

East Kent Hospitals University NHS Foundation Trust Kent & Canterbury Hospital

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Our findings

Overall summary of services at Kent & Canterbury Hospital

Requires Improvement ● → ←

We carried out this unannounced focused inspection of medical care (including older people's care) because we received information giving us concern about the safety and quality of services.

We did not inspect any other service as this was a focused inspection in relation to medicine. We did not enter any high risk COVID-19 areas. The inspection focused on safe, effective and well led.

We did not rerate the hospital at this inspection. The previous rating of requires improvement remains. See the medical care (including older people's care) section in this report for what we found on this inspection.

We visited four wards Kingston, Marlowe, Mount and McMaster and Harvey ward. We spoke with 16 staff across a range of disciplines including matrons, senior nurses, healthcare assistants and trust grade doctors. We attended the hospital morning safety huddle.

As part of the inspection, we observed care and treatment and looked at 12 care records. We analysed information about the service which was provided by the trust.

How we carried out the inspection

You can find further information about how we carry out our inspections on our website:

[https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.](https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection)

Medical care (including older people's care)

Requires Improvement   

Our rating of this service stayed the same. We rated it as requires improvement because:

- Nursing and medical staff had not met the trust target of 85% for dementia training.
- Nursing staff had not met the trust target of 85% for hand hygiene and adult basic life support.
- Medical staff had only met the trust target of 85% for one of the mandatory training topics.
- Staff did not always complete comprehensive risk assessments upon patient admission.
- Staff did not always update risk assessments for each patient and did not always record what actions they had taken to mitigate any risks.
- Staff did not always follow the trust's deteriorating patient guidance.
- Staff did not always keep detailed records of patients' care and treatment and records were not always clear.
- Not all staff had the knowledge around how to escalate concerns about patients with mental health conditions out of hours.

However:

- Nursing staff told us they were given enough time and support to do their mandatory training.
- Staff we spoke to told us they knew how to access the policies and how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.
- The trust had effective systems to ensure that standards of cleanliness and hygiene were maintained and offered protection and safety for staff and patients.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff stored and managed medicines and prescribing documents in line with the provider's policy. This included patients own drugs, medicines requiring refrigeration and controlled drugs.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Medical care (including older people's care)

Is the service safe?

Requires Improvement  → ←

Our rating of safe stayed the same. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and mostly made sure everyone completed it.

The trust had a mandatory training programme which covered 17 topics such as fire safety, health, safety and welfare, equality and diversity, moving and handling, dementia, adult basic life support. Trust data showed clinical and non-clinical staff for medicine had met the trust target of 85% for 12 out of the 17 topics.

Staff received email reminders to inform them their mandatory training was due. Managers monitored mandatory training through staff records and alerted staff when they needed to update their training.

Nursing staff told us they were given enough time and support to keep up to date with their mandatory training. Nursing staff had mostly met the trust target of 85% in all subjects although was below the trust target in hand hygiene which was 61% and adult basic life support which was 71%.

Medical staff had not met the trust target in any of the mandatory training topics, other than safeguarding children level 1.

Managers told us new doctors to the trust received a week of time dedicated to completing their mandatory training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. However, we found only 54% of nursing staff and 28% of medical staff had completed the dementia training.

Staff working in the renal department completed simulation training. Training was for all clinical staff including renal registrars and junior doctors. Due to the pandemic there was limited training last year, with 48.6% of staff within the unit completing the training. However, the unit was hoping.

included immediate mitigatory action and were graded correctly. We also noticed, when reviewing the sampled incidents, that they contained the detailed investigation process, as well as the outcome.

Managers investigated incidents thoroughly. Patients and families were involved in these investigations, which was in line with the trust's policy, and national regulations.

Staff understood the duty of candour and followed the trust's policy and associated national requirements.

Safety Thermometer

Medical care (including older people's care)

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

The safety thermometer is used to record the prevalence of patient harm and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care. Measurement at the frontline is intended to focus attention on patient harm and their elimination.

Safety thermometer data was displayed on wards for staff and patients to see. We saw wards displayed their harm free care data in colour coded crosses. They had one cross for each aspect they were monitoring. These included falls, pressure ulcers and safe staffing. Each day the boxes were coloured red or green with red being an incident had occurred and green no incident. These were clear to see the performance of harm free care over the last month.

Data showed the trust reported 14 new pressure ulcers, 11 falls with harm and one new urinary tract infection in a patient with a catheter from February 2019 to February 2020 for medical services.

Leaders told us they had focused improvements on falls prevention as this was their leading cause of preventable harm to patients. Senior staff had told us that work had started on falls prevention. The trust reported 101 falls in April 2021, which demonstrated a reducing trend for the last three months and an improving picture. During our inspection, we saw all four wards displayed information on falls.

Staff used the safety thermometer data to further improve services. Leaders told us they had seen a high number of pressure ulcers being acquired or worsen for patients during their stay in their hospitals. Leaders had in May 2021, setup a pressure ulcer steering group to monitor performance and lead improvements in pressure area care.

Is the service effective?

Inspected but not rated



Multidisciplinary working

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

inspection team to a flow chart or guidance for the out of hours team and could not locate a telephone number.

Deprivation of Liberty Safeguards (DoLS) make sure people in hospitals are looked after in a way that does not inappropriately restrict their freedom. The trust did not have a separate deprivation of liberty safeguards policy, but the appendices within the clinical restraint policy outlines when to apply for a DoLS order and the application process. We found staff did not always follow this process. In one set of notes, staff had documented the patient required a Deprivation of Liberty Safeguard (DoLS) assessment and recorded a DoLS was in place. However, we could not find a completed DoLS checklist, the DoLS application, the outcome of the assessment or the expiry date within the patient's records. We raised our concerns with the trust following the inspection. As a result, they shared guidance with staff, planned to hold additional teaching sessions with staff and planned for daily board rounds to include discussion of any DoLS authorisations.

Medical care (including older people's care)

From April 2019 to February 2020, the trust reported 23 DoLS applications. However, data from the local authority showed 226 applications were made by the trust over the same length of time. The trust had identified a risk of underreporting of DOLS applications due to a change in the process for requesting a DoLS authorisation. This was added to the risk register and formed part of the trust's improvement plan. Following a multi-agency response to this risk, the trust's safeguarding team now receive a weekly report from the local authority which has meant data capture has improved significantly.

We asked the trust to provide staff training compliance for mental capacity assessment and deprivation of liberty safeguards training. However, we did not receive this data.

Is the service well-led?

Inspected but not rated ●

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff were friendly and caring towards patients and to each other. Staff were happy to talk to the inspection team and wanted to tell us why they enjoyed working in the department. There were good working relationships and the staff worked together as a team to promote good patient care.

Staff we spoke to were complimentary about the senior leadership team and each other. Senior leaders were visible and approachable. Staff told us they had found working through the pandemic difficult due to a lack of staffing, but they had worked together as a team. Service leaders,

including matrons, told us they were proud of their staff and how they had worked together during the COVID-19 pandemic.

The trust provided a health and wellbeing programme for staff and in the renal ward they had two counsellors that made time to see staff if requested.

The service had worked hard to improve the culture and communication within the service, and staff felt happy to raise concerns. Staff told us that the culture in the hospital was inclusive and supportive.

In the 2020 NHS Staff Survey, the trust scored significantly below average for equality, diversity and inclusion, health and wellbeing, immediate managers, morale, quality of care, safe environment – bullying and harassment; safety culture, staff engagement and team working. The trust scored about the same as other trusts for safe environment – violence.

Medical care (including older people's care)

The trust's HR data showed significant differences between black and ethnic minority and white staff in six out of nine workforce race equality standard indicators in 2019. Three indicators declined in 2019 compared to 2018. These were; proportion of shortlisted candidates being appointed to positions, staff believing the trust provides equal opportunities for career progression or promotion and staff experiencing discrimination at work from a manager / team leader or other colleague. The trust had two black and ethnic minority voting board members in both 2018 and 2019.

We asked the trust for the outcome of their most recent GMC survey. The trust explained the most recent GMC survey results in 2020 was very limited because the mandatory element was removed due to the pandemic. This meant the trust saw response rates were low at 33% in contrast to previous years which achieved 100%. However, the trust reviewed the free text comments from staff and provided the actions taken in response to these. None of these comments were for Kent and Canterbury Hospital.

Freedom to Speak Up Guardians support trust staff to speak up when they feel that they are unable to in other ways. There are two freedom to speak up guardians at the trust, however during the peak of the pandemic one guardian was redeployed to intensive care. The trust's most recent Freedom to Speak Up report was presented to the integrated audit and governance committee in April 2021. Between April 2020 and March 2021, there were 42 cases of speak ups, of which only one was anonymous. Cases at Kent and Canterbury Hospital made up a third of these.

In line with the 2016 junior doctor contract, the trust appointed a guardian of safe working hours. The guardian ensures that issues of compliance with safe working hours are addressed by the doctor and the trust. The latest report from the guardian of safe working hours was presented to the workforce committee in May 2021. It showed the most common type of exception reporting raised was for late finish and there was a total of 10 exception reports at Kent and Canterbury Hospital between January and March 2021. The trust reported it felt its exception reporting was well established and supported.

Areas for improvement

MUSTS

Medical care (including older people's care)

- The trust must ensure that staff fully complete fluid balance chart for all patient that need them. Regulation 12
- The trust must ensure staff maintain comprehensive records of deprivation of liberty safeguards. Regulation 12
- The trust must ensure that all patients receive all required risk assessments without delay on their admission to hospital, that these are kept updated and staff record all mitigating actions. Regulation 12
- The trust must consider how to improve consistence in their approach to managing sepsis. Regulation 12

SHOULD

Medical care (including older people's care)

- The trust should continue to improve compliance with COVID-19 swabbing, especially on day three.
- The trust should ensure that all staff complete their mandatory training.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one additional CQC inspector and one specialist advisor with experience in acute medical care. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection (South East).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment