

Barts Health NHS Trust

The London Chest Hospital

Quality Report

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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

Overall rating for this hospital

Accident and emergency

Medical care

Surgery

Intensive/critical care

Maternity and family planning

Services for children & young people

End of life care

Outpatients

Summary of findings

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Summary of findings

Overall summary

The London Chest Hospital is an acute hospital run by Barts Health NHS Trust, the largest NHS trust in England. It consists of an intensive care unit, a coronary care unit, a high dependency unit, an angiogram day care unit, a cardiac catheter unit, three wards and an outpatients department. It provides treatment and care for patients with heart or lung problems. It has a specialist centre for cardiac emergency care for people who have had a heart attack. It also offers services for patients with allergies and cystic fibrosis.

CQC has inspected the London Chest Hospital twice since it was registered – once in March 2012, when it was found not to be meeting standards relating to the safety and suitability of premises and staffing levels. A follow-up inspection in November 2012 found that improvements had been made and all standards inspected were met.

Before visiting we looked at information about the trust and this hospital. We carried out an announced visit on 7 November 2013 and an unannounced visit on 14 November 2013. We looked at the personal care or treatment records of people who used the service, observed how people were being cared for and talked with people who used the service. We talked with carers,

family members, staff and reviewed information that we asked the provider to send to us. We placed comments boxes around the hospital and received a number of completed forms from patients.

The inspection team included CQC inspectors and a variety of specialists: a person representing the public, a director of operations, student nurse and consultant radiologist.

Although the buildings were old and not well suited to modern day care, we found all areas to be clean. People were treated with dignity and respect and were involved in their treatment and care. There was good access to interpreters, particular for the most commonly spoken languages. The majority of patients were very complimentary about their care and the attitude of staff.

Care and treatment were based on nationally recognised clinical guidelines and best practice to ensure that people's needs were met and good outcomes were achieved.

Staff had received mandatory training and appraisals and had access to continuing professional development and support. Staff expressed pride in working at The London Chest Hospital and, although welcomed the move to a modern facility next year, were keen not to lose the friendly and collaborative culture.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

The hospital was clean and appropriate infection control practices were seen. There was a focus on safety and examples of practice to improve this further, such as the care for people at risk of falling. There were concerns that, at night, staff were not always able to respond to patients' needs in a timely manner and therefore ensure their safety and welfare at all times.

Are services effective?

National guidelines and best practice were followed. Care was effective, people's needs were met and there were examples of good outcomes for people.

Are services caring?

People were treated with dignity, respect and compassion. The vast majority of patients were very positive about their care which met their individual needs.

Are services responsive to people's needs?

The majority of patients received the care and treatment they required at the right time and their needs were responded to. However, we did have concerns that the communication about the reasons for, and likely length of, wait in outpatients was not effective, with patients waiting for a long time without an explanation.

Are services well-led?

There was effective leadership and governance at all levels in the hospital and for the clinical academic groups. Staff were clear about their responsibilities and supported each other well.

Summary of findings

What we found about each of the main services in the hospital

Medical care (including older people's care)

Overall care was safe and effective. Most patients were very complimentary about their care and found the staff caring and compassionate. However, there were some concerns about the ability of staff to respond to patients' requests at night in one area.

Patients' privacy and dignity was maintained. There were occasions when patients' pre-booked treatments were cancelled as staff aimed to manage the competing demands of elective and emergency care.

There was effective leadership and governance at all levels of staff in the hospital and through the clinical academic groups.

Outpatients

The outpatients department provided safe and effective care. Staff were caring and the department was well-led. However, some people had considerable waits for their appointments.

Summary of findings

What people who use the trust's services say

All the wards at the London Chest Hospital scored above the average for the trust in the Friends and Family test

(the survey introduced by the NHS in April 2013 to allow patients to give feedback on the quality of care). It is also the highest rated hospital in the trust from the NHS Choices feedback, scoring a maximum five stars.

Areas for improvement

Action the trust **MUST** take to improve

Action must be taken to improve staff's ability to respond in a timely manner to patients' needs at night and to ensure their safety and welfare.

Action the trust **COULD** take to improve

- The provision of written information is mainly in English with little information about how this may be obtained in other languages or formats.

- There should be better communication about the reasons for, and likely length of, wait in outpatients.
- The hospital should address the concerns about the implementation of the review of nursing posts and effects of this on the skill mix of nursing staff.

Good practice

Our inspection team highlighted the following areas of good practice:

- The vast majority of patients were very complimentary about the care and compassion from staff throughout the hospital.
- Staff also spoke positively about working at the hospital and the team approach.
- Despite the age of the buildings, all areas were clean.
- The frequent 'walk around rounds' where senior staff regularly walked around the clinical areas.

- The use of yellow wrist bands to alert staff to patients at risk of falling, which had reduced the number of falls.
- The maintenance and repair of patient equipment while they were attending clinics.
- The equality of outcomes for heart patients, no matter what time of the day or night they were admitted.
- Support to relatives when patients were in a life-threatening situation or when difficult decisions needed to be made about continuing care
- The dedicated exercise classes for Bengali women to help them recuperate following a heart attack.

The London Chest Hospital

Detailed findings

Services we looked at:

Medical care (including older people's care); Intensive/critical care; Outpatients

Our inspection team

Our inspection team was led by:

Chair: Andy Mitchell, Medical Director (London Region), NHS England

Team Leader: Michele Golden, Care Quality Commission

Sub-team leader: Sue Walker, Care Quality Commission

The team included CQC inspectors and a variety of specialists: a person representing the public, director of operations, student nurse and consultant radiologist.

Why we carried out this inspection

We chose to inspect the London Chest Hospital as one of the CQC's Chief Inspector of Hospitals' first new inspections because we were keen to visit a range of different types of hospital, from those considered to be high risk to those where the risk of poor care is likely to be lower. From the information in our 'intelligent monitoring' system – which

looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations – Barts Health NHS Trust was considered to be a high-risk provider

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?

The inspection team examined the following core services at this inspection:

- Medical care
- Intensive/critical care
- Outpatients

Detailed findings

Before visiting, we looked at a variety of information we held about the trust and asked other organisations to share what they knew about it. We carried out an announced visit on 7 November and an unannounced visit on 14 November 2013.

During the announced and unannounced inspections we:

- Held a drop-in session for staff.
- Looked at medical records.
- Observed how staff cared for people.
- Spoke with patients, family members and carers.

- Spoke with staff at all levels, from ward to senior managers.
- Reviewed information provided by and requested from the trust.
- Placed comments boxes around the hospital and received a number of completed forms from patients.

The team would like to thank all those who spoke with us and sent in comments for being open and balanced in sharing their experiences and their perceptions of the quality of the care and treatment.

Are services safe?

Summary of findings

The hospital was clean and appropriate infection control practices were seen. There was a focus on safety and examples of practice to improve this further. There were concerns that, at night, staff were not always able to respond to patients' needs in a timely manner and therefore ensure their safety and welfare at all times.

Our findings

Patient safety

The service was focused on safety. Staff were reporting incidents and were encouraged to do so. They received feedback on incidents and analysed them to improve the quality and safety of services. There were examples of learning from incidents such as falls and the action taken as a result, such as the use of yellow bands to easily identify patients who were at risk of falling. The outcome was a reduction in the number of falls and better patient safety.

Infection control

Most of the buildings of the London Chest Hospital were old. The layout of the wards and the fabric of the buildings were not well suited to modern healthcare provision. There

were plans in place to move the services to St Bartholomew's Hospital in 2014. Maintenance work was continuing on the site. However, some of the non-clinical areas were in a poor state of repair.

All of the clinical areas we visited were clean, with dates and times of last cleaning recorded. Staff were consistently seen to be using appropriate hand hygiene as well as aprons and gloves as required.

Medical equipment

Medical equipment was well maintained. There were equipment checks in place with records to demonstrate that these were up to date. Appropriate specialist equipment was used to meet people's needs. Consideration had also been given to the repair and maintenance of equipment for patients with ongoing needs.

Staffing levels

We looked at staffing levels in the hospital. Patients' comments to us, both verbally and through comments cards, which were supported by information from NHS Choices, demonstrated that (with a few exceptions) patients were very satisfied with the care. There were some concerns regarding the staff's ability to respond to patients' needs at night on Caplin Ward and the access to prompt medical cover at weekends. The intensive care unit had a significant number of vacancies. However, a number of these posts had recently been appointed.

Are services effective?

(for example, treatment is effective)

Summary of findings

National guidelines and best practice was followed.
Care was effective, people's needs were met and there were examples of good outcomes.

Our findings

Clinical management

Nationally recognised clinical guidelines and standards for examples, from the National Institute for Health and Care Excellence and the relevant royal colleges were used to deliver care and treatment to meet patients' needs and deliver positive outcomes.

The prompt and appropriate care and treatment of patients suffering a heart attack reduces the likelihood of

death or recurrent heart attack. Primary angioplasty, in which the blocked coronary artery responsible for the heart attack is re-opened using a balloon catheter, is the preferred treatment if it can be provided promptly. The hospital was achieving good timing results for patients in these circumstances. A study had shown that (unlike for some other hospitals) patients of the London Chest Hospital had the same standard of care no matter whether they were admitted at night or during the weekend.

Staff skills

Services, treatment and care were delivered by suitably qualified and competent staff who were supported in their roles and development. The vast majority of staff had received the required mandatory training and an appraisal in the last year. In addition, there were examples of staff being supported to undertake further study to enhance their professional development.

Are services caring?

Summary of findings

People were treated with dignity, respect and compassion. The vast majority of patients were very positive about their care which met their individual needs.

Our findings

Patient involvement

Patients were treated with compassion, respect and dignity, tailored to their individual needs. Patients told us they felt involved in their care and their plan for treatment was clearly explained. The comments we received from patients on feedback cards were all positive about their care. This was supported by information about the hospital from NHS Choices, where patients had scored the hospital a maximum five stars.

The local population was very diverse and there was appropriate access to interpreters through advocacy services, telephone support, and through the staff, a number of whom spoke more than one language.

Privacy and dignity

Patients were treated with dignity and respect. All communication we observed between staff and patients was respectful and maintained patients' privacy and dignity. The information on the comments cards from patients also supported this.

Food and drink

Patients were given a suitable choice of food and drink to meet their nutritional needs. The hospital catered for the diverse cultures of the patients who used its services. At the time of the inspection all the menus were in English but work was in progress to produce them in other languages. We observed patients who needed help with meals getting support when required. For those who could manage to eat and drink independently, food was left within their reach.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The majority of patients received the care and treatment they required at the right time and their needs were responded to. However, we did have concerns that the communication about the reasons for, and likely length of, wait in outpatients was not effective, with patients waiting for a long time without an explanation.

Our findings

Access to services

English was not the first language of many of the patients who attended the hospital. Where required, there was suitable access to interpreters in a range of different ways. The hospital entrance displayed signs in a variety of languages but, inside the hospital, signs were only in English.

Although the hospital buildings were old and not conducive to modern healthcare, attention had been given to access for people in wheelchairs. The outpatients department was located on the ground floor with a wheelchair lift to enable people to gain access to the rest of the hospital.

There were noticeboards in the outpatients department detailing the current average waiting times. However, during our visit, this did not reflect the actual length of waiting times. All the patients we asked told us that no one had informed them there would be a wait or why there was a delay.

Accessible information

There were noticeboards throughout the hospital with information on common health conditions relevant to patients. Information leaflets were also available. However, all the information seen was in English with no advice if it was available in other languages or formats.

Complaints, concerns and compliments

Staff could explain the policy and procedure for managing complaints, and their focus was to try to resolve any concerns as close to the situation as possible. This was supported by patients who informed us they knew how to raise a complaint if required but felt that any concerns would be managed at the time. The overall number of complaints received at the hospital was low. There were numerous compliments and 'thank you' notes from patients and relatives displayed around the site.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

There was effective leadership and governance at all levels in the hospital and of the clinical academic groups. Staff were clear about their responsibilities and supported each other well.

Our findings

Leadership

Clinical management at the trust was divided into clinical academic groups (CAGs). Within the London Chest Hospital there were two CAGs operating: cardiac care within the cardiovascular CAG; and respiratory care within emergency care and acute medicine CAG. Management of the outpatients department came under the Chief Operating Officer. Staff in each of these areas were clear of their lines of leadership and accountability and felt that communication with the CAG management team was good.

There was a matron with responsibility for the whole of the London Chest Hospital site who brought the issues from the individual CAGs together. This was valued by staff.

We were told that members of the executive team and non-executive directors visited the wards and departments. Through a project known as 'Clinical Fridays' the chief nurse and her team spent Friday mornings in clinical areas. This enabled senior staff to see the quality of care that was being provided, and gather first-hand feedback from patients and staff.

Managing quality and performance

Quality and performance was monitored through the CAG. Multidisciplinary meetings were held at which issues such as risk management, incidents, complaints, morbidity and mortality, training and outcomes from audits were discussed. Feedback was passed through the management line to all staff. While there was good evidence of learning through the individual CAGs and across the hospital site, there was limited knowledge of learning from other areas of the trust.

Staff responsibilities

Individual staff at all levels understood what they were responsible for, what they could take action on, and what needed to be escalated. They were aware of their responsibility to report risks and incidents and they received feedback on these.

Medical care (including older people's care)

Safe

Effective

Caring

Responsive

Well-led

Information about the service

The medical service at the London Chest Hospital includes: three inpatient wards, a cardiac catheter unit and an angio day case unit.

We visited all three wards and the cardiac catheter unit. We spoke to patients, relatives, and staff including nurses, doctors, consultants, managers and support staff.

Summary of findings

Overall care was safe and effective. Most patients were very complimentary about their care and found the staff caring and compassionate. However, there were some concerns about the ability of staff to respond to patients' requests at night in one area. Patients' privacy and dignity was maintained. There were occasions when patients' pre-booked treatments were cancelled as staff aimed to manage the competing demands of elective and emergency care.

There was effective leadership and governance at all levels of staff in the hospital and through the CAGs.

Medical care (including older people's care)

Are medical care services safe?

Patient safety

The service was focused on safety. Staff were encouraged to report incidents; they received feedback and learned lessons from these. As well as reviewing the number of incidents, themes and trends, managers monitored any reduction of incidents being reported in any areas and the reasons for this. There were monthly multidisciplinary meetings which looked at incidents, trends and themes. This information was cascaded through monthly meetings to the matrons and ward and department managers but there were no documented notes of these meetings.

Safety crosses were observed to be in use in wards and departments. The visual impact of the safety crosses – green for no incidents, red for incidents – enabled staff to be aware of the safety issues on the ward at a glance. In most areas there were regular ward rounds in place, during which the staff walked round the ward or clinical area to check on patients. The number of falls had significantly fallen since the introduction of these. It was also noted that, where the rounds were taking place very regularly, there was minimal use of call bells, with patients feeling they were monitored sufficiently frequently and did not often need to call for help.

Following a review of falls, patients at risk of falling were given a yellow wrist band to wear. There was data to demonstrate that falls had reduced since the introduction of these wrist bands.

Staff were not aware of the 'Never Events' that had occurred in different parts of the trust or the learning from these. Staff were unaware that yellow wrists bands were being used to highlight different concerns in different areas of the trust. In the maternity and gynaecology units, yellow wrist bands had recently been introduced to alert staff to patients who needed to have a pack or swab removed.

Infection control

Most of the buildings of the London Chest Hospital were old. The layout of the wards and the fabric of the buildings were not well suited to modern healthcare provision. There were plans in place to move the services to St Bartholomew's Hospital in 2014. Maintenance work was continuing on the site and, although tired in appearance, patient areas were clean. However, some of the non-clinical areas were in a poor state of repair.

We were advised that the site was not meeting all the requirements for infection control due to the poor fabric of the building and the lack of space. Risk assessments had been completed and both the infection control nurse and manager of decontamination were involved in reviewing the situation. It was acknowledged that they would not meet all the requirements until they moved to the new unit next year but that actions put in place had minimised the risk of contamination.

Antibacterial hand gel was readily available in all areas, with access to personal protective equipment (such as gloves and aprons) as required. Appropriate hand hygiene was observed.

Equipment

Medical equipment was well maintained. There were equipment checks in place with records to demonstrate that these were up to date. Patients were provided with the equipment they required to meet their needs – for example, the use of special mattresses to reduce the risk of developing pressure ulcers and shower equipment to support a bariatric (weight loss) patient.

Staffing levels

Arrangements were in place to ensure there was a sufficient number of staff to provide care. Bank staff (staff who work overtime in the trust) and agency staff were used when required, although staff reported that it was sometimes difficult to get agency staff at short notice due to the approval process in place.

Most patients were very complimentary about the care they received. However, during the inspection, concerns were raised by some patients and relatives about staff on Caplin Ward and their ability to respond in a timely manner to their needs at night and ensure their safety and welfare. Some staff also commented on patients having to wait long periods to see a doctor at weekends. There was a registrar on call who undertook a ward round of all patients, but the rest of the time one senior house officer covered all the wards and departments.

Are medical care services effective? (for example, treatment is effective)

Services at the London Chest Hospital were effective.

Medical care (including older people's care)

Clinical management and national guidelines

Clinical guidelines based on current best practice were in place and available to all staff. Morbidity and mortality were regularly discussed. An increase had been detected and believed to be due to the increasing illness of the patients received.

Treatment for heart attack patients (cardiac catheterisation or percutaneous coronary intervention) should occur within 90 minutes of arrival at the hospital. The London Chest Hospital was achieving target times in 100% of cases and 85% of cases within 60 minutes, therefore maximising positive outcomes for patients.

Collaborative working

There was good collaborative and multidisciplinary working across the hospital which ensured the needs of patients were properly managed and met. However, when patients needed to be referred to another consultant outside of the London Chest Hospital, there could be a delay in the consultant being able to see them or the patient was required to travel to a neighbouring hospital for attendance at the outpatient department.

Staff skills

Treatment and care was delivered by suitably qualified and competent staff. Staff had access to support throughout the 24-hour period if required. There were changes to the structure and skill mix of staff taking place and senior staff were very aware of the demoralising effect that such changes could have and the need to provide appropriate support. Staff directly affected at the time of inspection felt they were being supported.

There were concerns expressed by staff, both medical and nursing, about the possible effect of the changes and they wanted to ensure that any impact would be monitored.

Are medical care services caring?

Services at the London Chest Hospital were caring.

Patient involvement

Patients told us they felt involved in their care and their plan for treatment was clearly explained to them. We received 11 comments cards from patients, 10 of these commented on the care people had received and all were positive with comments such as: "Cannot fault the staff or system"; "They [the staff] answered all my questions very

satisfactorily"; "Yes, the staff did listen". During our observations in clinical areas, we heard staff explaining treatment to patients in a clear manner and taking time to listen and respond to questions and comments.

Accessible information

There were a variety of languages spoken in the local population. There was access to interpreters as well as telephone support for translation. However, patients we spoke with whose first language was not English told us they relied on their relatives for translation and that not speaking English made them feel isolated during their hospital admission.

Supporting patients' families

Staff were very supportive to the needs of relatives in emergency situations. In the cardiac catheterisation suite, relatives were able to watch the care being delivered, including resuscitation if appropriate. This involvement helped them to understand the care and treatment that had been provided.

Staff also supported each other when a patient had died in an emergency situation. They held a debriefing session, including time out to reflect on the situation and embed lessons learned to improve future patient outcomes.

Privacy and dignity

Through the comments cards, many people mentioned the respect they were treated with. Comments included: "They treated me with respect and dignity"; "Doctors and nurses are excellent and treat me like a human being who is cared for"; "The staff were very good and very respectful and treated me with great care and dignity". Our observations during the inspection supported these comments.

Food and drink

There was a wide choice of meals available that reflected patients' cultural and religious needs and preferences. Although there was mixed feedback from patients on the food, they did acknowledge that there was a choice available so there was usually something that they would eat. Patients needing help with eating were provided their food on a red tray. Some of these trays had become warped and this made an uneven surface for the plates to be balanced on.

We observed staff supporting people to eat and drink in a dignified manner. For those who had limited movement but could eat and drink independently, food and drink was left within their reach.

Medical care (including older people's care)

Are medical care services responsive to people's needs? (for example, to feedback?)

Services at the London Chest Hospital were responsive to patients' needs.

Access to services

Some signage, particularly at the main entrance to the hospital, was displayed in a variety of languages which reflected those spoken most commonly in the local population. There was a range of information available on noticeboards throughout the hospital. This was in English and lacked consistent advice on how it could be accessed in different languages or formats.

Patients' individual needs were met at each stage of their care. Patients told us that staff explained their care and treatment with them and they felt well informed. This was supported by our observations.

A review of attendance at exercise classes for patients following a heart attack had shown poor uptake by Bengali Women. After discussion with the community, dedicated classes for these women were set up, where their specific cultural needs could be met. Attendance had significantly improved.

Discharge planning

Discharge planning started at pre-admission for those having planned procedures and at admission for patients coming in as emergencies. One relative told us they felt their mother's discharge was well planned, that she would not leave hospital until she was well enough and with appropriate support in place.

Complaints, concerns and compliments

Information on how to raise complaints and concerns was available on noticeboards. Staff explained that the focus was to try and resolve any issues as close to the situation as possible.

Are medical care services well-led?

There was effective leadership and governance at all levels of staff in the hospital and through the CAGs.

Leadership and governance

Overall leadership and governance for the wards was provided by two of the clinical academic groups (CAGs), cardiovascular and emergency care and acute medicine. The CAGs oversaw monitoring of the quality and safety of care. There were monthly reports to the CAG, and information from these meetings was cascaded to the matrons and then on to the ward and department managers and staff. While there was a clear record of the CAG meetings, there was limited documentary evidence of the meetings between matrons and ward managers, although staff could give examples of information they had received verbally.

We were told that members of the executive team visited the wards and, through a project known as 'Clinical Fridays', the chief nurse and her team spent Friday mornings in clinical areas. This enabled senior staff to see the quality of care that was being provided, and gather first-hand feedback from patients and staff. A non-executive member of the trust Board had also visited the hospital in the last few weeks and staff told us they felt proud to be able to talk about their service. No written record of this visit had been disseminated.

Staff responsibilities

It was a time of change in the trust and a number of nursing roles were being reviewed. Staff found this unsettling but those directly affected at the time of our inspection stated they felt well supported.

Staff had a loyalty to the London Chest Hospital and described going the extra mile to support their colleagues and patients. One member of staff described their role as, "the best job they had ever had". As a small hospital, most staff knew each other. All the staff were keen to move to the new facilities but were concerned that their local culture would be lost in a larger site.

Individual staff were clear about their responsibilities and knew how to report incidents and escalate issues. Staff had received an appraisal in the last year or had it booked imminently and all spoke of having completed their annual mandatory training. Evidence was seen to support this. Some staff also spoke of the trust supporting their professional development, with examples including staff undertaking Master of Science degrees, and secondment opportunities for healthcare assistants to undertake nurse training.

Intensive/critical care

Safe

Effective

Caring

Responsive

Well-led

Information about the service

The London Chest Hospital provides beds for intensive care, high dependency and coronary care. We visited all three of these areas. We spoke to patients, relatives, and staff including nurses, doctors, consultants, managers and support staff.

Summary of findings

Patient care was safe and effective. Patients were positive about their care and treatment and the support they received from staff. There was a shortfall of staff in the intensive care unit which the hospital was addressing. Services were responsive to patients' needs and were well-led.

Intensive/critical care

Are intensive/critical services safe?

The service was focused on safety.

Patient safety

Staff were encouraged to report incidents; they received and learned lessons from feedback. As well as reviewing the number of incidents, themes and trends, managers also reviewed if there were reduced numbers of incidents being reported in any areas and the reasons for this. Findings were cascaded through monthly meetings to the matrons and department managers but there were no documented notes of these meetings.

Infection control

The layout of the units and the fabric of the building were not well suited to modern healthcare provision. There were plans in place to move the services to St Bartholomew's Hospital in 2014. Although tired in appearance, patient areas were clean. However, some of the non-clinical areas were in a poor state of repair and particularly cramped.

Hand hygiene gel was readily available in all areas, with access to personal protective equipment (such as gloves and aprons) as required. Appropriate hand hygiene was observed.

Equipment

Medical equipment was well maintained. There were equipment checks in place with records to demonstrate that these were up to date and show that equipment was regularly cleaned.

Staffing levels

Arrangements were in place to ensure there was sufficient staff to provide care. The intensive care unit had a high vacancy rate. However, interviews had taken place on the morning of the inspection and a number of posts had been appointed. Bank staff (hospital staff who work overtime in the trust) and agency staff were used when required, although staff reported that it was sometimes difficult to get agency staff at short notice due to the approval process in place.

All the patients and relatives in these areas spoke highly of the care they received.

Are intensive/critical services effective? (for example, treatment is effective)

Services within the intensive care unit were effective.

National guidelines

Patients received care and treatment that was based on national guidelines and current best practice. A recent study had shown that patients who were admitted with a heart attack during the evening, night or weekend are equal to that for patients admitted during normal working hours.

Collaborative working

There was good collaborative and multidisciplinary working in all three units which ensured the needs of patients were properly managed and met. Following a heart attack, some patients were discharged directly from the coronary care unit, and the cardiac rehabilitation nurses provided good support to these patients before, during and after their discharge.

Staff skills

Treatment and care was delivered by suitably qualified and competent staff. Staff had access to support throughout the 24-hour period if required.

Changes to the structure and skill mix of staff were underway and staff were very aware of the demoralising effect that this could have, and the need to provide appropriate support to their colleagues.

Are intensive/critical services caring?

Services within the Intensive Care Unit were caring.

Patient involvement

Patients told us they felt involved in their care and that their plan for treatment was clearly explained to them. During our observations in clinical areas we heard staff explaining treatment to patients in a clear manner and taking time to listen and respond to questions and comments.

With a variety of languages spoken in the local population, the hospital provided access to interpreters as well as telephone support for translation. However, patients we spoke to whose first language was not English told us that, in reality, they relied on their relatives for translation.

Intensive/critical care

We observed that a number of staff could speak more than one language and, due to the small size of the hospital, staff knew each other well and would often call on colleagues to act as interpreters. Patients told us they liked this communication.

Staff were very supportive to the needs of relatives in emergency situations. There were good examples of how relatives were involved and supported when a decision was to be made regarding turning a ventilator off. A neurologist was involved in assessing patients' brain activity and meeting with the patient's family to discuss life support and help them understand the plan of care.

Privacy and dignity

Patients were cared for with dignity and respect. Bed curtains were drawn when required to maintain privacy and dignity and we observed staff asking before entering. Explanations were provided about care. Patients in coronary care were particularly complimentary about the support they received during a very frightening time.

Food and drink

There was a wide choice of meals available that reflected patients' cultural and religious needs and preferences. Although there was mixed feedback from patients on the food, they did acknowledge that there was a choice available so there was usually something they would eat.

Are intensive/critical services responsive to people's needs? (for example, to feedback?)

Services within the Intensive Care Unit were responsive.

Meeting patients' needs

Patients' individual needs were met at each stage of their care. Patients told us that staff explained their care and treatment to them and they felt well informed. This was supported by our observations.

Discharge planning

Discharge planning started as soon as a patient's condition was stable. For those in coronary care, their stay may be very short, with rehabilitation nurses providing a key link between acute and community care.

Complaints, concerns and compliments

Information on how to raise complaints and concerns was available on noticeboards. Staff explained that the focus was to try and resolve any issues as close to the situation as possible.

Are intensive/critical services well-led?

Leadership and monitoring quality

All three of the units were well-led. Communication was good at all levels and staff were clear about their responsibilities. All staff we spoke with had received an appraisal in the last year and all had undertaken their mandatory training. Staff gave examples of how they were being supported in their personal development – for example, support for a Master of Science degree and support for critical care training.

Feedback on serious untoward incidents and learning from national issues was provided through team meetings, emails and information on noticeboards.

Outpatients

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Information about the service

Outpatient clinics were provided Monday to Friday, 9am to 5pm and included respiratory, cardiology, tuberculosis, cardiothoracic, cystic fibrosis and allergy clinics.

We spoke to patients, relatives, and staff including nurses and support staff.

Summary of findings

The outpatients department provided safe and effective care. Staff were caring and the department was well-led. However, some people had considerable waits for their appointments.

Outpatients

Are outpatients services safe?

Services in the outpatients department were safe.

Patient safety

Staff were aware of how to report incidents and they received feedback on these. Wider learning from incidents was available on the staff bulletin which was readily available on the intranet.

Infection control

The Outpatients department was clean. There was hand gel readily available throughout the department and both staff and patients were seen using this.

Equipment

There were equipment checks in place with records to demonstrate that these were up to date. The hospital employs engineers who look after medical equipment, providing an additional service for patients. Patients can leave their medical equipment, such as blood sugar monitors, for maintenance and servicing while attending their appointment, avoiding a separate visit as well as being without their equipment in good working order.

Staffing levels

Staffing arrangements ensured that there were sufficient staff to enable safe practice. The team was quite small but responded flexibly to the need to change shifts and provide cover when required. There was also communication with other outpatient departments in the trust to provide cover where required, again demonstrating the flexibility of staff.

Are outpatients services effective? (for example, treatment is effective)

Effective care was provided in the outpatients area.

Clinical guidelines

Patients' pathways of care were based on nationally recognised clinical guidelines and best practice. The pathway of care in the Outpatients department reflected these as appropriate.

There were guidelines in place to manage patients who were "self-attenders" – that is, patients who came to the department expecting to be seen without an appointment.

Staff were considerate to the needs of the patient and made plans for appropriate care. This was an example of how patient safety was the main focus of care for staff, no matter how a patient had arrived in the department.

Collaborative working

There was good collaborative and multidisciplinary working between outpatient staff and the rest of the hospital, as well as community services when required.

Staff skills

There were two receptionists and five nursing staff, one of whom worked part-time in the department. They worked well together as a team. Treatment and care was provided by suitably qualified and competent staff. In addition to mandatory training, other opportunities were made available, for example, a change to the duty rota to enable one member of staff to attend training on dementia at short notice.

Are outpatients services caring?

Staff in outpatients were caring.

Staff spoke with passion that their main priority was the patient. When asked about how they managed incidents, the focus of the response was on the safety of the patient. Staff explained that, when someone had an incident in the department, for example a fall, they would phone them the next day to check on their condition.

Patient involvement

Patients told us that generally they felt involved in their care and that their plan for treatment was clearly explained to them. This was supported in the comments received on the comments cards. The exception to this was where patients did not have a definite diagnosis and felt frustrated that their plan of care was not clear. Although they understood why, they felt that more could be done to acknowledge the anxiety this caused.

There was access to interpreters and telephone support for translation. Staff within the department spoke languages in addition to English and were often asked to act as interpreters.

Privacy and dignity

Patients were treated with privacy and dignity. The reception staff were sensitive to the fact that their conversations may be overheard and took actions to

Outpatients

prevent a breach of confidentiality – for example, asking patients to check a written record of their address and date of birth rather than read it out. Consultations took place in private rooms with the door closed. Staff did not discuss patients in any of the public places.

Are outpatients services responsive to people's needs?
(for example, to feedback?)

Access to services

The Outpatients department was located on the ground floor with suitable access for anyone who used a wheelchair.

There were whiteboards displaying the current waiting times at the end of a corridor where patients were sitting. As patients were sitting along the full length of the corridor, this meant that only those at the top of the corridor would be able to see the board without walking up close to it. At the time of our visit, one of the boards stated that appointments were running to time. Three patients told us they had been waiting between 20 and 50 minutes and no one had explained there would be a delay or the reason for it. While we were talking to patients, the information on the board was amended to say the waiting time was 20-30

minutes. One patient told us that, the last time they attended, they had waited two hours after their booked appointment time, and they were not informed of the reason for the delay.

Accessible information

The department had noticeboards with information about various medical conditions to help people understand their condition and treatment. There were also information leaflets available. All of the information on display was in English and lacked any advice about availability in other languages or formats.

Are outpatients services well-led?

The department was well-led.

The staff in the department expressed their dedication and compassion for caring for patients and this culture was set by the senior sister. There was a strong team spirit and staff told us they worked well as a team, adapting their rota to provide suitable cover – both in the department at the London Chest Hospital and other outpatient departments in the trust.

Staff were clear about their responsibilities. They had all had an appraisal in the last year and completed the required mandatory training; they were also supported to undertake continuing professional development.

Good practice and areas for improvement

Areas of good practice

Our inspection team highlighted the following areas of good practice:

- The vast majority of patients were very complimentary about the care and compassion from staff throughout the hospital.
- Staff spoke positively about working at the hospital and the team approach.
- Despite the age of the buildings, all areas were clean.
- Frequent “walk around rounds” and the use of yellow wrists bands to alert staff to patients at risk of falling had reduced the number of falls.
- The maintenance and repair of patients’ medical equipment while they were attending clinics was an added benefit for patients.
- The equality of outcome for heart patients, no matter what time of the day or night they were admitted.
- Good support was given to relatives when patients were in a life-threatening situation or when difficult decisions needed to be made about continuing care.

- Dedicated exercise classes were available for Bengali women following a heart attack.

Areas in need of improvement

Action the hospital **MUST** take to improve

Action must be taken to improve staff’s ability to respond in a timely manner to patients’ needs at night to ensure their safety and welfare.

Action the hospital **COULD** take to improve

- The provision of written information is mainly in English, with little advice about how this may be obtained in other languages or formats.
- Communication about the reasons for, and likely length of wait in Outpatients.
- Address concerns about the implementation of the review of nursing post and effects of this on the skill mix of nursing staff.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Treatment of disease, disorder or injury | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010: Care and Welfare of Patients. People who use services were not protected against the risks of receiving care or treatment that is inappropriate or unsafe by ensuring the welfare and safety of the service user. Regulation 9 (1) (b) (ii). |