University Hospitals of Leicester NHS Trust

Leicester Royal Infirmary

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected Leicester Royal Infirmary on the evening of 30 November 2015 as part of a focused inspection. This was an unannounced inspection where we looked at the provision of services in the Emergency Department (ED). We undertook this focused inspection because we were concerned aboutpotential risks to patient safety in the ED.

We inspected the majors area, resuscitation and assessment areas of the ED. We did not inspect paediatric ED, the minors area or the Urgent Care Centre as part of the unannounced inspection. Our inspection focused on the key question of safe for Urgent & Emergency Services delivered at the ED.

We did not inspect any other services provided at Leicester Royal Infirmary, which is part of the University Hospitals of Leicester NHS Trust (the trust).

We inspected but have not rated the key question of safe for Urgent & Emergency Services delivered at the ED, Leicester Royal Infirmary. However, we found the delivery of services in the areas we inspected was inadequate.

Our key findings were as follows:

- The skill mix of nursing staff in ED was not always appropriate to meet the health, welfare and safety of patients attending ED.
- When the assessment bay was full to capacity, some patients remained on ambulances and the responsibility for on-going clinical care remained with the ambulance crew until such time that handover could be completed. We were therefore concerned that patients were not being handed over in a timely manner.
- The trust did not have an effective system in place to ensure patients received appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED in line with best practice.
- The trust failed to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of escalating Early Warning Scores. In addition, staff were not always appropriately escalating elevated Early Warning Scores in a timely manner.
- Documentation of records was variable for patients in different areas of ED.
- We observed some good practice such as staff following hand hygiene, 'bare below the elbow' guidance and wearing personal protective equipment such as gloves and aprons, whilst delivering care. However we also saw one incident where a patient's personal care was not delivered in line with infection control best practice.

We found there were areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The trust must operate an effective system which will ensure that all patients attending the Leicester Royal infirmary Emergency Department (ED) have an initial clinical assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the ED in such a manner that is in line with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" ("the CEM standard") dated April 2011, or such other recognised professional processes or mechanisms as the Registered Provider commits itself to.
- The trust must ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff with sufficient skills in the Leicester Royal Infirmary ED to ensure people who use the service are safe and their health and welfare needs are met.
- The registered provider must ensure that there is an effective system in place to deliver sepsis management, in line with the relevant national clinical guidelines. So as to identify patients with sepsis, stratify sepsis risk, determine appropriate levels of care and treatment and continue to provide appropriate care and treatment for patients with sepsis attending Leicester Royal Infirmary ED.

Summary of findings

Following our unannounced inspection and because of our concerns about potential risks to patient safety in the ED, we issued an urgent Notice of Decision to the trust on 4 December 2015. The Notice of Decision imposed conditions on the trust's registration as a service provider under S31 of the Health and Social Care Act 2008. The trust did not challenge or appeal the findings from our inspection. The trust has fully co-operated with CQC and continues to report to CQC in line with the requirements of the Notice of Decision.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Urgent and emergency services		We inspected but have not rated the key question of safe for Urgent & Emergency Services delivered at the ED, Leicester Royal Infirmary. However, we found the delivery of services in the areas we inspected was inadequate because; • The trust did not have an effective system in place to ensure patients received appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED in line with best practice, • The trust failed to operate an effective system to ensure that the nursing skill mix within ED was appropriate, • The trust failed to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of escalating Early Warning Scores. In addition, staff were not always appropriately escalating elevated Early Warning Scores in a timely manner.

Leicester Royal Infirmary

Detailed findings

Services we looked at
Urgent and emergency services

Detailed findings

Contents

Background to Leicester Royal Infirmary

University Hospitals of Leicester NHS Trust is a teaching trust that was formed in April 2000 through the merger of Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary. The trust is not a foundation trust and this inspection was not part of a foundation trust application. Leicester Royal Infirmary provides acute services for the people of Leicester, Leicestershire, Rutland and the surrounding areas.

The trust was last inspected in January 2014, when the overall rating was requires improvement. Leicester Royal Infirmary was also found to require improvement after it was inspected in January 2014. The accident and emergency services at Leicester Royal Infirmary required improvement, along with the key question of safe for these services.

We inspected Leicester Royal Infirmary on the evening of 30 November 2015 as part of a focused inspection. This was an unannounced inspection where we looked at the provision of services in the Emergency Department (ED). We undertook this focused inspection because we were concerned about potential risks to patient safety in the ED.

We did not inspect any other services provided at this hospital.

Our inspection team

Our inspection team was led by:

Inspection Manager: Yin Naing

The team included two CQC inspection managers and two CQC inspectors.

How we carried out this inspection

We undertook an urgent unannounced, focused inspection of the Emergency Department (ED) at Leicester Royal Infirmary on 30 November 2015 following concerns about potential risks to patient safety in the ED. These included concerns related to delays in ambulance hand over times, and the capacity and flow of patients through the ED.

We inspected the majors area, resuscitation and assessment areas of the ED. We did not inspect the paediatric ED, the minors area or the Urgent Care Centre as part of the unannounced inspection. Our inspection focused on the key question of safe for Urgent & Emergency Services delivered at the ED.

Detailed findings

During our inspection we spoke with seven members of staff including ED nurses, doctors and senior managers. We spoke with four patients and four relatives.

As part of our inspection we used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experience of people who could not speak with us. We observed interactions between patients and staff, considered the environment and looked at ten sets of patient care records. We also reviewed the trust's ED performance data.

Facts and data about Leicester Royal Infirmary

The Leicester Royal Infirmary has 949 beds and provides Leicestershire's only Emergency Department (ED) service. The ED provides a 24 hour, seven-day a week service.

The ED at the Leicester Royal Infirmary was originally built for 100,000 attendances. Between November 2013 and October 2014, 211,505 patients had attended the ED. The number of patients seen in ED the following year, between November 2014 and October 2015, was 217,832 patients. This was an increase of 6,327 patients.

Urgent and emergency services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The Emergency Department (ED) at the Leicester Royal Infirmary consists of minor injuries, major injuries (Majors), resuscitation, an assessment area and a paediatric ED. An emergency decision unit, acute frail elderly unit and medical assessment unit were also part of the emergency care directorate.

In November 2015, the trust took responsibility for the Urgent Care Centre (UCC) which had previously been run by another provider. The UCC provides a triage and urgent care service for walk in patients. The UCC service assesses patients to determine the most appropriate service to meet the patients' needs. Patients can be referred to their own GP, treated at the UCC or sent to ED.

We inspected Leicester Royal Infirmary on the evening of 30 November 2015 as part of a focused inspection. We inspected the majors area, resuscitation and assessment areas of the ED. We did not inspect the paediatric ED, the minors area or the Urgent Care Centre.

This was an unannounced inspection where we looked at the provision of services in the Emergency Department (ED). We undertook this focused inspection because we were concerned about potential risks to patient safety in ED.

We did not inspect any other services provided at this hospital.

Summary of findings

We found the delivery of services in the areas we inspected was inadequate. Safety in the Emergency Department (ED) at Leicester Royal Infirmary was compromised because there were delays in handover times from ambulance crews to the ED team. Patients were not always triaged within the national triage target and the trust's operational policy, which was for all patients to receive an initial clinical assessment of their condition within 15 minutes of arrival at the ED.

Staff were not always appropriately reporting deteriorating Early Warning Scores (EWS) in a timely manner. [EWS is a scoring system based on a patient's vital signs such as temperature, heart rate, respiratory rate and blood pressure which objectively determines how poorly a patient is and indicates actions that should be taken. A score of zero indicates observations are within normal range]. We reviewed the records for seven patients in the resuscitation area of the ED and found that four of these patients had triggered for two of the systemic inflammatory response syndrome (SIRS) criteria but these patients had not been reported to a senior clinician or commenced on the trust's sepsis clinical care pathway.

In addition, appropriate steps had not been taken by the trust to ensure there were appropriate numbers of suitably qualified, skilled and experienced staff on duty at all times in ED. The trust had not followed its policies for the induction and training of nursing staff employed to work in the ED via nursing agencies.

Urgent and emergency services

Nursing staff did not always follow appropriate procedures when administering medication to patients and patients were at increased risk of experiencing a medication error.

Are urgent and emergency services safe?

We inspected safety in the Emergency Department (ED) at Leicester Royal Infirmary and found the delivery of services in the areas we inspected was inadequate because;

- The trust did not have an effective system in place to ensure patients received appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED in line with best practice,
- The trust failed to operate an effective system to ensure that the nursing skill mix within ED was appropriate,
- The trust failed to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of escalating Early Warning Scores. In addition, staff were not always appropriately escalating elevated Early Warning Scores in a timely manner.

Incidents

- Staff we spoke with knew how to report incidents but did not specifically report delayed handover times and delays in the flow through the emergency department (ED) as incidents.
- Following our inspection we asked the trust to provide us with any information relating to serious incidents within the ED from 1 February 2014 to 30 November 2015. The trust reported there had been eight serious incidents requiring investigation in this period of time. These serious incidents had been increasing over time with three taking place between May 2014 and January 2015 and five taking place between April 2015 and July 2015. However, no serious incidents had been reported between August 2015 and November 2015.
- Two of the serious incidents related to delays in patient care due to the department being over capacity. One incident identified there had been no senior review of a patient in the assessment bay. A fourth incident related to the leakage of sewerage through the ceiling of the resus department leading to the evacuation of six patients from resus to the majors area of the ED.
- Of the eight serious incidents, four related to sepsis management. Two incidents related to a failure of staff to recognise sepsis or the severity of sepsis. Another

incident related to a failure to escalate deteriorating vital signs in line with Early Warning Score (EWS) criteria. One incident related to a misdiagnosis of sepsis by a junior doctor when the patient had a blood clot in their leg which travelled to their lung.

- We saw a full investigation had been undertaken for each of these incidents including a root cause analysis (RCA). In addition, an action plan was drawn up with actions assigned to responsible clinicians. We did not however, see any evidence of on-going monitoring of the action plans or any indications of the actions being signed off at the appropriate date.
- Serious incidents were discussed at the trust's Executive Quality Board (EQB) Meetings. Following our request for further information the trust shared with us an extract from the November 2015 (EQB) meeting where two serious incidents relating to the ED had been discussed with actions being documented.
- At the time of our unannounced inspection, the ED at the Leicester Royal infirmary was on an internal major incident due to capacity and flow issues in ED. Senior staff told us this was happening on at least a weekly basis.
- When we arrived at the ED we saw a red light was visible outside the ambulance arrivals area. The red light was an indication that the assessment bay was at full capacity. This meant the assessment bay did not have the ability to receive further patients. Under these circumstances patients remained on the ambulance where an ambulance crew member maintained responsibility for the patient. As space became available in the assessment bay, patients were brought in from the waiting ambulance in order of clinical priority.

Cleanliness, infection control and hygiene

- We observed some good practice such as staff following hand hygiene, 'bare below the elbow' guidance and wearing personal protective equipment such as gloves and aprons, whilst delivering care.
- Sanitising hand gel was available for staff to use as required.
- During our unannounced inspection we saw an incident where a patient was receiving support with personal care. This was taking place behind closed curtains to respect the privacy and dignity of the patient. However, we saw the patient's continence pad and a sheet had been placed on the floor at the foot of the trolley. A nurse came from behind the curtains to put the pad in a bin. When the curtains were pulled back the sheet that had been placed on the floor had been used to re-cover the patient.

Environment and equipment

- We looked at emergency resuscitation trolleys within the majors department and found the trolleys had been checked daily with the exception of three dates between September 2015 and November 2015.
- Staff were able to access equipment as required.
- We observed the environment within the ED at the Leicester Royal Infirmary was chaotic and overcrowded during our unannounced inspection. Medical and nursing staff expressed that lack of space, high in-flow and low out-flow of patients made flow through the department very difficult. There was insufficient space and bays in which patients could be assessed. There were five red bays in the middle of majors on which patients requiring a trolley waited until a bay became available.

Medicines

- Nursing staff did not always follow appropriate procedures when administering medication to patients. During our unannounced inspection we observed an agency nurse in the resuscitation area administer a sliding scale insulin infusion to a patient without having the infusion checked by a second nurse and without checking the patient's identification. The patient did not have a wrist band on. This meant patients were at increased risk of experiencing a medication error. The nurse in charge of the resuscitation department told us this was because the department was busy.

Records

- The department used paper patient records. We reviewed ten sets of patient records; seven within the resuscitation department and three in the majors department of the ED. We found variations in the completeness of records.
- We found that all patient records had been signed and dated and the name of the doctor or the nurse reviewing the patient was clear on all sets of records in the resuscitation area. However, the name and grade of the doctor or nurse was not clear on the three sets of records we reviewed in majors. Patient allergies were documented on all of the records we reviewed.

- Appropriate analgesia had not always been prescribed or administered in a timely manner. Out of the ten sets of records analgesia was not required for five patients. Of the other five patients, only one patient had appropriate analgesia prescribed and administered in a timely manner.
- Of the ten patient records we reviewed, 50% of patients had no documentation relating to assessment of their pressure areas and 50% demonstrated evidence of hourly comfort rounds being undertaken. None of the patients we reviewed had a waterlow score completed. Waterlow scales are used to assess a person's estimated risk of developing pressure ulcers. 20% of patients had not had their observations recorded within appropriate timescales.

Assessing and responding to patient risk

- The trust did not have an effective system in place to ensure patients received an appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED. We reviewed the records for three patients in the majors department and found the time from arrival to initial clinical assessment by a qualified health care professional varied between 75 minutes and 212 minutes. We also reviewed the records for seven patients in the resuscitation area and found that two of these patients had not been assessed by a qualified health care professional within 15 minutes of presentation to the ED. A third patient in the resuscitation area did not have a time of arrival recorded, so there was no way of knowing the length of time this patient had waited to be assessed.
- When we arrived in the ED, the head of service told us there were 89 patients in the ED with 17 patients waiting for a clinical assessment. Information provided from the trust indicated that between 7pm and 8pm there were 93 patients in the department and 47% of these patients were still waiting to be assessed with a maximum wait time of 290 minutes. Two patients were not able to access the ED and were being held on ambulances until there was space for them within the ED. The head of service told us this had been a knock on effect because there had been a high number of attendances at the department earlier in the day.
- During our unannounced inspection we looked at ten sets of patient records. We found that patients were exposed to the risk of avoidable harm because staff were failing to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of deteriorating Early Warning Scores (EWS). In addition, staff were not always appropriately escalating deteriorating EWS in a timely manner.
- We reviewed the records for seven patients in the resuscitation area of the ED. We found that four of these patients had triggered for two of the systemic inflammatory response syndrome (SIRS) criteria but these patients had not been escalated or commenced on the trust's sepsis clinical care pathway. One of these patients triggered on two of the SIRS criteria on two occasions, however, the EWS for this patient had not been documented and the patient had not been screened for sepsis. A second patient triggered on two of the SIRS criteria, however, when a second set of observations had been undertaken for this second patient no temperature had been recorded. The patient had blood cultures taken, a urine dip and a chest X-ray were also undertaken but this second patient was not screened for sepsis. This meant staff within the ED were putting patients at risk as they were not following the trust's sepsis clinical care pathway. We brought this to the immediate attention of senior staff within the department.
- We saw another patient within the majors area of the ED who was suspected as having had a stroke. The patient told an inspector they were thirsty and that they wanted a drink. The patient's lips and mouth were dry and the patient looked uncomfortable. We raised this immediately with the nurse who was supporting the patient. On looking at the patient's assessment records, the patient had been assessed by the stroke team but there was no documentation relating to whether the patient was able to eat or drink. In addition, the patient had not been prescribed intravenous fluids. This patient was at increased risk of dehydration because their ability to take fluids had not been assessed.
- We reviewed the records of ten patients in the ED. None of the patients whose records we reviewed were assessed for their risk of developing pressure ulcers.

Nursing staffing

- The trust was failing to operate effective systems to ensure appropriate nursing skill mix within the

emergency department. During our unannounced inspection we noted the most senior nurse in charge within the resuscitation area of the department was a Band 5 nurse. We received information from the trust after our inspection which confirmed this.

- We also noted one agency nurse, who had not worked in ED before, had not received an induction to the department on the day of our inspection.
- During our unannounced inspection we observed a nursing handover from the day staff to the incoming night staff. A shift allocation list was circulated and staff ticked their name on the list to indicate their presence. Nursing staff were asked what their skills sets were in order that they could be allocated to an area to work. The nurse in charge was heard to ask agency staff whether they could suture and asked "who fancies working in resus?" The nurse in charge told us "it is common not to have the correct skill mix."

Medical staffing

- At our unannounced visit we spoke with the head of service, who was an ED consultant. They told us they had been in the department from 10am until 4.30pm and had come back in from 7pm until 11.30pm. The head of service told us this was a regular occurrence which ensured they had oversight of the service within ED.
- The head of service and medical staff we spoke with during the unannounced inspection told us medical staffing in ED was reviewed daily and for each shift. We were told if there were vacancies in medical staffing in ED, attempts were made by the department to fill gaps with additional medical staff from the ED or locum doctors. ED senior management staff confirmed locum doctors who worked in ED were long-term locum doctors who had experience of working in the department. We received information from the trust after our inspection which confirmed this.

Are urgent and emergency services effective?
(for example, treatment is effective)

Are urgent and emergency services caring?

Are urgent and emergency services responsive to people's needs?
(for example, to feedback?)

Are urgent and emergency services well-led?

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The trust must operate an effective system which will ensure that all patients attending the Leicester Royal infirmary Emergency Department (ED) have an initial clinical assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the ED in such a manner that is in line with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" ("the CEM standard") dated April 2011, or such other recognised professional processes or mechanisms as the Registered Provider commits itself to.
- The trust must ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff with sufficient skills in the Leicester Royal Infirmary ED to ensure people who use the service are safe and their health and welfare needs are met.
- The registered provider must ensure that there is an effective system in place to deliver sepsis management, in line with the relevant national clinical guidelines. So as to identify patients with sepsis, stratify sepsis risk, determine appropriate levels of care and treatment and continue to provide appropriate care and treatment for patients with sepsis attending Leicester Royal Infirmary ED.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Section 31 HSCA Urgent procedure for suspension, variation etc. Section 31 (2) (a) The trust has failed to demonstrate that it is implementing an effective system in place so as to ensure; · an appropriate skill mix to provide a safe standard of care to patients who require care and treatment within the ED at the Leicester Royal Infirmary, · patients receive an appropriate clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED at the Leicester Royal Infirmary in line with best practice, · patients did not always receive care and treatment in accordance with the trust's sepsis clinical pathway. The Care Quality Commission has urgently imposed conditions on the trust's registration, in respect of the Emergency Department at the location Leicester Royal Infirmary, in order to protect patients who will or may be exposed to the risk of harm.