alzheimer's disease, epilepsy, stroke and Parkinson's disease.
- We saw that patient risk assessments used were based on NICE guidelines; for example, the falls assessment. Staff told us they were aware of the Sentinel Stroke National Audit Programme reporting system.
- Staff also provided care in line with clinical pathways. For example, the sepsis pathway supported staff to recognise deteriorating patient through the NEWS score.
- Staff told us they were encouraged to develop their clinical practice through courses, reviewing guidelines and research relating to their practice.
- Staff had access to the trust policies, which were available on the intranet. We saw that staff were informed through their weekly messages if there was an update on the trust policy.
- Staff told us the trust's new discharge policy had recently been ratified to help improve the discharge process and plans for patients.
- Staff were updated on current practice, guidelines, protocols and evidence-based practice through their regular meetings, intranet and weekly staff messages.
- The hospital had a process for reviewing clinical guidelines, which ensured their current practice reflected relevant national guidelines, policies or research.
- Staff carried out endoscopic procedures in line with professional guidance. The Endoscopy staff used the World Health Organisation (WHO) surgical safety checklist for each procedure to ensure patients received consistent care and treatment to established standards.
- The consultants reviewed all patients on the acute medicine unit (AMU) during their morning and evening

ward rounds. All patients admitted on the general ward were reviewed at least once every 24 hours, seven days a week during the consultant-led ward round.

Pain relief

- Patients were asked about their pain during medication and patient comfort rounds across all medical wards. We saw that this was recorded on the patient record during inspection.
- Staff told us they also observed patient non-verbal cues and followed this up with a pain assessment tool. Staff told us they used a pain assessment tools which rate pain on a scale of 1 to 10 or the 'smiley face' score. Staff told us the smiley faces were used for patients who were cognitively impaired or older people.
- Patients we spoke with told us they were comfortable, not in pain and were given pain-killers on time. They told us staff have asked them about their pain levels and pain relief was administered in a timely way and when needed. The patient prescriptions we reviewed showed that medicines were appropriately prescribed for pain relief as required.
- The trust took part in the 2015 National Cancer Patient Experience Survey. The result showed that 87% patients said staff did everything to control their pain which was better compared with the national average of 84%.
- Staff told us they had access to the hospital palliative team and pain team through the bleep system for fast response, support and advice when needed. We observed some of the palliative team on the wards during inspection.

Nutrition and hydration

- Staff assessed and monitored patients' nutritional needs using the Malnutrition Universal Screening Tool (MUST) as recommended by the British Association for Parenteral and Enteral Nutrition. Nurses completed an admission risk assessment which included the MUST tool to help identify patient at risk of dehydration, poor nutrition or swallowing difficulty. This assessment shows expected actions staff should take following the nutrition assessment scoring and weight recording. During the inspection we saw that these expected actions were completed by staff.

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- We saw that staff completed the food and fluid chart that required monitoring. Food and fluid charts were a valuable source of information regarding patients' health for doctors or dietician reviewing patients.
- The dietitian reviewed patients if there were concerns with their weight or food intake. Dietary supplements such as fortified milkshakes were given to patients who needed a higher calorie intake. Patients were also referred to speech and language therapists if they needed assistance with eating and drinking or had swallowing difficulty.
- All the wards operated a protected mealtime policy to help minimise other activities on the wards and ensure patient had adequate support. We saw that staff ensured the protected mealtime policy was followed at all times.
- The medical wards used a 'red tray' and cup scheme system to identify patients who needed additional support at mealtime. Staff told us this system was effective as it alerted them to the patient that needed support.
- The catering staff told us they were given daily lists of patients' dietary needs and any food restrictions on the wards. This meant they were aware of patients who required special diets such as puree, soft diet, fluid restriction, and diabetic diet were able to cater for their needs.
- Staff told us the ward menus were rotated every two weeks and there was a 'bleep system' where staff could order a sandwich any time during the day or night for patients.
- We saw there were adequate arrangements to ensure food safety. For example, we found staff and hostess wore suitable personal protective equipment (PPE), food and fridge temperatures were checked and the temperature of food was checked before serving patients to ensure it was within safe temperatures.
- We observed that food and drinks were left within patients' easy reach.

Patient outcomes

- The hospital participated in the Sentinel Stroke National Audit Programme (SSNAP) for the hyper acute stroke unit (HASU) for the period of January to

March 2016. Of the 249 patients were admitted 232 patients were discharged for this period. SSNAP is an on-going national audit that investigates and analyses the quality of care in stroke services. Hospitals are awarded a score A to E where A is the best. The hospital scored best for scanning, thrombolysis, occupational therapists, MDT working, team centred total key indicator level and team centred SSNAP level. The hospital scored good for stroke unit, specialist assessment, physiotherapist and the discharge process. The hospital scored average on speech and language and standard by discharge. The hospital was the second best performing hospital in the country among the trusts who took part in the SSNAP for the hyper acute stroke unit in this period. This showed the hospital was achieving various outcomes for patients with strokes compared with the national average. The hospital also participated in the SSNAP audit for the stroke unit in the same period. The result showed the hospital performed better on all the outcomes compared to national average and were achieving the various outcomes for the stroke patients,

- We noted that the trust was consistently monitoring and improving their mortality rate and remained in the top five lowest-risk acute trust. The trust was the second lowest-risk acute trust in the 2016 Hospital Standards Mortality Ratio (HSMR) and the third lowest-risk acute trust in the Summary Hospital-level Mortality Indicator (SHMI). Staff told us they attended teaching sessions to learn from the death reviews that have taken place in the hospital. The mortality and morbidity meeting were also discussed at the board meeting and the date was compared with the previous months to ensure quality.
- The trust participated in the 2014/15 Myocardial Ischemia National Audit Project (MINAP) audit, which is a national clinical audit of the management of heart attack. The findings showed that the trust performed better than the England average on the delays to treatment reported by those hospitals providing primary percutaneous coronary intervention (PCI) for patients admitted directly and those transferred from another hospital with STEMI. The result showed Charing Cross hospitals had improved their scores compared with the previous audit, in 2012/13.

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- The hospital participated in the 2016 National Lung Cancer Audit (NLCA) and the result showed they performed better than the England and Wales average. Findings showed they performed better than national average on four of the processing, imaging and nursing measures and worse than national average on two measures. Results showed they performed better than national average on surgical resection, performance status completeness, stage completeness and pathological diagnosis. The trust was worse than national average on the patient discussed at MDT (90.8%) and number of patients seen by the clinical nurse specialist (72.2%), although there has been improvement. The trust was generally similar or better than national average on the treatment and outcome measures.
- The hospital participated in the 2013/14 National Heart Failure Audit which collects data on patients with an unscheduled admission to the hospital and who were discharged with a primary diagnosis of heart failure. The result showed the hospital performed higher than the England average in seven out of the 11 standards audited for clinical practice for in-hospital care. The areas the trust performed better includes; input from specialist (100%), received discharge planning (100%), input from consultant cardiology (96%) and referral to cardiology follow up (59%). The hospital scored lower than the England average in clinical practice on four standards which included cardiology inpatient (28%), beta blocker on discharge (74%) and referrals to heart failure liaison service (40%) including the LSVD (54%).
- The trust participated in the 2016 Inflammatory Bowel Disease Programme (IBD) to measure the effectiveness, safety and appropriate use of biological therapies in patients with IBD. The result showed that the trust met the outcomes: all patients had adequate pre-treatment screening, staff documented disease activity index at three months and treated patients with infliximab and infliximab biosimilar.
- The trust participated in the 2016 National Oesophago-gastric cancer audit. The findings showed that the trust performed well on five standards audited and data completeness. These standards include expected cases based on hospital episode statistics, number of surgical cases, management of high grade dysplasia and diagnosis after admission. In the management of high grade dysplasia (HGD) by NHS trusts for the period of 2012 to 2015 the trust achieved a 100% treatment plan for active treatment; only six other trusts achieved the same score. The trust was similar to the national average on the number of cases of HGD in 2012 to 2015, however was worse for the period of 2012/13 and 2014/15.
- The trust participated in the 2016 National Bowel Cancer audit. There was 142 diagnosed cases with bowel cancer that had surgery and 100% of all patients diagnosed with bowel cancer were seen by a specialist nurse which was better than the national average of 92%. The result also showed 66% of the patients had curative major resection treatment pathway which was better than the national average (59%), For the management of all patients the trust scored 3% on non-curative major resection treatment which was similar to national average (4%). 80% of the patients had laparoscopic surgery attempted and 69% of the patients who underwent major surgery had a length of stay of more than five days which was similar to the national average. The trust scored 98% on all seven standards audited for patients that had major resection which was better than national average (82%).
- The trust participated in a Nutrition Support in Hospital Project (NOSH) which was a new approach to provide enhanced support for the nutrition needs of people with dementia who were in the hospital to ensure they were eating and drinking enough. The NOSH quantitative outcome report showed there was 27.5% improvement in the use of fluid charts and 37.5% in the fluid management of admitted patients after the implementation of the NOSH programme. The result showed 5% improvement in urinary tract infection and a 27.5% improvement in the number of hospital acquired infection after the implementation programme. There were no changes in pressure ulcers before and after the implementation for the patients. However, there was 11.1% reduction in the discharge and readmission of patients.
- The hospital carried out an audit on patients care and risk assessments for the medicine and integrated care (MIC) division for the period of July 2016 to February 2017. The result showed there was compliance in

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most of the outcomes. There was 100% compliance on the completion of nutrition and pressure ulcer risk assessment. There was compliance in the activities of daily living, NEWS/vital signs, nutrition screening, safety and orientation, falls risk assessment, pain screening, point of care and basic oral care. However, there was 75% compliance on the safe mobility care plan, which was low compared to the 100% target and was highlighted as red. Other areas highlighted as red and for areas for improvement were, waterlow score (89%), measurement (89%) and initial wound assessment (44%).

- The hospital participated in the World Health Organisation (WHO) checklist audit for the Endoscopy department for the period of April 2016 to March 2017. The result showed compliance in the use of the checklist; there was 100% compliance, for the period of September 2016 to March 2017.
- The endoscopy unit was assessed by the Joint Advisory Group (JAG) in November 2016. The result showed the service was excellent in 16 standards assessed which included safety, quality, consent, respect and dignity, booking and patient environment and equipment. On six of the other standards, the service met the criteria and there are areas for better standard of practice like workforce delivery, planning and productivity.
- The trust participated in the National Diabetes Inpatient Audit (NaDIA) in September 2015. The trust's performance was monitored against 17 measures. In 10 indicators the trust scored worse than the England average on areas such as foot risk assessment during stay, insulin errors, management error, meal choice and medication error. Some of these measures were similar to our findings during the inspection on medication errors and pressure ulcers and wound assessment for the medical wards. However, the hospital performed better than the England average on seven outcomes.
- We observed that all the medical wards had a quality and safety priority for the month that focused on an area of care in order to improve patient outcomes. These included and were not limited to: reduce falls by 30%, correct escalation of News score and SSNAP and mood assessment.
- The standardised relative risk of for all elective procedures was lower than expected when compared to the England average in the 12 month period up to 30 September 2016. This meant that patients were less likely to require unplanned readmission after non-emergency procedures, suggesting that the hospital's care and discharge arrangements were appropriate. However, for non-elective admissions, the standardised relative risk of readmission was higher, than expected risk of readmission for non-elective admissions and a similar-to-expected risk for elective admissions when compared to the England average. The speciality with the highest readmission rate were general medicine, medical oncology and geriatric medicine (elderly care) during these periods. The hospital had introduced various programmes and designed various services to improve the readmission rate.
- However, for the period of March 2016 to February 2017 the readmission rate by speciality at Charing Cross Hospital was similar or better than England average for non-elective admission on seven medical specialities. The specialities that performed better than England average included: respiratory medicine, neurology, clinical oncology and clinical haematology. Stroke medicine and geriatric medicine scored similar to the England average on the readmission rate for non-elective admission. However, endocrinology, dermatology, general medicine, gastroenterology and nephrology had the highest readmission rate, which was worse compared to the England average. We saw that the hospital had designed various services such as acuity frailty unit, OPAL service and OPRAC services for the geriatric medicine to avoid unnecessary time, patients were admitted in the hospital and this had improved the readmission rate. Following the inspection, the trust told us the readmission rates were regularly monitored as part of the routine governance processes. The hospital had introduced an improving patient flow programme that looked at the non-elective pathway from admission to discharge to prevent risk of readmission. The trust had also introduced internal liaison and consultant input for cardiology and other specialties to improve patient care and readmission rate.
- The hospital average length of stay (in days) for non-elective patient (7.8) was longer than the England

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average (6.7) for the same period. The length of stay was 7.8 for general medicine, which was longer than the England average (6.7). The length of stay for neurology (9.7) was also longer than the England average (7.9). Staff we spoke to told us the longer length of stay in general medicine and neurology were due to the complex discharge process such as funding, equipment and finding suitable nursing or residential home placement for patients. However, the medical oncology length of stay was 3.9, which was shorter than the England average (5.6).

- For the same period, we saw that the other medical specialities average length of stay for the trust was shorter (1.7) than the England average for elective patient. Cardiology length of stay was shorter while medical oncology was longer than the England average.
- The trust non-elective average length of stay for other medical wards was longer (8.6) than the England average (6.7) for the same period. We noted that neurology was shorter while the stroke unit and general medicine were longer than the England average.
- For the month of September 2016, the trust reported zero on the 28 day rebooking breaches for the MIC division which was better than national average of 5%.
- We saw that the trust had an action plan in place to address performance where the trust were worse than the national average or needed to improve.

Competent staff

- The hospital had different Clinical Nurse Specialists (CNS) who supported staff and provided advice or guidance when needed. They covered specific specialities such as respiratory, diabetes, oncology, tissue viability, safeguarding, cardiology and epilepsy.
- Staff told us they attended a trust induction programme, which they described as 'good'. We saw evidence that induction forms were completed in a timely way. Newly qualified or employed staff had a two weeks supernumerary period on the ward.
- Senior staff told us there was a "two day induction programme for the health care assistants (HCA) and there were ongoing plans for weekly teaching sessions for the HCAs who told us they felt neglected concerning their professional development.
- We saw that bank and agency staff had local induction and orientation sheets so that they could familiarise themselves with the ward quickly.
- On the oncology wards, practice educators arranged HCA support education session weekly. The oncology HCA's were also required to complete a three day Macmillan course.
- All permanent and agency staff working on the wards told us they were given a general induction and orientation to their working environment on their first day on the wards.
- Hospital data for the period of March 2016 to February 2017 showed 86.5% compliance for nurses which was similar to their trust average of 87.4%.
- Since 2014, doctors have been required to undertake an annual appraisal as part of the revalidation programme for their professional registration (General Medical Council, 2014). We saw that medical staff were generally compliant with their appraisal and the data showed an overall 90% compliance. The data showed 100% compliance among the non consultant (medical) staff with the exception in oncology (90%). However, there was low compliance among the consultants in some specialities such as immunology (0% i.e. one consultant), dermatology (50% i.e. one of two consultants), gastroenterology (75% i.e. three of four consultants), stroke medicine (75% i.e. three of four consultants) and oncology (93%). We saw that the hospital had no action plan in place to improve and address the poor appraisal compliance in these specialities. Most of the staff we spoke to in the hospital during the inspection had their appraisal within the 12 months prior to our inspection.
- Newly qualified nurses had a preceptorship programme to accelerate their learning and development during the first few months of their job. They undertook a series of competencies which they had to complete during the preceptorship period. The clinical practice educator or the relevant mentor assessed staff as competent.

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- The stroke CNS supported the development of staff's skills. New staff had access to a stroke study day in April and September yearly. Stroke competency and The London Stroke Nurse competency workbook were completed by staff. The trust supported two staff annually to attend a stroke management and care university module.
- There was a development pathway for band five to band 8a nurses and a development plan to identify the need for any educational support.
- Senior nursing staff told us they have trained more staff to be mentors in order to facilitate students learning while on the wards. Students were normally on a ward for six weeks or six months.
- The development of student nurses competencies were assessed and 'signed off' by their mentors. Student nurses told us they were orientated to the wards, had worked with their mentors and pleased with how they were tested clinically to facilitate their learning.
- Staff told us they were able to discuss latest research, recruitment, incidents or clinical issues during their ward meeting, supervision, appraisal and handovers. Staff told us these discussions has helped facilitate their learning and improve their skills. We saw that staff handovers were detailed and discussed patients scan result, nutrition, urine retention, language, medical condition, dementia patients, pressure ulcer, change in medication, completed incidents and treatments plans. We observed a staff handover on the stroke ward, we saw that staff were able to ask questions during the handovers and highlight any issue they had on patient care. Staff told us there were opportunities for learning and development, there was great team working and they felt supported by the managers, colleagues and other MDT members when needed. Staff could add to the agenda of the ward meeting. Most of the staff we spoke to attended their monthly ward meetings on their wards.
- We saw that on the wards, nursing staff had link nurse or champions functions; for example, nurses were responsible for infection control, aseptic non-touch technique, falls, dementia, fire safety and discharge.
- Senior nursing staff (band 6 and 7) and lead nurses were involved in the Quality Improvement (QI) project.

For example, proactive on fluids for patients, hand cleanliness and safe surgery. The roll out of quality improvement was one of the trust corporate objectives for 2016/17 to deliver sustainable improvement in the quality of care.

- Staff told us one of the oncology consultant ran a difficult conversation course for all doctors and cancer clinical nurse specialist on how to break bad news and have difficult conversation. This course has been offered trust wide and highly rated by staff. This training was an innovation training for staff to help reduce incidents and complaints received that were based around poor communication.
- The learning disability and inclusion staff recently attended a two day MENCAP training which included safeguarding, consent, derivation of liberty safeguards, autism and learning disability which has helped improved their competency, skills and development. The training has helped developed their competency and help support staff and patients.
- The therapists told us they liked the staff rotation within the trust and hospital, as they had good experience working on the general and specialist wards which supported their development. They felt senior staff gave them educational opportunities for service development. Some of the therapists such as occupational therapists (OT) had spent time with the community OT which had helped them to understand their role, facilitate good working relationship and help them to explain the referral process to patients and relatives.
- Staff told us there had a team building day for the AMU and AAU staff following the merge of the two teams on the first day of our inspection. The aim of the team away day was to encourage team building, team working and address issue and challenges the team were facing with the merge of the wards.
- Doctors told us they had good clinical and educational support from the consultants, which facilitate their learning, practice and development. We saw that some doctors were funded for their PHD programme on the private wards.

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- Senior medical staff told us although they had radiologist assigned to the stroke wards, however they were competent in analysing and looking at their patient scans. They were also competent on the use of PET scan.
- Nursing and medical staff told us they have either had their revalidation or received support towards this.

Multidisciplinary working

- We observed various multidisciplinary meeting (MDT) such as the 'board round' which was mostly around 8am or 9am on the wards. Board round is a meeting where all team members are expected to assemble at a specific time each morning in front of the white board by the nurses station to discuss patient care and treatment. The board round helps the team to rapidly assess the progress of every patient in every bed and address any delays and obstacles to treatment or discharge. We observed that all MDT members understood who had overall responsibility of each patient's care.
- There was a multi-site bed state conference review meeting where estate issues, breaches and patients transfers were discussed. We saw that professionals including: doctors, acute physicians for the high dependency unit (HDU), respiratory care nurse, discharge coordinators, site practitioners, bed coordinators, complex care nurse, and divisional directors of nursing attended this meeting.
- There was a daily MDT meeting between 11am to 11:45am where discharge team, social services, consultants, senior nurse, nurse in charge and other therapist come to discuss patient care, transfers and discharge planning. We saw staff from a range of specialities worked collaboratively at these meeting.
- The acute medical unit staff had a daily meeting with the intensive care unit staff to review level 1b patients and ensure they were in the right place. Staff told us the working relationship, patients care and outcome "has been fantastic and improved since this meeting was introduced".
- We observed collaborative working across the trust departments and the neighbouring and outside boroughs. Staff told us they previously had issue on some boroughs receiving patient functionality reports which delayed patients' discharge. This was escalated to the managers in these boroughs and the issues were now resolved.
- Staff told us that all healthcare professionals were involved in patients care and they were free to express their views at the MDT meetings. Staff felt this was important in ensuring patients care was safe.
- Nursing and medical staff told us discharge planning worked well on the specialist wards visited as they worked well as a team and had twice daily MDT meeting. Staff we spoke to told us the MDT worked collaboratively to avoid discharging older people late at night if they had complex needs OR live alone. This meeting identified who needed to be transferred to a local hospital and ensure electronic discharge summary were completed and sent to the GP.
- The hospital had a complex discharge team to support the discharge process for patients with complex needs. The complex discharge team had two weekly meetings with the housing team to address the accommodation needs of patients. There was a full time housing officer assigned to the hospital. Staff said they had good professional working relationship with the housing team and they helped in purchasing temporary accommodation quickly.
- The learning disability team had a good working relationship with other staff and gave support where needed. We were given examples were matrons and senior staff had engaged with the team for advice on 'challenging behaviour' from patients.
- The wards we visited had their own physiotherapist and OT. Staff told us they were accessible and available when they wanted their support. They also attend the board rounds and other MDT meetings.
- The OT and physiotherapist reported good working relationship and they conduct joint assessment on the wards. The joint assessment helped them to decide if a patient needed a falls assessment or screen assessment. Following a patient assessment if they noticed a communication difficulty they made a referral to the speech and language therapist. The OT

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completed a functional report to the social services and advised what patients needed when discharged. Staff told us the MDT and discharge process has helped reduced the length of stay for patients.

- There were specialist nurses available on the medical wards to review and support staff on how to manage patients' conditions. Staff had access to a diabetic CNS if a patient's blood sugar level was unstable. Staff told us the diabetic nurses were available when needed and worked closely with the MDT including nurses, health care assistant, doctors and dietician to ensure the patient's condition was stable.
- Nursing staff on the wards visited told us they had good working relationship with the ward based doctors and the pharmacist. Comments include "doctors were engaging", "they respond to bleep on time", "very helpful, passionate and respond to our calls and feedback electronically and verbally".
- There was good support from the pharmacy team within the MDT. There was a pharmacy team based on AMU and some specialist wards. The pharmacists attended the morning ward rounds on the medical ward. The pharmacists told us they felt part of the multidisciplinary team.

Seven-day services

- There was consultant cover seven days per week in the acute medical unit (AMU) from 8am to 4pm to meet the demand for consultant delivered care and decision-making. Staff told us a consultant was also available on the high dependency unit Mondays to Fridays from 9am to 5pm. Two consultants provided an on call service out of hours and at night after 4pm covering all the medical wards. At night, a registrar and four senior house officers (SHO) covered the medical wards. Two of these doctors were clerking, one doctors cover the stroke unit while two of the SHO either cover ground floor to sixth floor or sixth floor to tenth floor. At weekends the consultants, registrar and SHO were on site to see new admissions and seriously ill patients, which ensured they met the London Quality Standard.. Junior doctors and SHO supported the consultants and covered seven days through a rota system.
- The cardiac team was consultant lead and had a registrar. During weekends if there was a problem

there was a registrar at Hammersmith who could come to the hospital or transfer the patient to the hospital. The hospital had two heart failure nurses for the elderly who receive any heart admission identified

- There was a registrar on call for support at night on the oncology wards. There was also a 24-hour helpline for patients receiving chemotherapy and radiotherapy.
- Patients had access to key and timely access to diagnostic service 24 hours a day, seven days a week which facilitated their care and decision making process.
- The hospital discharge team operated 24 hours a day, seven days a week.
- The discharge lounge operated from 8am to 8pm weekdays and 9am to 5pm on the weekends. Patient with no mobility difficulties were accepted in the discharge lounge at weekends. They had a 24 hours monitoring of patient discharge through their follow up calls with the complex discharge team.
- The OT and physiotherapist were available on the stroke wards Mondays to Fridays from 8am to 6pm. There was one OT and physiotherapist on the weekends on the hyper acute stroke wards and covered the stroke ward when there was a new admission. The speech and language therapists did not work weekends. However, there was a rehabilitation assistant that covered all the therapists on the stroke wards. Staff told us OT staff worked weekends on a rota and they applied skill mix on shifts.
- There was physiotherapist and OT cover on weekends on the other medical wards to ensure MDT assessment within 14 hours of admission which was in line with the London Quality Standards.
- The pharmacy team operated seven days a week. They operated from 8am to 7pm on Monday to Friday and 8am to 1pm on the weekend. A new post had just been approved so that weekend hours could be extended to 4pm.
- There was a 24 hours, seven days a week service for the CT scan for HASU. Imaging team, radiologists were

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available seven days a week for acute medical patients. The nursing and medical staffs told us scans were available in a timely manner when needed and no issues were reported by staff.

- Staff reported there was seven-day availability of all diagnostic services on the wards including imaging, and pathology services. They told us they did not encounter any problems with diagnostic services out of normal working hours.

Access to information

- The hospital used an electronic system for recording all patients notes. We observed that the wards had a computer system which could be wheeled around the wards and to the patient bedside. This system ensured staff had timely access to all patients record including: their risk assessment, clinical observation, mental capacity assessments, 'do not resuscitate' (DNR) record or Deprivation of Liberty Safeguards (DOLS) form. Staff told us patient electronic medical notes could be accessed quickly when needed.
- Staff we spoke to told us that they had timely access to all the information needed to deliver effective care and treatment when patients are transferred between medical team or services.
- The medical bays had computer terminals enabling staff access patient information such as x-rays, blood results, medical records and physiotherapy records through the Electronic Patient Record (EPR).
- Staff also had access to the action plan from the MDT meeting for patients and this included discharge plans or any due investigation or treatment.
- We saw evidence that copies of discharge letters and care summaries were held on the electronic system and paper copies were sent to each patient's GP immediately after discharge to ensure continuity of care.
- Staff had access to national guidance on ward computers which could access various internet sites. They told us this was helpful for accessing NICE guidance, latest research and other key reference documents.
- Staff told us that they had good access and communication with the GPs. The medical staff told us that GPs had direct access to the consultants and

registrars and they often receive telephone calls from the GPs mainly on the specialist medical wards. The GP also had access to the patients' blood test results, however they do not generally have direct access to other patient records.

- Staff had access to an online learning management system, trust policies and protocols via the intranet.
- We saw that nursing staff had detailed hand over sheets which they could refer to and this ensured continuity of care for staff.
- We saw that most wards had staff names, roles and photos on display to inform patients and visitors which staff worked regularly on the wards.
- Staff told us they received information and updates from the trust through email, weekly staff messages, ward meetings and intranet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- During our inspection there was no patient subject to the Deprivation of Liberty Safeguards (DoLS) on all the medical wards.
- Staff were able to give clear explanations of their roles and responsibilities under the Mental Capacity Act 2005 (MCA) regarding mental capacity assessments and DoLs. The majority of staff we spoke with were aware of the key principles surrounding capacity assessments, best interests meetings and who they would contact for support and advice. We observed that staff complied with the Mental Health code of practice and staff told us they maintained and protect the rights of people subject to the MHA.
- We saw written evidence of where patients' mental capacity assessments were completed on the wards.
- We saw that there was a consent policy for staff. The staff we spoke with told us they were aware of the hospital consent policy. Staff obtained consent from patients prior to the delivery of care and treatment. Patients told us staff gave them enough time to ask questions and they received the verbal information needed to make informed consent.
- We observed verbal and implied consent being taken on the wards by staff before given care or carrying out tests. On the oncology wards we saw that staff gained

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patients' consent before requesting and using the translation service and this was documented on their electronic system, which was their chemotherapy prescribing program. Staff also gained and document consent on electronic system before prescribing, patient filled out a paper consent for the prescribing and re-signed the form before their first treatment. The paper consent was then scanned to the system. Staff told us they also asked for patient consent before contacting their relatives to obtain the patient's history and information or making a referral.

- We reviewed patients record during inspection and noted that patient consent were recorded appropriately by staff.
- Staff were trained in The Mental Capacity Act 2005 (MCA) and DoLS training. The hospital reported 80% staff compliance on MCA and DOLS training for the medical wards. Although, we saw that nurses had 100% compliance on MCA training.
- The Trust did not carry out regular standalone DoLS audits. However, the trust DoLS referrals were reviewed by a sub-contracted NHS Foundation Trust to ensure the forms were completed correctly and standards were met. If the completed DoLS form did not meet their standards, the referral were not forwarded to social services and staff had to recomplete the forms.

Are medical care services caring?

Outstanding



We rated caring as outstanding because:

- There was a strong, caring and person-centred culture, which was fully rooted on all the medical wards visited. Staff we spoke to were highly motivated and inspired to offer care that was kind and promotes people's dignity.
- The service provided care that took account of people's personal, cultural, social and religious needs into account.

- Patients and relatives gave positive feedback about the manner and attitude of staff. During inspection we saw people were treatment with kindness and respect by staff from all disciplines.
- The wards were calm and staff were relaxed and cheerful, while delivering care despite some areas being busy.
- We observed staff answered call bells promptly throughout our visit.
- There was emotional support, chaplaincy, support groups, psychologist and psychiatry support available to patients and their relatives.

Compassionate care

- As part of our inspection, we spoke with 16 patients including their family members and carers to seek their views about the service and care received.
- Staff understood and respected people's personal, cultural, social and religious needs, and took this to account when providing care and treatment. We saw evidence on the patients' admission and daily nursing record that staff considered these needs when delivering and planning patients' care and treatment.
- During our inspection we observed staff treating patients and their relatives in a caring, friendly and respectful manner both in person and during telephone conversations.
- From observation of the interaction between patient and staff, it was clear that most staff knew the patients and their relatives well. Staff also took time to update them on their care and condition.
- We saw that staff were polite and introduced themselves when they approached patients. Most patients we spoke with were complimentary about the care they received.
- Comments from patients and their relatives included: 'staff are excellent', 'wonderful', 'accommodating', 'doctor really nice' and 'great'. 'Staff are good and have plenty time for you', 'staff are tremendously helpful' and 'satisfied with the care received so far'.
- Patients described their care and treatment as: 'everything done well', 'excellent care', 'staff always

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helpful, 'courteous' and 'respectful of privacy and dignity'. A patient commented that staff were careful and gentle with them when they had their shower and walked them back to their bed patiently.

- Throughout our inspection, patients and those close to them spoke positively about the treatment and care they received from ward staff including like nurses, doctors, student nurses, receptionists, housekeepers, porters and catering staff.
- Patients told us staff were accessible, approachable and reassuring. Patients and relatives felt they could speak to staff about any concerns or queries.
- We saw a number of thank you cards and letters on the medical wards. Patients and relatives comments "you were there throughout the night when she has been in pain, sad and been comforted". A patient commented, "thank you for making my four weeks here more comfortable, and full of laughs". Another patient commented, "I want to say thank you for the professional work you do, which has put me back on the road to recovery".
- We observed that patient call bells were answered promptly by staff during inspection. We noted that the hospital did not carried out call bell audit.
- The hospital used the Friends and Family Test (FFT) to gather patients' views on whether they would recommend the service to family and friends. We looked at the latest trust MIC division FFT scores for January 2017. The result showed that 97% of patients would recommend the service, which was better, compared to the national average of 95%. Overall, these showed satisfaction with the service. The response rate for the trust medical wards was 34%, which was better than the national average of 30%. Comments included: "good care", "happy with everything", "staff were superb", "knowledgeable and kind doctors", "treatment has been excellent".
- The trust FFT score for medical care for the period of October to Dec 2016 was 96% for patients recommending the trust and there was 32.2% response rate.
- On the medical wards, we saw that the FFT result for January 2017 was displayed on the notice board and the result were mostly rated five stars and ranged from

95 % to 100%. Comments included "equipment provided, friendly nurses and showed care". On the ward for the elderly we noted the FFT result for December 2016 and January 2017 was 100% (5 stars) and comments included "good nursing care", "very friendly nurse" and "lovely nursing staff".

- The trust participated in the 2015 National Cancer Patient Experience Survey (NCPES). The survey showed that 87% patients said they were treated with dignity and respect which was the same as national average of 87%. 92% staid staff told them who to contact if worried about their condition or treatment.
- We saw that staff maintained patients' privacy by ensuring the doors and windows were locked and curtains were closed during personal care or when visitors were in attendance.

Understanding and involvement of patients and those close to them

- Patients told us they felt involved and encouraged to make decisions about their care from admission to discharge. Patients told us they felt supported and staff gave them appropriate and timely information. They gave several examples where they were involved in the decision making about their treatment, pain relief, food choice and care plan. Comments received included "explained everything", "they answer questions asked", "treatment explained", "infection control explained everything", "quite happy I was involved in the decision".
- Patients we spoke with told us they understood their treatment and care plans. They described conversations with doctors, nursing staff and therapists when they had been able to ask questions and had been told about their care or treatment plans. Patients also commented that staff have encouraged and empowered them to do things independently, such as during personal care support or exercises with therapists.
- The trust took part in the National Cancer Patient Experience Survey (NCPES) audit, 77% patient said they were involved as much as they wanted to be in the decision about their care and treatment which was same as the national average. Similarly, 81% said they

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were also given information about the impact cancer could have on their day-to-day activities, which was the same as the national average in the 2015 NCPES audit.

- During the inspection, we observed that staff were attentive to patient's needs, friendly and asked how the patients and relatives were doing. Staff understood patients' needs and were able to recognise when patients and those close to them needed extra support around their care and treatment such as: education around their medical condition following a diagnosis and managing their nutrition.
- Patients' relatives told us staff kept them informed about their relatives' care. We saw evidence that patients' family were involved in the decision on their relatives care and future plans. This was seen on the family meeting in care records and documented best interest meeting. We noted that patients and their relatives were involved in the do not resuscitate decision and process. Patients relatives also informed us that staff contacted them following the patients admission or discharge process and sometimes request for patients clothing's and toiletries to be brought into the hospital.
- Patients told us staff asked them about their preferences for sharing information with family members and their wishes were encouraged.

Emotional support

- Psychological and emotional support was available to patients following diagnosis of long-term or life threatening condition. This service extended to offering counselling, consultations with a psychologist or psychiatrist, specialist nurse. There was a clinical psychologist service for cancer patients and staff in the hospital. Medical staff told us they had patients on the neurological wards who accessed psychiatric support once a week. Patients were able to self-refer for individual sessions.
- Patients told us staff were attentive and provided them with everything they needed.
- Patients told us staff were "supportive", "helpful", "reassuring", and gave them and those close to them "the reassurance they needed to ease their fears or worries".

- The hospital had a chaplaincy service that provided services to patients across the hospital. Staff were aware of how to contact spiritual advisors to meet the spiritual needs of patients and their families. We also saw posters of the chaplaincy services on all the medical wards inspected.
- Staff we spoke with displayed a good understanding of the impact of the patients' care, treatment or condition on their wellbeing and the impact on their relatives.
- We observed staff communicated in a sensitive and calm manner, offering reassurance to concerned patients and their relatives. Patients gave examples where staff sat down with them to offer reassurance and also speak to their anxieties.
- We saw that Macmillan nurses were available to support patients having cancer treatment. There was also Macmillan cancer information and support help desk on the hospital ground floor where patients and relatives can access practical, emotional and social support. Information about the Macmillan leaflets and support were visible on most of the medical wards we visited.
- The advanced nurse practitioners in oncology offered an on-going emotional support patients in the nurse led chemotherapy clinics and while patients were been diagnosed.
- We observed there were various support groups available to patients, carers, friends and family. For example the heart support group.
- There was a stroke support group for patients and family. Details of the group, available support and the next meeting were visible on the notice board in the stroke wards. The hospital had links to the stroke association and there was a family and carer support coordinator assigned to the trust to give emotional support.

Are medical care services responsive?

Good



We rated responsive as good because:

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- The service was planned and delivered to meet the needs of various patients in the local area.
- The medical wards had the resources to provide care and treatment for patients with mobility and learning disabilities.
- The medical wards were dementia friendly and there were dementia signs and activities for patients with dementia. The medical wards performed better than the England average on the 2016 patient led assessments of the care environment (PLACE) audit on the provision of care for people with dementia.
- The medical wards bed occupancy rate was better than the England average.
- The medical wards performed better than England average for the two weeks GP referral for breast symptoms.
- The hospital performed better than average on the 31 day second or subsequent treatment for patient.
- The hospital better than average on the 62 day urgent GP referral and the 62 day urgent referral to screening.
- The hospital scored better than average for patients waiting longer than 6 weeks for diagnostic test.
- We noted improvement in the length of stay and discharges, and these were escalated to senior leads and discussed at their daily multidisciplinary team (MDT) meetings.
- There were positive robust measures in place to manage the medical outliers being cared for on other wards.
- The hospital improved the service based on patients and relatives feedback.
- We saw that the leaders and multidisciplinary staff were working collaboratively to improve the discharge, length of stay, admission and access and flow across the medical wards.
- The service had clear systems and processes, to ensure complaints were dealt with in a timely and appropriate manner. The trust recruited complaint investigator to handle complaint received in the hospital.
- Data provided by the trust show patients being discharged out of hours between 10pm and 6.59am, which suggest patients being moved out of the hospital at unsociable hours.
- The trust wide medical wards did not meet the NHS England national indicator for 18 weeks referral to treatment (RTT) times.
- The elevator and some of the lifts were not working and this resulted in a long wait for lifts for patients and visitors.
- There was a limited amount of day activities patients could participate in. Patients had no access to entertainment such as television or radio. Day rooms, where available, were poorly equipped and in some cases used for equipment storage.

Service planning and delivery to meet the needs of local people

- Patients were accommodated in single rooms or in single sex bays. We saw there were no mixed sex accommodation breaches on any of the medical wards during inspection.
- Visiting times were displayed on all the wards and relatives were able to wait and support their relative during meal times. Patients, relatives and staff told us relatives were able to sleep overnight on the wards when needed, especially for patients living with dementia or terminally ill. Patients' relatives told us staff offered them drinks when they visited.
- The hospital had a discharge lounge where patients could wait for transport. Patients had access to food and hot and cold drinks.
- The trust carried out a review of services provided to oncology patients in response to the national Cancer Patient Experience Survey 2015. Staff told us they had received additional training in palliative care. We saw that cancer patient care pathways had been reviewed regularly and transformed to ensure improved experience. We saw that the oncology ward had a new ward layout which been redecorated and was a friendly and welcoming environment.
- One of the wards for the elderly was renovated. Staff told us and we saw, that televisions had been fitted into the patients side rooms. Most of the wards had a

However:

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separate day room with television for patients and relatives. We saw that the television on Ward 4 South was not working. Staff told us patients could bring their own radio and there was a guest Wi-Fi for patients to connect to their phone or device. Also, the estate facilities were redecorating and refurbishing the hospital wards to meet the patients' needs.

- We saw the visitor room at the entrance of the acute medical unit was being improved and furnished to meet the needs of the patients and relatives.
- The wards we visited were spacious, clean and well-designed.
- The divisional leads and senior managers told us the acute medical unit (AMU) was moved to the ground floor due to the delay they experienced previously when transferring patient to the unit due to the lifts challenges. This move has helped to improve the flow and patients safety according to staff.
- We observed that some of the lifts that led to all wards were not working. Depending on the time of the day, there was a queue for patients, relatives and staff waiting to transfer or move between wards. We saw that the escalators were not working and we were told this has not been working for around four months. During our inspection we observed queues of patient and visitors waiting for the lift and eventually some people used the stairs. On a particular occasion we saw that 20 people were waiting for the lifts. Staff told us and we saw that the hospital had separate lifts the porters and staff could use to transfer acutely unwell patients between wards. We also noted there was another single red lifts that was used by the ambulance and critically unwell patient admitted to the hospital or transferred to the wards.
- The complex discharge team were working towards having a social worker based on each wards, increase their team size and employ a full time continuing health needs assessor to help improve the discharge process and length of stay.

Access and flow

- Patients were admitted to the medical wards from either the acute medical unit (AMU), the clinical decision unit (CDU), or the hospital accident and emergency (A&E) department. Patients were also

directly referred or admitted to the specialist or medical ward from the GP. These medical wards and specialist wards included Lady Skinner ward, Hyper Acute Stroke Unit (HASU) and oncology wards.

- Acute stroke patients from across North West London were brought to the hospital A&E by an ambulance for thrombolysis, which is a breaking down of blood clots before being transferred to the Hyper Acute Stroke Unit (HASU). Patient were treated for a maximum of 72 hours in HASU before been transferred to their local hospital, the hospital stoke unit or 'step down' ward.
- Demand for medical beds frequently was high especially in the winter period. The medicine and integrated care (MIC) division had an escalation protocol to address bed availability issues when the division had reached full capacity. In these circumstances patients could be placed in additional beds outside of the speciality. We noted that there were arrangements in place to ensure that outlying patients were reviewed by speciality teams and nursing staff reported these arrangements worked well.
- During inspection, we saw there were patients who were placed in other departments' wards like the surgical wards, respiratory ward and the private ward due to the lack of beds (medical outliers). There were 23 medical outliers in the hospital during our inspection period. We visited some of these wards that cared for medical patients. It was mostly oncology and neurology patients who were placed on non-specialist wards. The medical outliers seen on other departments were patients generally ready for discharge or less unwell or high risk of falls. We saw medical outliers patient were reviewed daily and discussed at the MDT meetings.
- There were 50 out of hours discharge between 10pm and 6:59am in February 2017 across the medical wards, which include the elderly, respiratory, stroke, neurology and gastroenterology wards. This data suggest that patients were being moved out of the hospital at unsociable hours. Staff we spoke to told us that the frail elderly patients were never discharged out of hours. The trust had a discharge policy that only detailed steps staff should take when discharging vulnerable patients out of hours. Staff we spoke to told us that the trust was monitoring out of hours

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discharges to reduce the number of occasions patients were discharged out of hours and in response to the number of complaints received by the trust. Following the unannounced inspection, the trust told us that most of the out of hours discharge were not preventable. As these out discharges, related to when patients arrived the unit, patients seen at the acute medical unit and patients waiting for their test results before discharge. The trust also highlighted that the reason for the out of hours discharge also related to patients waiting for their own transport and staff ensured these patients were not discharged until they confirmed someone was picking them up.

- The average length of stay for medical elective patients at Charing Cross Hospital for the period of November 2015 and October 2016 was 1.9 days, which was better than the England average of 4.1 days.
- For the medical non-elective patients, the average length of stay was 7.8 days, which was worse than the England average of 6.7 days. Nursing staff told us the length of stay performance for non-elective patients was mainly related with patients with complex discharge needs and increased demands during winter. For the medical non-elective patient we noted the medical oncology wards average length of stay was 3.9 days which was better compared to the England average (5.6 days) and other medical specialties in the hospital.
- The trust elective average length of stay for other medical wards was better (1.7) than the England average for elective patient. We noted that cardiology was better and while medical oncology was worse than the England average.
- The trust non-elective average length of stay for other medical wards was worse (8.6) than the England average (6.7) for the same period. We noted that neurology was better and while the stroke unit and general medicine was worse than the England average. The length of stay was linked to the discharge planning for patients with complex and care needs. We saw that the hospital elderly care wards had established a scheme that provided in-reach service to three local nursing homes, by providing support to GPs and having direct link to the hospital. This scheme

was established to help facilitate length of stay and discharge to the nursing home and provide specialist care to resident and avoid unnecessary emergency and clinical attendance.

- The bed occupancy rate in the trust across General and Acute Care (which includes all medical beds) for the period of October to December 2016 was 89%, compared to the England average of 91%. This is an increase in the occupancy rate of 83% from the previous reporting period (June to September 2016). The ratio between delayed transfers and bed occupancy for the trust for the period of June to September 2016 was 0.01 which was better than the England average of 0.03. This suggests that the trust was managing their capacity and beds on the ward well. The occupancy rate on the 7 March 2017 was 96.3%, which was slightly worse compared to the England average of 91%. During inspection we observed and nursing staff told us the hospital bed occupancy levels were high, but we observed good cooperation across the hospital to manage bed capacity issues.
- The NHS Constitution gives patients the right to access services within maximum waiting times. This is normally 18 weeks for non-urgent conditions. We reviewed the trust referral to treatment times (RTT) for admitted pathways for the medicine services for the period of January to December 2016. The trust performance was similar to England average in January 2016, but has fallen below it since that time and grown steadily worse between January and December 2016. The RTT for December 2016 was 74.4% of medical patients were treated within 18 weeks, which was worse compared to the England average of 90.4%. We noted that the general medicine and geriatric medicine (elderly) and neurology performed better than the England average for RTT.
- For the period of December 2016, the two weeks GP referral to the first outpatient appointment for cancer patient was 93% (similar to the national average) and for breast symptoms was 96% (better than England average).
- The 31 day wait from diagnosis to first treatment for the same period was 98% which was better than the national average of 96%.

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- The trust also scored better or similar to the national average on 31 days second or subsequent treatment (100%), 62-day urgent GP referral to treatment (82%) and 62 days urgent GP referral to screening (93%).
- The trust medical and integrated team performed better than the England average for the patients waiting longer than six weeks for diagnostic test in December 2016.
- There were 25 delayed transfer of care and discharges across the trust which were related to complex cases on 8 March 2017. The delayed discharges were mostly related to blocked beds for accident and emergency and repatriation (transfer) of stroke patient to their local hospital. Other reasons for delayed transfers and discharge included patients awaiting suitable placements, specialist equipment, social needs and rehabilitation. centre. We noted that the hospital had a twice week call with other hospitals to discuss about beds and repatriation.
- Staff told us the average delay in the hospital was less than seven day less for privately-funded patients.

Meeting people's individual needs

- Staff told us they could refer patients who needed extra help and support to the rapid response team and bridging the gap service by assigning a health care assistant for four weeks to a patient discharged home at a free cost. The bridging the gap service was run by an external provider in conjunction with the trust and supported by the Red Cross. A team of consultants, nurses and occupational therapists managed the rapid response service.
- The centre had facilities and resources in place to care for people living with dementia. Most of the wards visited were 'dementia friendly'; there were dementia friendly signs by the toilets and shower. The bed spaces on the acute medical unit (AMU) were designed with the occupational therapist and dementia teams.
- There was a dementia team that provided support to staff and patient. Staff had received dementia training to help them support patients on the wards. Staff told us they were informed about patients with dementia during handovers and during the shifts if they felt patients were confused or deteriorating they informed

the senior nurse on duty, doctors and dementia team. This helped patients to be assessed effectively and receive relevant support. Dementia training was included during their staff induction.

- There was a trust learning disability team who reviewed and work with people with a learning disability and support staff following admission. Staff told us they had a flagging system in place on their electronic record to identify patients with dementia or learning disability. The learning disability and inclusion officer worked full time and helped support patients by communicating and followed them through the purple pathway. Their role was to also train staff and review policy. Staff told us they knew how to support and care for patients with learning disability, dementia and mental health needs and have not come across any poor practice or attitude from staff.
- We saw that the trust has a system in place for identifying, flagging and recording patients who had information, communication needs, including those with a disability or sensory loss. This system ensured staff identified patients that need extra support early and ensure appropriate support was in place to ensure patient centred care.
- We looked at the results of the patient led assessments of the care environment (PLACE) 2016. The medical wards mostly scored between 82% to 92% in caring for people with dementia, which was better than the national average of 74%. The ward with the lowest score was ward 4 South with 34.4% compliance and staff told us there was plan in place to improve this. The score for caring with disability was mostly between 83% and 100%, with the least performing wards been medical assessment unit (77%) and 4 South (28.6%).
- The hospital had a 'zero tolerance policy' regarding mixed-gender accommodation. We saw and were told, there were no breaches in the mixed-sex accommodation. There was no recorded breaches in the 12 months prior inspection. All the medical wards were divided into bays, which provided single sex accommodation with designated male and female facilities in the bays.

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- The wards had a range of information leaflets in English available on medical condition, treatment and available support. This included generic trust information on topics such as infection control, Patient Advice and Liaison Service (PALS), complaints and VTE, plus some relevant diagnosis/condition specific information on what to do following a heart attack and depression after a stroke. Other leaflets seen were elder abuse, health bone, healthy eating, pain, MRSA, Noro virus, bereavement, role in reducing infection. We saw a tuberculosis leaflet in Hindi language on the ward.
- Patient information packs were at patients' bedsides, which detailed information about the hospital, name of key contacts about their treatment while on the wards and what to expect from staff.
- On the stroke unit we were told they had a member of staff carried out creative art works (activities) with the patient and relatives were also involved in this. Staff told us patients and relatives enjoyed this activity and it has helped in their care and assessment of patients. For example, staff saw that during a drawing activity a patient who thought could not move their hands was seen drawing.
- We saw that patients were able to have individual meals that met their dietary, cultural, religious or medical needs. Patients selected their food choices from prepared menus with choice of foods. The menus had been designed to include a range of special diets, high energy, soft, gluten free, high fiber, vegetarian options, halal, kosher menu, afro-Caribbean food, healthy eating options and meeting cultural or religious requirement.
- Patients told us they, "enjoyed the food, "plenty food", "food quite good actually", "plenty and tremendous choice", it was "quite tasty", "love the food, I have eaten more food then when at home".
- The medical wards operated a protected mealtime policy. Most of the wards we inspected had a poster that detailed patients' meal, sleep and protective rest time to ensure patients were not disturbed during this time and there were reduced activities.
- We observed staff providing one-to-one care were generally utilised on the medical wards. We observed staff monitored patients at risk of falls which ensured their safety and low risk of falls.
- The oncology wards had a day room which was available to all patients with refreshments. A quiet room was also available for patients or relatives when needed and mostly used following the breaking of bad news or they needed a quiet time to themselves. There was also a young adult room, which was age appropriate and had a television and refreshment.
- We saw that the hospital had one bariatric hoist, trolley, chair and mattress on site if needed. Staff told us if they required more they could order online and there was a two hours response time for this equipment to be delivered.
- Access to psychiatric and emotional support was available for patients within the hospital. The hospital had band 6 mental health nurses to support staff on the wards on mental health issues. There was also an enhanced support team at the hospital for the past 18 months to support patients with complex needs.
- Staff had access to translation services for patients for whom English was not a first language, which was available through the telephone and could also be provided face-to-face. However, we were told that the interpreting services provider had recently changed and due to be commenced in few months' time.
- We attended the intensive care MDT meeting; we saw that the team were having challenges to find an interpreter for an Iranian patient. The team were trying to look for a member of staff who spoke Farsi language so they could discuss the patients continuing care. However, senior staff told us they should escalate to the site office to try and find a member of staff who could interpret for patients. However, we saw that staff were not aware of this temporary arrangement before the new translating provider commenced service.
- We observed signage was used on the wards to increase the visibility of toilets and showers. However, we observed signage of the wards have not been updated and confusing for example Lady Skinner ward was moved to the 5th floor, but the signage of this ward was still in the acute medical unit.

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- The pharmacy team counselled patients on their medicines. The team recognised that they did not speak with all patients every day and prioritised their activities to meet the needs of the high risk patients like new anti-coagulant prescriptions.

Learning from complaints and concerns

- The trust received 815 complaints for the period of 2016/17 through their patient advice and liaison service (PALS). The trust wide data showed that 487 complaints were received from patients in the trust wide medical care directorate in the last 12 months prior inspection. The complaints were mostly related to appointment, communication, admission and discharge, clinical treatment, support, advice and information.
- Data provided by the hospital showed there were 37 complaints for the period of October 2016 to February 2017 for the medical wards, which was lower compared to the England average of 100. The data showed that all the complaints were dealt within the time-frame of less than 40 days.
- Complainants were supported by the patient advice and liaison service (PALS). PALS also helped arranged meetings with patient and family if requested. Staff were aware of the PALS services and their role in the complaint process.
- We reviewed the complaint weekly tracker for 19 August 2016; there were 15 open complaints and eight closed complaints. There were no breaches in the number of days the complaints were resolved. We saw that 99.5% of complaints were responded to within the timeframe agreed with the complainant and 99.8 %were acknowledged within three working days. We saw detailed examples of complaint management decisions sent to patients and relatives which showed trust responded and dealt with the complaints appropriately.
- Staff told us complaints received from patients, relatives and staff were generally related to the lifts and the noise on the wards from other patients.
- Complaints were discussed at the clinical governance meetings. We saw that complaints were mostly monitored and outcomes were recorded with details of action points and learning identified.

- We noted that the stroke unit had a poster that informed patients and visitor on how express any questions and concerns about any members of staff seen on the stroke ward.
- We saw posters on how to make a complaint or express concerns on the wards.
- Senior staff told us they aimed to “try and remove defensive reaction when dealing with complaint from staff”.
- The trust has employed four band 7 complaint investigators 18 months ago to deal with complaints received by the trust. The complaints investigator handles complaints received.

Are medical care services well-led?

Good



We rated well-led as good because:

- Staff told us leaders were visible, accessible and supportive.
- There was a clear vision and strategy for the hospital. We saw the trust values were mirrored in staff actions and behaviour.
- The hospital welcomed views and input from staff and the local public which allowed a sense of engagement and empowerment from those involved in the service to help improve the quality of care and services been provided.
- The MIC division had a defined governance and reporting system in place.
- Risk registers were reviewed and updated regularly by experienced and appropriate staff.
- Staff spoke positively about the recognition award for staff as they felt recognised and rewarded for their work and practice in the hospital.
- There was good staff morale. Staff told us they had a culture that encouraged staff learning and participating in research, innovations and quality improvement.

Medical care (including older people's care)

- We saw evidence of various initiatives, innovations and pathways developed in the hospital and trust to improve patient care and outcomes.

However:

- Although the hospital had short term plans and strategies, there was uncertainty on their long-term plans.

Leadership of service

- The Division of Medicine and Integrated Care was led by a triumvirate management structure of medical director, operations director and nursing director. The division was further divided into eight directorates across the trust's three main hospital sites. A similar triumvirate leadership structure of clinical director, general manager and lead nurse.
 - Renal and specialist medicine was provided at Hammersmith Hospital. Stroke & Neurosciences, Acute & Specialist Medicine, Urgent Care, and Emergency Medicine was provided at Charing Cross Hospital. Acute & Specialist Medicine, Urgent Care, Emergency Medicine, HIV, Sexual Health & Infection was provided at St Mary's Hospital. Integrated Care was provided across all hospital sites.
 - Some medical specialties were included in Division of Surgery, Cardiovascular and Cancer. This included: Cardiac and Clinical Haematology at Hammersmith Hospital, Oncology & Palliative Care at Charing Cross Hospital.
 - Medicine and specialist medicine at Charing Cross Hospital sat under two directorates in the hospital; with the majority of the medical wards under the division of medicine and integrated care. The divisional director for medicine and integrated care covered all divisions within the directorate and reported directly to the trust chief executive. The medical oncology speciality was under the surgery, cardiovascular and cancer division. We saw that all the clinical divisions had a triumvirate of clinical director, general manager and deputy divisional director of nursing. The deputy divisional director of nursing supported the divisional director and helped develop the clinical strategy and monitor performance. We saw that general managers had a senior nurse and one or two business manager that report back to them.
- During our inspection, we saw and staff told us the senior nurse and the deputy divisional director of nursing were visible on the wards and supportive to staff, patients and relatives.
- The sub – specialities lead nurses helped facilitates the rapid escalation on the wards and made daily decision of their individual service. The lead nurses covered an average of four to six wards. We saw that the lead nurse for stroke and neurosciences started her role five weeks prior to our inspection and received support and guidance from the deputy director of nursing and general manager when needed.
 - We observed that ward managers and senior nurses were visible on the wards and supported staff. The clinical directors were now based in the hospital and felt they were now autonomous and involved in the decisions affecting their divisions. Staff told us they knew who was their divisional director of nursing was and have met them on the wards.
 - Senior staff told us the operational leaders used to be based at different sites but had recently changed and they were now all based on site. This change brought “more local leadership, team working and more responsiveness”. Senior staff said they had changes in practice and care since this change, for example, the sharp bins compliance have improved with the walk rounds.
 - Staff told us they felt the MIC division was more stable as the senior teams were based on site which had helped strengthen the relationship with the matrons, lead nurses and junior staff. In addition, if there were issues with patient flow (e.g. discharges and bed availability) the senior team were on site to address the issue.
 - Staff told us some members of the executive team were visible on the wards, some staff we spoke with felt more confident things have changed positively. Staff commented that “managers were approachable”, “never ignore you and are supportive”.
 - Staff spoke positively about the leadership on the wards and throughout the organisation. The ward managers, matrons and lead nurses told us they felt well supported within their roles. Staff spoke positively about their trust induction and ward orientation.

Medical care (including older people's care)

- A structure was in place to provide support to staff at ward level through ward managers and senior nurses. Staff told us they had monthly wards meetings which focused on emerging day-to-day issues and improvements such as incidents, pressure ulcer care, early warning score, complaints and patient experience.
- Staff reported that the chief executive team and other senior leaders were involvement in their work. Consultants said the new chief executive communicated through email regularly which all staff received.
- Staff we spoke to including the therapists and junior doctors felt they had adequate support in place.

Vision and strategy for this service

- The trust values were 'kind, collaborative, expert and aspirational' which were developed by a leadership project. The qualities of 'Working as a team, adaptable, open and approachable' were embedded within the collaborative values. During the inspection, we observed the collaborative working was fully embedded by staff and which was evident in their multi-disciplinary working.
- Staff we spoke with were aware of the trust values. Staff told us they examined the trust values in their professional development review.
- The trust had a quality strategy for 2015-2018 that set out the goals and target for the trust in providing high-quality services over three years and delivering their vision and objectives. The strategies were quality goals and targets, key initiatives and quality improvement – building capability to deliver the strategy.
- The trust's vision was to be a world leader in transforming health through innovation in patient care, education and research. This was monitored through their strategy, research plan and feedback received from staff and patients.
- The trust medicine and integrated (MIC) division objectives for 2016 to 2017 were to consolidate acute medicine and establish a hyper acute neurology unit at Charing Cross Hospital. Staff told us they felt these

objectives were achieved in the hospital. From observation and our discussion with staff we saw that these objectives were embedded in the hospital clinical practice.

- The MIC division priorities for 2016 to 2017 were to support patient flow through co-ordinated focus on discharge management processes and establishment of the hospital intermediate care ward pilot. Although there were delayed discharges during inspection, we saw that staff and the leaders were working and improving their patient access and flow through good MDT working and discharge processes.
- Senior staff told us there was a concern previously that the hospital was going to close by 2018. However, they felt the hospital was stable now and had short-term plans. Their short-term plans included a winter pressure for respiratory support for patients, improvements to the acute assessment unit, and improvements in dementia care.

Governance, risk management and quality measurement

- The divisional management committee for medicine and integrated care was responsible for the divisional strategy and ensuring obligations in relation to quality, finance and performance were met. Responsibilities also included the delivery of the division annual business plan and agree, monitor and control the implementation of policy, plans and strategy. The committee reported to the trust executive committee through the divisional directors.
- The quality and safety committee had responsibility for all elements of quality and safety of the services within the MIC division. They managed the trust key quality priorities, risk areas and provide assurance to the trust quality and safety sub group and executive quality committee. They monitored the health and safety regulation across the board. The committee met with extraordinary meetings if required. This committee received the safety and effectiveness report and scorecard, serious incident reports, complaint, vacancies, safeguarding, staffing acuity, infection prevention and control for the MIC divisions. We saw evidence that the meetings were held monthly and we reviewed the minutes from July 2016 to February 2017.

Medical care (including older people's care)

- The meetings were attended by staff including divisional director of nursing, divisional directors, general managers, lead nurses and specialist nurses. We saw that the last agenda of the committee meeting in February 2017 included serious incident, performance score card, VTE, risk registers, mortality reviews, falls improvement work. Patient story, MRSA, aseptic non-touch technique and slight increase in falls with fractures were also discussed at these meetings. The monitoring of some wards, for example, 8 South due to vacancy rate were also discussed at these meetings.
- There was a weekly meeting for the divisional director, serious incidents investigator and governance leads to review and categorise incidents and identify trends.
- There was a quality improvement team within the medical director office and their aim was to develop training and awareness which has helped increased quality and safety.
- Senior staff told us the head of specialities met once a month to discuss issues such as the winter pressure plan and flow for the next two weeks.
- The finance and business planning meeting for acute and medicine directorate met monthly to discuss operational and finance reviews.
- The hospital had a weekly safety and effectiveness meeting and a monthly senior meeting where issues such as incidents, falls, infection and cross infection were discussed.
- There were various monthly governance meeting for medication which included; 'antimicrobial review group', 'new drug panel', 'drug and therapeutics committee' and 'medicines safety group'. We saw that the various committed discussed and reviewed medication issues such as care bundle for patients, new drugs application, medication updates, audit, research, sepsis, new application of drugs, prophylaxis, expiry dates of checking intravenous medicine..
- Monthly staff meetings were held on wards and issues such as incidents, training and staffing issues were discussed. Staff told us they could add to the agenda of the staff meetings. Staff told us staff meeting was generally not happening on Ward 8 South and the senior leaders were aware, the last meeting was 18 months ago. However, staff told us that they received updates at their daily handover. Following the unannounced inspection, the trust told us staff meeting were held at the trust and the manger also sent a newsletter to staff to communicate outcomes from the meeting. However, the trust did not provide us with the minutes from these staff meetings. The trust provided the newsletter for the period of 11 November 2016 to 3 December 2016 to us post inspection for Ward 8 South. We saw that the newsletter covered areas such as: infection control, NMC revalidation, staff vacancies, relatives feedback and preparation for ward accredited programme.
- The MIC division had a risk register which highlighted 33 divisional risks. We saw that the divisional risk register were reviewed regularly and included risk we have identified during the inspection. Risk were categorised into low, medium and high risk The risk register included risk such as falls, managing deteriorating patient and managing aggressive and threatening behaviour.
- The hospital had a risk register which contained risks identified by staff from the divisional risk assessment completed. Risk listed included the record system in oncology. The hospital was part of the North West London Sector Risk register which reflected in the national risk register.

Culture within the service

- Senior and medical staff we spoke with told us they enjoyed the diversity among staff and patient and felt the morale in the MIC division was good. The training matrix showed 94% staff compliance on the equality and diversity training. We noted that there was diversity among staff regarding their gender, age, race and culture during inspection. Staff felt their visions were based on "honesty and open communication".
- The majority of staff told us they wanted to "help people" and "see every person be given what they need when they need it". They stated that it was important to "treat individuals with honesty and courtesy" and "acknowledge poor care when it occurs".

Medical care (including older people's care)

- The staff sickness absence rate across the medical wards for staff in December 2016 was 3.5%, which was similar to the national average of 3.1%.
- We saw that the hospital had a culture which promoted staff learning, peer support, reporting incidents or voicing of concerns. Staff told us there was a “no blame” culture when things have gone wrong or an incident was reported.
- Staff told us they knew their whistleblowing process and knew how to raise concerns when necessary.
- Staff told us they were proud and happy working for Charing Cross Hospital and this was evident in their behaviour during inspection.
- Staff told us they enjoyed their work, care provided to patients and were happy they had colleagues who were approachable and supportive.
- Some of the staff have worked at the hospital for a number of years, generally between five to twenty five years and had career progression. “A member of staff told us they have” worked in the hospital for 20 years and enjoyed their work, team effort and the matron was approachable”. Another staff said they “absolutely love it here, being able to make a difference”.
- We noted that clinical psychologist service were available for staff through self-referral. Staff told us a group session for staff was starting soon.
- Staff told us they have not experienced or heard about staff bullying or harassment. In the 2016 staff survey 13% commented they believed they had been bullied at work. We saw evidence and staff told us the trust had carried measures to address and reduce the bullying and rudeness. For example, bullying and harassment was dealt with at cultural level, through disciplinary panel and the trust values had been changed to address this issue.
- Staff completed the staff survey for the period of July to September 2016, 82% of staff commented they would recommend the trust as a place of treatment while 63% (compared to 60% nationally) would recommend trust as a place to work. Staff responses had also improved for the statement "I am satisfied with the support I get from my work colleagues" from 73% in 2015 to 76% in 2016.

Public and staff engagement

- Staff told us the chief executive held monthly ‘open door’ sessions and all staff were encouraged to attend.
- Staff told us they felt comfortable to approach the chief executive, the senior leaders and their ward managers. Student nurses told us they felt welcome and been part of the wards and hospital.
- Staff told us they received and read the email update from the chief executive. Staff told us they were “well informed about incidents and what was happening within the trust”.
- The chief executive was leaving the hospital a few months. Staff felt sad about this due to positive changes brought by the chief executive. Staff comments include “everyone is sad chief executive is leaving and we feel this new leader has worked and improved the service greatly”, “The hospital is now a safe place to work all thanks to the chief executive ”.
- Staff told us senior management staff carried out walkabout rounds on the wards to engage with staff and patients and ask about their experiences.
- The trust implemented a five-year plan in November 2015 to incorporate members of the public into various trust level committees and forums in order to engage and take on public opinion when undertaking strategic decisions.
- The trust involved the staff, patients and public in their quality improvement (QI) programme which was embedded on the trust values.
- The trust advertised any opportunities for public engagement on their website and on public information boards throughout the trust. The website had a regularly updated calendar of all available open events and PPI opportunities, as well as information on how to join improvement programmes or volunteer at the trust.
- The hospital had an award initiative for staff called ‘make a difference award’, where nomination were made by staff, patients and relatives. Some of the staff we spoke to during inspection had won this award and were happy and proud of the award system. Staff who received the award were announced to staff on the weekly staff message.

Medical care (including older people's care)

- There was an initiative for the therapists to be awarded “therapist of the month”.
- The stroke unit participated in the “Make May Purple – Bake sale” which was an initiative to create stroke awareness to the public.
- The trust participated and engaged their staff and public in the National HIV testing week and World Aids day.
- Ward team meetings and handovers provided an opportunity for staff to share feedback and discuss any concerns. Staff told us they felt ‘listened to’.
- We observed a poster by the lift for patient to self-refer to the trust memory unit based at Charing Cross Hospital for a clinical trial. The information contained details on how to access the team and take part in a new treatment for people with dementia, Alzheimer and early memory problems.
- Staff were engaged regularly through their away day, engagement events and meetings. Some of the evidence seen during inspection includes the senior team away day in October 2016, quarterly head of speciality meeting in January 2017 and engagement event with administrative staff in November 2016.
- The trust staff engagement score for the period of July to September 2016 was 77% with 33% (3,224) response rate. We noted that the 2016 staff survey response was better and an improvement from the 2015 staff response (862). The 2016 staff survey result showed that 78% staff felt they were engaged by the trust in their work, 72% of staff were satisfied with their job and 71% felt recognised and valued.

Innovation, improvement and sustainability

- The trust developed a nutrition pathway called the Nutrition Support in Hospital (NoSH) which was designed to ensure patients, particularly people with dementia, get the food and drink they need while in hospital without losing the independence they had before being admitted to the hospital.
 - The trust in partnership with a British technology company introduced a mobile clinical applications (‘app’) in December 2016 to help improve patient safety and care. The partnership is a five-year agreement and which include an application programming interface (API) to manage the secure exchange of information between the trust’s existing electronic patient record system and mobile apps for patient care. The streams provides mobile alerts to doctors when their patient’s condition worsens, helping to ensure that patients receive the right care from the right clinician at the right time. It would also enable clinicians at the trust to securely assign and communicate clinical tasks, and help provide information they need to make diagnoses and decisions.
- The trust had started a communication training programme around breaking bad news, bereavement and having difficult conversation to improve staff skills and competencies. This training was a result of the complaint and incidents received by the hospital which were mostly related to poor communication. The hospital aim to reduce the number of incidents and complaint that were based around poor communication, difficult conversation and breaking bad news.
 - The oncology advanced nurse practitioners started a “suspicion of cancer clinic” for cancer patients on two weeks wait to coordinate their care and give emotional support while being diagnosed. This was run by the practitioners on internal referrals and there were plans to extend receiving referrals from the GP.
 - There was a mobile app for stroke patients and their family, which could be downloaded on their phone and device. The stroke app covered topics like what is stroke, treatment and hospital care.
 - The complex discharge team introduced an initiative five months prior to our inspection to follow up on patients via telephone within 24 hours of their discharge into the community. The initiative was to help improve the patient discharge process and help staff identify areas for improvement.
 - We saw that the hospital had an ‘improving patient flow work programme development’, which aimed to achieve a safe and effective patient pathway for every patient to have a timely and appropriate treatment from front door to discharge. There were six work streams in this programme development assigned to different leads, which include and not limited to capacity, effective discharge processes, efficient

Medical care (including older people's care)

- specialist decision pathways and avoiding non-admitted breaches. We saw that the hospital was generally meeting their targets on drivers and supporting activities under each work stream.
- The hospital had a discharge lounge that was opened in April 2016 to help free beds on the wards during the contingency (winter) period and has remained afterwards. Staff we spoke to told us this had helped improve patient flow and discharge in the hospital.
 - The hospital was involved in various research projects at the time of our inspection as part of the Imperial College Academic Health Science Centre. These studies include and not limited to research on treating obesity, management of obesity in people with type 2 diabetes and development of new drug for treating asthma and common cold. The hospital was also carrying out research to evaluate the impact of psychological support intervention after chemotherapy for women with ovarian cancer.

Outstanding practice and areas for improvement

Outstanding practice

- Charing Cross Hospital medical care provided outstanding and effective medical care to patients. The hospital participated in and used the outcomes from local and national audits for benchmarking, and to improve patient care and develop care and treatment pathways for the patients. The hospital was the second best performing hospital in the country among the trusts that took part in the Sentinel Stroke National Audit Programme (SSNAP) for the hyper acute stroke unit.
- Staff actively engaged in activities to monitor the quality and outcomes of patients care and treatment.
- The trust's performed higher or similar to the national averages for outcomes of patients on other national audits. These included the the Myocardial Ischemia National Audit Project (MINAP), Inflammatory Bowel Disease Programme (IBD) and the National Diabetes Inpatient Audit (Nadia)
- The trust was consistently monitoring and improving their mortality rate and remained in the top five lowest-risk acute trust. The trust was the second lowest-risk acute trust in the 2016 Hospital Standards Mortality Ratio (HSMR) and the third lowest-risk acute trust in the Summary Hospital-level Mortality Indicator (SHMI).
- Patients care and treatment were always consultant led and staff used evidence based best practice.
- Staff worked proactively and effectively as part of the multidisciplinary and multi-agency team to deliver patient centred care and improve patient discharges, patient care, access and flow.
- Patients' medical and nursing records were available for all meetings and assessments, which meant that the most up to date information was considered when reviewing care and treatment.
- Without exception, patients told us they were treated with kindness, dignity, respect and compassion. There was a high standard of care provided for patients at the medical acre, and we saw that staff went to great lengths to respect and accommodate the wishes of patients and their loved ones. There was a strong, caring and visible-centred culture, which was fully rooted on all the medical wards visited. Staff we spoke to were highly motivated and inspired to offer care that was kind, respectful and promotes people's dignity. Staff consistently considered peoples' personal, cultural, social and religious needs and delivered kind and compassionate care.
- The Friends and Family Test (FFT) result showed the medical wards performed better than national average on the response rate and people who would recommend the service.

Areas for improvement

Action the hospital MUST take to improve

- The trust must make sure that staff follows the trust's medicine management policies concerning safe storage of medicines and medical gases.
- The trust must take action to ensure medical wards are meeting mandatory training including the resuscitation training requirements for their staff.

Action the hospital SHOULD take to improve

- The hospital should review the recording of patients' own controlled drugs to make sure stock levels and administration can be clearly documented.
- The hospital should ensure resuscitation trolleys are checked, restocked and recorded consistently.
- The hospital should ensure staff washes their hands between patients.

Outstanding practice and areas for improvement

- The hospital should ensure compliance with appraisal and mandatory training meets the trusts target for safeguarding, consent and mental capacity act.
- The hospital should consider improvements to the hospital estate and facilities for the elevators, lifts and flooring of some wards areas.
- The trust should improve hospital signage, ensure it is up to date and provides clear information for visitors on how to access the wards.
- The hospital should review the facilities provided in ward day-room areas so they meet the needs of the patients using them.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Regulation

Treatment of disease, disorder or injury

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

(1) Care and treatment must be provided in a safe way for service users.

(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:

(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

Staff compliance with mandatory training was low and below trust target of 95%.

Resuscitation training requirements for staff were not met on medical wards.

Regulated activity

Regulation

Treatment of disease, disorder or injury

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

(1) Care and treatment must be provided in a safe way for service users.

(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:

(g) the proper and safe management of medicines;

Staff did not always follow the trust's medicine management policies.