

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Royal Brompton Hospital

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services



Met this standard

Complaints



Met this standard

Details about this location

Registered Provider	Royal Brompton and Harefield NHS Foundation Trust
Overview of the service	The Royal Brompton & Harefield NHS Foundation Trust consists of two hospitals working in partnership to provide specialised treatment for heart and lung disease. The Trust is the largest heart and lung centre in the UK. The Royal Brompton location is a 295 bedded hospital providing specialist care and treatment for heart and lung disease. The service treats adults and children.
Type of service	Acute services with overnight beds
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by other regulators or the Department of Health.

Last reports

What people told us and what we found

During the inspection we visited six inpatient wards at the Royal Brompton hospital. We also visited the adult and children's outpatient departments. Patients who used the service told us that they were given information about their care and treatment before they underwent procedures. They said that staff was "very professional", "welcoming" and "very attentive". The majority of patients told us that staff were "fantastic" and that the overall care at the Royal Brompton hospital had been "excellent".

Patients told us they where knew the name of the staff member looking after them. Some people had regular visits to the Royal Brompton hospital for ongoing treatments, comments from patients included "the staff are so welcoming, home from home" and "I am provided with excellent care from staff". The patients informed us that prior to discharge staff would discuss all relevant areas of ongoing care and support required, including medication that is discussed with the pharmacist.

Patients reported that they were aware of how to complain if they wanted to. The majority of people told us that they would initially discuss any issues with staff on duty. We observed that information on how to make a complaint was on display in all areas we visited. This included how to make a complaint through the Patient and Liaison Services (PALS) located at the Royal Brompton hospital.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The majority of patients told us that staff were "fantastic and very attentive" and that the overall care had been "excellent". All patients spoken with confirmed that they had been cared for in single sex bays throughout their stay at the hospital.

The majority of patients knew the name of the member of staff looking after them. All comments provided were very positive. Patients informed us that prior to discharge relevant staff discussed all relevant areas of ongoing care and support required, including medication.

There was evidence that risk assessments were completed for all patients as part of the admission procedure. Risk assessments were carried out in relation to people's nutrition, hydration, skin integrity and mobility. Staff we spoke with explained the risk assessments and how the patients were continuously monitored.

We observed staff working closely with patients on all wards visited. All staff were wearing a name badge, on some of the wards visited there were photographs on display of the team working on that ward.

Staff informed us that discharge planning discussions took place with the patient, consultant and all other relevant health and social care professionals. There was evidence that discharge planning procedures were followed before a patient was sent home.

Staff told us that there was an electronic incident reporting system in place. All information was recorded and any actions required were implemented and monitored by senior staff. Risk and Patient Safety reports were produced and reported to the trust's board. The Trust undertook audits in relation to patient safety and incidents. These provided evidence on how they were continuously monitoring and improving patient care.

The trust provided evidence of action taken in response to patient safety alerts issued by the National Patient safety Agency (NPSA).

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that information on how to make a complaint was on display on patient notice boards. We also saw information on the Patient and Liaison Services (PALS) information. The PALS office was situated close to the main building reception where it was accessible to people. Staff informed us that they would provide patients with details of how to make a complaint and provided (PALS) leaflets in a pack when they visited the Trust.

Staff told us that patients and their representatives would usually speak to their designated nurse to report any issue in the first instance. If they could not resolve the issue, the complaint would be escalated to senior staff. There was a monitoring system used at the Royal Brompton to record the actions taken by staff and to ensure that timescales were met.

The Trust had received a total of 101 complaints from 1 April 2011 to 31 March 2012. The majority of complaints were resolved within the 25 working day target for the Trust. The Trust had information that informed how they had analysed complaints and put action plans in place to improve patient services.

The Patient and Liaison Services (PALS) services received 533 complaints between 2011 and 2012.

Staff told us that they attempted to resolve complaints directly at the time they were raised and patients and their families were happy with the outcomes. The (PALS) staff monitored complaints for themes and reported this information to senior staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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