

Review of compliance

The Whittington Hospital NHS Trust Whittington Hospital NHS Trust

Region:	London
Location address:	Trust Offices Magdala Avenue London Greater London N19 5NF
Type of service:	Acute services with overnight beds
Date of Publication:	February 2012
Overview of the service:	Whittington Hospital NHS Trust is an acute local general teaching hospital situated in Archway, in the north of Islington. It provides inpatient and outpatient services to the communities of North Islington and West Haringey, a population of approximately 250,000 people. The hospital also treats a significant number of patients from Camden, Barnet and Hackney. It has

	approximately 23 wards, and employs over 2,000 staff.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Whittington Hospital NHS Trust was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 October 2011, carried out a visit on 21 October 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Over 20th and 21st October 2011, 10 inspectors, including a pharmacy inspector, conducted visits to 18 wards/departments:

Cearns, Murray, Labour and Cellier Wards (Maternity), Thorogood Ward (Elective Orthopaedic), Cloudesley Ward (Care of Older People/Stroke Rehabilitation), Coyle Ward (Surgical Trauma/Orthopaedic), Nightingale Ward (Respiratory Medicine), Mercers Ward (Oncology/Haematology/Gastroenterology), Mary Seacole and Mary Seacole South Wards (Short Stay Medical Assessment Units), Cavell Ward (Care of Older People), Critical Care Unit (Intensive Care), Emergency Department, Pharmacy Discharge Lounge, Outpatients, Neonatal Intensive Care and the Patient Advice and Liaison Services Department. We conducted observations on the wards, spoke to approximately 70 patients or relatives, 45 staff members and looked at approximately 20 patient records.

Most people we spoke to who used the services at the Whittington Hospital told us that they received a good level of care, treatment and support, and some were very proud of their local hospital. People were generally very complimentary about the staff and said that they explained and answered questions about their care and treatment. Very few people we spoke to had complaints about the service they had received, however few people were aware of the complaints procedures for the Trust.

Our observations of care and discussions with patients and staff identified some areas for

improvement in some services provided, in order to ensure that the Trust remains compliant with the Health and Social Care Act 2008.

What we found about the standards we reviewed and how well Whittington Hospital NHS Trust was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are provided with appropriate information about their care, support and treatment choices. Their privacy and dignity is respected, and they are given opportunities to express their views and preferences.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The Whittington Hospital has robust arrangements in place to seek consent from people who use services, which take account of most recent guidance. However whilst doctors are primarily undertaking assessments of people's capacity to make decisions, there is a need for more training for nursing staff and healthcare assistants in this area, to ensure that they support people in line with their best interests.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

We saw examples of excellent practice throughout the hospital with patients receiving a high standard of care and staff taking time to speak to them about their treatment. However the hospital needs to continue making improvements to managing waiting times in the Emergency Department, and Outpatients departments, and improving the care and support provided by some individual staff members in particular areas.

Outcome 05: Food and drink should meet people's individual dietary needs

Most people advised that they enjoyed the food, and that the hospital had worked hard to make improvements. The hospital caters for a wide range of dietary needs, and staff assess and monitor people's nutrition appropriately.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The Whittington Hospital has appropriate arrangements in place to safeguard people who use services from abuse.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The Whittington Hospital has suitable arrangements in place to protect people against identifiable risks of acquiring healthcare associated infections.

Outcome 09: People should be given the medicines they need when they need them,

and in a safe way

People are protected by systems which ensure they receive the correct medicines on time, and have access to a pharmacist for advice and guidance on their medication.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Suitable premises are generally provided for people who use services, however some improvements are needed to facilities on the maternity wards, and outpatient clinics, and in provision of television/radio across all wards, to ensure that patients are provided with a safe, and comfortable environment as far as possible.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Suitable arrangements are in place to protect people who use services and others from the risks of insufficient or unsafe equipment.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The Whittington Hospital generally has sufficient staff available to meet the health and welfare needs of people who use their services. However there is room for review of the deployment of staff in particular areas to ensure that patient needs are met effectively.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The Whittington Hospital has suitable arrangements in place to ensure that staff are competent and that their welfare needs are met. However there is room for improvement in staff appraisals and mandatory training, and management support through provision of regular team meetings to ensure that staff are supported in their work with patients as far as possible.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The Whittington Hospital NHS Trust has a range of governance measures in place or being developed to monitor and bring about improvements in the quality of service provision to patients across the hospital.

Outcome 17: People should have their complaints listened to and acted on properly

There is an appropriate system in place for identifying, receiving, handling and responding to complaints and comments, however improvements are needed in publicising the Patient Advice and Liaison Service to patients across the hospital and in improving response time to complaints received.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke to consistently told us they were given enough information about their care, treatment and support choices. The vast majority were very complimentary about the staff members and said that they explained and answered questions about their care and treatment.

One patient we spoke to in the Emergency Department (ED) told us, "Things have been explained to me every step of the way," another advised "Staff seem busy but they have taken the time to explain what is happening." Patients on various wards noted "Staff are really easy to talk to, they give really good support," "They always come and talk to me," and "Everyone's been so friendly and patient." A new mother on the Labour Ward told us, "They answered all my questions and I had a lot of questions." These comments showed that the hospital was generally very effective at informing patients about their care and treatment choices, so that they were better equipped to make informed decisions about their care.

We saw notices displayed in outpatient clinics regarding possible delays in clinics, with approximate waiting times recorded.

A small number of people spoken to were less happy with the information provided to

them, for example one person in the ED said "Things are quite slow and you don't always know why you are waiting."

People, without exception, told us that their privacy and dignity were being maintained appropriately, as one person on Coyle Ward noted "Staff are so gentle, and caring, they don't make you feel embarrassed." A patient on Mary Seacole South Ward noted "people introduce themselves, find out your name, and call you by it, they generally give you a good feeling." A patient in outpatients said that they felt they had been treated well and "the same as everyone else, despite being diagnosed with a mental health problem."

We found that single sex accommodation was provided throughout the wards/departments visited with designated toilet and bathroom facilities. The only exceptions were cubicles in the ED, and high dependency beds requiring continuous monitoring, in Nightingale Ward and the Critical Care Unit. However curtains were closed during examinations, treatments and personal care, throughout the hospital with clear signs saying 'please respect my privacy' clipping the curtains together. All people spoken to in these Wards/departments felt that they had been treated with respect and that staff promoted their privacy and dignity.

Observations throughout the hospitals showed that people were addressed in the way they preferred, and could understand, and that people were spoken to respectfully and patiently. Staff interaction with patients were generally friendly yet professional.

Throughout the Whittington Hospital, we found lots of information displayed about care, treatment and services for patients, in the form of posters and leaflets. On some wards and outpatient areas, we found feedback stations, which allowed patients, their families and carers to provide comments and suggestions electronically about their experiences of the service. Wards included staff photograph boards with the names of all regular staff, and other relevant information.

Other evidence

People gave differing accounts of the amount of information they had been provided about ward facilities. Most people advised that they had been told where the toilets were, but could not remember much more in the way of orientation. We saw copies of bespoke ward leaflets distributed to patients on Mercers Ward.

Information provided from the Trust indicated that following the Dignity and Nutrition Review conducted by CQC in April 2011, individual ward information leaflets had been developed and were in use on Montuschi, Cavell, Meyrick, Cloudesley, Mercers, Thorogood, Coyle, Betty Mansell and the paediatric ward. These were being distributed to all newly admitted patients by the ward clerks, and matrons and ward managers were monitoring this process. The Trust advised that leaflets for further wards were in development.

Staff spoken to described holistic assessment of patients' needs on admission, as one staff member noted "We try and get as much information as we can from the patient and keep them informed about what tests we are doing, why and what the results are." Staff were very aware of the need to provide choices, and advice about the consequences of decisions made. They spoke of orientating new patients particularly to toilets/bathrooms, drink machines and mealtimes.

Staff advised that an electronic referral service was available for interpreters, and that they were available within 30 minutes for most languages.

Our judgement

People are provided with appropriate information about their care, support and treatment choices. Their privacy and dignity is respected, and they are given opportunities to express their views and preferences.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Patients we asked about consent were all able to make decisions, and told us they had given verbal consent, or where appropriate had signed written consent forms for their treatment, and that they understood the treatment they had received. Parental consent for treatment was also obtained, as appropriate, in the Paediatric Accident and Emergency Department.

We asked a range of staff members in all areas of the Trust about how and when they sought consent. Staff members were generally clear about when consent was required. Most staff were aware of the need to assess capacity and include professionals and relatives in best interest meetings, when decisions needed to be made on someone's behalf. However some staff were more aware of the processes involved than others. For example on Coyle Ward, there is a link nurse to whom staff referred people who had learning disabilities. Nursing staff on Cloudesley, Mary Seacole South and Mercers Ward indicated that they had not yet received Mental Capacity Act (MCA) or Deprivation of Liberty Safeguard (DoLS) training. Where this arises more senior managers need to undertake this role.

A patient on one ward had been assessed for a DoLS safeguard, as they were assessed as not having the capacity to give consent to treatment, and were found to be at risk to themselves and others. They had been assessed as in need of restraint, and

provided with a one to one worker. However we were concerned that there were inadequate records to evidence that this form of restraint was being reviewed regularly and the patient provided with sufficient support. Once we informed the Trust of our concerns, they promptly put measures in place to ensure that this person was appropriately protected and supported.

Whilst doctors were primarily undertaking assessments of people's capacity to make decisions, there is a need for more training for nursing staff and healthcare assistants in this area.

Other evidence

We found consent forms for various procedures, in people's case notes, and these had been completed appropriately by patients and doctors. A leaflet was available within the hospital entitled 'Consenting to treatment, investigation or operation.'

None of the staff that we spoke to had had experience of treating someone detained under the Mental Health Act. However the Trust advised that they had in place an agreement with a local Mental Health Trust to provide support to such patients.

The Trust also advised that the Whittington Hospital had been a successful early implementer of the Deprivation of Liberty Safeguards and was among the first to successfully embed systems and processes to ensure that vulnerable patients were identified and appropriately assessed. They were recognised by the Department of Health for this. They advised that the Trust had appointed a dedicated senior nurse who is also a qualified best interests assessor. There is also a senior team in place to ensure that the MCA and DoLS safeguards are carried out appropriately within the hospital.

The Trust advised that there is a rolling programme for DoLS and MCA training for senior and ward nurses led by the senior DoLS officer. They noted that staff working in the areas visited, had been booked to attend training, but this had been cancelled due to insufficient numbers due to attend. They advised that the DoLS and MCA training programmes were under review at the time of the inspection, and these would now be provided over half day programmes, rather than full days, and incorporate healthcare assistants as well as nurses. They recognised that improvements could be made to ensure greater understanding by staff members and raised awareness of the care issues and the needs of patients who lack capacity.

Our judgement

The Whittington Hospital has robust arrangements in place to seek consent from people who use services, which take account of most recent guidance. However whilst doctors are primarily undertaking assessments of people's capacity to make decisions, there is a need for more training for nursing staff and healthcare assistants in this area, to ensure that they support people in line with their best interests.

Outcome 04:

Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The vast majority of patients spoken to were very satisfied with the care provided to them, and staff communication and attitudes. We saw very good practices in meeting the care and welfare needs of particular groups of patients in a person-centred manner, throughout our visits. We saw examples of staff working sensitively with people, providing life saving care in a calm manner, answering call bells or requests quickly, and working effectively as a team to support people appropriately. We saw many examples of good management on wards, and committed staff, leading to people receiving a high standard of care and support.

The most frequent positive remarks from people were about how caring the staff members were, that they felt listened to and involved in their care, that they were given information about their treatment and any options if these were available, and that staff answered any questions they had.

In the Emergency Department (ED) comments included "I was seen really quickly and linked straight up to a monitor," and "My main issue was the pain and they really quickly sorted me out with some medication that made it much more manageable." One person noted "I've been to other A&E's [Accident and Emergency Departments] and this one is the best – really good." Other patients complained about the time they were waiting, and were concerned that people coming in after them appeared to have been seen more quickly. This problem appeared to be exacerbated by the number of different pathways that people followed through the department.

The service had recently been reconfigured, following the opening of a new GP led Urgent Care Centre in June 2011. Patients were seen by a pathway navigator who attempted to direct them along the correct stream or, where relevant, away from the department to their own doctor. Staff advised that they aimed to present patients with a clinical decision within 120 minutes, with children in the paediatrics A&E usually seen within one hour. Patients were however finding the new system quite confusing. Information on waiting times showed that although it had improved on the previous year's performance, the Trust was still breaching the four hour waiting time targets set for A&E on regular occasions.

In the outpatient clinics, most patients indicated that they were happy with their care and treatment. Staff advised that there had been less people not attending appointments without cancelling first, since they had changed the letters sent to advise that if this is repeated they 'will' be discharged. Patients on some clinics also advised that they were provided with the option of having a reminder letter sent nine days before their next appointment. Staff advised that they occasionally had to cancel some scans due to overbooking. We observed one patient in a wheelchair, whose wife was very unhappy that his appointment had been cancelled that morning, despite him travelling by hospital transport. However following intervention from one of the nurses, this person was seen in clinic. Patients in another clinic indicated that they were seen even without appointments, and this was strongly appreciated.

We witnessed an altercation between two clinic care coordinators in front of a long queue for one clinic. Feedback from staff and patients indicated that this was an isolated incident, however some patients felt that the clinic would benefit from more staff. There were also complaints about waiting times from a significant minority of patients in outpatient clinics, with some patients waiting over an hour for appointments on the day of our visit. Patients were told how long they might have to wait, but were not told the reason for delays. At our request, the Trust conducted an audit of two months clinic data, indicating that approximately 15% of all outpatient clinics within the sample period were overbooked by one or more patients against the agreed clinic template.

Relatives spoke very highly of the support provided to them on the Critical Care Unit. One mother in the Neonatal Intensive Care Unit felt that infant care was excellent, but that parents did not always receive enough support, and were sometimes ignored.

The majority of mothers on maternity wards were satisfied with the care that they had received. Comments included "The aftercare here is 100%," "We've been bowled over by the care here, even though my wife is needle-phobic, she was not patronised," and "I worried about the care I'd get in the evening, but there has been lots of support." A husband advised that they had let his wife sleep whilst they looked after the twins. Mothers praised the breast feeding counsellor, and overall support that they received, and said that their partners had been made welcome, although they were unable to stay overnight on the antenatal and postnatal wards. Mothers said that they were given the choice of having a home birth or water birth, and giving birth in the new midwife led birth centre.

However a small number of mothers were unhappy with the attitude of some midwives, and the amount of time spent with them, for example one mother said that she was not given any help with the baby, so that she could have time to rest. Another felt that she

had been left alone too much, particularly at night, and another mother said "I needed more support from the midwives after the birth."

We observed the care being given to older people on a number of wards. In general people had their call bells within easy reach, and their calls for assistance were answered promptly. People generally spoke positively about the support they received, however they indicated that some staff were better at interacting with patients who needed high levels of care, than others. One person on Cloudesley Ward said that it had taken staff too long to assist them to use the toilet earlier that day, and one person said that staff were sometimes quite rough when handling them, without explaining what they were doing. Some patients indicated that the care on Cloudesley Ward was not as good at night, as during the day, largely due to the attitude of staff members. One person noted "if I ask for a blanket, I get it, but they throw it on the bed - they don't tuck you in." Some patients also said that it could be quite noisy at night on Cloudesley Ward. We observed one person being assisted with their lunch on Nightingale Ward, by a staff member who was standing, and did not interact with them very much.

A patient with sickle cell anaemia advised that they received good care on Mercers Ward, however when this ward was full, staff on other wards did not always appear to be sufficiently knowledgeable or appropriately set up to manage their condition.

Other evidence

We reviewed pressure sore care on all wards, and found this to be of a high standard. Staff members told us that they followed risk assessment processes, and worked with a tissue viability nurse to complete assessments and put in place appropriate care and treatment, including the use of pressure relieving mattresses if required. Staff advised that they would complete an incident report if a patient developed a grade two pressure sore. We saw evidence of appropriate wound care charts, assessments, equipment and regular review. Staff also described how they would arrange for pressure mattresses for patients needing them on discharge from the hospital, and liaise with families to ensure that appropriate district nurse support and social services supported was in place as needed.

Our judgement

We saw examples of excellent practice throughout the hospital with patients receiving a high standard of care and staff taking time to speak to them about their treatment. However the hospital needs to continue making improvements to managing waiting times in the Emergency Department, and Outpatients departments, and improving the care and support provided by some individual staff members in particular areas.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We observed lunch and supper being served on a number of the inpatient wards. There were protected mealtimes in inpatient areas. Most patients were quite complimentary about the food, although a number of patients remain unhappy with the options available. We found there to be a good selection of cultural options and nutritious choices including salads, vegetables and fresh fruit.

Meals observed were conducted in a relaxed and pleasant manner, with support provided to people who needed this. Staff used a red tray system to identify those needing support or encouragement to eat. Boards above each person's bed specified dietary needs/preferences (such as Halal). Drinks were available on bedside tables, within easy reach. Red jugs and beakers were in place for patients who need support with drinking. Our observations, and conversations with people on the wards indicated that the red tray and jug systems were working effectively.

We observed breakfast being served on Thorogood Ward, and noted that staff were interacting well with patients, checking that they had what they needed. One staff member, for example, was heard asking a patient 'have you got your appetite back today?' People on various wards described that staff as attentive, when offering them meals, snacks and drinks. One person noted, "It's as good as the food in private hospitals," another person said "I have so many allergies – that they give me a voucher and I go to the canteen - they wheel me down." There were some separate kitchen facilities available to religious Jewish patients on maternity wards. We witnessed a food tasting on Cloudesley ward, and high levels of satisfaction regarding food on this ward. Staff advised that food tastings are undertaken once monthly by senior staff,

during which staff taste all foods served, and consider the quality, and any areas for improvement.

Patients on the emergency admission ward (Isis) were offered a sandwich (with a choice of filling) and a yoghurt, and confirmed that drinks and snacks were available.

Several patients on various wards had concerns about the choices of food available, although some of them felt that the food had improved. One person noted "Its a lot better than it was, there's variety. They try and cater for all." Some people complained about a lack of fresh fruit and vegetables – "boiled to destruction" as one person observed. One person felt that "simple food would be better," and another complained that their food was served too cold. Another patient felt that there should be more options for drinks "– not just water."

Other evidence

Inspection of people's case notes indicated that dietary monitoring was appropriate with assessments in place, and food and fluid charts being completed for people considered at risk.

We asked the Trust for information about pureed food available, following an improvement action made at the Dignity and Nutrition review in April 2011. No patients expressed concerns about this area during this inspection. The Trust has reviewed provision of pureed meals and these are included in food tastings and are also available to meet people's religious and cultural needs.

Our judgement

Most people advised that they enjoyed the food, and that the hospital had worked hard to make improvements. The hospital caters for a wide range of dietary needs, and staff assess and monitor people's nutrition appropriately.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Most staff members we spoke to throughout our visits demonstrated a good understanding of different types of abuse that adults and children could experience, and their responsibilities in safeguarding patients from abuse. Although a significant number of them advised that they had not undertaken formal training in this area, all advised that this was addressed as part of their induction training.

Most staff members were able to tell us about how they would escalate matters if they have a safeguarding concern, and had a good understanding of records that should be maintained. Some mentioned safeguarding lead nurses and the social work department as people they referred concerns to.

Patients spoken to throughout the hospital, including the Emergency Department, felt that they were safe and secure, and did not feel anxious about the environment or the other people there.

In maternity wards, staff advised that a child protection midwife was in place, and that they also had clear procedures for addressing concerns about domestic violence, with support from social workers where relevant. Staff in maternity described undertaking three updates on child protection in the previous two years.

Other evidence

Staff advised that safeguarding children and adults, and whistleblowing policies were available on the staff intranet.

The Trust advised that 80% of eligible staff at the hospital site have received training on safeguarding adults at the time of the inspection, with ongoing training scheduled for staff in this area.

Our judgement

The Whittington Hospital has appropriate arrangements in place to safeguard people who use services from abuse.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke to said they found the hospital, toilet and bathroom facilities to be clean, and that their bedding was regularly changed. Some people also advised that they saw staff members cleaning their hands before and after caring for people.

We found that hand gels were available in all areas that we visited, including at the entrance and exit to wards and at entrances to ward bays and rooms. Gloves and aprons were also found to be widely available and were being used.

Staff members in all the areas we visited were able to tell us about steps they take to protect people from infectious disease outbreaks, including the use of isolation rooms, and appropriate nursing procedures as needed.

Staff spoken to indicated that there were sufficient domestic staff working in all areas, to maintain appropriate levels of hygiene. However, although the first floor outpatients toilets appeared to be clean, when we visited, the cleaning records posted there indicated that they had not been cleaned in the last day. On clinics 4a and 4b, staff advised that cleanliness had recently improved, with provision of more domestic support.

In the Emergency Department, a cleaning regime was in place for each cubicle after each use, and staff advised that this was the responsibility of the nurse who has been looking after the person in that room. Cleaning the bed frame and mattress was part of the routine each time the cubicle was used, with access to different mattresses if needed. Domestic workers were in place to cover the main areas, with 24 hour rotas in place. However we did notice that during a particularly busy time period, it took a while

for cubicles to be cleaned and made ready for the next patients, which could be contributing to delays.

Other evidence

We observed all areas that we visited to be clean, or in the process of being cleaned. Patient areas were also free from unpleasant odours. Staff members told us that cleaning staff did general domestic cleaning, whilst nursing staff cleaned the clinical equipment. We observed appropriate clinical waste arrangements in all areas of the hospital visited, with dedicated safe disposal containers in each treatment area. Once commodes had been cleaned they were labelled with the date and time of cleaning as appropriate. On some of the wards visited, staff mentioned lead nurses for infection control.

Staff members told us about infection control audits that were carried out on the wards, and some wards displayed the results of these audits.

The Trust's statistics on levels of hospital acquired infection indicated that they were below the targets for MRSA and Clostridium Difficile for 2011/12.

On the Neonatal Intensive Care Unit staff indicated that it would be very helpful to have access to an accelerated pathway for pathology results, as was in place at some other hospitals, as new babies had to be kept in isolation until clear swab tests were received. The Trust advised that plans are in place to introduce such a pathway for MRSA screening in November 2011, reducing the amount of time taken to receive results.

Our judgement

The Whittington Hospital has suitable arrangements in place to protect people against identifiable risks of acquiring healthcare associated infections.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

To assess the management of medicines, we visited some wards at the hospital, spoke with people who had been admitted to the hospital, and met with nurses, doctors and pharmacy staff.

All of the people we spoke with were very complimentary about how their medicines were managed. They told us that they received their medicines on time, and were not kept waiting for pain relieving medicines, even at night. They told us that staff had explained to them what any new medicines they had been prescribed were for. Leaflets were available to people about their medicines which included information on possible side effects. We saw that people being discharged from the hospital received their medicines without delays and were given verbal information and leaflets about their medicines. Pharmacists also assessed the support available once people were discharged, to help people manage their medicines once they left the hospital. Therefore people had access to information about the medicines they were being given both on the wards and when discharged.

We saw that people's medication histories, including any allergies, were checked promptly on admission and verified with other sources, such as their local doctor. We also saw that commonly prescribed medicines were kept as ward stocks to reduce delays in receiving medicines, and staff were completing records accurately, therefore systems were in place to ensure people continued to receive the medicines they were on before coming into hospital, and people were being given their medicines as

prescribed, safely and on time.

Nursing staff on all wards told us that they receive a good service from the pharmacy department. Pharmacy staff visit all wards regularly to review drug charts, order new medicines and discharge medicines, and counsel patients about their medicines. We saw that the pharmacists added supplementary information to the prescription charts to ensure patients were given medicines correctly. Nurses and doctors knew how to obtain emergency medicines out of normal working hours and how to access the on-call service so that delays in receiving medicines could be minimised.

We saw that medicines, including controlled drugs, were stored safely and appropriately labelled for the safety of people at the hospital.

Although there is a trust policy on self-administration of medicines, we were told by ward and pharmacy staff that people rarely keep and take their own medicines, but everyone we spoke with were happy with nurses keeping and administering medicines to them.

After a recent safeguarding incident with medicines, the trust has implemented a transfer form, so that when people are moved from one ward to another, staff check that their medicines are moved to the new ward to avoid medicines being left behind and being given to the wrong person. This shows that the trust has systems in place to learn from medicines incidents.

Other evidence

Staff receive medicines bulletins, including results of audits on medicines management issues, so that the handling of medicines can be improved. Medical and nursing staff also receive medicines refresher training. Therefore systems were in place to monitor and improve the quality of the service.

Our judgement

People are protected by systems which ensure they receive the correct medicines on time, and have access to a pharmacist for advice and guidance on their medication.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

Overall the vast majority of patients spoken to were very satisfied with the hospital environment throughout, although a small number of areas for improvement were raised.

We found the environment in all areas visited to be safe and suitable, although a small number of areas were in need of redecoration. In the Emergency Department, some areas had recently been refurbished. Treatment areas were clean and bright, and there was a child friendly reception, and waiting areas.

The Birth Centre was found to be furnished and decorated to a very high standard providing a very pleasant environment, with five en suite rooms, with double beds for women and their partners, and medical equipment kept in separate cupboards, so as to be unobtrusive. Four of the five rooms included birthing pools, and all included a range of equipment to facilitate active births.

None of the rooms of the Labour Ward were en suite, but two had birthing pools, and all included yoga balls, and recliner chairs for partners. Staff advised that the hospital had recently purchased new cots and breast pumps for the maternity department. We observed peeling paint on the wall and ceilings in an induction room on Caerns Ward. One bed was out of order on this ward also, which meant that one room could not be used. Both Murray Ward (antenatal) and the Labour Ward were in need of redecoration, with worn paintwork on the walls and stained and worn flooring. One patient on Murray Ward complained about the brightness of the night light outside the bay, which could not be dimmed. Two triage cubicles on Caerns did not have sinks,

and staff felt that this could present an infection control problem.

One staff member on Murray ward (antenatal) indicated that the lack of male toilet facilities meant that some male visitors used the female patient facilities, which was not appropriate. They also noted that on the rare occasions that a woman gave birth on this ward, the ward was not appropriately designed to protect their dignity (with most beds separated only by curtains.) The Trust advised that two women had given birth on Murray Ward in the last three months due to both the Labour and Birth Centre being full when the women needed to be transferred. They advised that options for the upgrade and expansion of the maternity unit, including upgrading facilities on the Labour, Cairns, Cellier and Murray Wards have been presented to the Trust Board, and are currently being considered.

In the Outpatient department, the paintwork on the walls in Clinics 4a and 4b was in need of redecoration, and the flooring was stained and worn. As one patient waiting in Clinic 4b noted, it was "in need of cosmetic surgery."

Across the wards visited, a significant number of patients complained about the absence of television or radio facilities available to them. The Trust informed us of their plans to purchase 25 television sets before Christmas 2011.

Other evidence

We found that fire extinguishers were available throughout the premises, and fire exits were clearly signed throughout.

The Trust advised that a draft programme for redecoration/refurbishment had been produced with target dates (2011-2013). Areas include theatres, public areas, staircases, rest rooms, imaging, oncology, maternity outpatients and six wards. They also advised that the Neonatal Intensive Care Unit had identified the funds (from Whittington Babies) to pay for reclining chairs however there was currently insufficient space to locate and store them. It was anticipated that this would be addressed when the unit is expanded.

Our judgement

Suitable premises are generally provided for people who use services, however some improvements are needed to facilities on the maternity wards, and outpatient clinics, and in provision of television/radio across all wards, to ensure that patients are provided with a safe, and comfortable environment as far as possible.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We did not discuss the maintenance of equipment with people using the service.

Other evidence

Staff members told us that they found the equipment they were using to be in good working order, and that the maintenance department responded promptly to requests for equipment repairs. We saw that where equipment was in need of repair, it was set aside and labelled and dated as such. Staff members advised that they had access to an equipment library, providing essential equipment when repairs were taking place.

On the maternity wards, staff showed us records of daily checks on all essential equipment. Staff on these wards advised that a new computer system had been implemented in maternity. One security monitor was out of order on Murray Ward (for the entrance to the ward) however staff advised that another monitor was available, and that this monitor had been reported for repair.

Only one electrocardiogram (ECG) machine was available for the three wards for the care of the elderly. Some staff felt that there were potential risks to this, but no problems had occurred to date. The Trust advised us that a further machine has been ordered for the Older People's Unit.

On Mary Seacole South, a pressure mattress had been requested for a patient with a grade one (minor) pressure sore, however staff advised that the appropriate

department were not answering the telephone. They advised that they would have taken this further had the pressure sore been more serious. However appropriate assessments and a turning regime were in place for this person.

Some staff in the outpatients department complained about a printer on the first floor having been out of order since July 2011, and the computer system freezing frequently. The Trust advised that there had been an issue before the summer but this had now been resolved.

Our judgement

Suitable arrangements are in place to protect people who use services and others from the risks of insufficient or unsafe equipment.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke to were generally very complimentary about the staff at the Whittington Hospital, across all the areas we visited. We spoke to a range of clinical staff of different grades, and they appeared to have appropriate background knowledge and skills for their posts.

In most areas of the hospital we visited patients and staff told us they felt there were enough staff members to look after the patients. The organisation on a number of wards was praised, particularly Nightingale Ward. One patient on that ward noted "Staff have been excellent, but I get the impression that they have a lot to do. Get the feeling they're pushed. But they never convey that to you." This was representative of what patients told us across the hospital.

In the Emergency Department, patients advised that "The staff are very friendly and helpful," and "The staff are all very approachable." One person noted "The staff do seem quite pushed, but I think there are enough." This was broadly confirmed in conversations with staff members in the department. Staff advised that since the reorganisation of the department, there had not been any changes in staffing numbers, but there was flexibility to move people around in the different areas depending where the need was. We observed this happening during our visit, as one section (majors) became very busy. Staff advised that there was at least one agency worker working on all shifts in the department. They advised that "bank staff know their way around, but that with agency it can be very time consuming as you have to keep explaining and showing them what to do."

A number of wards and departments reported having staff vacancies, but staff members told us that agency staff were rarely used, with staff shortages primarily filled by regular bank staff who knew the wards/departments well.

However staff described occasional staff shortages in several outpatient clinics, and on Cloudesley (Care of the Elderly), Murray and Cellier (Maternity) wards.

During our inspection, staff reported shortages on several outpatient clinics due to staff sickness. On the Urology and Ear, Nose and Throat clinics staff advised that communication about sickness and annual leave also sometimes resulted in cancellations of appointments for patients.

Staff in the Labour Ward advised that staffing had increased with the provision of an additional one or two scrub nurses in theatre, and increased consultant hours recently. The Trust provided information indicating that there were appropriate ratios of midwives to patients on this ward, and appropriate supervision arrangements. Audits indicated that they have achieved one hundred percent provision of one to one care in labour in recent months. From September 2011 consultant presence on the Labour ward was increased to 70 hours per week with an obstetric consultant attending the unit for five hours on a Saturday and five hours on a Sunday.

However the Senior Midwife on Murray Ward (antenatal) confirmed that staffing levels might need to be reviewed, with a third midwife being put back in place. On Cellier Ward (postnatal) one staff members said "sometimes we could do with another healthcare assistant," this was confirmed by other staff members who advised that sometimes a bank worker was provided but not always. Staff on maternity wards did note that they could usually obtain support from staff on the Labour Ward, Birth Centre or community midwives in the event of staff shortages. However midwives and healthcare assistants advised that they often had to stay late, or miss breaks due to being so busy.

Staff on both Mary Seacole Wards (Medical Assessment Units) advised that nights could be particularly busy with new admissions, but staffing levels were lower than during the day.

Other evidence

The Trust advised that the overall vacancy rate for qualified staff (including Midwives) is 6.6% or 59 whole time equivalent (WTE) vacancies across the Hospital services. They noted that there is likely to be a continual vacancy rate at around this level or above reflecting the flow of staff in and out of the organisation at any given time. They advised that the highest vacancy rates were in the Emergency Department, intensive care and theatres, and that for the medical and surgical wards collectively the figures are relatively low. The highest rate of vacancies on an individual ward was for Nightingale Ward (medical).

They advised that recruitment within the high vacancy areas is currently being undertaken. However the Emergency Department, Intensive Care and Theatres are relatively large departments so that higher vacancy rates can be more easily absorbed within the existing workforce and through using temporary staff.

The Trust advised that there are few vacancies in healthcare assistant posts. They

advised that use of agency staff is approximately 90 WTE per week which represents about 3% of the overall workforce. Of this the highest usage is of facilities support workers who amount to about 40% of the overall total. The highest use of agency qualified nursing staff is in Maternity, primarily to cover for long term sickness and maternity leave. The other high usage areas are in the Emergency Department and Theatres.

There is also a group of agency medical staff working within the Emergency Department. The Trust advised that there had been considerable difficulty in recruiting to these posts despite various attempts, leading to the use of agency staff. They noted that it is an on-going objective of the Trust to reduce agency usage to a minimum level and any requirements are subject to strict controls and permission only granted when all other options have been exhausted.

Overall the Trust noted that there is a clear policy and process in place to ensure the deployment of staff due to absence, sickness or vacancies. Ward managers inform matrons or heads of nursing when there is an unplanned reduction in staffing numbers so that appropriate actions can be taken promptly.

Our judgement

The Whittington Hospital generally has sufficient staff available to meet the health and welfare needs of people who use their services. However there is room for review of the deployment of staff in particular areas to ensure that patient needs are met effectively.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

In all areas of the hospital that we visited, staff members told us they had received induction training, and most advised that they had also received appropriate mandatory and statutory training.

Most staff members told us that they felt supported, and knew who to contact with requests they had about further developing their skills. Although staff members said they sometimes felt pressure, due to the nature of their work, no staff member told us they felt bullied at work. On one ward, and in one separate department, staff said that there had been bullying previously, but this had now been addressed by their line manager or senior management.

Staff in the Emergency Department spoke highly of the support provided by security personnel and advised that good counselling and support was offered after incidents. Staff also made reference to a dedicated anti-bullying hotline that they could access.

Midwives spoke highly of the training and support provided, including annual refreshers of mandatory training, and three study days annually including topics of breast feeding, domestic violence, child protection, postnatal and antenatal care. They advised that they had the opportunity to discuss all major cases, and learn from them, although some felt that there could be better support in place for trainees. A maternity 'message of the week,' was circulated across all maternity wards, including information about recent quality assurance audits and other important information. Midwives spoke of attending weekly peri-natal meetings, having six-monthly appraisals, and regular supervision. Student midwives had a mentor. However healthcare assistants on these

wards felt less well supported and trained. A small number of healthcare assistants across the hospital felt undervalued, and not offered sufficient training and development opportunities.

In the majority of wards/departments visited, staff advised that they worked effectively as a team to support people appropriately, and this was confirmed by patients spoken to. We also saw many examples of good management on wards, and committed staff, leading to people receiving a high standard of care and support. The ward manager on Cloudesley Ward (Care of the Elderly) was undertaking a BSC in dementia and mental health, which was considered to be very relevant in meeting people's needs on that ward.

Most but not all staff advised that they had been receiving annual appraisals however many spoke of a lack of team meetings. There were differences in the way team meetings were conducted throughout the areas we visited, with some wards having separate monthly or weekly meetings, and others including team discussions in shift handovers, or not having team meetings at all, as on the Mary Seacole Wards. Some staff felt that a lack of team meetings between Clinic Care Coordinators and nurses in Outpatients, may be resulting in divisions between the roles.

Whilst staff generally spoke highly about support from their line managers, some did not feel that senior managers understood the pressures they faced, and felt that whilst they operated efficiently, this did not always feel caring or supportive.

Other evidence

The 2010 National NHS Staff Survey (undertaken during September to December 2010) indicated that the Trust scored in the best performing 20% of trusts nationally, for a number of areas including percentages feeling satisfied with the quality of work and patient care they are able to deliver, work pressure felt by staff, opportunities to develop their potential at work, support from immediate managers, good communication between senior management and staff, and recommendation of the Trust as a place to work. However there were a significant number of areas in which the Trust scored in the worst performing 20% of trusts nationally, including percentages feeling valued by their work colleagues, effective team working, working extra hours, being appraised in the last 12 months, receiving current health and safety training, experiencing violence, harassment, or bullying, feeling able to contribute towards improvements at work, and believing the Trust provides equal opportunities for career progression or promotion.

Following on from this, the Trust has made a number of improvements to staff support including ongoing awareness raising and training programmes for equality and diversity, harassment and bullying issues, discussion of the survey results in focus groups, and agreeing action plans to address the issues.

The Trust acknowledged that the percentage of acute staff (including part-time and bank) up-to-date with mandatory training is currently 59%, with only 13% being appraised in the last year.

Our judgement

The Whittington Hospital has suitable arrangements in place to ensure that staff are competent and that their welfare needs are met. However there is room for improvement in staff appraisals and mandatory training, and management support

through provision of regular team meetings to ensure that staff are supported in their work with patients as far as possible.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Staff members we spoke to were able to tell us about the types of incidents that were reportable, and gave examples of corrective actions that have taken place as a result of reported incidents, including a number of improvements made on a ward as a result of safeguarding concerns raised. Actions taken as a result included improved management and supervision arrangements, staff disciplinary proceedings, further customer care training, implementation of new patient experience questionnaires and use of quality assurance information at team meetings.

We found that computerised feedback stations were available in many areas across the hospital. On some wards staff advised that electronic patient survey systems produced monthly reports, which were discussed at their team meetings. Quality assurance information was posted on the walls of some wards and departments including the results of audits for falls, environment cleaning, nutrition and red tray use (for people needing assistance with feeding), waterlow assessments (for prevention of pressure sores), patient satisfaction, hand hygiene, and infection rates. On some wards we found notices asking for feedback and suggestions.

Staff advised that there had been an improvement in 'visible leadership' from senior management in the Trust, with weekly visits from senior nurses on all wards for audits.

Other evidence

As of 1st April 2011, The Whittington Hospital NHS Trust and the joint NHS Haringey and NHS Islington community health services alliance had formed a new organisation,

called Whittington Health. As a result there have been a number of changes made at the clinical governance level. No concerns were expressed by staff about the impact such changes were having on patient care. The hospital is working towards achieving Foundation Trust Status by April 2014.

The Trust Board holds regular public meetings, providing the opportunity for staff, patients and the public to attend and to ask questions. The Trust Board has overall responsibility for the strategic direction of the Trust, monitoring its performance against objectives.

We requested action plans for the most recent maternity (2010), outpatients (2009), and staff (2010) surveys, and these indicated that the survey results had been taken seriously. Actions taken as a result of the maternity survey included improving information and choices about maternity care, giving women being induced the option of having their partner staying with them, provision of one to one care in labour, and addressing concerns about staff attitudes. The Baby Friendly Initiative Standards (relating to breast feeding support) stage 1 had been achieved, and the Trust was now working towards level 2. Actions taken as a result of the outpatients survey included implementing 'visible leadership,' introducing middle of day cleaning across outpatients, changes to outpatients letters on busy clinics, improving team working relationships and customer care training. Regular inspections were being undertaken by the Trust, with progress being monitored by the Trust Board.

Our judgement

The Whittington Hospital NHS Trust has a range of governance measures in place or being developed to monitor and bring about improvements in the quality of service provision to patients across the hospital.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

There are minor concerns with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Most of the people we spoke to told us they were happy with the service they or their relative had received, and had no complaints. However very few people across the hospital were aware of how to make a complaint, or had heard of the Patient Advice and Liaison Service (PALS). A few people advised that they would check on the website should the need arise.

We did see some posters about the Patient Advice and Liaison Service on some but not all wards and departments/clinics, but these were not very prominent, and few patients spoken to appeared to have seen them. There were no leaflets about the PALS service, and although some wards had posters indicating that concerns could be discussed with the matron, they did not refer to the PALS service.

Staff members told us about how they dealt with complaints, namely that they tried to resolve any issues locally or directed people to the complaints process if they wanted the matter taken up more formally.

The PALS department advised that leaflets needed updating since the organisational restructuring in April 2011, and that new leaflets would be available by Christmas. They were also planning to spend time on wards, raising the profile of PALS.

Other evidence

The Trust website includes information about how to contact the PALS department.

The PALS department provided us with the two most recent quarterly reports. We were concerned to learn that the number of complaints being responded to within 25 days, (the Trust's target) in the last quarter, was only 55%. The Trust advised that they had made changes to improve on this performance, including the introduction of a streamlined process for managing complaints, further investigator training and new templates for recording investigations. They advised that they aimed to have 85% of complaints responded to within 25 days by the fourth quarter of the year (April 2012.) They noted that approximately 99.5% of complaints were acknowledged within three days.

The reports detailed complaints relating to a wide range of wards/departments, and the Trust had identified areas for follow up accordingly. Improvements made as a result of complaints received included a review of the appointment telephone system in outpatients, changes to the maternity services so that there is now a dedicated induction unit, and more visible leadership, and customer care training across the hospital.

Our judgement

There is an appropriate system in place for identifying, receiving, handling and responding to complaints and comments, however improvements are needed in publicising the Patient Advice and Liaison Service to patients across the hospital and in improving response time to complaints received.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	Why we have concerns: The Whittington Hospital has robust arrangements in place to seek consent from people who use services, which take account of most recent guidance. However whilst doctors are primarily undertaking assessments of people's capacity to make decisions, there is a need for more training for nursing staff and healthcare assistants in this area, to ensure that they support people in line with their best interests.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: We saw examples of excellent practice throughout the hospital with patients receiving a high standard of care and staff taking time to speak to them about their treatment. However the hospital needs to continue making improvements to managing waiting times in the Emergency Department, and Outpatients departments, and improving the care and support provided by some individual staff members in particular areas.	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	Why we have concerns: Suitable premises are generally provided for people	

	who use services, however some improvements are needed to facilities on the maternity wards, and outpatient clinics, and in provision of television/radio across all wards, to ensure that patients are provided with a safe, and comfortable environment as far as possible.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	Why we have concerns: The Whittington Hospital generally has sufficient staff available to meet the health and welfare needs of people who use their services. However there is room for review of the deployment of staff in particular areas to ensure that patient needs are met effectively.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: The Whittington Hospital has suitable arrangements in place to ensure that staff are competent and that their welfare needs are met. However there is room for improvement in staff appraisals and mandatory training, and management support through provision of regular team meetings to ensure that staff are supported in their work with patients as far as possible.	
Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	Why we have concerns: There is an appropriate system in place for identifying, receiving, handling and responding to complaints and comments, however improvements are needed in publicising the Patient Advice and Liaison Service to patients across the hospital and in improving response time to complaints received.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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