

Andover War Memorial Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

Andover War Memorial Hospital (AWMH) is operated by Hampshire Hospitals NHS Foundation Trust (HHFT). The hospital provides community and acute services including a minor injuries unit, outpatient clinics, diagnostic imaging, day surgery, rehabilitation and midwife led maternity services. The medical care service at AWMH includes one 22 bed rehabilitation ward (Kingfisher Ward) and endoscopy services. The endoscopy unit consists of 10 trolleys and two operating theatres. Six of the trolleys are dedicated for endoscopy use. The hospital has a day surgery unit which provides minor elective surgical procedures, dermatology, one-stop menstrual disorders clinic, one-stop flexible sigmoidoscopy service, cataract and minor eye surgery, urology, diagnostic and endoscopy.

Surgery that requires general anaesthetic is not carried out at this hospital.

The day surgery unit is a 10 -bedded unit with two operating theatres. Endoscopy and day surgery procedures are carried out 8am to 6pm Monday to Friday.

The hospital employs approximately 80 staff.

We previously carried out a comprehensive inspection of the Hampshire Hospitals NHS Foundation Trust in June and July of 2018. Following that inspection, we issued the trust with a warning notice under Section 29A of the Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvement was required on each of the main sites including Andover War Memorial Hospital.

We carried out an unannounced follow up inspection of the trust in April 2019 and we were on site at the AWMH on 9 April 2019.

During this focused inspection, we looked at all the issues raised in the warning notice which ranged across the safe and caring domains. We cannot re-rate the service because in a focused inspection we do not look at the core services as a whole. Therefore, the rating for the hospital remains at requires improvement.

We will continue to monitor the performance of this service and will inspect it again as part of our ongoing next phase NHS programme.

Summary of findings

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We found that staff at this hospital had addressed all the concerns raised at the inspection in June 2018.

Requirements for improvement set out in the warning notice following the June and July 2018 inspection under Section 29A of the Health and Social Care Act 2008 were met.

Summary of findings

Our judgements about each of the main services

Service

**Medical care
(including
older
people's
care)**

Rating

Requires improvement



Summary of each main service

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Equipment was serviced and labelled with dates for the next service and therefore ready for use.
- Resuscitation equipment was accessible and readily for use. Staff checked the contents for dates and recorded the checks.
- Senior clinical staff were trained and confident to respond to calls for assistance in emergency situations.
- Medicines were managed and stored safely and kept at optimum temperature.
- Pharmacy support was available to staff if required.
- Endoscopy and general day surgery lists were managed effectively with regard to patient dignity, and any breaches of mixed sex guidance were reported.

Summary of findings

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Summary of this inspection

Background to Andover War Memorial Hospital

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minor elective surgical procedures, dermatology, one-stop menstrual disorders clinic, one-stop flexible sigmoidoscopy service, cataract and minor eye surgery, urology, diagnostic and endoscopy.

Surgeries that require general anaesthetic were not carried out at this hospital.

The day surgery unit is a 10-bed unit with two operating theatres. Endoscopy and day surgery procedures are carried out 8am to 6pm Monday to Friday.

The hospital employs approximately 80 staff.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, an assistant inspector and two members of the CQC medicines inspection team. The inspection team was overseen by Amanda Williams Head of Hospital Inspection.

Information about Andover War Memorial Hospital

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We carried out an unannounced follow up inspection of the trust in April 2019 and we were on site at AWMH on 9 April 2019.

During the inspection, we visited the following areas of the hospital and spoke with four staff:

- Endoscopy
- Day surgery and anaesthetic room
- Kingfisher Ward

Medical care (including older people's care)

Safe

Caring

Summary of findings

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- Pharmacy support was available to staff if required.
- Endoscopy and general day surgery lists were managed effectively with regard to patient dignity, and any breaches of mixed sex guidance were reported.

Are medical care (including older people's care) safe?

Environment and equipment

- During the previous inspection in 2018, we found staff didn't always have access to equipment when they needed it and there was equipment in use which had not been safety tested within the previous year. On Kingfisher ward we found four out of five Vitalpacs, four Dinamaps, a hoist, a nebuliser and an ECG machine were overdue for safety testing.

During this inspection we visited the ward, the day surgery and endoscopy areas, we reviewed equipment available to staff such as hoists, air conditioning fans, equipment for measuring patients' vital signs. Every item we saw was clearly labelled with a servicing date of when it was serviced and when it should be serviced again. The ward manager told us that staff were trained in the use of items such as the hoists, and the equipment to support patients to stand, when they joined the ward. Instructions for use of equipment were available in the storage location points as reminders for the staff. The ward manager was able to show us training records for the staff.

- During the previous inspection in 2018 we found resuscitation equipment in the endoscopy unit was not fit for purpose. The trolley was shared with the maternity unit which was some distance away and might have resulted in a delay in the equipment arriving to treat the patient in good time.

On this inspection, during our visit to the endoscopy unit we saw that the area had exclusive access to a resuscitation trolley. Staff checked the items on the trolley daily and they completed weekly checks to ensure all medicines and equipment were in date and ready for use. The checks were recorded and staff signed to say they had completed them. The trolley was tagged when all items were checked. On Kingfisher ward we saw that staff had access to a 'grab bag' which was tamper evident, and

Medical care (including older people's care)

checked daily by the ward staff. The hospital was supported by the trust resuscitation team; they had a named link who checked all the resuscitation equipment every six months or following any use.

Assessing and responding to patient risk

- During the inspection in 2018 we found nurses carrying the emergency bleep were trained to basic life support (BLS) level only. They recognised themselves as first responders, but were unsure what equipment to take and did not always respond to the bleep.

On this inspection we saw that the hospital had developed an improved system around response to emergencies. The senior nurse for each area carried an emergency bleep and was fully trained to deal with emergency situations. All bleep-holders answered the call as first responders if they could safely leave their place of work. An individual was designated to lead the resuscitation procedures and instruct the rest of the team. We spoke with all the senior nurses who told us about the support they received from the trust resuscitation team and all had attended emergency situation training provided by the trust.

- Previously, staff had been unsure which number to call for assistance in an emergency.

On this inspection we saw that all staff continued to receive basic life support training. The senior nurse told us that the junior staff did not receive the higher-level training; as they were so rarely required to attend a collapsed patient, it would be difficult to maintain skills at the higher level.

The numbers to call in an emergency were clearly displayed next to all telephones and any emergencies out of hours required a 999 call. Staff told us that since the previous inspection, the process was clarified and they were more confident in use of the procedure.

- During the previous inspection, a member of the resus team we spoke with was unaware of the bleep system at Andover.

On this inspection clinical staff told us since our previous visit, the trust resuscitation team had been to the hospital, updated staff training, and continued to support staff if there were any uncertainties. The trust team provided and supported the collapsed patient scenario training sessions, which were conducted without warning to check staff responded appropriately.

Medicines

- During the previous inspection in 2018 we found staff did not monitor room or fridge temperatures effectively.

On this inspection we found that fridge temperature checks were being completed, records showed they were within the recommended temperatures in line with trust policy, and room temperatures were recorded daily in rooms that stored medicines and fridges.

The fridge in the endoscopy unit had been removed since the last inspection and medicines were now stored in the locked fridge in the anaesthetic room. The trust was assured that medicines had been consistently stored at the correct temperature and were suitable for use.

- Our previous findings in 2018 showed that staff were not supported to manage medicines effectively. Staff were not completing necessary checks and medicines may not have been available in the event of an emergency.

On this inspection we found nursing staff reviewed medicines weekly and had access to support from the pharmacy department when needed. Staff told us the pharmacy technician attended the ward weekly to order top-ups and complete date checking. We saw expiry dates had been highlighted on all medicines packs.

The trust was assured of the efficacy of all medicines. On the day of inspection, we saw all medicines were available and were in date. No out of date medicines were found in any area that we visited and records showed date checking was being completed regularly. Staff checked emergency medicines, including the anaphylaxis box, daily and records showed this. Medicines were sealed and stored in tamper proof containers.

- During the inspection in 2018, it was found that medicines were not always stored in line with National Institute for Health and Care Excellence (NICE) guidance. The intravenous (IV) fluids were stored on the floor in the endoscopy surgical unit.

On this inspection we saw IV fluids were stored safely on shelves in the medicines store room.

- During the inspection in 2018, we found that there was an increased risk an incorrect medicine may be

Medical care (including older people's care)

administered; we found two red stationary boxes full of loose strips of different medicines on Kingfisher ward. There was no labelling to state which patient these medicines were prescribed for.

On this inspection, we saw no evidence of loose strips of tablets in any of the areas we visited, all medicines were stored, properly labelled, in their original packaging. The 'hypo box' (a box which contains items to improve the management of patients with hypoglycaemia) on the day surgery unit had a checklist which now reflected all the items in the box.

Additionally, since our previous visit, access to the medicines store room in the day surgery unit had been made more secure by installing swipe card access. However, all staff who worked on the unit had access to this room so access to medicines was not restricted to authorised staff. When we made staff aware that this was not in line with best practice, we were told that access to non-clinical staff would be revoked.

Are medical care (including older people's care) caring?

Compassionate Care

- During our inspection in 2018 we raised concerns that there was a potential for mixed sex breaches in the endoscopy unit which did not demonstrate respect for people's privacy and dignity.

During our inspection in April 2019, we saw the unit had taken measures to ensure that male and female patients were not in the area at the same time. Endoscopy lists were split so that male and female patients had their procedures in different sessions. For some procedures, for example bowel scoping, the lists were mixed but these patients do not spend any time on the ward with people of the opposite gender. In the event of an emergency, for example if a patient became unwell following a procedure and needed to remain in the recovery area for longer than expected. Staff told us they could screen off one end of the recovery area and keep them separate from any other patients of the opposite gender. On these rare occasions staff told us they completed the trust reporting form to declare a mixed sex breach to NHS England. Since our previous visit, the endoscopy service had been accredited by the Joint Advisory Group (JAG) for gastrointestinal endoscopy. The robust JAG accreditation process reviews mixed breach compliance and without demonstrating compliance the service would not be accredited. Staff working in the day surgery theatre demonstrated the patient pathway to us; we saw the changing room and consultation room accommodated one patient at a time, therefore patients were not in a state of undress at the same time as any others. Most operating lists were single sex where possible and if this was not possible the patient of a different gender from the majority would be at the end of the list. This was the case on the day we visited.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

Enable only authorised staff to access to the medicines store rooms.