

North West London University Healthcare NHS Trust Ealing Hospital

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.

Ratings

Overall rating for this hospital

Requires improvement



Urgent and emergency services

Inadequate



Medical care (including older people's care)

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

We undertook this focused inspection to follow up on the concerns identified in two Section 29A Warning Notices served in July 2018, following an inspection of the trust in June 2018. The warning notices set out the following areas of concern, where significant improvement was required:

In urgent and emergency services:

- We were not assured that the department had the appropriate environment and equipment to care for children. The paediatric resuscitaire had been left unplugged.
- Paediatric medications were not managed and stored safely and were not assured that staff consistently knew where they were in the department.
- Though there was no paediatric emergency service, the department was treating children who attended the department though they were equipped and registered only to stabilise and transfer paediatric patients.

In medical services:

- We were not assured that risk was adequately assessed for service users on medical wards. There were incomplete and incorrectly tallied risk assessments in patient admissions booklets.
- Staff did not follow policies and procedures to manage medicines in the care of the elderly ward and the acute medical unit (AMU). There were expired medicines on the wards and they were left unattended. Fridge temperature checks were not regularly recorded and no action was taken when temperatures went out of range. Medicines were left in drugs trolleys following administration and were not consistently disposed of.
- There were not adequate numbers of suitably qualified staff on medical wards. Vacancy, turnover and sickness rates were above the trust target.
- Medical outliers were not adequately tracked and were missed on ward rounds.

Our key findings were as follows:

- The trust had made significant steps to address the concerns raised by CQC at the last inspection, including a detailed action plan, and had met the concerns raised in the warning notices.
- The emergency department had moved all paediatric medications to the drugs cupboard and had ensured that all staff knew where they were.
- The medical department had taken steps to improve nursing staff recruitment and retention and had improved the completion of patient notes.

However, there were also areas of poor practice where the trust needs to make improvements:

- There was still not adequate signage in the emergency department to alert patients that there was no paediatric service in the department.

Professor Edward Baker
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	Inadequate 	<ul style="list-style-type: none">We have not reviewed the rating for this service because of the limited focus of this inspection. The rating therefore remains inadequate overall.
Medical care (including older people's care)	Requires improvement 	<ul style="list-style-type: none">We have not reviewed the rating for this service because of the limited focus of this inspection. The rating therefore remains requires improvement overall.

Ealing Hospital

Detailed findings

Services we looked at

Urgent and emergency services and Medical care (including older people's care).

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to Ealing Hospital	5
Our inspection team	5
How we carried out this inspection	5
Facts and data about Ealing Hospital	6
Our ratings for this hospital	6
Findings by main service	7

Background to Ealing Hospital

Ealing Hospital was first inspected as part of a comprehensive core service inspection in 2014. Both the maternity services and critical care services were rated as requires improvement.

At the most recent comprehensive inspection of Ealing Hospital in June 2018 medical care was rated requires improvement and urgent and emergency services were

rated inadequate. We found serious problems with both services including in medicines management, the use of environment and equipment, staffing figures and assessing and responding to patient risk.

Due to these serious concerns we took immediate enforcement action and issued a section 29A warning notice to the trust. The trust was required to submit a detailed action plan outlining how these concerns will be mitigated, and this inspection was undertaken to review the progress made.

Our inspection team

The team that inspected the hospital included a CQC inspector and inspection manager. The inspection team was overseen by Terri Salt, Interim Head of Hospital Inspections for London North.

How we carried out this inspection

We conducted this inspection unannounced on 9th January 2019. Our focus was the action plan submitted after the 29A warning notices.

We visited the emergency department, two medical wards and the acute medical unit.

During our visit we spoke with approximately seven members of staff, including ward managers and nurses.

Detailed findings

Facts and data about Ealing Hospital

Ealing Hospital is a district general NHS hospital in west London serving the London Borough of Ealing. The hospital is part of a trust that employs more than 9,000

clinical and support staff to provide a range of services including maxillofacial, orthopaedics, neurology, cardiology, paediatrics, elderly care and rehabilitation services.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Medical care	Inadequate	Requires improvement				
Overall	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Urgent and emergency services

Safe	Inadequate 
Effective	Requires improvement 
Caring	Good 
Responsive	Requires improvement 
Well-led	Inadequate 
Overall	Inadequate 

Information about the service

The emergency department at Ealing hospital is located alongside an Urgent Care Centre (UCC). The UCC at Ealing hospital is not managed or staffed by staff from London North West Healthcare Trust and was not inspected as part of the inspection in June 2018. The emergency department at Ealing is made up of separate areas including majors, resuscitation, and the clinical decision unit.

Summary of findings

This was a follow up inspection of the urgent and emergency services to assess whether the trust had made sufficient progress in response to the Section 29A warning notice issued in June 2018. We judged that significant progress had been made. We judged the requirements of the warning notice had been met.

We have not reviewed the rating for this service because of the limited focus of this inspection. The rating therefore remains inadequate overall.

At our initial inspection in June 2018, we were concerned that the resuscitaire was not left plugged in. The department was treating children when the hospital was not commissioned to do so and that there was inconsistent knowledge of where paediatric emergency medicines were kept in the department.

We found:

- There was now a sticker on the resuscitaire to remind staff to plug it in after testing and that there was an alarm system which alerted staff if the equipment was left unplugged.
- There were now signs in the department to inform patients that the hospital could only stabilise children and not treat children. However the trust still needs to make further improvements to these.
- The emergency department had moved all paediatric medications to the drugs cupboard and had ensured that all staff knew where they were.

Urgent and emergency services

Are urgent and emergency services safe?

Inadequate



Environment and equipment

- At the previous inspection, we found that the resuscitaire had not been plugged in, meaning there could have been a delay in using this piece of equipment had the need arisen in an emergency. At the time the trust informed us that this had been the result of human error following a machine test. At this inspection we found there was now a sticker on the machine reminding staff to plug it in back in after testing. There was an alarm system which alerted staff if the equipment was unplugged.
- The emergency department had one paediatric resuscitation bay. Staff we spoke with told us that where possible this was kept free for children although it might be used for adults if the resuscitation bay was full.

Assessing and responding to patient risk

- At the previous inspection, we found that the department was treating children, despite having no paediatric service, rather than stabilising them and transferring to a paediatric emergency department. A notice of decision was issued to the trust at the time.
- At this inspection we were shown evidence that 16 children under the age of 16 had attended the department in the last six months. We saw that all 16 had been appropriately stabilised and transferred to other hospitals in the area or departments within Ealing Hospital in line with the paediatric care pathway.
- We heard that all children attending the department were reviewed at weekly management meetings and each case was investigated to ensure the correct pathway was followed. The paediatric pathway detailing the process to stabilise and transfer patients was displayed in the department. There was an updated policy on the treatment of children which

staff could access in a folder and on the trust intranet. All staff had signed a sheet in the front of the folder to acknowledge that they were aware of the updated policy.

- The service had placed a notice in the resus area informing patients that the department was not a paediatric service. However, there were no such signs in the reception or waiting areas of the department which would have informed patients on arrival.

Medicines

- At the previous inspection we found that staff did not have consistent knowledge of where paediatric emergency medicines were kept in the department. On this inspection managers we spoke with informed us that this had been the result of a poorly communicated change in location of the medicines from the paediatric grab bag to the drugs cupboard. Some staff who had been away when the location was changed did not know where the drugs were and reflected this to inspectors. Staff we spoke with on this inspection knew where the drugs were kept.
- The drugs cupboard was kept locked in a room which required an access card to enter. There were neonatal and paediatric drug boxes and a paediatric intubation box. These boxes were checked daily by ward staff and the pharmacy department also did their own checks.

Are urgent and emergency services effective?

(for example, treatment is effective)

Requires improvement



Competent staff

- To test staff understanding of paediatric care in the department, managers had started issuing a monthly quiz to random members of staff. In response to incorrect or incomplete answers, managers included more information about that area in the weekly staff communications.

Are urgent and emergency services caring?

Urgent and emergency services

Good 

This inspection was confined to follow up the warning notice and we did not gather evidence for this question.

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

Requires improvement 

This inspection was confined to follow up the warning notice and we did not gather evidence for this question.

Are urgent and emergency services well-led?

Inadequate 

This inspection was confined to follow up the warning notice and we did not gather evidence for this question.

Medical care (including older people's care)

Safe	Inadequate	
Effective	Requires improvement	
Caring	Requires improvement	
Responsive	Requires improvement	
Well-led	Requires improvement	
Overall	Requires improvement	

Information about the service

Medical services involve assessment, diagnosis and treatment of adults by means of medical interventions rather than surgery. The medical care service at Ealing Hospital provides care and treatment for care of the elderly, cardiology, respiratory medicine, gastroenterology, infectious diseases, clinical oncology, and general medicine. Ealing Hospital has 304 medical inpatient beds located across 13 wards and units. Admissions for the top three medical specialties were General medicine (27,345 admissions), gastroenterology (26,799 admissions), and clinical haematology (6,118 admissions).

Summary of findings

This was a follow up inspection of the urgent and emergency services to assess whether the trust had made sufficient progress in response to the Section 29A warning notice issued in June 2018. We judged that significant progress had been made. We judged the requirements of the warning notice had been met.

We have not reviewed the rating for this service because of the limited focus of this inspection. The rating therefore remains good overall.

At our initial inspection in June 2018, we found incomplete risk assessments in admission booklets, and when they were completed we found tallied risk scores were incorrect. We found poor checking of fridge temperatures and a lack of action taken when they were recorded to be out of range, we also found out of date medication. Staff vacancy rates were found to be higher than the trust target.

We found:

- New and improved admission booklets that set out clear areas for completion.
- Daily checking of fridge temperatures.
- A new sticker system for liquid medication to indicate the date of opening.
- No expired medication.
- The medical department had taken steps to improve nursing staff recruitment and retention.

Medical care (including older people's care)

Are medical care services safe?

Inadequate



Assessing and responding to patient risk

- At the previous inspection, we found that risk assessments in admissions booklets were not completed. Where they were completed, we found examples of incorrectly tallied risk scores. At this inspection we examined 18 sets of patient records and saw that documentation including venous thromboembolism (VTE) assessments, malnutrition universal screening tool and national early warning scores, and skin integrity charts were completed correctly in almost all cases. In two sets of notes, VTE assessments had not been completed and there were notes requesting doctors to fill them in.
- Three sets of notes we examined contained confusion care pathways, which are tools for supporting the care and treatment of patients with dementia or delirium, and we saw that these were followed and reviewed by the appropriate staff.
- A new admissions booklet had been provided at medical wards at Ealing Hospital. Staff we spoke with told us that these booklets more clearly showed what needed to be filled out when patients were admitted and it was easier to see where assessments had not been completed.

Medicines

- At the previous inspection, we found that the temperature of medicine fridges in the acute medical unit (AMU) were not always consistently recorded and no action was taken where the temperature was recorded as out of range. At this inspection we looked at fridge temperature records for the six months prior to inspection and saw that daily checks were carried out consistently.
- At the previous inspection, out of date medicines were found on medical wards, including controlled drugs. At this inspection we found that wards had instigated a new sticker system for liquid medications with the

date that the drug was opened recorded on the packaging. The department no longer used drug trolleys to store medicines and all were now stored in the drugs cupboard.

- The trust action plan following inspection showed that there were no monthly medicine stock checks across all medical wards to ensure expired medicines and those belonging to patients no longer on the ward were disposed of. Staff we spoke with informed us that these checks now took place and that expired medicines were now more effectively tracked and disposed of. We corroborated this with our observations and there were now no expired medicines on the wards we visited or the AMU medicines cupboard. We saw that medicines were kept behind a locked door requiring key card access and were not left unattended in wards.

Nursing staffing

- At the previous inspection, we found that staff vacancy rates were consistently higher than the trust target on medical wards and shifts were sometimes left unfilled meaning there were gaps in the rotas.
- At this inspection we found that there were no longer widespread gaps in medical rotas. Service managers had instigated a weekly early escalation meeting to deal with uncovered shifts. There was a new standard operating procedure to ensure staffing levels met the requirements to deliver level two care when necessary.
- The service had developed a new recruitment strategy which included rolling recruitment interview days, targeted online recruitment adverts, open days and new rotational schedules and development pathways.
- Data provided by the trust for this inspection showed that the vacancy rate in the six months prior to inspection was 16.5% on average. This remained above the trust target of 11%.
 - The turnover rate was 18% on average, higher than the trust target of 13%. The sickness rate was 4.3%, slightly higher than the trust target of 4% but this metric had improved significantly since the previous inspection.

Are medical care services effective?

Medical care (including older people's care)

Requires improvement 

This inspection was confined to follow up the warning notice and we did not gather evidence for this question.

Are medical care services caring?

Requires improvement 

This inspection was confined to follow up the warning notice and we did not gather evidence for this question.

Are medical care services responsive?

Requires improvement 

This inspection was confined to follow up the warning notice and we did not gather evidence for this question.

Are medical care services well-led?

Requires improvement 

This inspection was confined to follow up the warning notice and we did not gather evidence for this question.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The provider should take reasonable steps to ensure that the public are made aware when attending A&E that Ealing Hospital is not commissioned to treat children and that they will be stabilised and transferred to another department.