City Hospital

Quality Report

City Hospital
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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

Summary of findings

Letter from the Chief Inspector of Hospitals

City Hospital is operated by Sandwell and West Birmingham Hospitals NHS Trust .

Medical care is delivered over two sites, the City Hospital and Sandwell General Hospital. Both sites provide urgent and planned care. There are total of 383 winter inpatients beds which reduce during the summer months to 355.

The medical care service at the trust provides care and treatment for a number of specialties including, elderly medicine, gastroenterology, respiratory, haematology and cardiology. Patients are referred from the emergency department or primary care. Patients with acute medical conditions are assessed and their treatment commenced by a multi-professional acute medical team. They are either discharged or transferred to a specialty ward appropriate for their condition.

We carried out an unannounced focused inspection of D26 (female elderly care ward) at City Hospital on 17 September 2019, in response to concerning information we had received in relation to pressure area care of patients on this ward. As part of our inspection we visited an additional elderly care ward (D11).

We did not inspect any other core service or wards at this hospital, or any other locations provided by Sandwell and West Birmingham Hospitals NHS Trust. During this inspection we inspected using our focused inspection methodology. **We did not cover all key questions or key lines of enquiry and we did not rate this service at this inspection. We inspected elements of safe and effective only**.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During this inspection we;

- Spoke with 10 members of staff including registered nurses, health care assistants, allied health professionals and senior managers.
- Reviewed seven complete nursing care records relating to physical health.

Our key findings were as follows;

- Staff were aware of their responsibilities and how to raise safeguarding concerns in relation to patient's skin integrity and pressure ulcer care.
- Staff could easily access pressure relieving equipment and had a small stock of pressure relieving mattresses on the ward.
- Staff told us they received feedback and learning from incidents.
- Patients who were at risk of skin integrity breakdown that were not getting adequate nutritional intake from food were prescribed oral nutritional supplements in the form of readymade milkshakes and juices.
- Staff were aware of training that was available, and some had attended complex wound management training.
- Staff could access dietitians and advice from tissue viability nurses when required.
- Staff were knowledgeable of how to review patients' skin in other ways when patients refused care.
- All patients had food and fluid charts in situ unless it was indicated by the medical team that this was not required.
- Documentation was clear and up to date. There were some gaps in parts of the documentation. However, senior staff were aware of this and carry out checks to reduce the risk of this happening.

Summary of findings

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Midlands Region)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (including older people's care)	Requires improvement 	We carried out an unannounced focused inspection of ward D26 (female elderly care) at City Hospital on 17 September 2019, in response to concerning information we had received in relation to pressure areas care of patients on this ward. We did not inspect any other core services, or any other locations provided by Sandwell and West Birmingham Hospitals NHS Trust. **We did not cover all key questions or key lines of enquiry and we did not rate this service at this inspection. We inspected elements of safe and effective.**

Summary of findings

Contents

Requires improvement

City Hospital

Medical Care (including older people's care)

Summary of this inspection

Background to City Hospital

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Medical care is delivered over two sites, the City Hospital and Sandwell General Hospital. Both sites provide urgent and planned care. There are total of 383 winter inpatients beds which reduce during the summer months to 355.

The medical care service at the trust provides care and treatment for a number of specialties including, elderly medicine, gastroenterology, respiratory, haematology and cardiology. Patients are referred from the emergency department or primary care. Patients with acute medical conditions are assessed and their treatment commenced by a multi-professional acute medical team. They are either discharged or transferred to a specialty ward appropriate for their condition.

We carried out an unannounced focused inspection of ward D26 (female elderly care) at Birmingham City Hospital on 17 September 2019, in response to concerning information we had received in relation to pressure area care of patients on this ward. We did not inspect any other core services at the hospital, or any other locations provided by Sandwell and West Birmingham Hospitals NHS Trust. During this inspection we inspected using our focused inspection methodology. We did not cover all key questions or key lines of enquiry and we did not rate this service at this inspection. We inspected elements of safe and effective. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We previously inspected medicine at City Hospital in September 2018 it was rated as requires improvement at that time.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a CQC assistant inspector. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about City Hospital

Medical care is delivered over two sites, the City Hospital and Sandwell General Hospital. Both sites provide urgent and planned care. There are total of 383 winter inpatients beds which reduce during the summer months to 355.

During the inspection we visited ward D26 a female medical ward, as a result of concerning information we had received in relation to the pressure ulcer care of patients on this ward. The ward had a total of 21 beds. In addition to ward D26 we visited ward D11 a male medical ward with 21 beds.

We spoke with 10 staff including registered nurses, health care assistants, allied health professionals and senior managers. During our inspection, we reviewed seven sets of patient records.

Requires improvement

Medical care (including older people's care)

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

Are medical care (including older people's care) safe?

Requires improvement

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Not all staff had completed safeguarding training however, most staff knew how to recognise and report abuse.

- Most nursing staff received training specific for their role on how to recognise and report abuse. Staff told us if a patient was admitted to the ward with a category three, or above pressure ulcer they would refer it to the safeguarding team.
- Nursing staff knew how to make a safeguarding referral and who to inform if they had concerns. Care assistant staff that were unfamiliar with this process told us if they had concerns about the patient's skin on admission the they would escalate to the nurse in charge.
- All nursing staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards. 100% of staff were compliant with level one adult safeguarding. However, only 38% that required adult safeguarding level two had completed it.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

- We found nursing staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Where we saw small gaps in documentation senior staff were made aware and acted on this instantly.
- Staff completed risk assessments for each patient on admission or transfer and updated them when necessary and used recognised tools. During our inspection we reviewed seven sets of notes. Staff mostly completed patients' fluid and nutrition charts where needed. Of the notes we reviewed all meals were recorded however, the amount of the meal the patient had eaten within three sets of the notes were missed on between two to four of the meals throughout the whole of the patients stay which ranged between two and 17 days. Nutrition and hydration play a key role in keeping the skin healthy. The National Institute for Health and Care Excellence recognises deficiencies in diet as a risk for developing pressure ulcers.
- Staff knew about and dealt with any specific patient risk issues. The patient assessment record included a tissue viability assessment and pathway. Patients assessed as at risk had a pressure-relieving mattress put in place on the day of admission and remained in place throughout their stay. This ensured that patients at risk of possible skin damage were identified early and risks could potentially be reduced. The ward had their own small stock for two to three pressure relieving mattresses. These were stored on the ward so there was no delay in getting equipment for patients that needed it.
- We saw patients that were identified as at risk or had a pressure ulcer had pressure relieving equipment in place. The ward had implemented a 'blue pillow'

system. This helped to visually identify which patients were at a risk of pressure damage to their heels. There were long blue pillows in place that were only used to elevate heels to relieve pressure.

- We reviewed seven repositioning charts and saw that all patients were documented as being repositioned every two to four hours. Above each bed space on D26 there was a clock that indicated how often each patient needed to be repositioned. During our inspection we saw staff attending to patient's personal care needs which included repositioning and hygiene needs.
- Staff shared key information to keep patients safe when handing over their care to others. Staff held daily multidisciplinary meetings to discuss patients and improve their care. Senior ward staff told us that a safety brief was held every morning. This included a handover for all patients on the ward. Pressure ulcers were included as part of the hand over.

Records

Staff kept detailed records of patients' care and treatment. Records were clear and mostly kept up-to-date, Records were stored securely and easily available to all staff providing care.

- Patient notes were comprehensive, all staff could access them easily. A 'Daily Nursing Responsibility' checklist was completed twice daily, once by the day shift staff and once by the night shift staff. This ensured that notes and patient risk assessments were up to date. Checks from the list included, pressure area checks,
- All records were stored securely in locked filing cabinets. At the time of our inspection all notes were paper notes. However, the trust was launching their new system of electronic information and notes the following week. We saw staff being shown how to get access and set up an account.
- When needed, specialist input from tissue viability nurses was recorded in the patient's medical records. This ensured that all staff who were caring for the patient had access to up to date information and advice.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team.

- All staff knew what incidents to report and how to report them. Staff told us that they report all pressure ulcer of all categories via the hospitals electronic incident reporting system.
- Staff reported serious incidents clearly and in line with trust policy. They received feedback from investigation of incidents. Staff told us they received feedback from managers about any incidents that they had reported. This could be verbal or discussed at team meetings.
- Managers shared learning about never events with their staff. There was evidence that changes had been made as a result of feedback and incidents. Managers had shared an incident where a patient on the ward had developed pressure damage to their heel. This was unavoidable damage however, learning points were identified and shared with staff.
- From May to August 2019 the ward had reported two serious incidents relating to patients developing pressure ulcers. When the trust reviewed and investigated the serious incidents it was concluded that both pressure ulcers were unavoidable.

Safety Thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

- NHS Safety Thermometer data was displayed on the ward. The ward also had a safety cross's visible to staff and visitors. This displayed crosses on a month by month basis for pressure ulcers, falls, medicines management and documentation.
- The ward had received 100% harm free care for nine out of the last 12 months (August 2018 to August 2019). Of these two of the months where they did not get 100% was related to new pressures ulcers developing on the ward. However, the NHS Safety Thermometer data showed the ward achieved over the 95% target of harm free care from August 2018 to August 2019.

Requires improvement

Medical care (including older people's care)

Are medical care (including older people's care) effective?

Requires improvement

Nutrition and Hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

- During our inspection we reviewed seven sets of patient nursing notes. Of these seven sets all patients had food and fluid charts in place to monitor their nutritional input and their fluid input and output. Nutrition and hydration play a key role in keeping the skin healthy. The National Institute for Health and Care Excellence recognises deficiencies in diet as a risk for developing pressure ulcers.
- Patients that did not require a fluid chart had to have a sticker placed in the medical notes and be signed by a doctor. During our inspection we did not see these stickers in patient notes as there were no patients on the ward at the time that did not require them.
- Intravenous fluids were prescribed and documented on fluid balance charts for patients that were not getting enough hydration from oral fluid input alone. There were also oral nutritional supplements prescribed and given to patients in the form of ready-made milkshakes and juices. There was a separate area on food charts for oral nutritional supplements which were completed. Specialist support from staff, such as dietitians was available for patients who needed it.
- During our inspection we saw that all patients had jugs of water and beakers within reach on their tables.
- Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Competent staff

The service made sure staff were competent for their roles. Managers held meetings with them to provide support and development.

- Nursing staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were aware of how to treat and prevent pressure ulcers. The ward had recently implemented blue pillows that were only used to elevate patient heels to relieve pressure. The blue pillows helped staff to identify quickly the patients on the ward who were at risk.
- All nursing staff we spoke to were aware of the online learning that was available for them to complete and all staff could access it. Some staff told us that they had received additional training on complex wound management.
- Managers made sure all staff attended team meetings or had access to full notes when they could not attend. Staff told us that when they were unable to attend ward meetings they still received the information that was shared.
- We reviewed minutes of four staff meetings, from March to July 2019 we saw that staff were encouraged to complete their training. They could use the computers if they had the time during their shift or there was a downloadable phone application, so staff could complete their training at home.
- Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff felt they could discuss any learning needs for their role. Staff told us they had recently attended training around completion of paperwork. Senior staff told us they do a daily check that made sure staff had fully completed documentation.
- Nursing staff were aware of their own limitations and would get advice from senior or specialist staff, such as tissue viability if they needed it.
- The trust planned to roll out on the ward training that was led by the tissue viability nurse specialists. This was an hour in the afternoon where the specialist nurses would go to the medical wards and do on the spot training around grading and treating pressure ulcers. This had been implemented at the Sandwell General Hospital site and was planned to be implemented at the City Hospital site.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care

Requires improvement

Medical care (including older people's care)

- Specialist support from staff, such as dietitians, was available for patients who needed it. This included patients that had a high score calculated using the Malnutrition Universal Screening Tool. Dietitians did not provide a seven-day service however, staff told us that within 24 to 48 hours of referral, patients who required it were seen by dietitians. Evidence of dietitian input was documented within the patients' notes.
- Staff told us tissue viability specialist nurses were available and responsive when they needed advice. Staff could make referrals to tissue viability and they would come to the ward within 24 hours of referral, Monday to Friday. Staff told us that if they have major concerns about a patient's skin or the patient had a category three or four pressure ulcer then tissue viability had come the same day, the patient was assessed, and a treatment plan made.
- Staff told us if they had a concern about a patient's nutrition and hydration input they could escalate this to the medical team. We saw that intravenous fluids and oral nutritional supplements had been prescribed by doctors for patients that required it.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

- Staff implemented Deprivation of Liberty Safeguards. At the time of our inspection there was one patient on the ward that had a Deprivation of Liberty Safeguard in place. We reviewed the one set of patient notes identified to us as a patient deprived of their liberty. We saw that a risk assessment had been done and all documentation was completed.
- Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Junior ward staff told us if they were ever unsure if a patient had capacity or were deprived of their liberty then they would escalate this to the nurse in charge.
- When patients could not give consent, staff made decisions in their best interest and patient capacity was assessed. Staff told us when patients did not give consent to have their pressure areas checked they observed and monitored the patients pressure areas in different ways. This included, when getting patients dressed, assisting them with personal hygiene and would see if patients would give consent if it was a different member of staff.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. There was a "vulnerable person" checklist that identified Deprivation of Liberty Safeguards. We reviewed four sets of notes and found that three checklists had been completed. No Deprivation of Liberty was identified during our inspection without the necessary safeguards in place.

Are medical care (including older people's care) caring?

Good

Start here...

Are medical care (including older people's care) responsive?

Requires improvement

Start here...

Are medical care (including older people's care) well-led?

Requires improvement

Start here...

Outstanding practice and areas for improvement

Outstanding practice

- The ward used specific blue pillows as a visual aid to staff to identify those patients that were at risk of the skin integrity to their heels breaking down. These blue pillows were only used for this purpose to help reduce pressure ulcers developing on patient heels.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all staff have completed the appropriate adult safeguarding training required for their role. Regulation 13(2).

Action the provider SHOULD take to improve

- The provider should ensure that all patient records are completed and updated within the recommended timeframe. Regulation 12 12(2)(a)

This section is primarily information for the provider

Requirement notices

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
Nursing care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment