The Rotherham NHS Foundation Trust

Rotherham General Hospital

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**

Our findings

Urgent and emergency services

Inspected but not rated

The service was last inspected in June 2021 and was rated as 'requires improvement' overall and was rated as 'inadequate' in the well led domain. Following the inspection, we issued a section 29a warning notice for multiple regulatory breaches.

We undertook an inspection visit in March 2022 to inspect against the warning notices to assess compliance and if sufficient improvements to quality and safety had been made.

Following the first inspection visit on 02 March 2022 we wrote to the trust for urgent assurances due to concerns and then we completed a follow up inspection visit in 08 March 2022 to check if necessary improvements to quality and safety had been made.

Due to the responsive nature of the inspection we did not inspect all areas and therefore we did not rate. The trust had introduced improvements since the last inspection, however the following areas of concern remained:

- The trust did not demonstrate that all required changes to safeguarding processes had been made or that those changes that had been made fully embedded.
- The trust did not demonstrate that all changes to the process of risk assessments were fully embedded.
- The trust did not demonstrate that changes to ensure oversight of patients who were waiting was fully embedded.
- The trust did not demonstrate that the programme of audit was fully embedded.
- The trust did not demonstrate that all patients' could call for help when needed.
- The trust did not demonstrate that all designated areas for the assessment of patients with mental health conditions were safe.
- The trust did not demonstrate that all infection prevention and control procedures were being consistently followed.

However:

- The trust had introduced new safeguarding processes to ensure timely and effective safeguarding for both adult and paediatric patients.
- The trust had introduced a new system for the completion of risk assessments
- The trust had introduced a new system for ensuring oversight of patients within the waiting room.
- Staff respected patients' dignity and privacy.
- Critical medicines were being given when prescribed.
- The trust had introduced a new programme of audit within the department with senior manager oversight.

We have used our enforcement powers to impose conditions on the trust's registration. The conditions require the trust make specific improvements within a specified timescale, and to submit monthly reports to CQC showing progress with actions taken to improve quality and safety. The conditions required the trust to:

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- implement an effective system to ensure service users presenting with risks in relation to their mental health or physical health receive safe care and treatment.
- implement an effective system to ensure premises and equipment are safe and clean and that the risk of infection is managed appropriately.
- implement an effective system to ensure service users are safeguarded from the risk of abuse and improper treatment.

Is the service safe?

Inspected but not rated

Safeguarding

The service had started to work well with other agencies to protect patients from abuse. However, staff still did not always know how to report abuse and not all staff had completed training on how to recognise and report abuse.

New systems had been introduced to ensure both adult and paediatric safeguarding was identified and reported as required.

Not all staff had completed safeguarding training to the required level. Safeguarding training had not improved sufficiently to meet trust targets.

Adult safeguarding training for nursing staff at band two had 66% compliance, band three had 50% compliance and staff at band six had 82% and medical staff at the registrar level had 67% compliance. There had been an improving picture in paediatric safeguarding compliance but nursing band 6 still only had 81% compliance.

There continued to be a disproportionate reliance on paediatric staff to complete adult safeguarding referrals. Staff told us at this inspection that whilst this had improved, they still felt that this was an issue.

The trust had guidance available for staff to follow in relation to completing body maps. The Trust 'Guidance for documentation of injury and body maps' set out the criteria for when a body map for a child presenting with a physical injury must be completed. This guidance was in line with national requirements. In line with this guidance, it was noted that none of the five cases reviewed met the criteria for the completion of a body map. One child had been seen by the Maxillofacial Team who had used their standard template to document the injury as per their protocol.

Staff told us that following the last inspection there was a greater focus on adult safeguarding and that the hospital safeguarding team would review patients' attendances for missed opportunities to make safeguarding queries.

We reviewed 10 sets of adult patient notes and saw no missed opportunities to make a safeguarding referral.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Staff did not consistently use equipment and control measures to protect patients, themselves and others from infection. Equipment and the premises were not consistently visibly clean.

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We continued to find that not all areas were clean and we saw used equipment in cubicles which had not been disposed of correctly.

We found that the service continued to not perform well for cleanliness and that perfect ward audit scores identified deficiencies in cleanliness. We found repeated issues and the same documented deficiencies in internal audits.

We continued to find that there were no examples of cleaning records in any of the areas we inspected. We were told that there were cleaning schedules in each area of the department to show when cleaning had been undertaken. We asked and looked for these records and were told they were locked in the cleaning cupboard, but staff could access them if required

We found that staff continued to not always follow infection control principles including the use of personal protective equipment (PPE). We continued to see multiple members of staff across all roles and grades not utilising PPE appropriately.

We did not see evidence that staff cleaned equipment after each patient contact. There was no evidence of labelled equipment to show when it was last cleaned. There were no action plans in place to address this issue.

Hand hygiene audits from March and April 2021 had been completed, the results demonstrated poor compliance and the results were not displayed. We reviewed hand hygiene audits from March 2022 which demonstrated 66% compliance which demonstrated that pace of change was not sufficient to mitigate the risks to patients.

We saw that 50% of all disposable curtains in use in the department had no date to say when they had been put up nor any indication when they would need to be replaced.

We reviewed daily equipment checklists of patient equipment such as diagnostic equipment between February 14 and March 1 and saw multiple omissions where there was no evidence of checks being completed such as oxygen and suction points within the cubicles.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not always keep people safe.

The trust still did not ensure all patients had access to call bells or ensure call bells were responded to quickly. At the previous inspection we saw occasions where patients could not reach call bells and staff did not always respond quickly when called. At this inspection we saw that access to a call bell had been included into the electronic patient record, but we observed that some patients still did not have access to their call bells. We also observed patients waiting in excess of seven minutes for their call bell to be answered

The trust still did not ensure that all daily safety checklists were completed appropriately. We reviewed the previous four weeks daily safety checklists of specialist equipment and saw they consistently had omissions and were not completed fully.

The trust had ensured the emergency call system mental health assessment room was appropriately and regularly checked. At the previous inspection we highlighted that the emergency call system in the mental health assessment room was not functioning. At this inspection we found that it was functioning appropriately and that daily checks were being completed.

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Assessing and responding to patient risk

Staff did not always complete risk assessments for each patient swiftly. They could not always demonstrate that they removed or minimised risks and updated the assessments. Staff could not always demonstrate that they identified and quickly acted upon patients at risk of deterioration.

The trust did not demonstrate that it had fully embedded a robust risk assessment process for all patients. During the first inspection visit we reviewed 10 sets of patient notes and then an additional five sets of notes during the second visit. We saw multiple examples of risk assessments not being completed. On the second visit we saw three examples of risk assessments being completed incorrectly and without the correct patient information which could lead to patients receiving unsafe care.

Staff still did not complete risk assessments for each patient on admission / arrival, using a recognised tool, nor did they review this regularly, including after any incident. During this inspection we saw multiple examples of risk assessments not being completed.

We reviewed departmental audits that had been provided following our inspection visit which also highlighted that risk assessments were not being completed appropriately.

Mental health risk assessments were still not being completed. On our first visit we reviewed five mental health attendances and found no completed mental health risk assessments. We reviewed a further four attendances on our second visit and found that all four had completed risk assessments. However, staff did not implement the risk management plan as a result of the completed risk assessment.

The trust still did not manage and mitigate the risk of ligature within the department. At the previous inspection we were not assured that ligature risks within the department were continually monitored. Staff told us that designated cubicles in the major treatment area would also be used for mental health patients. We requested ligature risk assessments and only one risk assessment was supplied which was dated after the inspection. At this inspection we were provided with the ligature risk assessments for the designated cubicles, but these were not stored within the department and therefore not easily accessible to staff.

Patients were encouraged to escalate to staff if they became more unwell whilst waiting to receive care. However, patients still told us that staff were not a consistently visible presence in the waiting areas.

At this inspection we were told that a new ‘intentional rounding’ policy had been introduced to ensure oversight of the patients within the waiting room.

We spoke with patients who had been experiencing long waits and saw that intentional rounding had not been documented in four cases.

We saw one example of a patient whose condition had deteriorated whilst in the waiting room and had not been escalated to the nurse in charge. When we highlighted this, we were told that the patient needed to be moved to resuscitation.

Medicines

The trust had improved systems to ensure patients received time critical medication. During the previous inspection between the 11 May 2021 to 24 June 2021 we found the administration of critical medicines was not always timely. Staff

were not aware of a specific policy around critical medicine. We were not assured that a policy for critical medicine was available for staff. During this inspection on 2 March 2022, for the patients we looked at no critical medicines had been delayed. We asked staff about the trust critical medicines guidance and were not assured that staff were aware of guidance available despite senior leaders describing bulletins being issued highlighting the trusts guidance.

The trust had improved systems and improvement had been seen in medicines reconciliation. Clear work plans and defined roles still required development as well as further embedding so that the pharmacy team became part of the multidisciplinary team (MDT). At this inspection the pilot had been withdrawn and due to pressures in other areas pharmacist and pharmacy technician support into the department was now on an ad hoc basis. ED staff did however know the name of who to contact if support was needed but no routine daily input was provided.

The trust had improved systems and improvement had been seen in medicines storage. At this inspection we saw that improvements had been made for security of medicines. Controlled stationary were locked away and records were made in line with national and trust policies.

The trust also had improved systems and improvement had been seen in the management of controlled drugs. At this inspection we saw that oversight of controlled drug registers had improved, a new CD register was being piloted in resus, and although some gaps were still occurring systems were in place to ensure that these were quickly identified and actions taken. However further work needed to be completed to ensure legal requirements were embedded into practice.

The trust failed to demonstrate improvement in the safe supply of over labelled take home medicines. At this inspection we were told that a new SOP was in development for improving the process for safe supply of over-labelled take home medicines, but this was not in place in ED yet. Therefore, oversight of this process continued to be limited and no interim steps had been taken to improve this process.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust must take to improve:

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- The trust must ensure that all patients presenting with a mental health condition have all appropriate risk assessments completed. **Regulations 12(1)(2)(a)(b).**
- The trust must ensure staff implement appropriate risk management plans for all patients presenting with mental health conditions. **Regulation 12(1)(2)(b)**
- The trust must ensure that staff record completed intentional rounding of all patients in the waiting area. **Regulations 12(1)(2)(a)(b).**
- The trust must ensure that staff escalate all safeguarding concerns appropriately. **Regulations 12(1)(2)(a)(b).**

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- The trust must ensure that all infection prevention and control measures are followed by all staff. **(Regulation 12 (2) (h)).**
- The trust must ensure that all patients have access to nurse call bells. **(Regulation 12 (2) (d).**
- The trust must ensure that all completed environmental risk assessments are easily accessible for all staff. **(Regulation 12 (2) (a)).**
- The trust should ensure that the standard operating policy for over labelled take home medicines is introduced and becomes fully embedded practice. **(Regulation 12(2)(g)).**

Action the trust should take to improve:

- The trust should ensure that all continuing improvements to safeguarding processes are fully embedded.
- The trust should ensure that the audit programme becomes fully embedded and any issues identified are rapidly acted upon.
- The trust should ensure that all guidelines in relation to the administration of time critical medicines are made accessible to staff.
- The trust should ensure the process for the safe storage of controlled drugs is fully embedded and actions are taken when issues are identified.

Our inspection team

The inspection was carried out by two CQC inspectors and one CQC inspection manager. The inspection was also overseen by a CQC inspection manager.

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