

# Croydon Health Services NHS Trust

## Inspection report

Croydon University Hospital  
530 London Road  
Thornton Heath  
Surrey  
CR7 7YE  
Tel: 02084013000  
www.croydonhealthservices.nhs.uk

Date of inspection visit: 08 October to 25 October  
Date of publication: 11/02/2020

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall trust quality rating

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 
Are resources used productively?	Requires improvement 
<b>Combined quality and resource rating</b>	<b>Requires improvement </b>

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Croydon Health Services NHS trust was formed in July 2010 with the integration of Mayday Healthcare NHS trust with Croydon Community Health Services. The trust provides integrated NHS services to care for people at home, in schools, and health clinics across the borough as well as at Croydon University Hospital (CUH) and Purley War Memorial Hospital (PWMH).

The trust has 449 inpatient beds, 20 inpatient wards and 37 day case beds. The emergency department is at Croydon University Hospital. Purley War Memorial Hospital does not have any inpatient beds and services provided include phlebotomy and outpatient clinics.

The trust employs more than 3,800 staff and has a dedicated team of 420 volunteers.

CUH performs around 26,000 surgical operations every year and provides more than 100 specialist services, including conditions affecting the heart and treatment for musculoskeletal disorders.

Croydon Clinical Commissioning Group (CCG) is the lead commissioner. At the time of the inspection the trust was integrating with Croydon CCG and had created several joint executive posts and shared some functions to create an integrated for health and care in Croydon.'

We last inspected the trust in September 2018 and it was rated requires improvement overall.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 

## What this trust does

The trust provides services at Croydon University Hospital (CUH), Purley War Memorial Hospital (PWMH) and community services. It provides a range of inpatient services at CUH including surgery, medicine, urgent and emergency care, outpatients, end of life care, maternity, critical care and services for children and young people. Services at Purley War Memorial Hospital include outpatients, phlebotomy, podiatry and physiotherapy. Community services are provided for adults and children in clinics and in their homes

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

During this inspection we visited Croydon University Hospital (CUH) and Purley War Memorial Hospital (PWMH).

On October 8-9 we inspected medical care (including older people's care) and diagnostic imaging. On 10-11 October we inspected critical care and on 24-25 October we inspected urgent and emergency care. Critical care and medical care (including older people's care) required improvement as a result of our findings at previous inspections carried out in February 2018 and September 2018 respectively. For urgent and emergency care and diagnostic imaging the information we held on these areas indicated the need for inclusion in this inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed *Is this organisation well-led?* We inspected the well-led key question on 12 and 13 November 2019.

## What we found

Our rating of the trust stayed the same. We rated it as requires improvement because:

- Safe, effective, caring, responsive and well-led were rated requires improvement.
- We rated well-led at the trust level as requires improvement.
- We found there had been improvements in critical care and the overall rating for the service had progressed from requires improvement to good. There had been improvement in the leadership of critical care and the processes for monitoring the quality and safety of care.
- The overall rating for urgent and emergency care had changed from good to requires improvement.
- The rating for medical care (including older people's care) remained the same at requires improvement.
- This was the first time we had inspected diagnostic imaging as a stand-alone service, we have previously inspected it with outpatients, and it was rated requires improvement.
- There had been some improvements in the care and management of patients with mental health needs.
- There had been improvement in the leadership of critical care and their processes for monitoring for monitoring the quality and safety of care.
- On this inspection we did not inspect surgery, maternity, services for children and young people, end of life care, outpatients and community services.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website - <https://www.cqc.org.uk/provider/RJ6/reports>

## Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

We rated safe, effective, caring, responsive and well-led as requires improvement.

# Summary of findings

trust, we took into account the current ratings of the services not inspected this time.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- In urgent and emergency care we found staff were not always identifying and responding to risks and they did not always comply with infection prevention and control procedures.
- We found some patient records in urgent and emergency care and medical care (including older people's care) were not fully complete.
- In urgent and emergency care, medical care (including older people's care) and diagnostic imaging staff were not always removing their password protected identity cards from the electronic patients records (EPR). This increased the risk of errors or loss of patient information.
- In critical care and medical care (including older people's care) we found there was a shortage of allied health professionals which meant patients did not always receive care in line with best practice.
- In all the services we inspected some staff had not completed their mandatory training.
- Reporting and learning from incidents was not embedded in the services we inspected.

However:

- In critical care and diagnostic imaging staff were carrying out risk assessments to ensure patients received safe care.
- We found improvements in the equipment maintenance and areas we inspected appeared clean during the inspection.

## Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- We found some policies had not been reviewed and updated and some staff were unable to find key documents which should inform their daily practice.
- Systems to monitor the effectiveness of care and treatment were not always effective and services were not always meeting the national standards for treatment and care.
- The uptake of appraisals was low in urgent and emergency care, medical care (including older people's care) and diagnostic imaging.
- In diagnostic imaging staff were not able to provide evidence of competency.

However:

- In critical care we found improvements had been made since it was last inspected. Areas of improvement including staff appraisal and ensuring policies were reviewed and updated.
- In all the services inspected we found an improvement in staff's understanding of the role and responsibilities in relation to the Mental Capacity Act (2005).
- There was good multidisciplinary working in all the services and with external partners.

## Are services caring?

Our rating of caring went down. We rated it as requires improvement because:

- There was a downward trend in response rates and feedback from patients about services.

# Summary of findings

- The trust was assessed 'as much worse' when compared with similar trusts for the 2018 inpatient survey.
- In urgent and emergency care there was a lack of privacy for patients in some areas. There was a low response rate to the Family and Friends Test and the number of people who would recommend the service had decreased.
- In medical care (including older people's care) there had also been a decrease in the response rate for the Family and Friends Test and the number of people who would recommend the service.

However:

- During the inspection we observed staff treated patients with kindness and compassion.
- In critical care we found improvements: staff were more aware of the need to treat patients with privacy and dignity consider their individual needs.
- Patients we spoke with were positive about the way staff treated them, they described them as 'kind' and felt they provided them with explanations and involved them in decisions about their care.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The trust experienced high bed occupancy, 97-99% which meant that some patients were care for in areas, not always primarily designed for inpatients'. and some patients experienced delays in being discharged from critical care.
- Length of stay for some patients was longer than the England average
- Waiting times for patients, including children and young people, in the ED to be admitted, transferred or discharged were not always in line with best practice and the trust was not meeting national standards for waiting times.
- Complaints and concerns were not always investigated and managed in line with trust policy. They were not always discussed in governance meetings and learning was not always shared with staff.

However:

- The trust had achieved 92.1% performance against a national RTT standard of 92% (October 2019)
- The trust was achieving better than the England average for diagnostic waiting times.
- We saw evidence that the trust was meeting some of the individual needs of patients including bariatric equipment and access to interpreters.
- Following previous inspections, the trust had employed dedicated mental health nurses to support staff care for patients with mental health needs.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The trust had arrangements for improving the quality of care and promoting high standards but, these were not effective or embedded across all services. In some of the services we inspected staff had not always identified risks to patients and taken swift action to eliminate or minimise them.
- Risk registers did not reflect all the risks we found during the inspection.
- In urgent and emergency care some of the data used to inform the quality and safety of care was inaccurate or unreliable.

# Summary of findings

- Some services had a vision for the service going forward but did not have an underpinning plan for how the vision would be delivered, while others did not have a vision.

However:

- Staff in all the services we inspected told us they were supported and valued by their local leaders and felt they were accessible.
- In critical care we found improvements in the leadership and action had been taken in response to the concerns found at the previous inspection. Improvements had been made to their systems for monitoring the quality and safety of care and staff had opportunities to meet and review the quality of the service.
- We found staff were supported to develop and progress their careers.

## Use of resources

Our rating of use of resources stayed the same. We rated it as requires improvement because:

The trust did not consistently manage its resources to allow it to meet its financial obligations on a sustainable basis and to deliver high quality care

## Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as requires improvement because although some improvements had been made we found insufficient progress in three of the four services we inspected. Systems to monitor the quality and safety of care were not embedded and some improvements found at previous inspections had not been sustained.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care and critical care at Croydon University Hospital.

## Areas for improvement

We found areas for improvement that the trust must put right. We found 10 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued three requirement notices to the trust. Our actions are related to a breach of three legal requirements in three core services.

For more information on action we have taken, see the section on Areas for improvement.

# Summary of findings

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care and critical care:

- The paediatric ED offered a paediatric retrieval and multidisciplinary simulation course. The course was supported by a children's acute transport service which specialises in interhospital transfer of critically ill children in London. The course facilitated ED, anaesthetic and paediatric doctors and nurses to work through three challenging simulations focusing on teamwork and escalation.
- The critical care service intranet was exemplary for staff development and disseminating key information amongst the staff to drive improvement. It contained relevant and key information for staff such policies, ICNARC performance metrics, serious and adverse incident reports and infection rates, critical care audit database, dashboard, performance, and access to e-learning and trust guidelines.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

#### Trust level

- Ensure systems to assess, monitor and improve the quality and safety of services provided are reviewed and strengthened.

#### Urgent and emergency care

- The trust must ensure that all patient areas are risk assessed and that there are clear guidelines for patient criteria to access care in these areas.
- The trust must ensure it maintains accurate, complete and contemporaneous records for all patients.
- The trust must ensure that safety checklists in resuscitation trollies and fridge temperatures are checked in line with trust policy.
- The trust must ensure staff assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.
- The trust must ensure nursing and medical staffing levels in the paediatric ED are always safe.
- The trust must implement a local audit plan to effectively improve and monitor patient outcomes.
- The trust must ensure it provides care to patients that respects their privacy and always protects their dignity.
- The trust must develop an applicable and workable plan to implement their vision and strategy for the ED department.

# Summary of findings

- The trust must ensure that the quality of the data being collected and submitted to external organisations is accurate and scrutinised adequately.
- The trust must ensure that risks to the department are reviewed regularly and that there are timely plans to eliminate or reduce them.
- The trust must improve feedback to staff with regards to safeguarding referrals, learning, complaints and changes to the service.

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

- Review and ensure the systems for assessing, monitoring and improving the quality and safety of the service provided.

## **Diagnostic imaging**

- The trust must take action to ensure all clinical areas in diagnostic imaging are secured and that no members of the public are able to enter whilst procedures are being carried out.
- The trust must continue to work on its governance processes within diagnostic imaging and continue to support the department manager to make the changes required.

## **Action the trust SHOULD take to improve**

### **Trust level**

- Continue the work to improve the care of patients with mental health needs.

### **Urgent and emergency care**

- The trust should seek to assure itself that all staff have received the required level of training to be able to meet people's needs.
- The trust should consider its approach to engaging staff, patients and key stakeholders in identifying areas to improve service delivery.
- The trust should have systems in place to evidence that equipment used in the ED bays are being checked regularly and which equipment is part of these regular checks
- The trust should support the implementation of the most up to date standardised assessment of acute illness severity screening tool.
- The trust should review security arrangements to offer patients and staff a safe environment.
- The trust should support all eligible staff to receive a yearly appraisal
- The trust should encourage the use of patient passports to make it easier to understand patients' individual needs and preferences and facilitate discharges and transfers.
- The trust should abide by its' professional standards to help patient access and flow within departments.

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

- Ensure that there is sufficient capacity in the service and that patients are cared for in the right ward for them, without the need for frequent moves within the hospital.
- The service should respond to extended length of stay and issues related to patient experience arising from the last patient survey.

# Summary of findings

- The service should ensure mandatory training for medical and nursing staff meets the trust target of 90%.
- The service should ensure that staff appraisal rates meet the trusts target of 95%.

## **Critical care**

- The trust should ensure there are systems and processes in place for the safe management and administration of controlled drugs.
- The trust should ensure all medical and nursing staff complete mandatory training.
- The trust should ensure that medical and nursing staff are compliant with the adult and paediatric life support training.
- The trust should ensure that medical and nursing staff are compliant with the safeguarding training.
- The trust should review the allied health professional staff establishment and provision in the service.
- The trust should ensure that staff adhere to appropriate hand hygiene and infection control practices.
- The trust should review processes for the management of equipment.
- The trust should ensure they review the follow-up clinic provision in the service.
- The trust should review the allocation of junior doctors during the night shift.
- The trust should continue addressing the high vacancy rates for nursing and medical staff in the service.
- The trust should ensure that delayed discharges were in accordance with best practice recommendations.
- The trust should ensure they review processes for the induction, training and orientation of new staff into the unit.

## **Diagnostic imaging**

- The trust should work towards ensuring written information sent to patients from diagnostic imaging is accessible to patients for whom English is not their first language.
- The trust should ensure the diagnostic imaging department is provided with its friends and family test data to ensure the department is able to understand how patients feel about the service and identify any potential areas for improvement.
- The trust should continue work to ensure all audits carried out in the diagnostic imaging department are logged and approved by the trust audit team.
- The trust should continue work on developing an induction package for diagnostic imaging and subsequently maintaining a record of staff training.
- The trust should compile a signatory list of staff in the diagnostic imaging department to ensure members of staff can be identified and accountable for their actions.
- The trust should continue to work on improving the quality assurance checks performed on diagnostic imaging equipment and should also continue its procurement processes to ensure quality assurance equipment is fit for purpose.
- The trust should review the numbers of radiographers working clinically in the diagnostic imaging department to enable all shifts to be covered.

# Summary of findings

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

- The trust and trust board were going through significant strategic change at the time of the inspection. As part of the integration with Croydon Clinical Commissioning Group (CCG) several new joint executive appointments had been made beginning with the joint chief nurse in May 2019 followed by the chief executive/ 'place-based leader' in July 2019. There had been no change in the Chair and non-executive directors, some of whom had been in post since 2013.
- The joint chief nurse was supported in her role by a deputy director of nursing and we were concerned that this was insufficient given that the post covered two organisations and nursing leadership and patient experience in the trust needed further development. Allied health professionals had a designated professional lead but, given the number of concerns they raised with us the support available was insufficient to resolve their concerns and support their development.
- The board and senior leadership team had a clear vision and values that were at the heart of all the work within the organisation. Senior staff in the trust knew and understood the trust's vision. Other staff in the trust were less aware of the trust's strategy of closer alignment with the CCG.
- It was anticipated that the strategic changes would bring long term benefits for patients and staff and the trust was rightly focussed on developing and implementing the longer-term strategy. However, during this time there had been a clear deterioration in some areas of quality and safety and although the trust had taken action it should have been taken earlier.
- In comparison with previous inspections many staff we met with did not feel supported and valued by senior leadership of the trust. This was most evident in the nursing staff and allied health professionals. Consultant medical staff and doctors in training were more positive about their experience of working in the trust.
- Non-executive and executive directors were generally clear about their areas of responsibility. However, we found there was some overlap and a lack of clarity about responsibility for performance.
- The trust board had sight of the most significant risks and mitigating actions were clear. However, the trust board did not have a consistent approach to board assurance.
- The trust was grappling with some key issues including vacancies in nursing and allied health professionals, a high bed occupancy and low staff morale in some areas. Although the trust had a staff engagement strategy and was taking some action to improve these areas, we were concerned about the impact on patient experience given the poor inpatient survey results and lack of a patient engagement strategy.
- The trust had systems to identify learning from incidents, complaints and safeguarding alerts and make improvements. However, they were not always effective and efficient; the trust had not taken swift action to resolve the risks related to the lack of leadership for complaints and safeguarding.
- In some services we inspected, staff concerns did not always match those on the risk register and in some areas risk registers did not contain all the risks relevant to the service. We also found risks which had been identified and reported but, had not been acted on for over a year.

# Summary of findings

- We had concerns about some of the data provided by the trust to inform the inspection. Some data requested was not provided and some did not correlate with the service's understanding of their performance.
- The trust did not have a structured and systematic approach to engaging with people who used services but, was developing a patient engagement strategy. Much of the engagement that had taken place was focussed on the proposed closer alignment with the CCG.
- Engagement with staff had also stalled since the last well-led inspection. The recently appointed chief executive and joint chief nurse were working hard to be visible and accessible to staff and had implemented some engagement activities but, more work was needed in this area.
- At each inspection we have found areas of concern and asked the trust to take action. In some services, we have seen improvement but, it has not always been sustained and in others concerns remain.

## **However:**

- The trust had structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. In line with the move to closer alignment with the CCG, staff from the CCG were now represented on the sub-board committees and new 'in common' committees were being developed.
- Since the last well-led inspection, the trust had made progress in delivering its strategy of closer alignment/ integration with the CCG.
- The trust was delivering on some key patient indicators including patients being able to access treatment for planned care and urgent cancer treatment within nationally agreed timescales. The trust's mortality rates had improved and were within the expected range or lower.
- We found some improvements, in critical care and care for patients with mental health problems, since the previous inspection.
- The trust's systems for reviewing and learning from deaths had been sustained and demonstrated good practice and their mortality rates remained low.
- The trust had effective governance systems for finance.
- The trust was actively participating in clinical research studies.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Community	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
<b>Overall trust</b>	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Croydon University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Inadequate ↓↓ Feb 2020	Requires improvement ↓ Feb 2020
Medical care (including older people's care)	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Surgery	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Critical care	Requires improvement ↔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑↑ Feb 2020	Good ↑ Feb 2020
Maternity	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Outpatients	Good Feb 2018	N/A	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018
Diagnostic imaging	Requires improvement Feb 2020	N/A	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
<b>Overall*</b>	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Community health services for children and young people	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
<b>Overall*</b>	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Croydon University Hospital

530 London Road  
Croydon  
Surrey  
CR7 7YE  
Tel: 02084013300  
[www.croydonhealthservices.nhs.uk](http://www.croydonhealthservices.nhs.uk)

## Key facts and figures

Croydon University Hospital (CUH) is the main hospital of Croydon Health Services NHS Trust. It provides acute inpatient and day case services and has more than 500 beds. The emergency department has been redeveloped and was opened in December 2018.

CUH performs around 26,000 surgical operations every year and provides more than 100 specialist services, including conditions affecting the heart and treatment for musculoskeletal disorders.

CUH offers 24/7 maternity services, including a labour ward, midwifery-led birth centre and the Crocus home birthing team.

During the inspection, we spoke with over 40 patients/relatives and over 100 members of staff from various disciplines. We reviewed over 40 sets of patient records. We observed care being delivered and attended and handovers.

## Summary of services at Croydon University Hospital

**Requires improvement**   

Our rating of services remained the same. We rated them as requires improvement because:

- We found concerns about the quality and safety of care in three of the four services we inspected.
- Systems to monitor the quality and safety of care were not embedded in some of the services we inspected
- Actions to minimise risks to patients had not always been recognised and taken and in some instances the hospital had not always taken action swiftly enough. Risks in some services were not always reviewed with actions to mitigate them.
- We found systems for reporting and learning incidents were not always effective.
- Patient records were not always accurate and up to date.
- Staff were not always using best practice guidance and monitoring the effectiveness of care and treatment.
- The uptake of appraisals was variable in the services we inspected.
- In the emergency department patients could not always access the service when they needed it and the trust was not always meeting the national standards for waiting times.

# Summary of findings

- Feedback from patients via the NHS Inpatient survey and Friends and Family test showed a downward trend in responses, experience and if they would recommend the trust.

However:

- We found the trust had made improvements in critical care. Improvements included more effective leadership and awareness among staff of the need to protect patient's privacy and dignity.
- Patients and relatives we spoke with were happy with the care they received, they told us staff treated them with kindness and compassion.
- Staff told us their immediate line managers were visible and approachable, and they felt valued and supported.
- Waiting times for diagnostics were better than the England average.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Croydon University Hospital has an adult emergency department, an Urgent Treatment Centre (UTC), and a paediatric emergency department and a paediatric UTC.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

The Emergency Department (ED) treats an average of 400 patients per day with an average of 100 ambulance attendances. The department has seen a 20% increase in attendances since opening the new ED in December 2018.

The UTC is operated as a collaborative with Croydon urgent care alliance (CUCA). A partnership between Croydon Health services, AT Medics and Croydon GP Collaborative. CUCA at present provides 2 GP's to the service whilst all other GP's are from agencies. Additional staff such as the advanced nurse practitioner or nursing team and other doctors placed in the UTC are part of the ED substantive team from both adult and paediatric departments.

*(Source: Routine Provider Information Request (Acute) – Context acute tab)*

Croydon University Hospital's ED was rebuilt and opened on 2 December 2018. The building, which cost more than £21 million to construct, offers modern, high-quality facilities and was designed by the trust's doctors and nurses to create the best environment in which to care for patients and allow for best flow within the department and when accessing services such as diagnostic imaging.

The department is 30 percent bigger than the previous ED and offers many benefits including dementia friendly design and rooms with doors, rather than curtained cubicles with the aim of increasing privacy for patients.

There are two separate paediatric waiting areas - one for children under 12 and the other for adolescents - plus an outdoor space and nine paediatric patient rooms where they can receive care.

There are also two mental health liaison rooms offering private and appropriate spaces where nurses can assess people who need specialist care, plus a dedicated child and adolescent mental health liaison room.

In addition, the ED building includes a new UTC with six consultation rooms and a treatment room where people with minor ailments can be looked after by qualified staff. The UTC further adds to care services in the borough by linking with three GP hubs where people can get same day appointments if they need to see a doctor but do not require emergency care.

We visited all areas of the emergency department including reception and waiting areas, cubicles, majors, see and treat and triage, resuscitation, the paediatric emergency department and UTC.

We re-inspected all key questions at this inspection.

Our inspection on 24 and 25 October 2019 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with 15 patients and 5 family members who were using the service
- spoke with the leadership team for the department

# Urgent and emergency services

- spoke with 37 other staff members including doctors, nurses, ambulance staff, volunteers, administration and porters
- observed handovers and multidisciplinary meetings
- observed care being delivered
- reviewed 20 sets of casualty care records for adults and children
- reviewed patient risk assessments, care plans and observations
- reviewed policies and procedures relevant to the urgent and emergency care department

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The service could not assure training targets were met in the urgent and emergency care department. We saw that nursing staff did not complete six of the ten mandatory training modules and medical staff did not complete six of the eight mandatory training modules
- The service did not always control infection risk well. Staff did not adhere to infection control protocols such as cleaning their hands between episodes of care.
- There were periods when the number of patients in the departments was greater than the rooms available. For example, when this occurred in the majors area patients were cared for in a clinical area outside majors called the majors sub-assessment area or were cared for in designated areas between the nursing stations in majors. There were no standard operating protocols for these areas putting patients at risk.
- There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies in specific areas of the department. Staff did not always identify and quickly act upon patients at risk of deterioration.
- Nursing staffing levels were very reliant on bank and agency workers to complete established rotas.
- The paediatric department presented significant nursing staff shortages with 33% of their roster not being filled in the last 2 months.
- When we reviewed the paediatric medical staffing rota we could not be assured there was adequate specialist paediatric consultant cover particularly over the weekends. This was not in line with the Standards for Children and Young People in Emergency Care Settings 2012 guidance.
- We were not assured the service always monitored the effectiveness of care and treatment. We did not see the use of the findings of audits to improve practice. The service did not compare local results with those of other services to learn from them.
- Appraisal rates were below the trust's completion target of 95%. Only one in five of the staff groups reached this target.
- Records were not always clear and up to date with regards to Consent, Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff treated patients with compassion and kindness. Whenever possible they respected their privacy and dignity and took account of their individual needs.

# Urgent and emergency services

- Patients we spoke with said they did not have any concerns and felt they were treated well.
- There were areas such as the majors sub-assessment area where staff could not always respect patients' privacy and dignity or keep patient care and treatment confidential.
- People could not always access the service when they needed it. Waiting times for patients to be admitted, transferred or discharged were not in line with good practice.
- Beds for mental health patients were requested for those who were detained under the Mental Health Act and those who required informal admission, but these could not always be obtained easily. This meant that some adult patients had a long wait in the ED before being assigned to appropriate care environments. Paediatric patients who presented with mental health problems could be admitted to the paediatric ward before being discharged or transferred to a mental health bed. This was only done if they needed medical intervention and were deemed low risk by mental health services.
- The service was unable to demonstrate that they treated concerns and complaints seriously. We did not see evidence that the service investigated them and learned lessons from the results. Staff said there was inconsistency on how much detail was provided regarding actions from a complaint and what the intended learning was.
- Despite leaders having a vision for what they wanted to achieve from the service, they did not have an applicable plan to implement their ambitions. Staff were not aware of any workable plans to turn this vision into action.
- We heard of challenging cultures within the organisation's departments. As an example, clinical pathways to specialities such as orthopaedics and surgery often required bypassing of established protocols to get adequate care. This raised a significant risk to patient care and the stability of access and flow within the organisation.
- We were not assured the ED had a clinical governance structure that worked effectively and scrutinised data adequately. We could not see evidence of accountability and easy communication from board to ward. The governance arrangements and their purpose were unclear, and there was a lack of clarity about authority to make decisions and how individuals were held to account.
- We were not assured risks to the department were reviewed regularly and that there were timely plans to eliminate or reduce them. We did not see evidence of coping with both the expected and unexpected and responding to the current needs of the department. We found the systems the service used to identify risks ineffective.
- The information that was used to monitor performance or to make decisions was inaccurate, invalid and unreliable. There was inadequate access to and challenge of performance by leaders and staff. There were significant failings in systems and processes for the management or sharing of data.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Managers regularly reviewed and adjusted nurse and adult medical staffing levels and skill mix in the adult ED department and gave bank and agency staff a full induction.
- The service provided care and treatment based on national guidance. Managers checked to make sure staff followed guidance.
- The service made sure staff were competent for their roles.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental health concerns.

# Urgent and emergency services

- During the onsite inspection, we saw staff treated patients with compassion and kindness. Whenever possible they respected their privacy and dignity and took account of their individual needs.
- During the onsite inspection, patients we spoke with said they did not have any concerns and felt they were treated well. Families we spoke with said they felt part of the conversations and decisions being made about their loved ones.
- The service was mostly inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. We heard how they coordinated care with other services and providers.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values in the ED.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service could not assure training targets were met in the urgent and emergency care department. The service provided conflicting information to demonstrate compliance with their mandatory training targets. We saw that nursing staff did not complete six of the ten mandatory training modules and medical staff did not complete six of the eight mandatory training modules
- Safeguarding training rates did not meet the trust's completion target. The trust set a 90% target for completion of safeguarding training modules. The service failed to meet this target in four of the six modules.
- Staff told us they did not receive regular feedback regarding safeguarding referrals that were made. Additionally, the service did not provide assurance they had oversight of the number of safeguard referrals completed over the last months.
- The service did not always control infection risk well. Staff did not adhere to infection control protocols such as cleaning their hands between episodes of care. We did not see strategies such as auditing processes being used effectively to monitor infection control and hand hygiene and implement safe practice.
- Due to the increase in hospital attendances and lack of hospital flow the service did not always have enough premises for the patients it cared for. There were periods when the number of patients in the departments was greater than the rooms available. For example, when this occurred in the majors area patients were cared for in a clinical area outside majors called the majors sub-assessment area or were cared for in designated areas between the nursing stations in majors. There were no standard operating protocols for these areas putting patients at risk.
- Risks to safety from changes or developments to the service were not assessed, planned or managed effectively in the majors and majors sub-assessment area. The service was not using the most up to date standardised assessment of acute illness severity screening.
- There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies in specific areas of the department. Staff did not always identify and quickly act upon patients at risk of deterioration.
- Staff did not always update risk assessments for each patient. We reviewed patients' risk assessment and two of eight notes we reviewed were not complete or presenting up to date care plans
- Nursing staffing levels were very reliant on bank and agency workers to complete established rotas.

# Urgent and emergency services

- The paediatric department presented significant nursing staff shortages with 33% of their roster not being filled in the last 2 months.
- When we reviewed the paediatric medical staffing rota we could not be assured there was adequate consultant cover particularly over the weekends.
- Records were not always fully complete.
- Daily checks for fridge temperatures and room temperatures were not recorded consistently. Additionally, resuscitation trollies had gaps in their daily checks.
- Managers investigated incidents however, they did not always communicate lessons learned in an effective way.
- Safety information was not shared with staff, patients and visitors on the site floor. We did not see communication boards highlighting safe practice and safety notifications in the ED department.

However:

- The service had arrangements for mandatory training to be delivered to all staff in place. Yet, training targets were not met in the ED.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Equipment and premises appeared clean during inspection.
- The adult ED service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The adult ED service had enough medical staff with the right qualifications, skills, training and experience to treat people. This was heavily reliant on the use of bank and agency staff to complete rotas.
- The service used systems and processes to safely prescribe and administer medicines.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- We were not assured the service always monitored the effectiveness of care and treatment. We did not see the use of the findings of audits to improve practice. The service did not compare local results with those of other services to learn from them.
- The department failed to meet any of the national standards in the 2016/17 Royal College of Emergency Medicine (RCEM) moderate and acute severe asthma audit.
- The department failed to meet any of the national standards in the 2016/17 in the severe sepsis and septic shock audit.
- From July 2018 to June 2019, the trust's unplanned reattendance rate to A&E within seven days was worse than the national standard of 5% and worse than the England average.
- Appraisal rates were below the trust's completion target of 95%. Only one in five of the staff groups reached this target.

# Urgent and emergency services

- Despite having food available 24 hours a day there were challenges in assuring staff always gave patients enough food and drink to meet their needs and improve their health.
- Records were not always clear and up to date with regards to Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

However:

- The service provided care and treatment based on national treatment guidelines and protocols. Medical staff we spoke with said they found guidelines such as the empirical antibiotic guidelines and guidance on the use of low molecular weight heparins to be very clear, up to date and easy to consult. Managers reviewed these to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers had systems to appraise staff's work performance and hold supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental health concerns.

## Is the service caring?

**Requires improvement** ● ↓

Our rating of caring went down. We rated it as requires improvement because:

- The trust scored worse than other trusts for seven of the 23 Emergency Department Survey questions relevant to the caring domain. Of the seven worse than other trust scores, five questions related to communication, one to dignity and respect and the other to staff taking family or home situations into account.
- There were some areas in the ED, such as the majors sub-assessment area, where staff were unable to always respect patients' privacy and dignity or keep patient care and treatment confidential.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was worse than the England average from December 2018 to June 2019. The trust had recommendation rates below 80% and as low as 75.4% between March and June 2019. Response rates were also low.

However:

- During the onsite inspection, we saw staff treated patients with compassion and kindness. They mostly respected their privacy and dignity and took account of their individual needs. Patients we spoke with said they did not have any concerns and felt they were treated well.
- During the two days we inspected, we saw staff provided emotional support to patients, families and carers to minimise their distress.
- Families we spoke with during the two days of inspection said they felt part of the conversations and decisions being made about their loved ones.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- People could not always access the service when they needed it. Waiting times for patients to be admitted, transferred or discharged were not in line with good practice.
- Patients incurred delays if they had to be referred to speciality services such as orthopaedics and surgery. From August 2018 to July 2019 the percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From August 2018 to July 2019 the trust failed to meet the standard and performed worse than the England average in 10 of the 12 months.
- Staff in the children's ED told us they had increasing difficulty moving children from the ED to the paediatric ward due to bed shortages. This meant children who required admission to the hospital experienced delays.
- Beds for mental health patients were requested for those who were detained under the Mental Health Act and those who required informal admission, but these could not always be obtained easily. This meant that some adult patients had a long wait in the ED before being assigned to appropriate care environments. Paediatric patients who presented with mental health problems could be admitted to the paediatric ward before being discharged or transferred to a mental health bed. This was only done if they needed medical intervention and were deemed low risk by mental health services.
- The service was unable to demonstrate that they treated concerns and complaints seriously. We did not see evidence that the service investigated them and learned lessons from the results. Staff said there was inconsistency on how much detail was provided regarding actions from a complaint and what the intended learning was.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service was mostly inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. We heard they coordinated care with other services and providers.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust met this standard for all months over the 12 month period from July 2018 to June 2019.
- From August 2018 to July 2019 the trust's monthly median total time in A&E for all patients was lower than the England average.

## Is the service well-led?

**Inadequate** ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

# Urgent and emergency services

- Most managers had skills and abilities to run the service but due to increased clinical demand they did not always have the time to ensure high-quality sustainable care was monitored.
- Despite leaders having a vision for what they wanted to achieve from the service, they did not have the time to develop an applicable plan to implement their ambitions due to clinical demand. Staff were not aware of any workable plans to turn this vision into action.
- We heard of challenging cultures within the organisation's departments. As an example, clinical pathways to specialities such as orthopaedics and surgery often required bypassing of established protocols to get adequate care. This raised a significant risk to patient care and the stability of access and flow within the organisation.
- We were not assured the ED had a clinical governance structure that worked effectively and scrutinised data adequately. We could not see evidence of accountability and easy communication from board to ward. The governance arrangements and their purpose were unclear, and there was a lack of clarity about authority to make decisions and how individuals are held to account.
- We were not assured risks to the department were reviewed regularly and that there were timely plans to eliminate or reduce them. We did not see evidence of coping with both the expected and unexpected and responding to the current needs of the department. We found the systems the service used to identify risks were ineffective.
- The information that is used to monitor performance or to make decisions is inaccurate, invalid and unreliable. There is inadequate access to and challenge of performance by leaders and staff. There are significant failings in systems and processes for the management or sharing of data.
- There was a limited evidence of sharing information with and obtaining the views of staff, people who used the services, external partners and other stakeholders. We found that more could be done to engage with patients and the public.
- Staff were not always aware of changes which had arisen from the consideration of incidents or complaints.
- We did not have evidence that improvements were always identified or action always taken when learning from incidents.

However:

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values in the ED.
- We heard how the service looked to engage with staff and local organisations to plan and manage services appropriately.

## Outstanding practice

- The paediatric ED offered a paediatric retrieval and multidisciplinary simulation course. The course was supported by a children's acute transport service which specialises in interhospital transfer of critically ill children in London. The course facilitated ED, anaesthetic and paediatric doctors and nurses to work through three challenging simulations focusing on teamwork and escalation.

## Areas for improvement

Actions the trust MUST take to improve:

- The trust must ensure that all patient areas are risk assessed and that there are clear guidelines for patient criteria to access care in these areas.

# Urgent and emergency services

- The trust must ensure it maintains accurate, complete and contemporaneous records for all patients.
- The trust must ensure that safety checklists in resuscitation trollies and fridge temperatures are checked in line with trust policy.
- The trust must ensure staff assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.
- The trust must ensure nursing and medical staffing levels in the paediatric ED are always safe.
- The trust must implement a local audit plan to effectively improve and monitor patient outcomes.
- The trust must ensure it provides care to patients that respects their privacy and always protects their dignity.
- The trust must develop an applicable and workable plan to implement their vision and strategy for the ED department.
- The trust must ensure that the quality of the data being collected and submitted to external organisations is accurate and scrutinised adequately.
- The trust must ensure that risks to the department are reviewed regularly and that there are timely plans to eliminate or reduce them.
- The trust must improve feedback to staff with regards to safeguarding referrals, learning, complaints and changes to the service.

## Action the trust SHOULD take to improve

- The trust should seek to assure itself that all staff have received the required level of training to be able to meet people's needs.
- The trust should consider its approach to engaging staff, patients and key stakeholders in identifying areas to improve service delivery.
- The trust should have systems in place to evidence that equipment used in the ED bays are being checked regularly and which equipment is part of these regular checks
- The trust should support the implementation of the most up to date standardised assessment of acute illness severity screening tool.
- The trust should review security arrangements to offer patients and staff a safe environment.
- The trust should support all eligible staff to receive a yearly appraisal
- The trust should encourage the use of patient passports to make it easier to understand patients' individual needs and preferences and facilitate discharges and transfers.
- The trust should abide by its' professional standards to help patient access and flow within departments.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

We inspected the core service of medicine which included endoscopy and older people's care.

There are 337 medical inpatient beds located across 13 wards at the trust, these are all based at Croydon University Hospital. The Acute Medical Unit (AMU) offers access to acute adult inpatient and diagnostic services with 42 beds.

Endoscopy was a specialist medical service offered by the trust. It was provided in a unit comprising of four consultation (treatment rooms), recovery area along with equipment cleaning and storage areas.

We inspected the endoscopy unit and a sample of 10 wards or units out of the 13 operated by the directorate:

- Acute medical unit, a 46 bedded unit intended to provide intermediate level and day case medical care to adults.
- Coronary care unit and Duppas wards, which cares for patients with heart conditions and offered 26 beds in total.
- Edgecombe Bay unit, which cares for frail elderly patients. It has 14 beds for women and 14 for men.
- Fairfield 2 ward, which cares for patients with general medical conditions.
- Heathfield 1 ward, a 26 bedded unit and Heathfield 2 ward, a 28 bedded ward which cares for patients with lung conditions.
- Purley 1 and Purley 2 wards, which cares for patients with general medical conditions and had 28 beds in each ward.
- Wandle 1, 2 and 3 wards, which cared for older people and had 28 beds in each ward.
- At the last inspection, the service had three domains (safe, responsive and well-led) rated as requires improvement, so we re-inspected all key questions.
- Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.
- Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.
- During the inspection visit, the inspection team:
  - spoke with 21 patients who were using the service
  - spoke with the managers or acting managers for each of the wards
  - spoke with 32 other staff members; including senior managers, matrons, doctors, nurses, allied health professionals, health technicians, healthcare assistants, administrators and housekeeping staff.
  - observed two handover meetings and two multidisciplinary meetings
  - reviewed 18 patient records
  - reviewed policy, procedures and other ward or unit documents relating to patient risk assessments and care plans.

## Summary of this service

Our overall rating of this service stayed the same. We rated it as requires improvement because:

# Medical care (including older people's care)

- Mandatory training in key skills for nursing and medical staff completion rates remained below the trust target of 90%.
- The directorate continued to be reliant on the use of bank and agency or locum staff to cover gaps in the staffing provision. Overall staffing levels appeared to have adverse impacts on continuity of care and factors such as recording medication administration.
- We remained unclear about how well the trust assured itself, through audits, that risk factors such as sepsis were being monitored per trust policy.
- Despite some improvement with nursing recruitment, the situation with allied health professionals (AHPs) has been allowed to deteriorate. The lack of after-hours therapist cover was unsustainable. Vacancy and sickness rates were high among AHPs.
- Medicines were not stored safely in the discharge lounge area.
- In some instances, record keeping was incomplete. For example, we found unfinished mouthcare charts on the Wandle wards. Some wards were using care record and prompt sheets that appeared to be locally published and had no document control. When we asked, there was confusion about who was responsible for the completing these records and who oversaw the processes. Emergency equipment records were, by comparison, very good.
- We found variation in the currency of resources available to staff, with several policies and guidelines out of date on the trust intranet.
- Patient outcomes for a number of indicators were worse than expected. For example, some services within the directorate had a higher than expected risk of re-admission and performance indicators for falls, dementia care and respiratory assessments were not always met.
- Appraisals were on a rolling programme with the expectation that all staff would have an appraisal at least once a year. In the last 12 months 58% of staff within the directorate had an appraisal, which was significantly lower than the trust target of 95%.
- There was not enough capacity as a result of the flow issues within the hospital to manage the medical patients in the right ward. Medical outliers were treated on surgical wards.
- While we saw recent improvements in the quality of data and the piloting of real-time process reports and alerts, this was only just beginning to impact on issues such as length of stay and flow of patients through the service.
- The service has yet to respond to extended length of stay and issues related to patient experience, such as those arising from the last patient survey.

However,

- Since our last inspection, equipment maintenance had improved. Staff told us they had sufficient equipment for their work
- We saw all grades of staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. Most of the patients we spoke with were positive about the staff that provided their care and treatment.
- There was openness and transparency among all grades of staff and staff spoke positively about their line manager.

# Medical care (including older people's care)

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The directorate continues to be reliant on the use of bank and agency or locum staff to cover gaps in the staffing provision. Overall staffing levels appeared to have adverse impacts on continuity of care and factors such as recording medication administration.
- Although we saw staff assessing patients, we were unclear about how well the trust assured itself, through audits, that risk factors such as sepsis were being monitored in accordance with trust policy.
- While we saw some progress in nursing recruitment, the situation with allied health professionals (AHPs) has been allowed to deteriorate. The lack of after-hours therapist cover was unsustainable. Vacancy and sickness rates were high among AHPs. For example, in June 2019, the sickness rate reached 9.83% of the whole time equivalent workforce.
- These figures represented the highest rate of all staff groups in the directorate and one of the highest figures since 2017. The data we obtained supported what the AHPs were telling us and their senior managers.
- The trust used electronic patients records (EPR), which could only be accessed by staff using a swipe card and password. We saw two instances where staff inadvertently left cards in the computer terminals. This increased the risk of errors or loss of patient information.
- In some instances, record keeping was inaccurate. For example we found incomplete mouthcare charts on the Wandle wards. Some wards were using care record and prompt sheets that appeared to be locally published and had no document control. When we asked, there was confusion about who was responsible for the completing these records and who oversaw the processes.
- Emergency equipment records on the resuscitation trolleys were, by comparison, very good.

However:

- Since our last inspection, equipment maintenance had improved. Staff told us they had sufficient medical devices and IT equipment for their work.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- We found variation in the quality of policy resources available to staff, with several guidelines out of date on the trust intranet.
- Patient outcomes for a number of indicators were worse than expected. For example, some services within the directorate had a higher than expected risk of readmission and performance indicators for falls, dementia care and respiratory assessments were not always met.

# Medical care (including older people's care)

- Appraisals were on a rolling programme with the expectation that all staff would have an appraisal at least once a year. In the last 12 months 58% of staff within the directorate had an appraisal, which was significantly lower than the trust target of 95%.

However:

- We saw the current joint advisory group (JAG) accreditation certificate that showed the service was accredited until 2021, following the last site visit in 2016. JAG accreditation gives the trust additional assurance about the safety and quality of the services offered.
- We saw ward dashboards detailing safety and infection control audit data that was accurate and up to date.
- The trust scored better than the England average for food and hydration.
- Since our last inspection, wards had improved the range of public health information on the national priorities to improve the population's health.
- We saw evidence of effective multidisciplinary team working in the ward areas. Relevant professionals were involved in the assessment, planning and delivery of patient care.
- Staff had opportunities for further development. Practice development educators supported nursing staff and all grades could apply for additional training if it was relevant to their role.

## Is the service caring?

**Requires improvement** ● ↓

Our rating of caring stayed the same. We rated it as requires improvement because:

- Data revealed the trust was rated worse than the national average in a number of key care indicators. Of concern to us, the result trend was downward from the previous survey. These included responses from patients about confidence and trust in doctors and nurses, emotional support, the overall experience, speaking to staff about worries and fears, involvement in decisions, pain control and treatment with respect and dignity.
- When we asked to see the latest figures, we saw that 79% of medical inpatients who responded to the Friends and Family Test (FFT) said they would recommend the hospital. This was an improvement over August (73%). However, response rates remained low (10 – 17%) and overall, represented a decrease from the January to March 2019 figures when 85% of medical inpatients who responded said they would recommend the hospital. These figures also showed a deterioration from the previous year (January to March 2018) which showed 91.1% of patients would have recommended the hospital.
- Staff within the directorate viewed the care they delivered more positively. In the 2018 NHS staff survey, staff scored the directorate as 7.6 out of ten for 'quality of care'. This score was just better than the organisation average score of 7.5. Staff in elderly and stroke services rated the highest for quality of care at 8.5. This figure was lower for therapists who rated the organisation at 7.2.
- While we accept these figures appear more positive we remain concerned that the trust recorded its lowest ever response rate of 26% for this survey, compared to the average response rate for other acute and community Trusts at 40%.
- Managers described measures they were taking to improve the response rates from patients and their satisfaction with care. This included intentional rounding, where ward leaders and matrons visited each patient daily to personally check on progress and comfort. It remains to be seen in these measures help improve satisfaction scores.

# Medical care (including older people's care)

However,

- During our inspection visits, we observed staff caring for patients with respect and compassion.
- Multidenominational chaplaincy and counselling services were available to patients who needed them. The hospital had two full time chaplains co-ordinating the provision of twenty-four hour spiritual and religious care.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- There was not always enough capacity as a result of the flow issues within the hospital to manage the medical patients in the right ward.
- Length of stay and bed occupancy levels remained a concern. Bed occupancy levels reported to us varied from an average of 97% and peaked at 99%. Flow issues within the hospital meant the directorate struggled to manage surges in demand.
- From July 2018 to June 2019 the trust's referral to treatment time (RTT) for admitted pathways for medicine was worse than the England average

However,

- Staff told us that specialist equipment such as bariatric equipment or specialist pressure relieving mattresses were available on request. This meant that the hospital was able to care for patients with mobility difficulties.
- The services took account of patients' individual needs. The trust employed specialist nurses to support the ward staff. This included dementia nurses and learning difficulty link nurses who provided support, training and had developed resource files for staff to reference. Wards also had 'champions' who acted as additional resources to promote good practice.
- The 2018 patient-led assessment of the care environment survey showed the trust scored 88% for dementia care, which was better than the England average of 76% and 92% for care of people with disabilities against an average of 82%.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- We saw recent improvements in the quality of data and process mapping, which was beginning to impact the focus on the flow of patients through the service. However, the number of outliers and patients being moved in the evenings meant that the trust was still not focussed on getting patients a bed on a ward for their speciality.
- The service has yet to respond to extended length of stay and issues related to patient experience, such as those arising from the last patient survey.
- Although the trust continued to take actions to address staff shortages, those actions had still to significantly impact on permanent staff numbers.

# Medical care (including older people's care)

- In some staff groups, the situation had worsened and was compounded by high levels of sickness.
- We were not assured the systems for assessing, monitoring and improving the quality and safety of care were effective given some of the problems we found with incomplete patient records, lack of learning from incidents, poor audit outcomes and out of date policies.

However:

- There was openness and transparency among all grades of staff, who engaged with the commission and appeared committed to continuing their improvement journey. Senior managers were highly visible.

## Areas for improvement

Actions the provider **MUST** take to improve:

- Review and ensure the systems for assessing, monitoring and improving the quality and safety of the service provided.

Actions the provider **SHOULD** take to improve:

- Ensure that there is sufficient capacity in the service and that patients are cared for in the right ward for them, without the need for frequent moves within the hospital.
- The service should respond to extended length of stay and issues related to patient experience arising from the last patient survey.
- The service should ensure mandatory training for medical and nursing staff meets the trust target of 90%.
- The service should ensure that staff appraisal rates meet the trusts target of 95%.

# Critical care

Good ● ↑

## Key facts and figures

Croydon University Hospital has two critical care wards; a general intensive care unit (ITU) with eight beds and high dependency unit (HDU) with seven beds. Both units can be configured for escalation and flexibly to provide care for patients with level one to level three care needs. The unit has the capacity to ventilate up to 14 patients and in the event of a surge, particularly during winter, the critical care service has the capacity to open an additional 16th bed.

The service is designed to accommodate patients with level two (high dependency) and level three (intensive care) needs. Level two care describes patients requiring more detailed observation or intervention. This includes support for a single failing organ system or post-operative care, and those 'stepping down' from level three care. Level three care refers to patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multiple organ failure.

The unit provides post-operative care for major elective surgeries and emergency procedures. The unit admitted general medical and surgical patients; approximately 92% of patients were admitted as emergency admissions and 8% were admitted following elective surgery. The unit also provided care for patients requiring level 2 and 3 organ support from within the trust and via accident and emergency.

There were eight critical care consultants and a lead nurse for critical care in post. The critical care wards had access to physiotherapists, speech therapists, dieticians, and pharmacy support. The unit also had a team of critical care outreach team who supported patients being discharged to general wards and acutely unwell patients who triggered the National Early Warning Score (NEWS). The Critical Care outreach team also provided education and training in the management of acutely unwell patients.

*For the period of 1 October 2018 to 30 September 2019, the service reported 910 admissions in the critical care service.*

We last carried out an announced comprehensive inspection of the service in November 2017. The service was rated requires improvement for safe, effective, caring and responsive and inadequate for well-led. The service was judged to be requires improvement overall.

We carried out an announced inspection of the critical care service at Croydon University Hospital from 10 October to 11 October 2019. Before visiting, we reviewed a range of information we held about the hospital.

During our inspection we visited the intensive care unit and high dependency unit. We observed a ward round, staff handovers and patients' procedures and consultations. We spoke with five patients and their families, reviewed 14 patient records and reviewed a selection of trust policies. We reviewed performance information and data from and about the trust. We obtained patient feedback and observed their care.

We spoke with 23 members of staff including consultants, junior doctors, senior managers, nurses of all grades, outreach team, physiotherapists, pharmacists, dietitians, and administrative staff. We received comments from people who contacted us to tell us about their experience.

## Summary of this service

Our rating of this service improved. We rated it as good because:

# Critical care

- Our rating of the service had improved. We rated it as good because the trust had taken note of concerns raised about the critical care service at the previous inspection and made improvements in many areas such as governance, leadership practice and management of risk.
- Staff understood how to protect patients from abuse and the service worked collaboratively with other agencies to do so. Staff underwent training on how to recognise and report abuse and they knew how to apply it.
- Staff completed risk assessments for each patient swiftly and updated the assessments to minimise patient risk.
- There was an effective system in place to ensure policies, protocols and clinical pathways reflected national guidance. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The critical care performance was comparable with other similar units in the Intensive Care National Audit and Research Centre (ICNARC) audits for the period of 2018/19.
- The service made sure staff were competent for their roles. Patients were cared for by staff with the right qualifications, skills and knowledge to provide safe care. As at October 2019, 91% of staff have completed the post-registration critical care course, which was better than the Faculty of Intensive Care Medicine standard of a minimum of 50%.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The critical care service was planned and delivered in a way that met the diverse needs of the local and surrounding population. Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them. Staff provided emotional support to patients to minimise their distress.
- The trust and service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a culture and focus of continuous learning, innovation and improvement in the service to improve patient outcome
- There were effective systems of governance that looked at quality and performance. Staff understood their roles around governance and there were structures for reposting and sharing information from the department to the division and board and down again.

However, we also found areas for improvement:

- Medicines were not always in date or within the use by date. However, staff followed systems and processes when safely prescribing, recording and storing medicines.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, we identified some areas where staff had not completed it, such as information governance and resuscitation trainings.

# Critical care

- There were systems and processes to control and prevent the spread of infection and the department was visibly clean, tidy and free of any odours. However, the service did not control infection risk well and staff did not always adhere to good infection control practice.
- There was no system in place to ensure equipment was regularly serviced. We found four pieces of equipment that were overdue for servicing.
- Although, the service met the ICS standard on the access to a follow-up clinic for patients discharged from the intensive care unit however there was lack of psychological and multi-disciplinary input at the follow-up clinic.
- Patients experienced delayed discharge from the service. In 2018/19, 8.7% of patients experienced a delayed discharge of over eight hours, which was worse than national average (4.5%) and similar unit (6.8%).

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Although there had been improvements in some safety respects such as the environment, fire safety risk, morbidity and mortality meetings, concerns from the previous inspection in relation to staff mandatory training, resuscitation training, infection control and management of controlled drugs had not been fully resolved.
- Medicines were not always in date or within the use by date. However, staff followed systems and processes when safely prescribing, recording and storing medicines.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, we identified some areas where staff had not completed it, such as information governance and resuscitation training.
- The service did not have enough allied health professionals (AHP) with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The staffing level for the AHPs such as the physiotherapist and speech and language therapist were not in line with best practice.
- Staff reported incidents and we could see some learning was shared however, staff did not always receive prompt feedback on reported incidents and some staff were not aware of a recent serious incident in the service.
- There was no system in place to ensure equipment was regularly serviced
- Although the medical staffing met the Faculty of Intensive Care Medicine (FICM) guidance and the ICS standards staff felt more junior doctors where needed at night.

However:

- The ratio of nurses to patients met standards set by the Faculty of Intensive Care Medicine and the Intensive Care Society (ICS).
- Staff understood how to protect patients from abuse and the service worked collaboratively with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff were appropriately trained on the management of sepsis.

# Critical care

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ● ↑

Our rating of effective improved. We rated it as good because:

- Our rating of the service had improved. We rated it as good because the trust had taken note of concerns raised about the critical care service at the previous inspection and made improvements in the areas of staff appraisal, review of policies and knowledge on mental capacity assessments, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards had been addressed.
- There was an effective system in place to ensure policies, protocols and clinical pathways reflected national guidance. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The hospital's performance was comparable to similar units in the ICNARC audits for the period of 2018/19.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- There was good and effective multidisciplinary work. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Critical care staff worked well with other specialities within the trust as well as external community services.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However;

- Managers did not always give all new staff a full induction tailored to their role before they started work. Although the service met the Intensive Care Society standards for ensuring all newly appointed nursing staff received a period of supernumerary practice there was no consistent process in place to ensure staff had their local induction during this period.

# Critical care

## Is the service caring?

Good ● ↑

Our rating of caring improved. We rated it as good because:

- The service had taken note of concerns from the previous inspection and made improvement on the environment and ward round process to ensure patient privacy and dignity were maintained. We observed that patients and visitors could no longer overhear conversations between staff and other patients
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- At the last inspection, the NHS friends and family test (FFT) results demonstrated variable feedback and recommendation ratings. At this inspection we noted significant improvement in the FFT results.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The critical care service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care including their commissioners, neighbouring trusts and region network.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Although the service admitted and treated patients in line with national standards however some patients experienced delayed discharge from the unit.
- In 2018/19, 3.4% of patients were discharged to the wards overnight between 10pm and 6am, which was within the expected range.
- For the same period, the service performed similar to the national average on the unplanned readmission within 48 hours.
- For the same period, the number of non-clinical transfer to another critical care service was 0.1% which was better than national average (0.3%).
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However;

# Critical care

- Although, the service met the ICS standard on access to a follow-up clinic for patients discharged from the intensive care unit there was a lack of psychological and multi-disciplinary input at the follow-up clinic.
- In 2018/19, 8.7% of patients experienced a delayed discharge of over eight hours, which was worse than national average (4.5%) and similar unit (6.8%).
- The critical care service had a process for responding to complaints but had not always responded within the 25 day standard for responses.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- The trust had taken note of concerns raised about the service at the previous inspection and made improvements in many areas such as of governance, risk management, culture, strategy, and information management.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood their vision and strategy and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service had engaged with staff in developing new strategy, vision and quality improvement in the service.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

- The critical care service intranet was exemplary for staff development and disseminating key information amongst the staff to drive improvement. It contained relevant and key information for staff such policies, ICNARC performance metrics, serious and adverse incident reports and infection rates, critical care audit database, dashboard, performance, and access to e-learning and trust guidelines.

## Areas for improvement

Actions the provider SHOULD take to improve:

- The trust should ensure there are systems and processes in place for the safe management and administration of controlled drugs.
- The trust should ensure all medical and nursing staff complete mandatory training.
- The trust should ensure that medical and nursing staff are compliant with the adult and paediatric life support training.
- The trust should ensure that medical and nursing staff are compliant with the safeguarding training.
- The trust should review the allied health professional staff establishment and provision in the service.
- The trust should ensure that staff adhere to appropriate hand hygiene and infection control practices.
- The trust should review processes for the management of equipment.
- The trust should ensure they review the follow-up clinic provision in the service.
- The trust should review the allocation of junior doctors during the night shift.
- The trust should continue addressing the high vacancy rates for nursing and medical staff in the service.
- The trust should ensure that delayed discharges were in accordance with best practice recommendations.
- The trust should ensure they review processes for the induction, training and orientation of new staff into the unit.

# Diagnostic imaging

Requires improvement 

## Key facts and figures

The imaging department at Croydon University Hospital provides the following services:

- CT Scanning
- General, vascular, breast and obstetric/gynae ultrasound
- Interventional and non-interventional fluoroscopy
- Plain film and dental radiography
- Mammography
- Theatre and mobile radiology
- MRI Scanning- open and closed scanners provided in partnership with an external imaging company.

Direct access is available to GPs for plain film radiography, general ultrasound and a limited range of CT and MRI procedures. Decision support software installed on the GP ordering system Sunquest Ice assists the GPs with ensuring that referrals are appropriate. A walk-in extended day/weekend plain film radiography service is available for GPs. A Duty Radiologist is available daily to respond to queries from internal and external referrers.

Radiology requesting is done via an electronic system and image reporting is done using a dedicated voice recognition system. Reports are sent electronically to internal and external referrers. The imaging department utilises an exchange portal to transfer and receive images between participating trusts.

The service cared for both adults and children and young people (CYP) and was spread throughout the hospital. On this inspection we did not inspect the MRI scanners, as these were supplied by another care provider. While on inspection we spoke with 16 patients and 25 members of staff including radiographers, department assistants, managers, radiologists and bookings/administration staff.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We had a team of one hospital inspector, one IR(ME)R inspector and one specialist advisor.

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because :

Most staff were unable to show us training records demonstrating us they had received training to use the machines and carry out the procedures they were doing.

- Managers were aware of the lack of a comprehensive local induction for new staff members and were actively working on a new induction pack, however this meant new staff were not being inducted thoroughly and could miss important information as there was no record of what they had and hadn't been trained to do.
- We were not assured all incidents were being reported and investigated thoroughly. Staff told us they did not always have the time to report all incidents and the department manager told us they were struggling to use the software.

# Diagnostic imaging

- Department audits were not all formally logged and therefore their use and the validity of the data they produced was limited, as methodologies were not approved.
- The friends and family test was not broken down enough for the diagnostic imaging department to get their results. This meant that although the department was asking patients for their feedback managers were not receiving this information to act upon.
- We had concerns over the governance systems and how information and documentation was shared with staff within the department, including the robustness of the risk register. Many staff were not aware certain protocols and procedures were available to them to refer to. This meant they may have been unknowingly working outside of protocols they were not aware of.
- Clinical leaders did not have the time and resources to fully work through all the issues the department was facing and had been highlighted in reports written by their Radiation Protection Advisor (RPA) in 2018 and 2019. The reports both highlighted 15 of the same problems, demonstrating these had not been acted upon in 2018.
- Printed patient information was not available in languages other than English. With such a diverse multi-cultural population this could mean some patients were missing out on vital information as they were unable to read or understand English.

However:

- Staff carried out risk assessments and administered contrast safely in line with the patient group direction (PGD).
- Staff tailored their care to fit the patient's needs and used a multidisciplinary approach when necessary.
- Many services were open seven days a week and superintendent radiographers in places which were not open seven days a week had the authority to open longer if they needed to. The impact of this was demonstrated in the fact that the department consistently achieved its six week wait time target and had consistently achieved this more often than the England average.

## Is the service safe?

**Requires improvement** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because :

- Medical staff and allied health professionals were not meeting all their mandatory training targets.
- Staff were unable to evidence they had received appropriate training to use the equipment. Although staff reported they had received some training the hospital did not hold the records for this, therefore there was no official record of staff competence.
- We were not assured the quality assurance checks carried out on the machines were always fit for purpose. We were told the equipment used might not be sensitive enough to pick up on potential errors.
- The service did not have enough medical staff to carry out work in a timely manner, there were large lists of images awaiting review, we were told some of these images were three months old.
- We were not assured the service was reporting and investigating all incidents thoroughly. Staff told us they did not always report all incidents as they did not have time to do so. Managers also told us they struggled to use the incident investigation software. We were told this is improving but there were still a number of incidents that had not been reviewed including at least one from January 201.

# Diagnostic imaging

However:

- Medical staff and allied health professionals were meeting training targets in safeguarding for both adults and children. Staff we spoke with were able to tell us the signs they would be concerned about and how they would raise a safeguarding concern.
- The service controlled infection risks well and the department was visibly clean. We observed staff followed correct infection control procedures when cannulating patients and after scans or images were taken all equipment used was cleaned.
- Staff carried out risk assessments, when required, to minimise risks of adverse reactions.
- Contrast agents were prescribed and managed well, staff knew and followed safe practice when administering contrast and the service had and up to date patient group direction to stipulate the pre-defined patient group who could receive contrast.

## Is the service effective?

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We do not rate effective for diagnostic services

- Staff were unaware of some of the working policies and procedures and were unable to find key documents which should inform their daily practice.
- Not all audits carried out in the department were recorded and reported to the audit team. This limited the usefulness and validity of the data they produced and meant work could be duplicated as staff could be working on the same audit but not have communicated this.
- Most staff were unable to evidence local training records demonstrating they had read and understood local policies and procedures. This was an issue the manager was aware of and was working to rectify. There were new competency packs being developed and trialled by new members of staff.
- The service did not actively promote a healthy lifestyle and support service. There was a very limited selection of leaflets available for patients to take to signpost patients, relatives or carers to support services, if required.
- We found significantly out of date policies while on inspection. While these policies had been reviewed and updated the old copies had not been removed from the clinical areas. We raised this issue with staff, who did not remove the document. We escalated this issue to the department manager.

However:

- There were good working practices to care for patients with diabetes who needed to fast before their image. Bookings staff were clear in the policies and procedures to minimise disruption to these patients.
- Staff were qualified to meet the needs of the patients. Only Health Care Professions Council (HCPC) registered radiographers and specially trained radiologists were able to expose patients to radiation.
- Some services were available seven days a week. Superintendent radiographers leading those services with more limited opening hours were able to speak with the department manager and open longer, or at weekends, to keep patient waiting times to a minimum.

# Diagnostic imaging

- Staff had an understanding of the Mental Capacity Act (2005) and were able to explain how they applied this to their work, particularly surrounding competence to consent for exams. However, staff did not demonstrate full understanding of Gillick Competence and Fraser Guidelines (guidelines for young people to consent for exams). They understood the principles behind them and told us what they would do if a young person refused to consent for an exam, even if their parent or guardian had consented.

## Is the service caring?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because :

- We observed staff were responsive to patients needs and tailored their care for patients when necessary. We observed holistic care for patients with additional needs and multidisciplinary work to ensure a smooth process for patients.
- Patients told us they felt staff treated them well and with kindness. They felt staff explained procedures well and understood why the images were necessary.
- Sonographers told us they automatically had chaperones booked for patients undergoing internal ultrasounds. Patients were given a choice on the day if they would prefer a male or female chaperone. Radiographers explained that, for other procedures, patients were able to request a chaperone for their appointment.
- Sonographers had undergone training in breaking bad news compassionately. There were also procedures in place throughout the department to ensure only trained members of staff gave patients bad news once there was support to care for them. This meant patients may not always have been given their results on the day but, when they did receive results, they were supported with their decisions about ongoing care plans.
- The department allowed patients to be accompanied by their relatives or carers throughout exams, if they requested this support.
- Staff understood and respected the holistic needs of patients and how these might relate to care needs. We were told in fluoroscopy they attempted to pre-empt care needs and for any female patients undergoing internal exams the list is run by female radiologists and female radiographers.
- We observed pre-planned anticipation of patient needs and multidisciplinary working to reduce the stress on patients with additional care needs.

However:

- We observed staff walking past patients without acknowledging them in the waiting rooms. This included patients in beds, without call buttons. This could lead bed bound patients to be unable to signal they needed help.
- Although patients were able to give feedback using the friends and family test this was not broken down for the diagnostic imaging department. This meant staff were not able to act on patient feedback, as they were not sure what had been directed at them.
- Room design was not always appropriate to maintain patient confidentiality, on a few occasions we were able to walk in on patient's being imaged.

# Diagnostic imaging

- Staff told us they would care for a distressed patient in an open environment. They told us they would take them to a quieter part of the waiting room and explain the procedure and try to alleviate any concerns the patient had. In principle this was good practice, however the waiting room was still a public space and therefore other patients and members of the public could walk past. We were told by staff there were no side rooms they could take patients to, to allow privacy.

## Is the service responsive?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because :

- The service accepted referrals on the day, when possible. This not only helped other departments but also helped to minimise the number of times patients had to attend the hospital.
- The service had access to interpreters when it needed them. If the need for an interpreter was known ahead of time the bookings team were able to arrange a face to face interpreter. If the need is only made clear on the day of the appointment the team had access to a telephone translation service.
- The service was achieving better than the England average for diagnostic waiting times. Staff told us there was a push to make sure patients were seen in a timely manner and as such were able to speak with the department manager and open outside of planned hours to meet changes in demand and keep waiting times to a minimum.
- Patients told us they knew how to raise concerns, should they want to. There were signs in the waiting rooms asking for feedback on services. Staff also told us they would try to resolve any complaints locally and in a timely manner but would also tell patients who raised they were unhappy how to complain formally.

However:

- The patient information leaflets and letters were not in a range of languages, therefore if patients were unable to understand English they could not be sent the information in a format which was accessible to them.
- We did not see evidence in clinical governance meeting minutes that complaints and concerns were discussed and learned from. Staff were unable to tell us about any learning that had been shared with them from a complaint that was made.
- We were not assured that managers were able to fully investigate complaints. At the time of inspection there was only one member of staff who did not have any clinical responsibilities, they therefore had a large workload and told us they were struggling to respond to all the complaints.

## Is the service well-led?

**Requires improvement** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because :

# Diagnostic imaging

- The imaging manager and lead consultant radiologist faced a heavy workload. While they understood and could explain the issues the department was facing, they were unable to attend to them all and struggled to prioritise what needed to be focussed on. The imaging manager joined the trust in March 2019 and did not have sufficient support to make all the necessary changes. Since inspection we have been told there are two more non-clinical managerial roles out for recruitment.
- The department did not have a formal vision for the future, while there were future plans for machine replacement and environment updates there was no centralised vision for the future of the service.
- The department did not hold a register of approved non-medical referrers. Without a defined list of non-medical referrers staff were potentially carrying out unjustified procedures. The department also did not hold a signatory list. This meant when members of staff signed for completing a task there was no list to demonstrate who had carried this out. Therefore, we could not be assured that tasks were carried out by staff who were trained to do them.
- The department held a risk register which did not entirely reflect the concerns we found on inspection and did not demonstrate robust action plans to existing risks.
- We were not assured the department was actioning identified problems quickly enough to keep patients and staff safe. We saw reports written in 2018 and 2109 by the departments Radiation Protection Advisor (RPA) which highlighted many of the same issues. Since the 2019 report was sent the department had developed an action plan, however this did not cover all actionable areas.
- The radiation safety committee was slow to act on areas deemed as a priority by the RPA. The department shared meeting minutes from October 2018 where the RPA had highlighted the need to replace the damaged doors on an X-ray room as they could not be assured the doors were performing as they should for radiation protection. This was not actioned until August 2019. Similarly, the October 2018 and January 2019 radiation safety committee minutes highlighted a need for the department to use Diagnostic Reference Levels (DRLs) to compare all exposures to average doses to allow high doses to be highlighted and, if required justified by practitioners.

However:

- Staff told us they felt valued by the department and that they were able to care for patients in the way they wanted to, except for the environment being dated.
- Staff were given opportunities to develop and progress in their careers and the new management structure had allowed for senior members of the team to take on more responsibilities, that were more defined.

Serious incidents were followed up and reported upon with the report actions carried out. We saw one serious incident report, which had been shared with the family of the patient in question. The clinical lead was able to explain how far through the action plan they were and knew what was still in progress.

## Areas for improvement

Actions the provider **MUST** take to improve:

- The trust must continue to work on its governance processes within diagnostic imaging and continue to support the department manager to make the changes required.
- The trust must take action to ensure all clinical areas in diagnostic imaging are secured and that no members of the public are able to enter whilst procedures are being carried out.

Actions the provider **SHOULD** take to improve:

# Diagnostic imaging

- The trust should work towards ensuring written information sent to patients from diagnostic imaging is accessible to patients for whom English is not their first language.
- The trust should ensure the diagnostic imaging department is provided with its friends and family test data to ensure the department is able to understand how patients feel about the service and identify any potential areas for improvement.
- The trust should continue work to ensure all audits carried out in the diagnostic imaging department are logged and approved by the trust audit team.
- The trust should continue work on developing an induction package for diagnostic imaging and subsequently maintaining a record of staff training.
- The trust should compile a signatory list of staff in the diagnostic imaging department to ensure members of staff can be identified and accountable for their actions.
- The trust should continue to work on improving the quality assurance checks performed on diagnostic imaging equipment and should also continue its procurement processes to ensure quality assurance equipment is fit for purpose.
- The trust should review the numbers of radiographers working clinically in the diagnostic imaging department to enable all shifts to be covered.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

Carolyn Jenkinson Head of Hospital Inspection London led the inspection. An executive reviewer, Christine Allen, Chief Executive of West Hertfordshire Hospitals NHS Trust, supported our inspection of well-led for the trust overall.

The team included six inspectors, one pharmacy inspector, two assistant inspectors, twelve specialist advisors and one expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.