

St Hugh's Hospital

Quality Report

Peaks Lane

Grimsby

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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

Are services safe?

Overall summary

St Hugh's Hospital is operated by The Healthcare Management Trust and serves the population of North East Lincolnshire. The on-site facilities include one ward consisting of 24 single rooms and two double rooms, two laminar flow theatres and eight consulting rooms. The other clinical departments at the hospital include an endoscopy suite, a physiotherapy department and a radiology department with ultrasound and x-ray. The hospital provides surgery and outpatients with diagnostic imaging services.

The Care Quality Commission (CQC) undertook an announced focused inspection of St Hugh's Hospital on 22 and 23 August 2017. Focused inspections do not usually look at all five key questions; they focus on the areas indicated by the information that triggers the focused inspection. Although they are smaller in scale, focused inspections broadly follow the same process as a comprehensive inspection. We carried out the focused follow up inspection in order to ensure the provider had

taken action to comply with the regulations in the safe, effective and well-led domains in surgery and the safe and well-led domains in outpatients and diagnostic imaging services.

Following this inspection CQC served a warning notice under section 29 of the Health and Social Care Act 2008. The warning notice related to Regulation 12, (1)(2)(g) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The warning notice required the provider to take action to ensure systems and processes were established to ensure the proper and safe management of medicines. We gave the provider three months to make the necessary improvements.

We undertook an unannounced inspection on 13 February 2018. The purpose of this was to follow up on the actions the provider had told us they had taken in relation to the Section 29 warning notice issued in September 2017.

Summary of findings

CQC will not be providing a rating to St Hugh's Hospital for this inspection. The reason for not providing a rating is because this was a very focused inspection carried out to assess whether the provider had made significant improvement to services within the required time frame. During the focussed inspection we only reviewed the management of medicines in the safe domain of the surgery core service.

At the inspection in August 2017 we found:

- Staff did not recognise or investigate medicine errors and incidents.
- Staff did not complete medicines administration charts in line with the hospital's policy.
- Staff did not follow the hospital's policy for the administration of controlled drugs.
- Gaps in the recording of medicine fridge temperatures.
- Only 38% of staff had completed medicines management training.
- The hospital's own audits and the external pharmacy contractor's audits did not provide assurance about the safe management of medicines.

At this inspection we found:

- The medicines management policy at the time of the inspection did not reflect current practice at the hospital and did not support staff to properly manage medicines.
- Although there was a governance structure and escalation process for issues involving medicines, we were concerned that senior staff's focus was on the audit's overall percentage compliance rather than the proper and safe management of medicines. For example, the audit from January 2018 showed 85% compliance with medicines standards, however on

the day of our inspection we found 0% of the medicines administration records we reviewed were compliant with the hospital's policy and national guidance.

- Staff did not record the temperature of the medicines fridge in line with national guidance.
- Only two out of 24 staff that worked on the ward had completed the medicines competency. The hospital's target for completion of this was 100% by the end of February 2018.

However we also found some improvements during this inspection including:

- Medicines (including controlled drugs) were stored securely and access was restricted to authorised staff.
- Medicines to be given once-only were appropriately prescribed and staff maintained appropriate administration records.
- There was an improvement in the number of staff at the hospital that had completed medicines management training.

Although we found there had been improvements made in the proper and safe management of medicines we found there was still more work to do.

On 28 February 2018 we served a warning notice under section 29 of the Health and Social Care Act 2008. The warning notice related to Regulation 17, (1)(2) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The warning notice requires the provider to take action to ensure systems and processes are established to ensure effective governance arrangements are in place in relation to the proper and safe management of medicines. We have given the provider three months to make the necessary improvements.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North Region)

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Summary of each main service

The hospital had made some improvements in the proper and safe management of medicines; however, we found there was still more work to do particularly around the governance structure and escalation process for issues involving medicines. We were concerned that senior staff's focus was on the audit's overall percentage compliance rather than the proper and safe management of medicines and the implications this had upon patient care.

Summary of findings

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Surgery

Summary of this inspection

Background to St Hugh's Hospital

St Hugh's Hospital is operated by The Healthcare Management Trust. The original St Hugh's Hospital is in Grimsby, Lincolnshire and the building was founded in 1938. The Healthcare Management Trust assumed ownership of St Hugh's Hospital in 1985 and the current St. Hugh's Hospital building was opened to the public in March 1994. The hospital primarily serves the communities of North East Lincolnshire. It also accepts patient referrals from outside this area.

The hospital has had a nominated individual in post since October 2010.

The hospital has had a registered manager in post since October 2010. A new manager was appointed in November 2016 and registered with the CQC in June 2017.

The accountable officer for controlled drugs (CDs) was the registered manager.

The hospital offers a range of inpatient and outpatient services to NHS and other funded (insured and self-pay) patients including orthopaedic, general surgery, urology, ophthalmology, ear nose and throat, gynaecology and cosmetic surgery. The hospital does not provide any services for children and young people.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a CQC pharmacist specialist. The inspection team was overseen by Lorraine Bolam, Interim Head of Hospital Inspection.

Information about St Hugh's Hospital

St Hugh's Hospital has one ward consisting of 24 single rooms and two, two bed rooms, two laminar flow operating theatres and eight consulting rooms. The other clinical departments at the hospital include an endoscopy suite, a physiotherapy department and a radiology department with ultrasound and x-ray. The hospital provides surgery and outpatients with diagnostic imaging services.

The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures (17 December 2010)
- Surgical procedures (17 December 2010)
- Treatment of disease, disorder or injury (17 December 2010).

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital has been inspected four times before; the previous inspection took place in August 2017.

During the inspection, we visited the ward. We spoke with seven staff and we reviewed 15 patient records.

Services accredited by a national body:

- Operating theatres - the association for perioperative practice

Services provided at the hospital under service level agreement:

- Pathology
- Pharmacy
- Instrument decontamination
- MRI and CT scanning

Summary of this inspection

- RMO provision

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Not rated.

Surgery

Safe

Are surgery services safe?

Safe means the services protect you from abuse and avoidable harm.

Medicines

- At our inspection in August 2017 we were not assured that staff recognised and investigated medication errors. We found that staff did not complete medicines administration charts in line with the hospital's policy. We had concerns that staff did not follow the hospital's policy for the administration of controlled drugs. We found gaps in the recording of medicine fridge temperatures and only 38% of staff had completed medicines management training. The hospital's own audits and the external pharmacy contractor's audits did not provide assurance about the safe management of medicines.
- At this inspection we found that medicines were stored securely and access was restricted to authorised staff.
- Controlled drugs (medicines which require special storage arrangements and record-keeping because of their potential for misuse) were appropriately stored and administered, and accurate records were maintained. We saw evidence that staff carried out regular balance checks of controlled drugs.
- We checked the storage and monitoring of medicines requiring refrigeration and found staff had only recorded the current temperature of the medicines fridge, which was not in accordance with national guidance. In addition, we found temperatures had not been recorded in accordance with the hospital's policy on 10 occasions in January 2018. The ward manager told us they were aware of the gaps in recording and they said they had sent out a memo to clarify which staff were responsible for checking fridge temperatures. All of the recorded temperatures we reviewed were within the safe range for storing medicines.
- The hospital had updated the prescription chart since the last inspection. We reviewed 15 patient records in detail and found that none of them had been completed in accordance with the hospital's policy.
- The 15 medicines administration records for patients showed that oxygen was prescribed. In 10 of these 15 cases we found the national early warning score (NEWS) records indicated nursing staff had administered oxygen but had not recorded this on the medicines administration chart on every occasion.
- On all 15 charts we found that staff had not signed to confirm that medicines had been administered as they had been prescribed, or entered a recognised code to indicate the reason(s) they had not been administered. On the 15 medicines administration records we reviewed we found that a signature or non-administration code was missing on 36 occasions over 19 days.
- We reviewed nine medicines administration records for patients who had been prescribed intravenous fluids. In eight cases we found staff had not signed to confirm that intravenous fluids had been administered as they had been prescribed or recorded the reason(s) they had not been administered.
- Medicines to be given once-only were appropriately prescribed and staff maintained appropriate administration records.
- Staff we spoke with on the ward told us that since the last inspection they were reporting more medication incidents. The hospital provided us with the incidents reported between November 2017 and January 2018, 14 out of 44 incidents reported on the ward related to medicines. This was more than at the last inspection when in August 2017 staff had not reported any incidents related to medicines.
- The hospital had developed a newsletter about improving medication safety, the first one had been written in January 2018 and production was planned quarterly. The newsletter included findings from the last CQC inspection, the hospital's own audits and lessons learnt from medicines incidents.
- We found that staff were now completing medicines competencies and other training, for example intravenous medicine training at a local NHS trust.

Surgery

Evidence provided by the hospital showed that 52 out of 62 (84%) staff at the hospital had completed medicine management training. This was better than 38% of staff that we found at the August 2017 inspection.

- Evidence provided by the hospital showed that 27 out of 61 (44%) staff at the hospital had completed the medicines competency; the target for this was 100% by the end of February 2018. At the time of the inspection two out of 24 staff that worked on the ward had completed the medicines competency.
- The medicines management policy staff were using at the time of the inspection did not reflect current practice at the hospital. The quality improvement manager told us that a new policy was being written which included the recent changes the management team had made to practice, however this had not yet been ratified. This meant the current policy did not support staff to properly manage medicines.
- The hospital used an external pharmacy contractor that supplied a ward pharmacist for three days each week.

This had been introduced since the last inspection. The pharmacist completed monthly audits of prescription charts as well as daily reports of prescribing interventions they had made. Reports and audit results were fed back to each head of department and these were discussed at monthly meetings chaired by the hospital director.

- Although there was a governance structure and escalation process for issues involving medicines, we were concerned that senior staff's focus was on the audit's overall percentage compliance rather than the proper and safe management of medicines and the implications this had upon patient care.
- We had concerns about the effectiveness of the hospital's medicines audits. For example, the latest audit from January 2018 showed 85% compliance with medicines standards, however on the day of our inspection we found none of the 15 records we reviewed were wholly compliant with the hospital's policy and national guidance.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.