

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

## South Wing, St Pancras Hospital

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Date of Inspection: 08 October 2012

Date of Publication:  
November 2012

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

**Consent to care and treatment** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Meeting nutritional needs** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Central and North West London NHS Foundation Trust
Overview of the service	South Wing, St Pancras Hospital is a location of Central and North West London NHS Foundation Trust. It consists of two wards that provides medical rehabilitation to adult patients. The wards are Oakwood and Rochester. At present, Rochester is temporarily sub-divided into two wards, East and West, during re-furbishment works.
Type of services	Community healthcare service Rehabilitation services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 October 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We observed that staff explained procedures and spent time meeting the needs of patients when required. Most patients we spoke with told us that staff treated them with respect and dignity.

There was recorded evidence that when it was felt that patients lacked the capacity to make a certain decisions, staff carried out decision-specific Mental Capacity Assessments with them.

There was evidence that risk assessments were completed for all patients as part of the admission procedure. Each patient had an individual care plan that was based on their risk assessment. The majority of patients told us that staff were "good" and that the overall care had been "satisfactory".

The majority of patients we spoke with gave positive feedback about the food at the hospital. Some patients said that the food was "excellent" and one patient told us "I really enjoy the meals".

Nurses administered medicines at the prescribed time and signed their initials on the prescription chart at the time the medicine was given to the patient.

The majority of staff we spoke with was positive about working at the hospital. Nursing staff interviewed reported that they were supported by their colleagues and were able to discuss issues with senior staff when required.

Staff made records of patient's care that were clear, concise and legible on the trust's electronic data management system. Medical doctors recorded their care notes in the patients' paper medical files.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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Patients understood the care and treatment choices available to them. We observed that staff explained procedures and spent time meeting the needs of patients when required. However, one patient told us that staff appeared to be "always in a hurry" to communicate with them and we did observe that nursing staff were very busy meeting the needs of patients during the peak morning period.

Patients were given appropriate information and support regarding their care or treatment. They had access to information leaflets on the treatments and services available as these were displayed around wards. However, one patient told us that nursing staff did not always give them information about their condition, but recognised that they were very "rushed off their feet".

Peoples' diversity, values and human rights were respected. Most patients we spoke with told us that staff treated them with respect and dignity. Staff told us that patients were cared for in single sex bays throughout their stay at the hospital. This was confirmed by patients and by our observation. Staff used privacy screens around patients' bedside when attending to their personal needs. Call buzzers were within easy reach of patients and when used, staff responded in a timely manner. Staff had access to an interpreting service for patients who spoke little or no English and the wards were accessible to patients who used wheelchairs.

The provider may find it useful to note that during peak morning periods, nursing staff had little time to communicate with patients. This meant that for some patients, there was a delay in having their needs met.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

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Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Patients told us that they gave their permission for staff to carry out care activities with them. There was evidence that patients gave their written consent for certain treatments, for example the flu vaccine.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. There was recorded evidence that when it was felt that patients lacked the capacity to make a certain decisions, staff carried out decision-specific Mental Capacity Assessments with them. For example, staff carried out a capacity assessment of a person's ability to make the decision about a safe discharge plan. Staff we spoke with understood the requirements of the Mental Capacity Act 2005 and had access to the relevant training.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There was evidence that risk assessments were completed for all patients as part of the admission procedure. Risk assessment records included nutrition, hydration, skin integrity and mobility. Staff explained the risk assessments and how patients were continuously monitored. Each patient had an individual care plan that was based on their risk assessment.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The majority of patients told us that staff were "good" and that the overall care had been "satisfactory". Staff informed us that discharge planning discussions took place between patients, their consultant and all other relevant health and social care professionals. Patients and families told us that prior to discharge staff discussed relevant areas of care and support required, including administration of medication.

There were arrangements in place to deal with foreseeable emergencies. There was a medical emergency policy and appropriate equipment in place. We saw evidence that medical equipment was checked and recorded on a daily basis. Training records showed that most nurses and health care assistants had attended annual training on resuscitation, anaphylaxis and fire safety.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People's food and drink met their religious or cultural needs. Patient records included specific information on diet and cultural and religious requirements. Records showed that a dietician had spent time with patients and a menu/diet plan was agreed with them.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Staff told us that they would prompt patients to eat and drink when necessary and would also assist if required. Nutritional risk assessments were carried out with all patients as part of the hospital's admission procedure. The hospital operated a "red tray" system to identify patients that required assistance with eating or having their food intake monitored. None of the patients we saw required "red trays".

The hospital had a protected mealtime policy. Staff were aware of this policy and what it meant for patients. We saw this information displayed for everyone to see on all wards we visited. We observed staff serving lunch to patients, ensuring that the correct meals were given to each individual. Patients told us that hot meals were always served at a good temperature.

People were provided with a choice of suitable and nutritious food and drink. The majority of patients we spoke with gave positive feedback about the food at the hospital. Some patients said that the food was "excellent" and one patient told us "I really enjoy the meals". Daily menus were provided to patients and nursing staff were seen to assist some patients that were not sure of the choices to make. Menus we looked at had a variety of meals for patients to choose from and patients told us that they were pleased with the choices on offer.

The menu service for the wards did not include special diets, for example, for people who were diabetic. However, there were options on the menu that were 'healthy' choices, symbolised by a heart, which relevant patients were supported by nursing staff to select.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining medicines. There were records that showed that staff requested medicines from the pharmacy as required. Allocated pharmacists monitored the management of medicines on the wards.

Medicines were safely administered and appropriate arrangements were in place in relation to the recording of medicine. Doctors prescribed medicines on prescription charts and signed for them as required. Nurses administered medicines at the prescribed time and signed their initials on the prescription chart at the time the medicine was given to the patient.

There were arrangements for patients to self-administer their medicines, if they were capable and had the capacity to do so. The pharmacists were involved in assessing patients' ability to self-administer their medicines. Currently, patient medicines to be self-administered were kept in bags in medicine trolleys as personal medicine cupboards at their bedside were not yet available.

Medicines were kept safely. Medicines in regular use were kept in locked trolleys, which were stored in the clinical rooms. The keys for medicine trolleys were kept by staff nurses. Controlled drugs (CDs) were stored securely in locked cupboards within a locked cupboard. CDs administered were countersigned for by two nurses.

Medicines were disposed of appropriately. A pharmacist told us that medicines that were not required by the wards were taken to the pharmacy and disposed in waste bags to be destroyed in an incinerator.

Medicine fridges were available for medicines requiring cold storage. Staff were not checking the temperature of the fridges accurately, but we have been told that this has been corrected since our inspection.

The provider may find it useful to note that review dates for medicines was not always written on the front of prescription charts. This meant that on some occasions, the pharmacist had to get some medicines discontinued as they had passed the expiry date for administration.

The provider may also find it useful to note that when patients were transferred from other hospitals with stock medicines, it led to medicine wastage. This is because the medicines were available onsite and there was no place to store the medicines from the previous hospital. The medicines were taken off the ward by the pharmacists and destroyed.

## Supporting workers

✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### Reasons for our judgement

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Staff received appropriate professional development. The majority of staff we spoke with was positive about working at the hospital. Nursing staff interviewed reported that they were supported by their colleagues and were able to discuss issues with senior staff when required.

Staff told us that they had attended mandatory training and were able to attend specific specialised training courses as part of their ongoing professional development. Training records showed that the trust provided specialised training for staff including the assessment of patients' mental capacity and Deprivation of Liberty Safeguards.

The trust had a system of appraising the performance of staff on an annual basis. The majority of staff we spoke with told us that they had been appraised on their performance by their senior nurse and met with them regularly.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

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### Reasons for our judgement

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Patient's personal records including medical records were accurate and fit for purpose. Staff told us that there was a record keeping policy available on the trust's intranet page. Some staff had difficulty accessing this policy but has been reminded by the management where it can be found. Staff made records of patient's care that were clear, concise and legible on the trust's electronic data management system. Medical doctors recorded their care notes in patient's paper medical file. Staff personal records were treated as confidential and kept by the trust's human resources department.

Records were kept securely and could be located promptly when needed. On the day of our visit, medical records were not kept securely on Rochester East and West wards. Staff have since been informed us that they have moved the notes trolleys on both Rochester wards to more secure key pad locked clinical rooms.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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