

Croydon Health Services NHS Trust

Croydon University Hospital

Quality Report

Croydon University Hospital

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Date of inspection visit: 5 to 6 August 2019

Date of publication: 02/10/2019

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Medical care (including older people's care)	
Surgery	

Summary of findings

Letter from the Chief Inspector of Hospitals

Croydon University Hospital is operated by Croydon Health Services NHS Trust. We carried out a focused inspection on 5th and 6th August in response to concerns we received from patients and relatives about the nursing care provided in medical and surgical services and the results of the 2018 NHS inpatient survey. Although there was a low response rate to the survey, the trust was identified as 'much worse than expected' when assessing overall experiences for all patients. The concerns from patients and relatives were that nursing staff did not always treat patients with dignity and provide support with their personal needs.

Our inspection began on the evening, 5 August, and we went back the following afternoon. It was unannounced (staff did not know we were coming) to enable us to observe routine activity. As we carried out a focused inspection, which did not include all key lines of enquiry (KLOEs), we have not rated the services or hospital as a result of this inspection.

During the inspection we visited medical wards; Heathfield 1 ward, Purley 1, acute care of elderly (ACE) ward, Wandle 1 and one surgical ward Fairfield 1 and cardiac day care which was being used as an escalation ward overnight to increase the capacity of the hospital.

We spoke with 21 members of staff including nurses, allied health professionals and ward support staff. We reviewed healthcare records and spoke to 21 patients and relatives.

Before and after the inspection visit, we reviewed information that we held about these services and information requested from the trust.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

As this inspection focused on areas of concern and we have not rated the services we inspected or the hospital.

Our key findings were as follows:

Patients provided differing accounts of how caring staff were; some very positive about their experience while others raised concerns about the attitude of a few nursing staff.

Some patients told us they were aware of how busy ward staff were and this discouraged them from using their call bells unless absolutely necessary.

Many staff we spoke with said they felt there was a high ratio of patients to staff and they were not always able to provide the standard of care for patients they aimed to.

There was a shortage of permanent nursing staff and healthcare assistants on the wards we visited.

The hospital had experienced high bed capacity and relied on the use of escalation areas. These were sometimes opened at short notice, staffed by bank and agency nurses and at times impacted on patients who were booked to have planned procedures.

The hospital's Friends and Family Test (FFT) showed a significant reduction in the number of patients who would recommend the hospital to loved ones in the past year.

We found an inconsistent approach to the care of patients living with dementia with at times delays between the request for a capacity review and it being carried out along with a lack of clarity about the care plan for a few patients.

Some staff felt that communication from senior managers could be improved and they were not aware of the hospital staff forums.

Summary of findings

However we also found:

The planned nurse and health care assistant (HCA) staffing levels on wards were generally being achieved through the use of bank and agency staff.

Some patients felt they had received good care and that the nurses were friendly and caring.

The majority of records we reviewed were generally complete and up to date.

Staff knew the key signs that a patient may be lacking capacity and how and when to request a review of a patient's capacity to make decisions.

The hospital had some resources to support patients living with dementia and assist staff with their care.

Staff were positive about the teams they worked with and their immediate line managers.

Following this inspection, we told the provider that it must and should make improvements to help the service improve. Details are at the end of the report.

Name of signatory

Nigel Acheson Deputy Chief Inspector of Hospitals (London and South England)

Summary of findings

Our judgements about each of the main services

Service

**Medical care
(including
older
people's
care)**

Rating

Why have we given this rating?

We have not rated this service as we only focused on specific areas of concern.

Surgery

We have not rated this service as we only focused on specific areas of concern.

Croydon University Hospital

Detailed findings

Services we looked at

Medical care (including older people's care) and Surgery

Detailed findings

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Detailed findings from this inspection

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Background to Croydon University Hospital

Croydon is an outer London borough with more than 380,000 residents living locally.

Croydon Health Services NHS Trust ('the trust') and was formed in July 2010 with the integration of Mayday Healthcare NHS Trust with Croydon Community Health Service. The trust provides integrated NHS services to care for people at home, in schools, and health clinics across the borough as well as at Croydon University Hospital (CUH) and Purley War Memorial Hospital PWMH). It employs more than 3,800 staff and has a dedicated team of 400 volunteers.

CUH provides more than 100 specialist services and is home to the borough's only emergency department and 24/7 maternity services, including a labour ward, midwifery-led birth centre and the Crocus home birthing team.

PWMH in the south of the borough offers outpatient care, including diagnostic services, physiotherapy and ophthalmology services run by Moorfields Eye Hospital, alongside an onsite GP surgery.

Croydon Clinical Commissioning Group (CCG) is the main commissioner of services from the trust.

At the time of the inspection the trust was moving towards sharing some functions with Croydon CCG, with the aim of reducing duplication and freeing-up resources for reinvestment on the frontline. Some joint appointments with Croydon CCG had been made including in May 2019 a joint chief nurse and in July 2019 a joint trust chief executive and place based leader for health.

Our inspection team

The team that inspected the services comprised an inspection manager, three CQC inspectors and an assistant inspector. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Facts and data about Croydon University Hospital

Croydon University Hospital is part of Croydon Health Services NHS Trust.

The hospital has a 24 hour emergency department (ED), maternity services, special care baby unit, intensive care and high dependency units and multiple theatres.

Detailed findings

It has more than 500 beds and treats around 27,000 people as elective inpatients a year, admits around 41,000 for emergency hospital care with almost 210,000 attending the emergency department and treats 670,000 outpatient appointments. The hospital provides a full range of acute clinical services.

This is the fourth inspection of the hospital and at the previous inspection in July 2018 it was rated requires improvement.

In medical care there are 337 inpatient beds across 14 wards within Croydon university hospital.

There is an acute medical unit (AMU) which offers rapid access to acute adult inpatient and diagnostic services. The unit has 42 beds for seriously ill patients who are either referred from the ED, through direct GP referral, the ambulatory emergency care unit (AECU) or rapid assessment medical unit (RAMU).

There has been a 4% increase in the number of admissions at the trust between the period March 2017 to February 2018 and March 2018 to February 2019 to a total of 24,649 admissions, with the biggest increase in day case patients by 12%. This places the trust within one of the lowest activity groups compared nationally.

In surgery there are 90 inpatient beds across four surgical wards at Croydon University Hospital.

There has been a 16% increase in both elective admissions and day admissions at the trust between the period March 2017 to February 2018 and March 2018 and February 2019. There was a 9% decrease in emergency admissions for the same time period. This puts the trust in the lowest activity groups nationally.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	N/A	N/A	N/A	N/A	N/A	N/A
Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Medical care (including older people's care)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

There are 337 inpatient beds across 14 wards within Croydon university hospital.

There is an acute medical unit (AMU) which offers rapid access to acute adult inpatient and diagnostic services. The unit has 42 beds for seriously ill patients who are either referred from the ED, through direct GP referral, the ambulatory emergency care unit (AECU) or rapid assessment medical unit (RAMU).

Summary of findings

We have not rated this service.

Medical care (including older people's care)

Are medical care services safe?

We have not rated this domain.

Mandatory training

The service provided mandatory training in key skills to all staff but, we were informed that not all staff had completed it.

- Mandatory training was referred to as core skills training (CST). nursing staff we spoke with told us about their CST and said they had completed it.
- The ward sisters were able to explain how they knew bank or agency staff had the training needed prior to working on their ward.
- In the trust's integrated quality and performance report month 1 (minutes of the quality committee 13 June 2019) it was noted that there was 'Poor compliance with the Trust's core skill training (CST) requirements;'

Safeguarding

Staff we spoke with understood how to protect patients from abuse and knew who to escalate concerns to.

- Nurses and health care assistants (HCAs) we spoke with on the ward were able to explain the key factors that would lead to them raising a safeguarding referral and were able to detail the processes they would take to ensure a safeguarding referral was completed.

Assessing and responding to patient risk

We saw some evidence of staff assessing and responding to risk.

- We read two sets of notes on a medical ward and observed that there were appropriate risk assessments and, when required, patient's capacity was assessed and followed up. We saw a Deprivation of Liberty Safeguards (DoLS) application to ensure a patient was treated safely and observed that this was actioned in the physical care of the patient.
- We observed the use of an escalation area in the hospital overnight to increase the ability to admit emergency patients. An escalation area is a ward or area that would not usually be used that is opened

temporarily to create extra capacity within the hospital. In this case it was the cardiac day care recovery area, which was normally used for day-case patients and not routinely used overnight.

- During the evening visit we observed that patients were identified by the site nurse and being moved late into the evening, past 10PM. We asked staff about the time of day when decisions were made to admit to the escalation area. Staff could not give us the time that the decision was made as they were not substantive staff.
- The escalation policy stated that the nurse in charge of the receiving area should receive a 'comprehensive hand over of patients condition, care and treatment plan'. During the evening visit we saw that some patients had been admitted without the nurse in charge having received a full handover of their care plan.
- The policy also stated that one of the exclusions to the area was 'MRSA positive patients. Whilst on inspection we saw that a patient who was in the escalation area had to have an elective procedure cancelled due to a positive MRSA swab.
- When we went back the next day we saw that some patients who were admitted to the overflow area the previous night were still there at 1pm. Staff we spoke with based in the cardiac day care told us they were sometimes told about possible overnight admissions. As this communication was inconsistent before finishing their shift each day they had started to check the number of patients in the emergency department which gave them an indication if the area was likely to be used overnight. This lack of consistent warning meant it made communicating with their planned patients difficult. We were told planned cardiac day care patients faced delays and potentially cancellations due to the ward being used overnight and escalation patients being in the bays longer than planned. We were told by cardiac day care staff that the escalation ward should only be used for patients due to be discharged the next day, but this was not always the case as sometimes those patients refused to move wards. This meant patients not due for discharge would be placed in the escalation ward

Medical care (including older people's care)

overnight and then moved again the next day. The cardiac day care was staffed by two nurses overnight and had one extra nurse the following day to help care for the extra patients.

- The use of escalation areas was described in the trust's 'escalation and capacity policy' which also included the criteria for patients who could be admitted to the escalation areas and how they should be staffed. We were told by the hospital that the cardiac day care had been used as an escalation area 60 times between 1st April 2019 and 31st July 2019 and the admissions lounge was used 99 times in the same period.
- The escalation policy stated that escalation areas should be used for a short period of time 'to ease what is anticipated to be a short term pressure'; given the number of times that both the cardiac day care and admissions lounge were used between April - 31 July 2019 it was becoming routine rather than exceptional or predicted practice.
- It was unclear how many patients could be accommodated in the cardiac day care; on page nine of the escalation and capacity policy it said eight patients and on page 23 it said 10. Following the inspection, the trust confirmed it was 10. The policy stated that the cardiac day care recovery area had capacity for patients and the ward was used to its full capacity overnight during our inspection. In the escalation policy the cardiac day catheter lab recovery area was risk assessed as level three because although it had toilet facilities it did not have a bathroom for independent patients to shower and the potential impact on the patients who were booked to have cardiac day care procedures. The admissions lounge was not listed as a possible escalation area.
- There were facilities on the ward for male and female patients to be cared for separately and there were two medicine trollies supplied by pharmacy for oral medication and intravenous medication (medication delivered into a vein). Arrangements were made with nearby wards to ensure patients had enough to eat and drink.
- For the period June 2018 and May 2019 there were 3,836 moves between 22:00 and 08:00 of which 757 (19.7%) were related to medical core service.

- The NHS 2018 inpatient survey found that the trust was 'worse' for 'staff explaining the reason for needing to change wards at night'.

Nurse staffing

During the inspection we saw there were the expected numbers of nursing and support staff with the right qualifications, skills, training and experience to provide care and treatment. This was achieved with regular bank and agency staff usage.

- In medicine the vacancy rates for both qualified nurses (21%), and HCAs (23%) were higher than the trust target of 14%. The sickness rates, 4.9% and 5.2% respectively were higher than the trust target of 3.5%. The annual turnover rates were 14% and 11% respectively which was higher than the trust target of 10%.
- We observed expected staffing levels were met on the wards for both nurses and HCAs. However, staff told us they felt the expected levels of staffing were not high enough and they were not always able to care for patients in the way they would like to due to the high ratio of patients to staff.
- Patients and their relatives told us they felt there were very few staff around to care for so many patients. Some patients told us they felt reluctant to use call bells when they could see the nurses were very busy. We were told by one relative they had helped patients, other than their relative with eating, as they could see how short staffed the ward was.
- We analysed the nursing staffing data for the past year for specific medical wards and found it to be inconsistent between wards. On Purley 1 the number of nursing vacancies had increased, but the proportion of sick days had decreased (although sickness was still above trust target). On Purley 2 sickness rates were increasing. On Heathfield 1 the vacancy rate was increasing but sickness rates were improving. On Heathfield 2 the sickness rates were improving.
- The NHS 2018 staff survey found that 31.7% of staff, across the trust, agreed that there were enough staff at the trust to do their jobs properly and only 18.3% of staff felt they never or rarely had unrealistic time pressures.

Medical care (including older people's care)

- The NHS 2018 inpatient survey found that the trust was 'worse' for patients receiving help with washing and eating and for patients 'feeling that there were enough nurses on duty to care for them'.

Records

Staff kept records of patients' care and treatment. The majority of records were clear, up-to-date, stored securely and available to all staff providing care.

- The hospital mainly used electronic patient notes to ensure record security. There were elements to patient records that were kept in paper format, an example of this is the Deprivation of Liberty Safeguards (DoLS) application. These were kept near the patients' bed.
- We generally observed thorough record keeping of patient status and interactions. However, there was a patient record that, on day six of their admission, recorded the patient needed regular oral care by the speech and language therapist, it was recorded that their tongue was 'black'. This had not been previously noted by nursing or medical staff before. We asked a nurse, who reviewed the notes with us, why this may have been missed and they were unable to clarify why or how.

Are medical care services effective?

Are medical care services effective?

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

We have not rated this domain.

Nutrition and hydration

We were not assured that staff gave patients food and drink of sufficient quality and range to meet their needs and improve their health.

- Most patients reported there was a good selection of food available unless they had special dietary requirements. For example, patients who needed a light diet told us they felt the selection of food very limited. Following the inspection, the trust told us that

for patients on a specialist diet there was not as much selection as for patients on the full menu, however they were provided with a safe diet suitable to their individual conditions.

- Beside each bed we saw a wall-mounted coloured signs that were designed to be marked to show if a patient required a special diet or other key orders such as 'nil by mouth'. No patient identifiable information was used on the signs. However, we spoke with a catering assistant who told us the bed signs were not always kept up to date and accurate, but that they would not hesitate to ask the nurses if patients had any requirements before giving them the food. Since inspection we have been told by the trust that there has been an updated procedure to ensure patients received the correct type of meal for their needs. This was rolled out across the hospital from 12th August 2019.
- Patients told us they felt they had enough food to eat but, did not always find it was of a high quality.

Pain relief

- Staff told us that they were not always able to effectively monitor and treat people's pain because of the number of patients they were caring for, particularly on night shifts.
- The 2018 NHS inpatient survey found that patients 'who were ever in pain' did not feel that 'the hospital staff did all they could to help control their pain' with the trust performing 'worse' than other trusts in this section.

Competent staff

The service made sure staff completed an induction.

- Sisters on the wards explained how the induction programme for newly qualified nurses worked and said that it provided support they have not seen in other hospitals they had worked in. On top of having a point of contact on the ward to assess progress, nurses also met in their peer groups throughout the year to discuss progress.
- Sisters told us how they selected agency or bank staff to make sure they had the correct skills to work on the ward. We were told that if it were not possible to have

Medical care (including older people's care)

a bank nurse with all the competencies required for the ward they would be assigned patients with less challenging medical conditions and the permanent ward staff would care for the more complex cases.

- All bank and agency staff reported being given tours around wards when they first arrived as a local induction. They also told us that generally they worked on the same wards as much as possible.
- We were told that agency nurses and HCAs were appointed using the NHS Professionals (NHSP) bank. As part of working for NHSP nurses reported being given training covering the information permanent staff get as part of their induction including basic life support, safeguarding and moving and handling.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

During the inspection we observed that staff supported patients to make informed decisions about their care and treatment. However, there were not always clear plans for how to care patient with diminished capacity.

- Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), they were able to give broad examples of how these apply to care.
- We saw an example of a DoLS application that had been completed and accepted. We observed this was implemented as per the application to keep the patient safe and nurses explained they were monitoring the patient to assess if they could reduce the measures taken.
- Nurses were able to explain what would lead them to be concerned about a patient's capacity to make decisions about their care. They were also able to explain how they would escalate this issue. However, staff told us it could take up to 12 hours for doctors to assess patient's capacity, if their capacity was changeable things may be different when the doctor arrived. In that time patients were unable to undergo procedures or interventions as their ability to consent was under question.
- We saw evidence of a patient who had received input from the enhanced care team, this was withdrawn

without an explanation in the notes or an ongoing care plan. We asked a nurse caring for the patient why the care had been withdrawn and if there was a plan. They were not completely sure as nothing was written formally in the patient notes but, thought it was probably because the patient's needs had changed. A DoLS application had been made for the patients. This lack of clear communication meant patients could miss out on the enhanced level of care they required.

- The enhanced care team was skilled in assisting with patient issues relating to mental capacity and deprivation of liberty safeguards.

Are medical care services caring?

Are medical care services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

We have not rated this domain.

Compassionate care

Most staff we observed treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. However, we were told this was not always the case.

- Some patients we spoke with said that the nurses treated them well but, they could see they were overworked and were sometimes hesitant to use their call bells. Patients felt they could ask for help if they really needed it but, would consider not asking for something if they could see the nurses were busy. Other patients told us the care they received depended on the nurses who were caring for them. They said the nurses they regularly saw were excellent but, the ones they saw occasionally were not as good and wondered if they were not full time.
- We were told by a patient there was a nurse who was not caring and 'picked on' patients. They had heard the nurse calling them names and believed the nurse gave them multiple urine bottles to reduce having to help them to use the toilet. The urine bottles which were not removed after use and remained on the patient's bedside trolley when meals were being served. We asked the patient if they had complained

Medical care (including older people's care)

or if they knew how to complain. They told us they had seen another patient complain about this nurse and the nurse came back and told them off and they were unwilling to do anything while still on the ward. We passed this information to the managers in the hospital.

- We observed a patient with dementia calling for help on a ward and a member of staff walked past them without acknowledging their call for help. Another member of staff went to check the patient and reassured them until they were calm.
- We observed privacy curtains were used to maintain patients' privacy and dignity at appropriate moments of care.
- From March to May 2019 77.5% of medical inpatients who responded to the Friends and Family Test (FFT) said they would recommend the hospital. This was a decrease from the January to March 2019 figures when 85% of medical inpatients who responded said they would recommend the hospital. Both figures showed a deterioration from the previous year (January to March 2018) which showed 91.1% of patients would have recommended the hospital. Following the inspection, we were told by the trust they had changed the way they collected the FFT to a text based system and this may be a reason behind the decline. The precise reason behind this was being investigated.
- The NHS 2018 inpatient found the trust was 'worse' for patients feeling they were treated with dignity and respect and for nurses 'not talking in front of them, as if they weren't there.'

Emotional support

The majority of staff we observed provided emotional support to patients, families and carers to minimise their distress.

- Relatives we spoke with on the care of the elderly ward said they had received pastoral care and were well informed about their relative's care. They said they were never hurried out of the ward at the end of visiting hours, with the staff using their judgement to allow relatives to stay later when appropriate.

- Ward staff were observed to treat patients with respect and to work to preserve patient's dignity. We saw staff ensured patients were kept covered over and they helped them to get to the bathroom and waited outside when appropriate.
- Apart from the case outlined previously, all patients spoken with felt they were treated with dignity and felt respected.
- Nurses and HCAs told us they felt they did not always have the time to provide the emotional support they would like to. They told us they provided as much care as possible but depending on workload cannot always sit and comfort patients as often as they would like.
- The NHS 2018 inpatient survey found that the trust was 'worse' for patients 'receiving enough emotional support from hospital staff, if needed.'

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- Patients told us they were kept well informed about their care and when there were decisions to be made they had the options explained. They also told us when there was no choice, for example with taking medication, doctors and nurses were able to explain why this was necessary.
- Relatives said they were kept informed about their loved one's care. They knew what was happening and, where appropriate, were involved in decisions about their ongoing care.

Are medical care services responsive?

Are medical care services responsive?

Responsive services are organised so that they meet your needs.

We have not rated this domain.

Meeting people's individual needs

We saw some evidence that people's individual needs were met.

Medical care (including older people's care)

- We saw an electronic patient records system that used a coloured icon that showed if any patients required special precautions.
- We saw that patients who required isolation were in side rooms and the side rooms were clearly marked with signs alerting visitors not enter and advising staff about the type of precautions to be employed.
- The hospital had an enhanced care programme in place so patients with additional care needs identified could be cared for on a one to one basis. The team had two registered mental health nurses and five HCA on each shift and had specific inclusion criteria for the patients they could care for. The enhanced care team supported the ward staff by attending to the extra care needs of the specific patient therefore allowing ward staff to care for other patients as usual. Some permanent ward staff were unsure how the enhanced care team worked and what to expect from them.
- At shift handover in the evening we observed all call bells were in reaching distance of patients as ward staff were out of the bays discussing individual care needs. Once handover was completed all staff went to their assigned bays and checked how all patients were and introduced themselves where appropriate.
- Patients told us the speed of call bells being answered depended on the time of day and the staff who were on shift. While we were on site we observed call bells to be answered within five minutes but, patients said sometimes they had to wait for 15-20 minutes. The 2018 NHS inpatient survey found the trust was 'worse' for patients being 'able to get help from a member of staff within a reasonable time'.

Are medical care services well-led?

Are medical care services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We have not rated this domain.

Leadership

We were informed, by staff we spoke with, that leaders were visible and approachable in the service for patients and staff.

- Not all staff were able to name the chief executive of the hospital, however they knew who their directorate head of nursing was and said they were approachable.
- Staff also told us about a forum that was held every Friday where they could meet senior managers and discuss innovations or problems.
- Nurses told us they felt the leaders within the hospital were "much better" and listened to their concerns more than at previous hospitals they had worked at. We were also told managers "were supportive and understanding".
- The trust performed 'much worse than expected' in the 2018 NHS Inpatient Survey. Senior staff informed us that whilst they were disappointed with the result, the executive team had made significant efforts to ensure that staff were learning from the negative results. The executive team had launched a new quality improvement (QI) team that will lead on all QI work at the trust.

Culture

Staff we met during the inspection were focused on the needs of patients receiving care.

- Staff told us they felt respected, supported and valued. They were focused on the needs of patients receiving care. They felt the service provided opportunities for career development and further training
- Staff we spoke with said managers were supportive and understanding and actively encouraged staff to consider courses and learning.
- The trust scored below average for six of the 10 areas in the staff survey 2018. These included equality, diversity & inclusion; morale; safe environment - bullying & harassment; immediate managers; health & wellbeing; safety culture. Response rate at the trust was lower than the national average at 26% compared to 44%.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

There are 90 inpatient beds across four surgical wards at Croydon University Hospital.

There has been a 16% increase in both elective admissions and day admissions at the trust between the period March 2017 to February 2018 and March 2018 and February 2019. There was a 9% decrease in emergency admissions for the same time period. This puts the trust in the lowest activity groups nationally.

Summary of findings

We have not rated this service.

Surgery

Are surgery services safe?

Are surgery services safe?

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

We have not rated this domain.

Mandatory training

The service provided mandatory training but, we were informed that not all staff had completed it.

- The service referred to mandatory training as 'core skills training'. Senior staff kept a log of all staff core skills rates and informed us that the directorate had plans to ensure that all staff were up to date on their core skills by the end of August 2019. We asked three members of staff about their core skills training and all of them confirmed that they had not yet completed it.
- To ensure that this target was met the service enabled staff to have paid study days and could also complete core skills online at home.
- In the trust's integrated quality and performance report month 1 (minutes of the quality committee 13 June 2019) it was noted that there was 'Poor compliance with the Trust's core skill training (CST) requirements;'

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- Senior staff conducted weekly quality rounds where they would spot check staff on key quality issues. One of the questions they would ask junior staff was relating to safeguarding and what they would do if they had any concerns. Senior staff informed us that this quality round helped to plug any gaps in staff knowledge around safeguarding issues.
- One of the junior members of staff that we spoke with informed us that if they had any concerns regarding safeguarding they would, "Inform my manager who I know would help me". When asked about how to manage specific safeguarding concerns, the member of staff was unable to explain the processes involved but knew who she could ask for help.

Assessing and responding to risk

We saw some evidence of staff assessing and responding to risk.

- The service used the cardiac day care unit as an 'escalation area' (an escalation area is a ward or area that would not usually be used that is opened temporarily to create extra capacity within the hospital). We observed that both medical and surgical patients awaiting discharge were transferred to the escalation area which often acted as an 'overflow' area. We were informed that patients did not tend to stay in the escalation area for more than 24 hours. We saw that this area was often run by agency staff.
- On the evening visit we asked staff about the time of day when decisions were made to admit to the escalation area. Staff could not give us the time that the decision was made as they were not substantive staff.
- On the following day, staff on the ward informed us that they did not always know in advance when the area would be in use. Following inspection the trust informed us this was because emergency attendances could peak in the evening. We saw the escalation and capacity protocol which listed the exclusion and inclusion policy. The policy stated that one of the exclusions to the area was 'MRSA positive patients.' Whilst on inspection we saw that a patient who was in the escalation area had to have an elective procedure cancelled due to a positive MRSA swab.
- The escalation policy also stated that the nurse in charge of the receiving area should receive a 'comprehensive hand over of patients condition, care and treatment plan'. During the evening visit we saw that some patients had been admitted without the nurse in charge having received a full handover of their care plan.
- Between 1 April and 31 July 2019, we saw evidence that the cardiac day care unit had been used as an escalation area on 60 different occasions. In that same reporting period, 54 patients had been transferred at night – that is, between 10pm and 8am. The admission lounge had also been used as an escalation area 99 times for the same period. In the escalation policy the cardiac day care was risk assessed as level 3 because although it had toilet facilities it did not have a bathroom for independent patients and the potential

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impact on the patients who were booked to have cardiac day care procedures. The admissions lounge was not listed as a potential escalation area in the policy.

- The escalation policy stated that escalation areas should be used for a short period of time ‘to ease what is anticipated to be a short term pressure’; given the number of times that both the cardiac catheterisation lab and admissions lounge were used between April - 31 July 2019 it was becoming routine rather than exceptional or predicted practice.

Nurse Staffing

During the inspection we saw there were enough nursing and support staff with the right qualifications and skills to care for patients, but this was not always the consistent.

- Fairfield 1 ward used a baseline staffing tool to plan for staffing requirements per shift. Where permanent nursing staff were unable to fill shifts the ward utilised bank and/or agency staff.
- Senior staff informed us that there was at least one member of bank and/or agency staff on each shift. This was corroborated by the on-duty rota that we saw over a four-week period. The rota showed that there was at least one bank or agency registered nurse (RN) and in many cases, two bank or agency RN's on shift – this was particularly the case with night shifts.
- Senior staff informed us that regular bank and agency staff were used and were always provided with a trust and local induction that included a tour of the clinical area. We asked agency staff if this was the case and they confirmed that it was.
- The surgical service was not meeting most of the trust targets for staffing. The trust targets for vacancy rate was 14%, turnover was 10.5% and sickness was 3.5%. The annual vacancy rate for nurses was 22% and for healthcare assistants (HCA) it was 18%. The annual turnover rate was 15% and 8% respectively and the annual sickness rate was 3.9% and 2.9% respectively.

Records

Staff kept records of patients care and treatment. Records were easily available to all staff providing care.

- Over the course of the inspection we reviewed three records. Records were a combination of electronic and paper based.

All records we looked at complied with the General Medical Council (GMC) and Nursing & Midwifery Council (NMC) standards for documentation. All records we viewed contained completed assessments and nursing care records.

Are surgery services effective?

Are surgery services effective?

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

We have not rated this domain.

Nutrition and hydration

We were not assured that staff gave patients enough food and drink to meet their needs and improve their health.

- We saw that staff conducted Malnutrition Universal Screening Tool (MUST) assessments for inpatients.
- Overall, patients had negative comments about the food quality. One patient we spoke with informed us that “food choices were restrictive if you're on a specialist diet”. Outside of meal times, patients could ask for water, but snacks were not available on request. Following the inspection we were told the catering team offered hot drinks, squash, cake and biscuits 7 times a day. The trust also told us that for patients on a specialist diet there was not as much selection as for patients on the full menu, however they were provided with a safe diet suitable to their individual conditions.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They gave additional pain relief to ease pain.

- Recognised pain assessment tools were in use across the service. Nurses and consultants routinely asked

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patients about pain and patients told us their pain had been managed appropriately. The notes we reviewed showed that patients had been given necessary pain relief.

- We saw that patients pain levels were assessed and managed adequately. In the three records we reviewed, all patients had pain assessment scores completed at the same time as their observations. The service implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015).
- We reviewed three records and saw that in all of them the service implemented standard 2 of the guidance which states that all patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.
- All patients we spoke with informed us that their pain had been well managed and regularly checked by clinical staff.

Competent staff

The service made sure staff completed an induction. However, we saw no evidence that they held supervision meetings with them to provide support and development.

- New staff informed us that the induction they received was 'good'. The induction included blood transfusion guidelines, basic life support and safeguarding training.
- Nursing revalidation is a process by which registered nurses are required to demonstrate on a regular basis that they are up to date and fit to practice. The service had helped nursing staff through this process by offering guidance and support.
- There were arrangements for supporting new staff at the hospital, including an induction and supernumerary period during which clinical competencies were assessed. We spoke with staff nurses who had started at the service recently and they informed us that they had an induction system that saw them have a buddy for the first few shifts until they were confident enough to work on their own.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff supported patients to make informed decisions about their care and treatment. We saw evidence that they followed national guidance to gain patients' consent. They used agreed personalised measures that limit patients' liberty.

- We saw there were systems to obtain written and verbal consent from patients before carrying out procedures and treatments. All patients we spoke with informed us that the risks of treatment and alternatives were discussed prior to starting treatment.
- Since our last inspection, the service had commenced an enhanced care team. This team was skilled in assisting with patient issues relating to mental capacity and deprivation of liberty safeguards (DoLs). All staff we spoke with mentioned that if they had any concerns, they could contact the enhanced care team.
- Senior staff informed us that they used a Mental Capacity Act 2005 (MCA) pro-forma on the intranet if they had any concerns about a patient lacking capacity. Staff showed us this form and it seemed thorough and able to capture all concerns a staff member may have.
- When asked what they would do if they had concerns for a patient at different points of admission (fluctuating capacity), senior staff informed us that they would re-capture the information on the proforma per episode a patient may have. Staff were unable to show us where they filled out more than one form for a patient due to a change in capacity.
- To assess capacity, staff would assess a patient's communication skills and whether they seemed orientated.
- We were informed that if a staff member had concerns about a patient's capacity, they would bleep the enhanced care team who would assess the patient. They would then arrange for 1:1 care for the patients. At the time of the visit there were no patients with capacity problems on the ward.

Are surgery services caring?

Are surgery services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

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We have not rated this domain.

Compassionate care

Most staff treated patients with compassion and kindness, respected their privacy and dignity but, we saw that this was not always consistent.

- We saw both medical and nursing staff taking the time to listen to patients and relatives. We saw nursing staff delivering care in a compassionate and thoughtful way, ensuring that consent was gained before any interventions.
- Over the course of the inspection we spoke with five patients. All patients spoke highly of the service and of the staff. One patient stated “I’ve received good care. The nurses are friendly and attentive”.
- Two of the patients we spoke with informed us that there were less staff around at night time. One patient informed us that, “There are a lot less staff around at night, but they are still responsive. Another patient informed us that “day shift nurses seem more qualified than night shift nurses.” Another told us that, “The doctors do not have answers and I don’t see them much.”
- The 2018 NHS inpatient survey found that the trust was worse for patients being ‘able to get help from a member of staff within a reasonable time.’. The same survey found the trust was ‘worse’ for patients feeling they were treated with dignity and respect and for nurses ‘not talking in front of them, as if they weren’t there.’
- The feedback from the Friends and Family Test (FFT) was deteriorating for surgery. Between March 2019 and May 2019, 60.8% of surgical inpatients who responded said they would recommend the hospital. This was a decrease from the January to March 2019 figures where 79.7% of medical inpatients said they would recommend the hospital. Both figures showed a deterioration from the previous year (January to March 2018) which showed 85.8% of patients would have recommended the hospital. Following the inspection we were told by the trust they had changed the way they collected the FFT to a text based system and this may be a reason behind the decline. The precise reason behind this was being investigated.

Emotional support

- Staff seemed aware of the importance of providing emotional support. One patient told us that, “The service feels like a family...the staff leave me wanting for nothing.”
- The NHS 2018 inpatient survey found that the trust was ‘worse’ for patients ‘receiving enough emotional support from hospital staff, if needed.’

Understanding and involvement of patients and those close to them

Staff we observed supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- Patients told us they felt fully involved in planning their care and treatment. They told us that staff were respectful to their wishes and ensured their family were involved as and when required.
- One patient that we spoke with informed us that, “Treatment choices have always been well explained and the reasoning behind medications has always been explained.”
- Patients were provided with written information leaflets about what to expect upon discharge and who they could contact if they had any concerns about their recovery. Various information leaflets were available to ensure patients could re-read information if needed.

Are surgery services responsive?

Are surgery services responsive?

Responsive services are organised so that they meet your needs.

We have not rated this domain.

Meeting people’s individual needs

We saw some evidence that people’s individual needs were met.

- Two of the patients we spoke with informed us that it was difficult to sleep at night with the amount of noise and light. One patient said, “I asked a nurse if we could switch off the lights and I was told they couldn’t with no further explanation.”. The 2018 NHS inpatient found the

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trust was worse for patients 'not being bothered by noise at night from other patients.'. Since inspection the trust has informed us patients are offered hospitality packs which contain ear plugs and sleep masks to help with sleeping in a busy environment.

- In the cardiac day care there were no shower facilities, patients had to access the neighbouring ward to shower. Patients in the escalation area could be there up to 24 hours and in some cases, longer.
- The hospital had an enhanced care programme in place so patients with additional care needs identified could be cared for on a one to one basis. The team had two registered mental health nurses and five HCAs on each shift and had specific inclusion criteria for the patients they could care for. The enhanced care team supported the ward staff by attending to the extra care needs of the specific patient therefore allowing ward staff to care for other patients as usual. However, some staff were unsure how they worked and what to expect from them.

Are surgery services well-led?

Are surgery services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We have not rated this domain.

Leadership

We were informed, by staff we spoke with, that leaders were visible and approachable in the service for patients and staff.

- The trust performed worse than most services in the 2018 NHS Inpatient Survey. Senior staff informed us that whilst they were disappointed with the result, the executive team had made significant efforts to ensure that staff were learning from the negative results. The executive team had launched a new quality improvement (QI) team that will lead on all QI work at the trust.

- Senior staff informed us that the executive team had an open-door policy and that they were encouraged to inform the executive team if they had any concerns. The executive team-maintained diaries for monthly and quarterly clinical rounds.
- Junior staff informed us that their managers were supportive and available if they needed them. One patient on the ward was aware of who the ward manager was and spoke very highly of them.
- One member of the therapies team informed us that they met with the chief nurse to share concerns about vacancies and workload, but they had received no feedback on concerns.

Culture

Staff we met during the inspection were focused on the needs of patients receiving care.

- Staff we spoke with felt respected and supported by their colleagues and wider staff. Staff did however inform us that communication at the trust could be better. One member of the regular agency staff informed us that, "You only find out where they want you to be quite last minute."
- Both senior and junior staff, nurses and consultants spoke of putting patients at the centre of what they do. They were aware of their challenges regarding the population that they served and were confident that they could provide patients with quality care.
- Responses for the 2018 NHS staff survey showed below the average number of staff who felt they were satisfied with the quality of care they gave to patients and able to deliver the care they aspired to. The survey also showed only 31.7% of staff agreed there were enough staff in the trust to do their jobs properly and only 18.3% of staff felt they never or rarely had unrealistic time pressures.
- In the same survey the trust scored below average for six of the 10 areas. These include equality, diversity & inclusion; morale; safe environment - bullying & harassment; immediate managers; health & wellbeing; safety culture. Response rate at this trust was lower than the national average at 26% compared to 44%.

Engagement

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We saw some evidence that leaders and staff actively and openly engaged with patients, staff and equality groups to plan and manage services.

- The senior staff we spoke with informed us that one of the issues with culture was not cascading information down to junior staff. To combat this, the senior staff, including the executive team started attending staff group forums.
- Senior staff informed us that the trust had commenced forums for staff members. We were told that as well as the Band 6 and Band 7 forum, the service had also started forums for the following staff groups: Black, Asian and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual and Transgender (LGBT) forums. When we asked junior staff about these forums, only a couple were aware of the forums and only one had attended the band 6 forum.
- We were informed that the band 7 meeting took place every two weeks but there were no band 7's on shift at the time of our responsive inspection to corroborate this.
- Senior staff informed us that every Friday the trust carried out the 'Croydon Cares' forum. This forum was aimed at all staff and had sessions carried out by different specialities. For example, all nurses and midwives were asked to contribute to the nursing and midwifery strategy.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The hospital must continue to work to understand the findings of the 2018 NHS inpatient survey and take action to improve patient experience and ensure all patients are treated with dignity and privacy and their personal needs are met.

Action the hospital **SHOULD** take to improve

- The hospital should continue to recruit to vacant nursing and healthcare assistant posts.

- The hospital should review the process of opening and managing escalation areas to identify how it could be improved and ensure there is continuity of care for patients and that staff receive information prior to receiving patients.
- Ensure all patients records are up to date and reflect the care and treatment they need.
- Consider the feedback from patients about their experience of the food provided as part of special dietary requirements and take action as appropriate.
- Continue to work to improve communication with staff.

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
Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Service users must be treated with dignity and respect. Each person's privacy must be maintained at all times including when they are asleep, unconscious or lack capacity. People who use services must be offered support to maintain their autonomy and independence in line with their needs and stated preferences.