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

Royal National Orthopaedic Hospital NHS Trust (Stanmore)

Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, HA7 4LP
Tel: 02089542300

Date of Inspection: 31 January 2013
Date of Publication: March 2013

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

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Management of medicines: Met this standard
- Safety and suitability of premises: Action needed
- Requirements relating to workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
### Details about this location

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<th>Registered Provider</th>
<th>Royal National Orthopaedic Hospital NHS Trust</th>
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<tr>
<td>Overview of the service</td>
<td>The Royal National Orthopaedic Hospital (Stanmore) is the main site for the Royal National Orthopaedic Hospital NHS Trust. The Trust provides a comprehensive range of neuro-musculoskeletal health care, ranging from acute spinal injury or complex bone tumour to orthopaedic medicine and specialist rehabilitation for chronic back pain sufferers. It takes patients from across the country.</td>
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<tr>
<td>Type of services</td>
<td>Acute services with overnight beds</td>
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- Management of medicines
- Safety and suitability of premises
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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We were accompanied by a pharmacist and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

The inspection team included a pharmacist inspector. We inspected two children's wards, the pharmacy, a post operation ward and three inpatient wards. We spoke with 19 people who use the service, four visitors and 56 members of staff.

Most patients were satisfied with their care and treatment. They told us that these had been explained and that they were involved in their treatment. They said that their privacy and dignity was maintained. This was confirmed by the staff we spoke with and the records we viewed.

Most patients told us that they had access to their own medication and staff supported them with this when required. The hospital ensured medication was administered appropriately, however we found it was not always stored correctly.

Patients told us they were generally happy with the environment of the hospital but some commented that the premises were "restrictive" and "in need of repair". The environment was not suitably designed to meet the needs of patients.

Patients were happy with the staff who cared for and treated them. We found that staff appropriate recruitment checks were carried out on staff before they worked with patients.

There were opportunities for patients to give feedback regarding their care and treatment. The Trust undertook regular checks and audits to ensure it was providing safe care and treatment.

You can see our judgements on the front page of this report.
What we have told the provider to do

We have asked the provider to send us a report by 18 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. All the patients we spoke with were given information about their condition and what to expect during their treatment. The staff confirmed that this information was always explained to patients in a way which they could understand before their treatment was started. The staff told us that patients were given information leaflets about their specific needs and treatment. The Trust used interpreters where necessary. When we spoke with visitors, they told us that they were kept informed about their relative's treatment.

Nursing notes were kept next to patient's beds so patients could have easy access to information about their care. These notes included consent forms which showed that patients had agreed to their treatment. Visitor times were flexible to accommodate different people's needs.

People's diversity, values and human rights were respected. All the patients we spoke with told us their privacy and dignity was maintained. When treatment was being discussed, this was done either in a private room or as privately as possible at the bed side. The curtains for the beds covered the entire area so patients could have privacy when they required, such as when washing. Patients said staff asked to enter if the curtains were drawn and we observed this happening.

Most wards and bathrooms were separated by gender. In wards where the patients had an acute(serious) condition, all attempts were made to keep patients of different genders separate. For instance, in one ward, beds on either side of the ward were designated to each gender. Patients were able to practice their religion where one patient told us they were able to see a hospital chaplain. Another patient said meals were offered that respected their cultural needs and preferences.

People were supported in promoting their independence and community involvement.
When we spoke with one patient, they said they were encouraged to wash as much of themselves as possible before they were supported by staff. Some patients received physiotherapy treatment. They were also able to use the hospital gym for rehabilitation. There were play areas in the children's wards which contained games both for children and teenagers. Children also told us they could bring in their own games and entertainment such as DVDs and computer games.
Care and welfare of people who use services  

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Most of the patients we spoke with told us that they were happy with their treatment and that they received consistent care. One patient said that the staff were "like family" and that they "couldn't have a better hospital." They said staff monitored them and always attended to any requests. Where a patient was concerned about some of the care they had received, we saw that staff on the ward had reviewed practices and procedures to address some of these concerns. All the patients we spoke with said they would recommend the hospital.

All the records we viewed contained information that enabled staff to provide safe treatment for patients such as medical history, treatment plans, observation charts, medication requirements and allergies. They also included assessments for any areas where patients were at risk. There were ongoing assessments and charts to monitor patient wellbeing and treatment. These had been completed and action taken to minimise identified risks. Specialist nurse support was available if a patient required more intervention due to their condition.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Most of the patients we spoke with told us their discharge arrangements had been discussed with them and they were able to explain what they were. Provisional discharge arrangements were recorded in all the treatments plans we checked. They had a discharge date, and details of the support and medication the patient required once they were discharged. The nursing staff had clear procedures for sharing information with each other and other clinicians. As part of the handover of information, patients were asked by the staff about their wellbeing. Although some staff we spoke with said they were sometimes stretched to cover their workload, the Trust was able to ensure there were enough staff to meet the needs of their patients. The staff told us that there was good team working where different clinicians supported each other to ensure care was delivered in a safe and timely manner.
Management of medicines

Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The patients we spoke with said that they were happy with the way their medicines were managed. One person told us that they would like to take their own medicines but they understood it was not possible because they had had an operation. One other person said that they had asked to take their own medicines and that they had signed consent to do so. The person showed us they kept their medication securely with their own key. We asked about pain relief and were told that medicines were always brought promptly if people needed them and the dose and formulation was adjusted to give them the effect they needed. The Trust also had pain assessment systems to check if patients were in pain in case of poor communication.

Pharmacy services provided to the wards covered checking medicine prescriptions for accuracy, a supply function, and medicines advice. There was a 24 hour on call service for an out of hour’s pharmacist and all staff we spoke with knew how to access medicines out of normal working hours. For complex medicines advice, pharmacists had access to a specialist Medicines Information Service.

There were appropriate arrangements for obtaining medicine. All staff we spoke with said that they had a good service from pharmacy. Pharmacists were working on designated wards and were checking and verifying medicines, screening prescriptions, supplying medicines and offering advice and training. Technicians visited the wards up to three times a week so that supplies of medicines did not run out.

Appropriate arrangements were in place in relation to the recording of medicine. Pharmacists were also involved in programmes to reduce the risk of medicine errors from prescribing to administration. We saw the audits of errors and concerns identified and the action taken to reduce and prevent them from happening again. We saw that drug charts and controlled drug registers had been re-designed and investments were being made in new technology to facilitate the reporting of errors and concerns and also to aid compliance. When we spoke with staff they told us they would do both a check with the patient as well as all the records if there was a suspicion medication had not been administered when required. If an error did occur, they would report this to a senior.

There was electronic prescribing for discharge medicines and, as most admissions were
planned, the discharge process commenced early in the patients' stay. A member of staff showed us the electronic system and how a pharmacist inputted data. A doctor could check and modify the prescription before printing out a discharge letter. Both nurses and pharmacists explained the medicines to the patients and there was a contact number patients could use for any queries after discharge.

Medicines were safely administered. We heard how the use of patient's own drugs were encouraged and that, as part of the admission process, medicines were checked and people were asked to bring in one month's labelled supply. Patients told us that the administering of medication was normally on time and that the reason for any medication was explained to them before it was administered. The Trust had a policy to facilitate self-medication and we were told that this was part of rehabilitation in the long stay wards. The adult wards had POD (patient own drugs) lockers to store individual supplies and the Trust was further looking at the feasibility of more people self medicating.

Medicines were kept safely. The hospital had completed an audit on the security of medicines during the previous year and taken action to improve safety. We looked at storage in three wards and the pharmacy and saw that on the wards all medicines were securely locked in fridges and medicines cupboards in the locked clinical rooms. Space for storage of medicines in the pharmacy was restricted which meant there was both a security risk and a risk of error.

Medicines were prescribed and given to people appropriately. We saw from the prescription charts and medicine protocols that people's medicines were prescribed, checked and administered as intended by the prescriber.
Safety and suitability of premises

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Patients were not protected against the risks associated with unsafe or unsuitable premises. When we spoke with patients, they told us they were able to move around the premises but some patients told us they were unable to leave their ward as the slope (which connected the wards and various departments) was too steep for them to use either in a wheelchair or by walking. Some patients also said that the hospital porters sometimes struggled with the slope when moving patients. Another patient said it took over a week for the central heating to be fixed in the Spinal Care Injury Centre (SCIC) when the weather was particularly cold although they said extra blankets were supplied to patients during this time.

We saw parts of the wards had handrails and the washing facilities were accessible for patients with physical disabilities. However areas of the building were old and in need of repair. We saw one shower room in the SCIC that was leaking water out into the corridor. The waiting area leading to the SCIC was carpeted which meant it could not be cleaned sufficiently to be free of infection risks. Flooring in one area was damaged and cracked with some of the flooring stuck down with tape.

Staff told us they had to take patients to operating theatres through outside areas that were not sufficiently covered or protected. They also said equipment used for the disposal of soiled waste constantly required repairing in the children's wards. Senior Trust staff told us the problems with this equipment were was due to the poor state of the plumping on the site. They also said the showers were affected by this.

There were not enough storage facilities on the wards we visited. This meant equipment such as wheelchairs and hoists were left in corners. The pharmacy did not have enough space to securely store medication which meant there was a security risk and risk of error.

The staff told us that the environment was kept clean and that the repairs were attended to when needed. However they all said the environment was unsuitable. They said that there was a lack of space for storage of equipment and at some of the bed sides. The staff also
said there were extremes of both hot and cold temperatures within the buildings.
Requirements relating to workers  

People should be cared for by staff who are properly qualified and able to do their job  

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Most of the patients we spoke with were happy with the staff that were caring for them. Patients told us they found the staff very thorough and consistent with no difference between night and day staff. They said all types of staff were polite, helpful and caring. Patients felt that the staff took time to get to know them.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work. When we spoke with staff, they told us they had gone through a thorough recruitment process before they began work. Various eligibility checks were undertaken including criminal records, right to work, references, qualification certificates and medical checks. The Trust monitored and reminded staff to ensure that their professional registrations were kept up to date. Although the Trust had informed us that they previously had a number of out of date criminal record checks for staff, they had submitted an action plan to ensure that all staff had up to date checks. This was almost completed and they had now updated nearly all outstanding checks. They said they would prevent staff from working if these were not up to date.

Staff had a mandatory Trust induction where they undertook their initial training before they had a local induction in the area they were due to work. This local induction included shadowing senior staff before they could undertake all the duties in their role. The Trust limited its use of agency staff which meant almost all staff had come through their own internal recruitment procedure.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Patients said they had been able to complete surveys and the Trust displayed results of these in each ward. Patients who had previously used the service carried out surveys with people who were currently being treated and their feedback was reported to senior staff where actions were taken. Letters and cards were displayed that showed patients thanking staff for the care they had received. There was a Trust Patient Liaison Service (PALS) who responded to patient feedback and provided advice for patients.

There was evidence that learning from checks and audits took place and appropriate changes were implemented. The hospital clearly displayed the results of whether it was meeting its internal targets in and for each ward so that patients could see how the service was being monitored. Information displayed in each ward included audits around complaints, infection rates, falls and pressure ulcers. Action plans were also displayed to show how the Trust would improve as a result of these findings.

The Trust regularly monitored its compliance with the Health and Social Care Act 2012 Regulations and NHS national targets by through its own internal system. Staff told us that they carried out their own audits, as well as peer audits of other wards, and that Trust wide checks took place.

The Trust had a system where staff could propose audits that they thought should be carried out. Recent audits included hand hygiene, medication, nutrition, infection control and pharmacy. Following these audits, a report was compiled with recommendations and action plan for improvements.

We were concerned about the number of pressure sore incidents that had been reported in the last nine months and that a previous external pharmacy inspection had brought up concerns. Both a pressure sore and controlled drugs audits had taken place and action plans had been put in place which had led to improvements. Actions included additional staff training. These areas continued to be monitoring. Risks that arose either from an audit or other means were recorded on the Trust’s risk register. This was monitored both at
local and Trust wide level to ensure any risks were mitigated.

The Trust took account of complaints and comments to improve the service. As part of their monitoring of complaints and feedback, senior staff identified and reviewed trends to find areas of improvement. Monitoring of complaints, incidents and litigation also took place.
### Action we have told the provider to take

**Compliance actions**

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

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<tr>
<th>Regulated activities</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td>
<td>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Safety and suitability of premises</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>The provider was not compliant with regulation 15 (1) as service users and others were not protected against the risks associated with unsafe or unsuitable premises as the premises was not of suitable design or layout, and was not adequately maintained.</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
About CQC inspections

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

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

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

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

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

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

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

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

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

You can tell us about your experience of this provider on our website.
How we define our judgements

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

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

✔ Met this standard

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

✗ Action needed

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

✗ Enforcement action taken

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

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

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

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

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

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

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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