

# King's College Hospital

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

King's College Hospital NHS Foundation Trust provides in-patient and out-patient services from King's College Hospital, Princess Royal University Hospital, Orpington Hospital, Queen Mary's Hospital, Sidcup, and Beckenham Beacon. The trust has satellite Dialysis units in Dulwich, Dartford, Bromley, Woolwich and Sydenham. The trust refers to the Princess Royal University Hospital (PRUH) and its nearby locations as the PRUH and south sites.

As a foundation trust it is still part of the NHS and treats patients according to NHS principles of free healthcare according to need, not the ability to pay. Being a foundation trust means the provision and management of its services are based on the needs and priorities of the local community, free from central government control.

The trust works with King's College London, Guy's and St Thomas' and South London and Maudsley Foundation Trusts, and are members of King's Health Partners, which is an Academic Health Science Centre.

The trust was last inspected in January and February 2019 (report published June 2019).

This is a report on a focused inspection we undertook of the emergency departments Kings' College Hospital on 27 November 2019. The purpose of this inspection was to follow up on concerns from our previous inspection conducted in January and February 2019.

The concerns focused on patient care and outcomes, culture, governance and leadership.

We found in the emergency department at king's college hospital concerns which resulted in a requires improvement rating. We undertook enforcement action and have monitored the trust's progress against their action plan. This focused inspection was undertaken to review the progress the trust had made.

### Services we rate

Our rating of this service stayed the same. We rated it as **Requires improvement** overall.

We acknowledge improvements had taken place; however, there were still improvements to be made and sustained.

- The service still did not ensure staff had completed mandatory training, and expected targets were not always being achieved.
- The service still did not have fully suitable premises. There was no dedicated paediatric mental health assessment room available and there was a lack of consideration given to ligature points. However, building work was scheduled to address the mental health assessment room.
- Consumable single use equipment items were not rotated properly to ensure all items were in date.
- Patients could not access care and treatment in a timely way, however, there was evidence of improvement in this area.

However,

- The safety checking of resuscitation trolleys had improved.

Dr Nigel Acheson

**Deputy Chief Inspector (London and the South)**

# Summary of findings

## Overall summary

Whilst we recognised work had been undertaken by the service to correct the concerns raised during the previous inspection, we found that further work was required to demonstrate clear sustainable results.

Mandatory training rates were still variable across the staff groups and during the rolling year of the training schedule. Completion rates provided showed some subjects with completion rates as low as 22% for one subject.

The rotating and stock control of single use consumables still required work as we found a significant number of items which were past their use by date. ED safety checklist completion rates were not in line with trust target and completion was at times sporadic.

The cubicle which was used as a mental health safe assessment room in the paediatric ED still was not fit for purpose. Although we recognised the work the service had done to mitigate risks and the planned building work which was due to commence shortly after the inspection. Despite this, at the time of the inspection the risks remained.

Access and flow within the department remain a concern but we recognise the work undertaken by the service to alleviate this situation where possible.

However:

We saw improvement in the safety checking of resuscitation trolleys, the storage of medicines in fridges which had been fitted with digital locks, correct administration and safe dosage of medicines given to patients. We found there was now a private area within reception for patients to use and plans had been agreed to build a mental health safe room for children in the paediatric ED.

There were new protocols for the use of resus room 10 for administration of intramuscular sedation. This provided assurance of the safe and appropriate use of this room when treating children with mental ill health.

# Summary of findings

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Requires improvement 

# King's College Hospital

## Services we looked at

Urgent and emergency services.

# Summary of this inspection

## Background to King's College Hospital

The Emergency Department (ED) at King's College Hospital is a Major Emergency Centre for the south east. It is a major trauma centre, hyper acute stroke unit, cardiac arrhythmia and cardiac arrest centre. It also fulfils its obligations as a type 1 emergency department for the local population. The department has different areas where patients are treated depending on their needs, including a resuscitation area, one major's area, a 'sub-acute' area for patients with less serious needs, and a clinical decision unit (CDU). A separate paediatric ED with its own waiting area, cubicles and CDU is within the department.

There are over 350 staff, including 80 doctors and 180 nurses. From August 2017 to July 2018 there were 160,000 attendances at the King's College Hospital urgent and emergency care services.

Patients present to the department either by walking into the reception area or arrive by ambulance via a dedicated

ambulance-only entrance. Patient's transporting themselves to the department are seen initially by a nurse employed by King's College Hospital and if determined suitable to be treated in the ED await triage or if suitable to see a GP will be triaged to the Urgent Treatment Centre based on site, which is managed independently by the Hurley Medical Group. (Triage is the process of determining the priority of patients' treatments based on the severity of their condition).

We visited adult majors, resuscitation and paediatric. We spoke with two patients and two relatives. We spoke with 12 members of staff, including nurses, doctors, managers, support staff and ambulance crews. We reviewed and used information provided by the organisation in making our decisions about the service.

For the full inspection report refer to the inspection report from January 2019. This report covers only the areas of concern and what we found during that inspection.

## Our inspection team

The team that inspected the service comprised a CQC inspection manager, a CQC lead inspector and a specialist advisor with expertise in emergency medicine. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.






## Why we carried out this inspection

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# Urgent and emergency services

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

## Are urgent and emergency services safe?

Requires improvement 

Our rating of safe stayed the same. We rated it as **requires improvement**.

### Mandatory training

During the inspection in January 2019 we found the service did not ensure staff had completed mandatory training, and expected targets were not always being achieved. Staff we spoke with felt mandatory training was ineffective and did not help them in their role.

During this follow up inspection we were provided with information which showed the status of mandatory training for all emergency department (ED) staff. This provided clear information on the subjects to be completed and the status of each by month. We saw a red, amber green (RAG) rating system was used, along with a trend analysis for improvement or declined rates. In the adult ED we noted improvement in five subject matters since the red ratings of December 2018. Four of these were now amber rated, the fifth remained red but had improved from 22% to 47%. This related to aseptic non-touch technique, level two (to be completed once). Of the 24 subjects to be completed by staff, 12 were rated as green, achieving more than 90% completion rates. Eleven were amber rated and one red. In central ED there were nine subjects which had 100% completion rates, four amber and eight reds, the lowest of which was 25% for NEWS2. (NEWS2 is a safety checking system to ensure early identification of deterioration in a patient's condition) In the paediatric ED there were three red rated training targets, the lowest being just over 22% for aseptic

non-touch technique. There were ten green ratings and the remainder were amber. A separate document was provided to us, which indicated the training areas where staff were not yet complaint in paediatric ED and the action that had been taken or actions to be taken.

There were 28 consultants listed on the electronic system which recorded mandatory training. There was a total of 463 training sessions listed, of which eight were amber rated, indicating they were coming up to expiry. The number of red-rated and therefore expired training sessions was 51. Completed training sessions equated to 404. Whilst this demonstrated some improvement there was still work to be done to provide assurance on completion of mandatory training consistently within the ED.

We were informed that out of all the mandatory subjects consultants were required to be trained in, the total compliance for all consultants was 89%.

### Safeguarding

This domain question was not inspected as part of the follow up. Please see the previous inspection report for details.

### Cleanliness, infection control and hygiene

This domain question was not inspected as part of the follow up. Please see the previous inspection report for details.

### Environment and equipment

At the previous inspection we found the service did not have wholly suitable premises and equipment was not looked after well. The design and layout of the emergency department (ED) did not always protect

# Urgent and emergency services

patient's privacy and dignity. There was no dedicated paediatric mental health assessment room available and there was a lack of consideration given to ligature points. Safety checks on equipment were not carried out consistently across all areas and we found several items within resuscitation trolleys which were out of date.

During this follow up inspection we checked three resuscitation trolleys in the ED departments and found all the daily and weekly checklists had been completed. We reviewed information which showed the trust had carried out a retrospective audit of the checks of the resuscitation trolleys in the Emergency Department, (ED). These were divided by the various areas. The target for these checks was set at 100% and in October trolleys had been checked just over 90% in majors, almost 80% in minors and in the CDU, 100%. In the paediatric area checks ranged from just under 84% in the main area to 93.3% in the resuscitation bay. We spoke about the factors which may have interrupted the required checks, which were attributed to lower substantive staffing, when agency staff were being used and high activity levels.

The ED had a safety checklist, which had a completion target of 80% and over. This had been in use since June 2019. Information presented to the Clinical Quality and Risk Group showed the target was not yet being met. In July and August completion of the checklist was done 50% of the time, this decreased in September when there was a switch to electronic records. We were told the October results indicated an improved compliance rate of 68.7%. There was recognition of the need to improve this and educational sessions had been planned, in addition to senior staff taking responsibility for monitoring. Another contributory factor to lack of checklist completion was stated to be due to a lack of computers. Eight new devices had been ordered and were expected to be delivered the week after our inspection. We saw too a visual prompt to reminder staff of these checks; this had been laminated and displayed in the department.

On inspection we found a range of consumable, single use equipment had expired but remained accessible for use. This suggested there was no well-defined process for managing stock items safely. This had not improved since our previous inspection and we remained concerned that expired items of equipment may be used for patient treatment.

There remained a lack of consideration given to ligature points and other environmental factors that could allow paediatric patients with suicidal tendencies to come to harm in the paediatric ED. This had not changed from the last time we inspected. However, the trust did confirm that funding had been approved to renovate a room within the paediatric ED into a safe mental health assessment room. Work on this had not commenced at the time of our inspection. In the meantime and to mitigate the risk, a space was being used which allowed physically unwell children and adolescent mental health service (CAMHS) patients to be cared for in a reduced ligature space with enhanced nursing care. Although we remained concerned at the time of the inspection as to the level of ligature points within that space, we were reasonably satisfied that the trust had taken action to manage immediate risks..

The service had been using a room in the resus department resus 10 as a mental health assessment room for children who had mental ill health. This room was not suitable. The service demonstrated during our follow up inspection that protocols were now in place where resus 10 was only used when the administration of intramuscular sedation was deemed necessary to maintain a safe environment for the patient. Patients were transferred to resus 10 to ensure a safe environment during the period of sedation. Patients would be supervised at all times by a nurse and overseen by a dedicated mental health team member. Patients would remain in resus 10 for the shortest time possible to ensure their safety and they would be transferred back to the dedicated mental health assessment space in the paediatric ED as soon as it was safe to do so. This provided assurance of the safe and appropriate use of this room when treating children with mental ill health.

At the entrance to the ED, the trust had provided a room where patients could speak to staff confidentially if they wanted to, which was away from other patients and those waiting to be seen. We didn't see any signs advertising this to patients and felt that patients may not know that this was an option or available to them.

## Assessing and responding to patient risk

This domain question was not inspected. Please see the previous inspection report.

## Nurse staffing



# Urgent and emergency services

This domain question was not inspected. Please see the previous inspection report for details.

## Medical staffing

This domain question was not inspected. Please see the previous inspection report for details.

## Records

During the previous inspection we found patient records were inconsistent in the recording of administered medicines and dosage amounts. During the follow up inspection we found that electronic noting had gone live within the department in August 2019. Staff told us this supported the flow of information between teams. Starting in October 2019 in a phased approach, electronic observations and patient risk assessments had also commenced.

The services ED Informatics group had been reviewing lock out time for computers within the department. There was now a reduction in paper records following the transition to electronic noting. Staff had been reminded to be vigilant with patient information. The service has been running ongoing information governance training. These measures provided reasonable assurance that improvements had been made in this area.

## Medicines

At the last inspection we found the trust was not ensuring staff followed best practice when prescribing, giving, recording and storing medicines. Since then the service had implemented an ED medicines safety group, which started in July 2019 and met bi-weekly. A multidisciplinary team attended the meetings included ED medical and nursing staff, pharmacist and anaesthetists. The meetings had focused on the consistent completion of monthly medicines audits, a review of all medicines incidents and the sharing of learning within the team. A focus on the management of controlled drugs (CD), including highlighting essential changes to process and practice had also taken place.

The fridges in the resus area now had digital locks installed. We reviewed the stock levels and stock control within the CD cupboard and found stock was in line with the CD book and all entries for use of CDs had been completed in line with protocols. We were reasonably assured our previous concerns had been addressed.

## Incidents

This domain question was not inspected. Please see the previous inspection report for details.

## Safety Thermometer (or equivalent)

This domain question was not inspected. Please see the previous inspection report for details.

## Are urgent and emergency services effective?

(for example, treatment is effective)

Good 

This domain was not inspected as part of this inspection. Please see the previous inspection report for details.

## Are urgent and emergency services caring?

Good 

This domain was not inspected as part of this inspection. Please see the previous inspection report for details.

## Are urgent and emergency services responsive to people's needs?

(for example, to feedback?)

Requires improvement 

Our rating of responsive stayed the same. We rated it as **requires improvement**.

## Service delivery to meet the needs of local people

This domain question was not inspected. Please see the previous inspection report for details.

## Meeting people's individual needs

This domain question was not inspected. Please see the previous inspection report for details.

## Access and flow

## Urgent and emergency services

During the previous inspection we found patients could not access care and treatment in a timely way.

When we returned for the follow up inspection we found the service had opened medical ambulation and surgical ambulation pilot units. These were being used as a way of extending the same day emergency care pathway, which then had helped to relieve some pressure from the ED.

The trust had opened and staffed a seated assessment area, and an ambulatory decisions unit. These were used for patients who were waiting for results of tests. These areas had also assisted with taking some pressure of the ED.

The service had considered how they could further improve the service and had set up a working group to looking at rapid assessment and treatment (RAT) for earlier assessment within the ED.

We spoke with one of the ED consultants about emergency access performance and were shown information with this regard on the electronic database.

Weekly meetings were held to discuss the figures. We were provided with summary figures for the first and second quarters of 2019 - 2020. These showed that for the end of the second quarter the department met the targets for type one 63.2% of the time and for quarter three were at 63.9% as at 28 November 2019. For all type, the results were 70.12% and 70.49% respectively. These figures demonstrate improvement; however, further improvement was required.

### Learning from complaints and concerns

This domain question was not inspected. Please see the previous inspection report for details.

### Are urgent and emergency services well-led?

Requires improvement 

This domain was not inspected as part of this inspection. Please see the previous inspection report for details.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure sure medical and nursing staff working in the emergency department have enough time to complete mandatory and safeguarding training.
- The provider must make sure there is a suitable environment for assessing children and young people presenting with mental health needs.
- The provider must ensure that patients are admitted, transferred or discharged within four hours of arriving in the emergency department.
- The provider must ensure that all consumable equipment is in date