

King Edward VII's Hospital Sister Agnes

King Edward VII's Hospital

Inspection report

5-10 Beaumont Street
London
W1G 6AA
Tel: 02074864411
www.kingedwardvii.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Summary of findings

Overall summary

This was a focused follow up inspection to investigate whether concerns from our previous inspection on 9 April 2019 had been resolved. We did not rate this service at this inspection. The previous overall rating of good remains.

At this inspection we found:

- The provider has complied with the Requirement Notice issued in April 2019. The provider had made improvements to ensure that diagnostic imaging department staff complied with infection control procedures to reduce risks to patients. This included using the appropriate level of decontamination for ultrasound probes, safe storage of sharps bins, staff meeting bare below the elbow (BBE) requirements and full completion of equipment cleaning checks.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

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Summary of findings

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Summary of this inspection

Background to King Edward VII's Hospital

King Edward VII's Hospital is operated by King Edward VII's Hospital Sister Agnes. The hospital has 56 beds. Facilities include three operating theatres, a four-bed level three critical care unit, and X-ray, outpatient and diagnostic facilities. The hospital provides surgery, medical care, critical care, outpatient services and diagnostic imaging.

The service was last inspected between 11 and 13 December 2018 and a report was published on 9 April 2019. Following the 2019 inspection, the diagnostic imaging service was rated as good and was served one Requirement Notice for failing to comply with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (safe care and treatment).

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector and one other inspector. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

We inspected the King Edward VII's Hospital on 15 July 2021 using our focused inspection methodology. We inspected only the diagnostic imaging service to see if improvements had been made since our last inspection. We inspected the service to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in April 2019.

We gave staff 48 hours' notice that we were coming to inspect to ensure the provider could accommodate us in line with government COVID-19 guidelines.

During this inspection, the team visited the whole diagnostic imaging department and spoke with four members of staff, including the registered 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>.


Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Inspected but not rated	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Diagnostic imaging

Safe	Inspected but not rated 
Effective	
Caring	
Responsive	
Well-led	

Are Diagnostic imaging safe?

Inspected but not rated 

During this inspection we looked at specific aspects of the safe domain. Please see the overall summary for more information.

At the last inspection, not all staff fully complied with infection control procedures. At this inspection, we found that all staff now fully complied with infection control procedures.

At the last inspection in 2019, we saw two visiting staff were not bare below the elbow (BBE), as they were wearing rings, a bracelet and a watch. Long hair was not tied back. At this inspection, we saw all staff (including visiting staff) were compliant with BBE requirements. Monthly hand hygiene audit data between April 2019 and March 2021 (over two years), showed compliance with hand hygiene ranged between 99.8% and 100%. Monthly BBE audits in the same period showed compliance to be 100%.

Staff undertook intimate ultrasound scanning investigations using probes. The service's local cleaning procedures clearly described how the probes should be cleaned, in line with standards set by the Royal College of Radiographers. However, at the last inspection in 2019, we saw two records that indicated staff had cleaned probes to a lower level of disinfection than guidance recommends for transvaginal probes. National guidance recommends a manual wipe system and record of traceability (Health and Safety Executive guidance for decontamination of semi-critical ultrasound probes: semi-invasive and non-invasive ultrasound probes, 2017). Non-adherence to this guidance posed a risk to patient safety because of the potential for cross infection. Following the 2019 inspection, the provider submitted an action plan and documentary evidence to demonstrate the incident had been investigated. Systems were introduced to ensure staff were trained and competent, as well as continuous monitoring of adherence to correct infection control procedures. At this inspection, we saw that all clinical staff (including agency staff) had up-to-date competency assessments in cleaning of internal ultrasound probes with the correct level of disinfectant wipes and this was renewed annually. Between April 2019 and March 2021, monthly audits of internal ultrasound probe cleaning showed overall compliance in the range of 99% to 100%. We reviewed seven records in the internal ultrasound probe cleaning logbook and found it to be completed correctly.

At the last inspection in 2019, we saw not all equipment had labels which indicated the date the item had last been cleaned. For example, in the ultrasound rooms we saw equipment (including the ultrasound machine) had a label dated October 2019. One other piece of equipment had no label. At this inspection, we saw that all equipment we checked had recent and up-to-date green 'I am clean' labels.

Diagnostic imaging

Clinical and non-clinical waste bins were in the rooms to allow differentiation of waste. At the last inspection in 2019, we noted three occasions in the department when part-full sharps bins were left unattended not in the safe temporary closure position. One sharps bin had a cannula protruding from the top. Sharps injuries potentially expose people to the risk of accidental transmission of blood-borne diseases. At this inspection, we found all sharp bins appropriately labelled and in the safe temporary closure position. Following our last inspection, the department had introduced new cleaning schedules with input from the infection prevention and control team and housekeeping staff. They had appointed health and safety representatives to oversee these cleaning standards and to carry out environmental walk around. Environmental walk around audits of April 2021 identified no significant issues with appropriate actions taken for any minor lapses in practice. An external company carried out a waste audit in October 2020, which showed sharp bins were compliant with agreed standards. Internal audit between December 2020 and April 2021 showed that all sharp bins were appropriately labelled.

Following this inspection, we were assured that the provider was now compliant with the requirements set out in the Requirement Notice issued in April 2019.