Kingston Hospital NHS Foundation Trust

Quality Report

Kingston Hospital NHS Foundation Trust
Galsworthy Road
Kingston upon Thames
Surrey
KT2 7QB
Tel: 020 8546 7711
Website: www.kingstonhospital.nhs.uk

Date of inspection visit: 12 - 14 January 2016
Date of publication: 14/07/2016

This report describes our judgement of the quality of care at this trust. 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 trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Kingston Hospital NHS Foundation Trust provides local services, primarily for people living in and around Kingston-Upon-Thames. The trust provides services to approximately 350,000 people and provides a full range of diagnostic and treatment services, including emergency care, day surgery and maternity services. Our key findings were as follows:

Safe

- Improvements were required for the safe storage of medicines in outpatients, theatres, some wards, and the emergency department. In particular with regard to recording of fridge temperatures, and restricting accessibility to storage facilities.
- Improvements were required to ensure equipment used for patient treatment and care had routine safety and maintenance checks.
- Improvements were required to ensure there was enough surgical instrumentation available in theatres.
- Staff understood their responsibilities to raise concerns, to record safety incidents, and near misses, and to report them. However, incident reporting was not fully embedded in everyday practice within the emergency department.
- Safety goals were set and performance was monitored using information from a range of sources.
- People who used the services were told when they were affected by something that went wrong, and were informed of any actions taken as a result. However, letters written to people did not always contain a formal apology.
- Staff and relevant individuals were involved in thorough and robust investigative reviews, where incidents or adverse events arose.
- With the exception of the emergency department, lessons learned and action taken as a result of investigations were shared with staff and changes in practice implemented.
- The environment in which people received treatment and care was clean and there were reliable systems to prevent and protect people from a healthcare-associated infection. Despite this, staff working in the emergency department did not always follow recommended hand hygiene practices.
- The majority of staff had received effective mandatory training in the safety systems, processes and practices.
- Risk management activities and procedures used by staff helped to ensure peoples safety needs were identified and responded to.
- There were sufficient staff with appropriate skills to ensure the safe delivery of treatment and care in most areas.
- There was a high number of new and inexperienced nursing staff in the emergency department and not enough permanent shift leaders or doctors to cover the rota.

Effective

- People's consent to treatment and care was sought in line with legislation and guidance. People were supported to make decisions and where a person lacked mental capacity to consent to treatment or care staff made 'best interest' decisions. However, mental capacity assessment were not always carried out where patients required mechanical restraint on medical wards. Best interest decisions had not always been recorded for the interventions taken.
- Staff generally had an understanding and awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS), but some staff reported not having formal training in either subject.
- People's needs were assessed and care and treatment was delivered in line with legislation, standards and evidence based guidance.
- A multidisciplinary team of staff worked collaboratively, and were supported to deliver effective treatment and care by relevant and current evidence-based guidance, standards, best practice and legislation.
- Monitoring of the effectiveness of services was taking place and outcomes from such activities were generally used to improve standards and quality.
- People receiving treatment and care were not discriminated against. Individual care needs took into account; age, disability, gender, pregnancy and maternity status, race, religion or belief and sexual orientation.

Summary of findings

- People's nutrition, hydration and pain needs were assessed and action was taken by staff to meet their immediate and changing needs.
- Technological equipment was generally available and used by staff to monitor and deliver treatment and care.
- Staff had the right qualifications, skills, knowledge and experience to undertake their roles and responsibilities. They had access to appropriate developmental training and were supported by senior staff through a range of approaches. Staff had opportunities to receive feedback on their performance.

Caring

- People were treated with kindness, dignity, respect and compassion whilst they received care and treatment from staff.
- Staff took into account and respected people's personal, cultural, social and religious needs.
- Staff were observed to take the time to interact with people who used the service and those close to them in a respectful and considerate manner. They showed an encouraging, sensitive and supportive attitude towards people receiving treatment and care, and those close to them.
- People who used the services and those close to them were involved as partners in their care. Staff communicated with people so they understood their care, treatment and condition. They recognised when people needed additional information and support to help them understand and be involved in their care and treatment and facilitated access to this.
- People were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.
- Staff encouraged participation from those close to people who used the services, including carers and dependents. People were encouraged and supported to manage their own health, care and wellbeing and to be as independent as able.

Responsive

- Services had been planned and delivered to meet the needs of people within the local population. Stakeholders and other providers were involved in planning and delivering services.
- The emergency department was not meeting the national target of seeing and treating 95% of patients within four hours of arrival. Ambulance hand over times were not always achieved.
- The facilities and environment were being developed in some areas in order to meet the changing needs of the population using the services. Further improvements were needed in some areas to ensure privacy was not compromised and to meet the needs of particular groups of people. This including patients attending the emergency department with mental health related matters. The Critical Care Unit environment was not conducive to meeting the needs of patients, visitors and staff.
- Services were accessible and took into account the individual needs of people who used them. This included vulnerable individuals and people with a physical disability, learning disabilities, and those living with dementia. Some environmental improvements were needed to areas where people living with dementia were receiving treatment and care.
- People were given the help and support they needed to make a complaint. With the exception of the emergency department, complaints were handled effectively and confidentially, with a regular update for the complainant and a formal record was kept. The outcome was explained appropriately to the individual in an open and transparent manner. Lessons learned from concerns and complaints were acted upon by staff.

Well-led

- There was a clear vision and a set of values, with quality and safety the top priority, which was understood by staff. Core services had robust, realistic strategies targeted towards achieving the clinical priorities set by the trust and aimed at delivering good quality care; staff knew what their responsibilities were for delivering this. Targets were continuously reviewed.
- The majority of clinical areas were well led, with strong and effective governance arrangements to oversee quality, safety and risk management.
- Most staff reported effective leadership, with approachable and supportive line managers, who operated in an open and responsive culture. Some theatre staff reported challenges with visibility and direction of the main theatres leadership, with a need

Summary of findings

for more constructive engagement. Theatre leaders had recognised staff morale was an area for improvement and had put in place a number of interventions.
- Staff in the majority of areas reported feeling respected and valued, and were enabled to contribute to service delivery and improvements.
- There was a systematic programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken. There were arrangements for identifying, recording and managing the majority of risks, along with mitigating actions.

We saw several areas of outstanding practice including:

- The Wolverton Centre, for providing comprehensive sexual health services; for provision of service alerts for vulnerable patients, including young people, and those with a learning disability.
- A comprehensive dementia strategy, which enabled staff to support people living with dementia. A dedicated dementia improvement lead provided visibility and support to staff, ensuring positive interventions were implemented. The carer's support pack, therapeutic activities and a memory café contributed to the enhancement of services.
- The trust's engagement with 'John's campaign', promoted the rights of people living with dementia to be supported by their carers in hospital. To facilitate this, there was open visiting and a free car park for respective carers and relatives. Family members and carers were offered beds to stay overnight if needed.
- The specialist palliative care (SPC) team stood out as highly skilled and effective. They supported staff to provide good quality, sensitive care to patients at the end of life and to the people close to them.
- Staff of all disciplines demonstrated an impressive understanding of their role in addressing the needs of people at the end of life and of providing sensitive and compassionate care.
- The paediatric diabetes team were a top performer in the National Paediatric Diabetes audit 2014 to 2015 due to HbA1C rates being better than the England average.
- The trust participated in the Sentinel Stroke National Audit Programme (SSNAP), and achieved an A rating for the period January 2015 to March 2015.
- The Physiotherapists in the critical care unit had reduced the length of stay for their patients through the early implementation of rehabilitation.
- The engagement and involvement of volunteers was recognised as an invaluable team to support service delivery.
- Patient pathway co-ordinators in outpatients had impacted positively on the effectiveness of appointment arrangements.

However, there were also areas of where the trust needs to make improvements. Importantly, the trust must:

- Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint. Such information must be recorded in the patient record.
- Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely, and in accordance with recommended temperatures.
- Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
- Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and that such a record is retained.
- Ensure the management, governance and culture in ED, supports the delivery of high quality care.
- Improve the quality and accuracy of performance data in ED, and increase its use in identifying poor performance and areas for improvement.
- Ensure all identified risks are reflected on the ED risk register and timely action is taken to manage risks.

In addition the trust should:

- Review patient outcome measures to consider how performance can be improved.
- Staff should have timely access to regular training with respect to the Mental Capacity act (2005) and Deprivation of Liberties Safeguarding.
- Review length of stay and ways of decreasing this in care of the elderly and cardiology services.
- Take steps to embed debriefings after operating lists across all surgery services, as part of the World Health Organization (WHO) Surgical Safety Checklist.
- Ensure better compliance with hand hygiene and cleaning of clinical equipment in the emergency department.

Summary of findings

- Review the skill mix and flexibility of staff within ED in order to respond to changes in activity levels and demand surges.
- Improve ED staffs understanding and compliance with the trust's incident reporting procedures, complaints handling and application of learning from these.
- Ensure there is accurate performance information in the ED.
- Seek ways of consistently improving patient flow through the ED.
- Ensure the systems for routine safety processes such as recording timely observations of patients, checking resuscitation equipment, and making sure medicines and cleaning chemicals were stored safely.
- Ensure adequate and safe facilities for patients with mental health needs.
- Ensure staff use computers securely in ED and do not share login cards
- Improve staff engagement in main operating theatres.
- Establish a robust system for ensuring required surgical instruments are readily available.
- Increase visibility and leadership engagement within theatres.
- Optimise pre-assessment procedures in order to limit cancellations on the day of scheduled surgery.
- Take steps to ensure all nursing staff understand how to communicate with vulnerable and elderly patients in an appropriate way.
- Improve responsiveness of nursing staff to patient call bells at weekends.
- Consider how the environment and facilities in the CCU could be improved.
- Review CCU records in order that capacity assessments can be documented.
- Explore the benefits of having a follow up services available for patients who have used CCU so they are able to reflect upon their stay and can address long term psychological concerns.
- Review maternity service bed capacity in order to address the increasing activity.
- Ensure midwifery staff have access to required equipment.
- Review staffing levels in maternity services in order to avoid delays of induction and elective caesarean sections.
- Ensure children have an appropriate waiting area in the fracture clinic.
- Review areas used by children and young people with a focus on age appropriate décor.
- Ensure staff working in children's and young people's services have access to up to date editions of the British National Formulary (BNF).
- Ensure registered nursing staff levels in children's and young people's services are in accordance with RCN and BAPM guidelines.
- Review the specialist palliative consultant and nursing presence at the hospital in order to maintain progress towards meeting the provision of excellent end of life care.
- Review the environment of the chapel and multi-faith facilities.
- Consider how the environment on medical wards and in outpatients can be developed to enhance the experiences of people living with dementia.
- Provide greater privacy for inpatients who attend the CT scanning unit.
- Reinforce best practice around the use of appropriate interpreters.
- Ensure information about chaperones is made easily available in all OPD clinics.
- Ensure waiting times and clinic delays are appropriately displayed and communicated to waiting patients.
- Have a consistent approach to sending reminders to patients about their appointments, to minimised non attendance.
- Ensure that patient examination couches are checked and maintained as appropriate in the general outpatient area.
- Address recommendations made by the Anti-Terrorism Squad for the safe monitoring of radionuclide medicine delivery.
- Ensure proper systems are in place to facilitate governance meetings in each outpatient service.
- Consider how daily cleaning schedules can be completed and quality checks and sign off of these are routinely undertaken.
- Arrangements around equipment storage should be reviewed so that shower rooms are not used.
- Utility rooms containing hazardous chemicals should be locked, with additional provision for secure storage of such products.
- Fire safety precautions should be reinforced with staff to ensure fire doors are not propped open.

Summary of findings

- The policy for medicines management is followed to support the use of patients own medicines.
- Review existing arrangements to ensure that suitable governance and assurances mechanisms are in place with regards to the trust's statutory duty to ensure that directors are fit and proper.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Kingston Hospital NHS Foundation Trust

Kingston Hospital is registered with the commission as Kingston Hospital NHS Foundation Trust. This means that as a foundation trust hospital it is part of the NHS and is expected to treat patients according to NHS principles of free healthcare according to need, not the ability to pay. Being a foundation trust means it is better able to provide and manage its services to meet the needs and priorities of the local community, as the Trust is free from central Government control. Kingston Hospital is a single site, medium sized hospital located within Kingston-Upon-Thames in south west London, approximately 12 miles from central London. The hospital has 534 beds, 450 of which are general and acute, 72 within maternity and12 for critical care. Our visit to the trust took place as part of our comprehensive scheduled inspection programme. During the inspection we reviewed eight core service areas, as follows:

- Urgent & emergency services
- Medical care, including older people's care
- Surgery
- Critical care
- Maternity & Gynaecology
- Children & young people
- End of life care
- Outpatients & Diagnostic Imaging

Our inspection team

Our inspection team was led by: Chair: David Throssell, Medical Director. Sheffield Teaching Hospitals NHS Foundation Trust.

Head of Hospital Inspection: Nick Mulholland

The team included CQC inspectors and a variety of specialists with the following expertise: Consultants in oral surgery; anaesthetics, medicine, rheumatology, cardiology, paediatrics, fetal medicine and obstetrics. Nurse expertise included; A modern matron for emergency services; head of nursing in critical care, a theatre nurse, senior manager in paediatrics, nursing sister for medicine, and a care of older person's nurse. In addition, we were supported with the expertise of senior health advisors, a senior quality and risk manager, a national professional advisor for maternity, safeguarding lead, a senior radiographer and a national medical director clinical fellow. We had two experts by experience assisting us and analytical support.

How we carried out this inspection

To understand patients' experiences of care, we always ask the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Our inspection was announced in advance to the trust. As part of the preparation and planning stage the trust provided us with a range of information, which was reviewed by our analytics team and inspectors. We requested and received information from external stakeholders including, Monitor, The General Medical Council, The Nursing and Midwifery Council, The Royal College of Nursing, and The Royal College of Anaesthetists. We received information from NHS England Quality Surveillance Team, NHS England Specialised Commissioning and NHS Health education England. Local clinical commissioning groups for Kingston, Richmond and Wandsworth also shared information with us.

Summary of findings

We considered in full information submitted to the CQC from members of the public, including notifications of concern and safeguarding matters. Members of the public spoke with us at our open days held at the trust on 11 and 12 January 2016.

We held focus group discussions with separate groups of staff on 6 and 7 January 2016. Participants included; allied health professional, administration and clerical staff, student nurses and student midwives, band 5 and 6 nurses, senior sisters and charge nurses, midwives, midwifery and nursing assistants, volunteers, governors, matrons and clinical nurse specialists, as well as consultants.

A focus group discussion with junior doctors was held on 13 January 2016.

Our announced inspection visit took place over the 12 -14 January 2016. We also undertook an unannounced inspection on 25 January 2016.

During our inspection we spoke with 104 patients and 7 relatives/friends, who provided feedback on their experiences of using the hospital services. We looked at 73 patient records where it was necessary to support information provided to us.

Whilst on site we interviewed more than 400 staff, which included senior and other staff who had responsibilities for the frontline service areas we inspected, as well as those who supported behind the scene services, and volunteers. We requested additional documentation in support of information provided where it had not previously been submitted.

Additionally, we reviewed information on the trust's intranet and information displayed in various areas of the hospital. We made observations of staff interactions with each other and with patients and other people using the service. The environment and the provision and access to equipment was assessed.

What people who use the trust's services say

In the 2014 inpatient survey, responses were received from at Kingston Hospital NHS Foundation Trust. The trust scored "about the same" in each of the 12 key questions.

In the 2013/2014 cancer patient experience survey, the trust performed in the bottom 20% of all trusts for 9 key questions; performed in the top 20% of all trusts for 5 key questions; and about the same for the remaining 20 questions.

The trust performance in relation to the 2015 patient-led assessment of the care environment (PLACE) was better than the England average with regards to the privacy, dignity and wellbeing (91% locally vs 86 nationally)and food domains (94% locally vs 88% nationally); the same as the England average for the facilities domain and marginally worse than the England average for the cleanliness domain (95% locally vs 98% nationally).

The trust performed about the same as other trusts for the majority of questions in the 2014 A&E survey.

The percentage of people that would recommend the service in the A&E friends and family test was consistently better than the England average.

Trust performance in the friends and family test for both the antenatal and post-natal wards were inconsistent and below the national average for approximately half of the months in the period between July 2014 and October 2015.

The trust performed about the same as other trusts relating to the caring domain within the children's survey 2014.

Summary of findings

Facts and data about this trust

Population served:
Kingston Hospital provides services to approximately 350,000 people. The trust provides a full range of diagnostic and treatment services, including A&E, day surgery and maternity services.

Deprivation:
The local population served includes the boroughs of Kingston, Richmond, parts of Wandsworth (Roehampton and Putney) and Elmbridge. Kingston local authority is ranked 255th, Elmbridge 320th, Richmond 285th and Wandsworth 121st most deprived districts out of 326 (1 being the most deprived and 326 being the least) in England in the 2010 Indices of Multiple Deprivation. The health of people in Kingston as well as Richmond is generally better than the England average. Statutory homelessness is worse than the England average in Kingston, Richmond and Wandsworth districts. New Sexually Transmitted Infections (STI) is worse than the England average in Kingston and Wandsworth. Excess winter deaths is worse than the England average in Kingston.

Activity
Between 2014 and 2015 the trust facilitated: 66,338 inpatient admissions 369,859 outpatient attendances 110,473 Accident and Emergency attendances 5,744 babies delivered

Context
The trust serves a population of approximately 350,000 and employs around 2738 staff.

Key intelligence indicators

Safe

- From August 2014 to August 2015 zero MRSA cases per100 bed days were reported.
- From August 2014 to July 2015 one never event was reported.
- There were 58 STEIS incidents reported between August 2014 and July 2015, 40% related to pressure ulcers and 28% to slips, trips and falls.
- 96% of National Reporting and Learning System (NRLS) incidents reported led to no or moderate harm.
- Clostridium difficile (C. Diff) cases reported were below the England average for 10 of the 13 months from August 2014 to August 2015.
- Meticillin Susceptible Staphylococcus Aureus (MSSA) cases reported were mostly below or slightly higher than the England average for the 13 months, August 2014 - August 2015.
- Numbers for Pressure Ulcers, Falls and Catheter related Urinary Tract Infections (CUTI) were not significantly high but numbers increased during winter periods.
- The medical staffing skill mix for the trust was mostly in line with national averages but the trust had less middle career staff than the national average.

Effective

- No evidence of risks were identified for any of the mortality indicators.

Caring

- The percentage of friends and family that would recommend the trust in the Friends and Family Test (FFT) were worse than the England average for 10 months in the period August 2014 to July 2015.
- The trust was rated in the middle 60% for the majority of indicators in the Cancer Patient Experience Survey; the trust ranked in the top 20% for five of these Indicators. The trust ranked in the bottom 20% for nine (26%) of the indicators in the Cancer patient Experience Survey.
- The trust scored consistently higher than the England national average in the Patient led Assessment of the Care Environment (PLACE) for the three years 2013-2015.
- An average of 430 complaints per year were received for the financial years 2011/12 to 2014/15. There were no significant outlying years from this set.
- The trust performed within the middle 60% of all trusts in the CQC in patient survey 2013/14.

Summary of findings

Responsive

- The trust had 15,462 instances of delayed transfer of care between April 2013 and May 2015. The top two reasons were completion of assessment, and waiting for further NHS acute care. These were the same as the top two reasons nationally.
- Bed occupancy percentages were below the England average for quarter two to quarter four 2013/14. During quarter one and quarter three 2014/15 occupancy rates were higher than the England average and during quarter four 2014/15 the occupancy rate were considerably higher than average (99.4%).

Well-led

- The trust reported sickness absence rates below the national average since January 2011.
- The trust performed as expected in nine survey areas and worse than expected in three of the service areas, namely; induction, feedback and study leave in the General Medical Council National Training Scheme.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We rated safety in the trust as requires improvement because: **Duty of candour** • The duty of candour is concerned with openness and transparency and places a responsibility on organisations to inform patients when things have gone wrong and harm has been caused. • There was some variation in how the full requirements of the duty of candour regulation was being applied across the various core services we inspected. Information provided by the trust and information we reviewed during the inspection evidenced that where serious incidents had occurred which met the threshold for the requirements of the duty of candour to be applied, in the main, discussions had taken place with patients and or their relatives and that patients had been kept informed of investigations resulting from the incidents. The duty of candour was not always applied, nor could certain teams within the hospital provide evidence of how the duty of candour had been applied where incidents of moderate harm had occurred. • There was some variation with regards to patients being offered an apology which is a requirement of the relevant regulation. **Safeguarding** • The trust had an identified executive lead for safeguarding children and adults as well as having named accountable individuals for the roles of named doctor for child protection; named nurse for child protection; named midwife for child protection and named nurses for safeguarding adults. The trust also utilised the services of a paediatric liaison health visitor. • There were robust policies and procedures in place to ensure staff were supported to recognise, report and action concerns associated with the protection of vulnerable adults and children. • Staff throughout the trust were aware of their responsibilities to protect vulnerable adults and children; the majority of staff were conversant in being able to describe and identify the various forms of abuse, as well the process for raising concerns.	**Requires improvement** 

Summary of findings

Incidents

- Staff understood their responsibilities in reporting incidents and they were open, transparent and honest about reporting incidents. There was some variation across the trust with regards to how learning from incidents was disseminated back to staff with some front line staff reporting frequent updates and news letters or emails, whilst others reported receiving no feedback at all. In most areas of the trust staff had no hesitation in reporting incidents and were clear about how they would do so. However, in the ED, some staff reported that they did not report incidents because they were either short of staff or felt that no improvements were made when they did report incidents.
- The trust reported 6.9 incidents per 100 admissions; this was lower than the England average of 8.4 incidents per 100 admissions; a lower rate of reporting can be indicative of a culture of under-reporting of incidents and may impact on the trust's ability to develop a robust safety culture due to the missed opportunity to learn from incidents and accidents.
- From August 2014 to July 2015, the trust reported three never events. There was evidence of learning as a result of never events and this was disseminated across the hospital.
- The majority of serious incidents were attributable to pressure ulcers (40% of total serious incidents reported) followed by slips, trips and falls.

Medicines

- We found that the majority of medicines at the trust were stored securely and appropriately. Keys to medicines cupboards, trolleys and patient bedside lockers were held by an appropriate individual and medicines trolleys were immobilised (chained to the wall) when not in use. There was restricted access to rooms where medicines were kept and medicines trolleys had restricted access via an electronic keypad. In ITU, we found that although access to medicines were not restricted, there was a risk assessment in place and identified on the risk register. This was due to the operating nature of the unit and the need to access medicines in a timely manner to meet patient needs.
- All medicines cupboards and fridges inspected were clean and tidy, and fridge temperatures were within the recommended range of 2-8°C. However, there was inconsistency in the auditing of fridge temperatures on a daily basis. We found that on two wards the maximum and minimum fridge temperatures had not been recorded. In addition, we found that the responsibility of this had been delegated to a housekeeper. When asked what

would happen should there be a temperature excursion, the ward sisters explained that the housekeeper would be responsible for notifying them. This was not specified in the medicines management policy, but had been identified by the principal pharmacist as a risk at the trust.

- The allergy status was completed for each patient record that we looked at on CRS (The IT system at the trust), and on the corresponding handwritten drug charts.
- The use of summary care records (SCR) had been implemented at the trust. This helped pharmacists to carry out medicines reconciliation. The latest data showed that approximately 60% of patients had a medicines reconciliation done within 24hrs across 11 wards. The principal pharmacist said this was mainly due to the recent increase in provision of a pharmacist on AAU between Monday to Sunday.
- Arrangements for the supply of medicines were good. There were effective arrangements in place for medicines supplies and advice out of hours by the on-call pharmacist.

Staffing

- The executive team acknowledged that recruitment of nursing staff had continued to be difficult despite multiple recruitment campaigns and initiatives. Staff turnover was high when compared to both London and national performance.
- Despite the challenges faced by the trust, staff recruitment, retention and deployment was a top priority of the executive team and was given sufficient attention by the non-executive board.
- Significant work was being undertaken by the deputy director of workforce with regards to interview processes and recruitment time lines. For example, up-staffing of the HR workforce team to a fully substantive workforce as compared to a heavy reliance on temporary staff to support HR functions including recruitment had proved effective. The HR team had worked to improve the efficiency of the recruitment process with a reduction in the total time spent to recruit individuals from an average of 178 days down to approximately 60 days.
- Concerns identified as part of exit interviews were consistent with feedback from the staff survey findings from 2014. Staff reported the most common reason for leaving the trust as staffing levels and workload. Additionally, staff experienced difficulties with the high cost of living in the local area. The trust however had managed to recruit and retain individuals from outside the immediate graphical area including staff commuting for shifts from Essex and Kent; the executive team

Summary of findings

acknowledged that this was not a sustainable long term solution due to the pressures long-distance commuting had on work/home life balance and were looking nationally for resolution of a continuing challenging issue.

Are services at this trust effective?

Requires improvement

Overall, we have rated the effectiveness of the trust as requires improvement. This was because:

- Mental capacity assessments were not always carried out when patients required specific forms of mechanical restraint such as the use of hand mittens.
- Trust performance in ED and medicine related audits was worse than the England average.

However:

- With the exception of perinatal mortality, the trust mortality tree did not reveal any additional outliers in any of the additional 15 metrics nor within the hospital standardised mortality rate (HSMR) metric or the summary hospital-level mortality indicator (SHMI).

Evidence based care and treatment

- Core services had access to protocols, polices and guidelines which had been developed with reference to appropriate best practice. The majority of core services conducted audits against guidelines and clinical guidance to determine whether staff were routinely following national standards in delivering care in a consistent way. There was significant variation in regards to how each core service performed in national audits; this led to some patient groups receiving care and treatment which was in line with national standards, whilst other audits demonstrated that some patient groups were less likely to receive care which fell out side the scope of national standards.
- Where audits had identified areas for improvement, actions had been developed however it was not always clear whether such actions had led to sustained improvement over time.

Patient outcomes

- The hospital standardised mortality ratio (HSMR) is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than expected; the trust is reported as having an HSMR which was in line with expected ratio's.
- The summary hospital mortality indicator is an indicator which reports mortality at trust level across the NHS in England

using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there; the trust SHMI reported by the trust is consistent with what was expected.

- Trust performance in the asthma in children audit for 2013/2014 showed that the trust falls in the lower England quartile for eight of the ten measures audited.
- The initial management of the fitting child audit 2014/2015 showed the trust in the lower England quartile in the fundamental standard for blood glucose checked and documented however it was noted the sample size was very small and therefore could potentially not be an accurate indicator of trust performance.
- In the Mental Health in the ED audit for 2014/2015, the trust performed in the upper England quartile for risk assessment taken and recorded in the patients clinical record and in the lower quartile for mental state examination taken and recorded and assessment of patients for their level of alcohol and or illicit substance dependency.
- Assessing for cognitive impairment in older people 2014/2015 audit shows the trust in the lower England quartile for communicating assessment findings with the admittance service and in the upper England quartile for communication of assessment with carers.
- Six out of the 20 key indicators improved in the Sentinel Stroke National Audit Programme (SSNAP). One indicator was worse and the remainder the same in the period Jul 2014 – Jun 2015. The combined total key indicator level (Apr–Jul 2015) worsened From A to B in the five point scale (A - the best and E -the worst) compared to Jan-Mar 2015.
- 15 out of 19 indicators were worse than the England median in the Sept 2013 National Diabetes In-patient Audit (NADIA). The remaining five indicators were better than the England median.
- Hip fracture Audit 2014 & 15 scores were better than the England average for eight of the nine measures recorded.
- The trust were in line with England averages in the Lung cancer audit 2014.
- Patients discussed at MDT level and patients seen by a specialist nurse were worse than the England average in the Bowel cancer audit 2014.

Summary of findings

- In the National Neonatal Audit Programme 2013 (NNAP) trust percentages were below the NNAP standard for three of the five questions audited. Standards were met or exceeded for the remaining two questions audited.
- In the diabetes audit 2013/14 and 2014/15 the percentage of children with a HbA1c test percentage of lower than 7.5% were much better than the England average; this indicates better management of diabetes over the last two to three months and therefore a lower risk of complications. The median and mean values for both audits were better than the England average.
- National Care of the Dying Audit - Hospitals (NCDAH) 2013/14 the trust scores were worse than the England in five out of the seven organisational key performance indicators. The Trust performance for the ten clinical key performance indicators were all worse than the England average.
- Follow up to new rate remained below the England average for the period Jul 2014 to June 2015.

Competent staff

- There were suitable arrangements in place for ensuring that staff received regular appraisals, including those staff employed on a temporary basis.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

- Whilst the majority of staff understood the concepts of the Mental Capacity Act and Deprivation of Liberty Safeguards, we found that the processes supporting the application of the requirements of this legislation was poorly understood and required improvement.

Are services at this trust caring?
Compassionate care

Good

- Feedback from patients and families had been almost entirely positive. Patients reported receiving care and treatment from staff who were compassionate, kind and attentive.
- Performance against the privacy, dignity and well being criteria within the Patient led assessments of the care environment (PLACE) audits for 2013, 2014 and 2015 demonstrated year on year improvement with the trust performing better than the England average in 2015 (91% locally vs 86% nationally).
- We observed good attention from staff to patient privacy and dignity.

- In some clinical areas, such as critical care, staff were observed to appropriately interact with unconscious patients; staff were observed introducing themselves to patients prior to beginning any treatments or therapies.
- A relative of a patient we spoke with described the care as "World class".

Understanding and involvement of patients and those close to them

- In the main, patients we spoke with told us they were involved in their care and treatment and understood their treatment plans. Patients described how they could ask any health professional any questions associated with their care and treatment needs. Some concerns were raised by those patients who received care and treatment on a small number of surgical wards; some patients were concerned that if they did not have an advocate or family member present, then they would perhaps not always receive timely information. A small number of elderly patients told us that they were "Not fully kept in the picture" and that some nursing staff spoke with them in a child-like or patronising way.
- Wards had flexible visiting hours which meant relatives could visit their loved ones from 9am until 8pm, with protected meals times from 12pm to 2pm; this meant relatives could assist at meal times and were then encouraged to leave the wards in order that their relatives could rest should they so chose.
- Information boards and posters for patients, families and carers were located at points throughout the hospital and on each ward; this included a guide to staff uniforms, with photographs of individual staff members as well as detailing individual staff roles and responsibilities.
- Children, young people and those patients with specific needs such as those with learning disabilities who attended areas such as the main theatre department, were supported by relatives and/or carers who were permitted to accompany individuals to the departments in order to help the individual feel more safe and secure.
- The trust performed about the same as other trusts in the 2014 CQC Inpatient survey when asked about:

1. Were you involved as much as you wanted to be in decisions about your care and treatment?
2. Did your nurse talk in front of you as if you weren't there?
3. Did you find someone on the hospital staff to talk to about your worries and fears?

4. Did a member of staff answer questions about the operation or procedure?
5. When you had important questions to ask a nurse, did you get answers that you could understand?

- The trust had varied performance in relation to the 2013/2014 cancer patient experience survey in that the trust performed in the bottom 20% of trusts in relation to:

1. Staff had explained how the operation had gone in an understandable way
2. All staff asked patients what name they preferred to be called by

- In the same survey, the trust performed in the top 20% of all trusts in relation to:

1. Given clear written information about what should/should not be done post discharge.
2. Family were definitely all information needed to help care for their loved one at home.
3. Staff told patient who to contact if they were worried post discharge.

- Kingston Hospital NHS Foundation Trust performed about the same as other trusts in the 2015 maternity survey in metrics used to assess staff being kind and understanding, being treated with respect and dignity and for having confidence and trust in the staff caring for them during labour and birth. The trust scored better than average for involving partners during the birthing process.

Emotional support

- Staff discussed social circumstances of patients during hand over meetings in order to ensure that any additional support, including emotional support was factored in to the delivery of holistic care.
- Patients and relatives had access to a team of chaplains and religious leaders from a range of different faiths. The chaplaincy service was available 24 hours per day, seven days per week; the critical care team had conducted an audit which identified that this service was not always offered and considered in all cases and as such had implemented a range of actions to resolve the issue.

Summary of findings

Are services at this trust responsive?
Service planning and delivery to meet the needs of the local people

Requires improvement

- Prior to our inspection we spoke with a range of stakeholders including the local clinical commissioning group (CCG), representatives from the health oversight scrutiny committee, patient representation forums, NHS England and colleagues from Monitor. Each stakeholder separately raised concerns regarding the performance of the emergency department in relation to the time it took for patients to be seen, treated, admitted or discharged. It was apparent that a lack of service planning and a lack of robust capacity and demand modelling had resulted in the ED not being in a position to consistently meet the needs of the local people. Monitor and the trust had commissioned an external review into the ED's performance as it had been identified as a significant area of risk for the trust in regards to it's effectiveness to meet national targets. New work-streams and patient pathways had been introduced to address issues within the ED and across the non-elective emergency pathway. Staff acknowledged that further improvements were required within the ED including a redesign of the department which had been designed to accommodate approximately 68,000 patients per year but was currently accommodating 109,000 patients.
- Outside the non-elective emergency pathway, staff were striving to work collaboratively with external stakeholders and other care providers to ensure that the needs of the local population was met. For example, staff working within surgical services were working with other NHS providers in order to repatriate some surgical procedures and services such as bariatric services back to Kingston hospital in order that patients could access care closer to home. Additionally, the trust hosted a range of tertiary services including a complex amputation service as well as hosting one-stop clinics; The Albany clinic provided a service which included consultation, investigations and minor procedures for a range of clinical conditions in one clinic appointment.
- Some clinical environments including those in the emergency department and critical care were in need of improvement to ensure patients received care and treatment in appropriate settings.

Summary of findings

Meeting people's individual needs

- Women attending the emergency department with gynaecology problems were treated in an appropriate environment which had en-suite facilities so as to offer additional privacy and dignity to women.
- Patient information leaflets were available however these were only available in a small range of languages and formats.
- Children and young people received care and treatment in environments which had been suitably designed to meet their needs.
- Wards operated protected meal times however it was noted that during the inspection, on Blyth ward, medical staff continued with their ward round whilst food was being served.
- Patients who presented to the hospital who had previously been diagnosed as living with dementia could not be immediately flagged or identified on the trusts electronic database. However, once identified, patients living with dementia were easily recognisable to staff through the use of a "forget me not" symbol which was placed on ward boards; patients living with dementia were nursed in beds which were in the direct line of sight of nurses stations.

Access and flow

- Regular operational bed management meetings took place; we observed both clinical and operational staff working dynamically to improve the flow of patients across the hospital.
- Data provided from NHS England revealed that 59% of patients who experienced a delayed transfer of care did so because of delays in the provision of further NHS funded non-acute care; this was significantly higher than the NHS England average whereby 20% of patients experienced delays for the same reason.
- Bed occupancy across the hospital varied; for example, in Q4 of 2014/2015, the trust reported a bed occupancy rate of 99.4% as compared to an occupancy rate of 89.1% for Q1 of 2015/2016.
- The percentage of patients seen within 18 weeks from referral to treatment were consistently better than the England average and above the 90% national standard for medical conditions.
- The trust performed worse than the England average on the percentage of patients waiting more than six weeks for diagnostic imaging appointments; the trust was averaging 7% as compared to the national standard of 2%.

Summary of findings

Learning from complaints

- Staff across the trust were familiar with the complaints procedure. Information on how to raise a complaint was generally available across the hospital.
- Complaints were investigated and responded to in a timely way; the responsiveness with regards to how complaints were managed was by way of service line oversight.
- Provision was made to support vulnerable people to raise complaints as necessary. Patient information leaflets were available to people with easy-to-read leaflets for those individuals with learning disabilities for example.
- Themes from complaints were shared with the executive and non-executive leadership team by way of internal governance processes.
- Whilst we considered the overall management of complaints to be timely and responsive we noted that some improvement was required in relation to the governance of complaint responses in that there was no tracker or auditable process for ensuring that where an action or learning point from a complaint response is proposed, it was not possible to track whether that action point had been fully implemented so as to reduce the reason for the complaint arising again in the future.

Are services at this trust well-led?
Vision and Strategy

Requires improvement

- The trust introduced a set of key values and behaviours following a consultation in 2011. The four values of the trust were:
  - Caring - by this, the supporting statement for this value was to "Design and deliver care around each individual patient's needs and wants".
  - Safe - by this, the supporting statement for this value was to "Make the safety of our patients and staff our prime concern".
  - Responsible - by this, the supporting statement for this value was "All staff take responsibility for the hospital, its services and its reputation".
  - Value each other - by this, the supporting statement for this value was "We all value each other's contribution".
- Each core service had a vision and strategy which was aligned to the wider trust vision; core services ensured that the trust values were embedded into their strategies.
- There was ambiguity regarding the future strategy of the organisation. Whilst it was acknowledged that Kingston Hospital NHS Foundation trust was to remain as a local

provider of health services, we heard of various accounts with regards to the make-up and structure of services likely to be provided on the site of the Kingston Hospital campus. For example, one executive spoke of the trust providing acute medical services including maternity and child health provision as the future of the organisation whilst another spoke of there being a "Broad direction of travel" with consideration being given to the wider South West London health economy and a move to delivering wider primary care services.

- The executive team acknowledged that it was important for the trust to develop a robust and sustainable five year strategy which was focused on "What they were good at". Senior leaders acknowledged that a significant challenge for the organisation was to develop and deliver viable clinical rota's so as to ensure that clinical services were sufficiently staffed to meet the needs of patients.
- The trust recognised the need to liaise with and to develop strong working relationships with external stakeholders and other NHS Providers within the geography of South West London to ensure that appropriate and effective care was provided to all patients within the region. Executive staff reported that there was significant engagement with other NHS Trusts and there was a focus on developing an "Acute Collaborative" to review the provision of care across South West London.

Governance, risk management and quality measurement

- Governance structures, systems and processes had been subject to external review as a means of offering assurance to both the executive and non-executive board members that said systems were sufficiently robust. The governance structure within the organisation afforded sufficient scrutiny and oversight of risk; trend analysis, risk mitigation and board assurance metrics were in place and there was an open and transparent escalation of risk from the front line to board. Non-executive directors participated in regular walkabouts and considered they were "In-touch" with the challenges staff faced, as well as being well-positioned to understand what worked well within the organisation.
- As well as using quantitative metrics such as key performance indicators, the trust relied on human elements as a means of seeking assurance that care and treatment was of an acceptable quality. By this, the trust had processes in place for

ensuring that trends and feedback was captured through the use of both the formal and informal complaints process, patient feedback forums, feedback from stakeholders including the Council of Governors and through executive walkabouts.

- To ensure the board were kept informed of incidents and accidents which had occurred at the trust, the board opted to hear of patient stories during each part one session of the board meeting. These stories offered the board an opportunity to hear the experiences of patients and to learn from scenarios when things had gone wrong. Additionally, there was sufficient oversight of serious incidents which were presented to the board during part two of board meetings.
- Risk registers were in place and used across the organisation. The Chief Executive considered that the existing seventeen service line operational structure was effective in ensuring that risks and governance arrangements were owned and managed at a local level. It was acknowledged by the executive however that seventeen separate service lines may have been too many in an organisation the size of Kingston Hospital and whilst the majority of service lines were functioning well, a small proportion of outlying services needed to be reviewed to determine if changes to effect better efficiency could be made.
- The executive team were well informed of the challenges and risks the trust faced and these risks were apparent through board discussions, risk registers and appeared on the board assurance framework. Specifically, the board were aware of workforce challenges; the urgent and emergency care pathway; and the wider landscape challenges facing the four acute NHS trust providers in South West London for which there was no current medium to long term strategy.

Leadership of the trust

- At the time of the inspection, the substantive Chief Executive had been on a period of extended leave however the interim Chief Executive, who had been in post for approximately three months had grasped the operational and strategic risks of the organisation and was considered by staff to be providing good, clear leadership. The Medical Director and Director of Nursing were substantive, long standing appointments.
- The executive team acknowledged that they were "On a Journey" and considered the interim Chief Executive appointment to have been timely in regards to the need for a refreshed strategy for the organisation.
- Staff reported that the executive team were highly visible and approachable. There was sufficient insight from the executive

team to determine how they were perceived by frontline staff. One Executive considered that the perception of staff on the individuals abilities, skills and attributes as being "Calm, clear, and is interested in staff and patients"; when the same question was posed to frontline staff during focus groups, similar descriptive words were used of the executive member thus demonstrating good individual insight.

- Non-executive directors assumed roles which supported end of life care provision, patient safety and clinical governance functions.
- It was acknowledged by the executive team that during the preceding year, the trust had experienced a level of "Upheaval" as a result of the absence of the long-term substantive Chief Executive. We were assured that issues surrounding the robustness of existing governance arrangements had been identified by the interim Chief Executive and action was being taken to ensure that governance processes were strengthened so as to ensure they were sufficiently robust and stood up to both formal and informal challenge.
- Our discussions with the executive and non-executive directors revealed that each board member was focused on advocating the organisations values and found that they "Led by example". Quality, safety and patient experience were apparent motivations for each member of the executive team.
- The Interim Chief Executive considered that the existing leadership structure within the organisation was in need of modernisation; specifically, this related to the reporting structures for the Divisional Directors who, at the time of the inspection reported direct to the Chief Executive and not to the Chief Operating Officer. This structure was acknowledged by each of the executive members as being in need of change. Additionally, the Interim Chief Executive acknowledged the need to review the existing portfolios of executive members to ensure that they were evenly balanced and developed to ensure they were as effective as possible.
- Staff spoke highly of both the Medical Director and Director of Nursing. Staff considered that both individuals. It was apparent that the relationship between the Medical Director office and the Director of Nursing was extremely strong and was described by staff, non executive and executive members alike as "Working well together".

Summary of findings

Culture within the trust

- Staff across all levels of the organisation considered the culture of the organisation to be one focused on ensuring that patients received safe, high quality care. Staff were well versed in the values of the organisation and this came through during our interactions with staff during the inspection.
- The General Medical Council national training scheme survey revealed that the trust performed worse than expected in three areas: Induction; feedback: and study leave. Action plans had been developed to ensure that these three areas were addressed across the hospital and our discussion with the lead for medical education assured us that sufficient priority was being given to ensuring that improvements were made.
- Whilst the overall sickness rate was increasing year on year (2.5% in January 2012 versus 3% in January 2016), the rate was better than the England average (4% in January 2016).
- The NHS Staff survey (2014) showed the trust had 13 negative findings and two positive findings when compared to similar organisations in England. Specifically, the trust performed worse in:
  - Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
  - Percentage of staff agreeing that their role makes a difference to patients
  - Work pressures felt by staff
  - Percentage of staff working extra hours
  - Percentage of staff receiving job-relevant training, learning or development in the last 12 months
  - Percentage of staff suffering work related stress in the last 12 months
  - Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month
  - Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice.
  - Percentage of staff experiencing harassment, bullying or abuse in the last 12 months
  - Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell
  - Staff motivation at work
  - Percentage of staff believing the trust provides equal opportunities for career progression or promotion.
  - Percentage of staff experiencing discrimination at work in the last 12 months.
- The two areas where the trust performed better than average in the same survey included:
  - Percentage of staff appraised in the previous 12 months

- Percentage of staff agreeing that feedback from patients/ service users is used to make informed decisions in the directorate/department.

Fit and proper persons

- The trust had made preparations to meet the Fit and Proper Persons Requirement (FPPR) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. The regulation came in to force in November 2014.There had been interim executive and non-executive appointments at the trust since the regulation had come in to force.
- The trust had a fit and proper persons policy in place which had been ratified on 6 November 2015. This was a comprehensive policy covering arrangements for both recruitment and on-going assurance. The policy included the detail of procedures to be followed including proforma declarations and checklists.
- We reviewed two sets of personnel files; one executive and one non-executive director; both had been appointed after November 2014. Both files contained full details of previous employment, references, photographic ID, occupational health screening records and signed FPPR self-declarations. Both files did not have records to determine whether insolvency and disqualified director checks had been carried out however the trust policy stated that these checks were based on the self-declaration of the post holders with no formal independent checks being conducted by the trust; this is contrary to best practice.
- Page 5 of the trust FPPR policy stated that either a representative from Human Resources of the Trust Secretary conducted an annual audit to ensure that staff were following the FPPR policy; this annual assurance audit had not taken place at the time of inspection.

Overview of ratings

Our ratings for Kingston Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Kingston Hospital NHS Foundation Trust

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

Notes

We are not currently confident that we are collecting sufficiently reliable evidence to enable us to rate the effective domain for outpatients and diagnostic imaging.

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- The Wolverton Centre, for providing comprehensive sexual health services; for provision of service alerts for vulnerable patients, including young people, and those with a learning disability.
- A comprehensive dementia strategy, which enabled staff to support people living with dementia. A dedicated dementia improvement lead provided visibility and support to staff, ensuring positive interventions were implemented. The carer's support pack, therapeutic activities and a memory café contributed to the enhancement of services.
- The trust's engagement with 'John's campaign', promoted the rights of people living with dementia to be supported by their carers in hospital. To facilitate this, there was open visiting and a free car park for respective carers and relatives. Family members and carers were offered beds to stay overnight if needed.
- The specialist palliative care (SPC) team stood out as highly skilled and effective. They supported staff to provide good quality, sensitive care to patients at the end of life and to the people close to them.
- Staff of all disciplines demonstrated an impressive understanding of their role in addressing the needs of people at the end of life and of providing sensitive and compassionate care.
- The paediatric diabetes team were a top performer in the National Paediatric Diabetes audit 2014 to 2015 due to HbA1C rates being better than the England average.
- The trust participated in the Sentinel Stroke National Audit Programme (SSNAP), and achieved an A rating for the period January 2015 to March 2015.
- The physiotherapists in the critical care unit had reduced the length of stay for their patients through the early implementation of rehabilitation.
- The engagement and involvement of volunteers was recognised as an invaluable team to support service delivery.
- Patient pathway co-ordinators in outpatients had impacted positively on the effectiveness of appointment arrangements.

Areas for improvement

Action the trust MUST take to improve

- Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint. Such information must be recorded in the patient record
- Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely, and in accordance with recommended temperatures.
- Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
- Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and that such a record is retained.
- Ensure the management, governance and culture in ED, supports the delivery of high quality care.
- Improve the quality and accuracy of performance data in ED, and increase its use in identifying poor performance and areas for improvement.
- Ensure all identified risks are reflected on the ED risk register and timely action is taken to manage risks.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Systems and processes were not established or operated effectively to ensure the safety of service users. This was because;** • Equipment in use by patients had not always been serviced and safety checked. • Resuscitation trolleys were not always checked to ensure they were fit for use. • Medicines were not always stored safely and could be accessed by unauthorised individuals. • Temperature checks on storage units were not always carried out. **Regulation 12 (2) (e) & (g)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **A formal apology was not always included in all letters written to relevant persons during and following the safety incident review process.** **Regulation 20 (1) (2) (d) & (e)**

Regulated activity	Regulation
Diagnostic and screening procedures Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Individuals who lacked capacity were not always subject to a mental capacity assessment.** **Individuals were being restrained without evidence of mental capacity assessment or best interest decisions having been formally made and recorded.**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Nursing care Surgical procedures Treatment of disease, disorder or injury	Systems and processes were not sufficiently established around training of staff with regard to the Mental Capacity Act (2005) and Deprivation of Liberties Safeguarding. Regulation 13 (1) (2), (4) (b), (5) & (7) (b)
Diagnostic and screening procedures Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and improve the quality and safety of the services provided in ED because; • The quality and accuracy of performance data and its use in identifying poor performance and areas for improvement was not adequate. • The management, governance and culture in ED, did not support the delivery of high quality care. • Risks in the ED service were not always identified, analysed and managed. Regulation 17 (1) (2) (a) & (b)