North West London Hospitals NHS Trust
Northwick Park Hospital

<table>
<thead>
<tr>
<th>Region:</th>
<th>London</th>
</tr>
</thead>
</table>
| Location address: | Watford Road
|                 | Harrow                      |
|                 | Middlesex                   |
|                 | HA1 3UJ                     |
| Type of service: | Acute services with overnight beds |
|                 | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse |
|                 | Rehabilitation services     |
|                 | Long term conditions services|
|                 | Urgent care services        |
|                 | Diagnostic and/or screening service|

Date of Publication: January 2012

Overview of the service: Northwick Park Hospital is a major acute
hospital in north west London, managed by North West London Hospitals NHS Trust. The Trust provides acute hospital services to more than half a million people living across the London boroughs of Brent and Harrow, as well as patients from all over the country. This was a review of the hospital's Accident and Emergency (A&E) department.
Our current overall judgement

Northwick Park Hospital was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke to patients being treated in the Accident and Emergency (A&E). They told us that A&E staff were 'helpful' and 'very pleasant'. Tests and treatment were explained to patients in a way they could understand and they were kept informed of their progress and what would happen next. Patients felt able to ask questions of doctors and nurses and said they were listened to. Most patients were happy with the care and treatment they received but some were frustrated that they had not been informed how long they might have to wait. Issues were also raised about some cubicle curtains which were ill-fitting and could have compromised the dignity of patients. Trust managers told us these issues would be addressed.

What we found about the standards we reviewed and how well Northwick Park Hospital was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Relatives and patients were generally positive about the quality of care and treatment provided to them. Patients received care and treatment that met their needs and minimised risks to their safety.

Overall, we found that Northwick Park Hospital was meeting this essential standard.
Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were sufficient numbers of suitably qualified staff in place in A&E to ensure the safety of patients and meet their needs. Overall, we found that Northwick Park Hospital was meeting this essential standard.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*. 
Outcome 04: Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spoke with patients and relatives about their experiences in A&E. They told us that staff in A&E were 'helpful' and 'very pleasant'. Tests and treatment were explained to patients in a way they could understand and they were kept informed of their progress and what would happen next. Patients felt able to ask questions of doctors and nurses and said they were listened to. We saw staff interacting with patients and relatives in a sensitive and caring way.

Patients were generally satisfied with their experience. However, one patient said they had not been given an indication of how long they would have to wait and had found this frustrating. We also saw that the fluorescent information sign in the waiting area was either not working or not switched on. People waiting to be seen were not always being informed or updated on probable waiting times.

Patients said their privacy and dignity had been respected by staff in A&E although one person complained that cubicle curtains had been ill-fitting and her husband had had to stand in the gap while she was having a test performed on her heart. When we fed this back to Trust managers they told us this would be addressed to ensure patients' dignity was maintained at all times.

We saw that patients had been provided with drinks and sandwiches while they were waiting where this did not interfere with their treatment. A water dispenser with disposable cups was available for people waiting.
Other evidence
The Trust had either made, or was in the process of making, a number of changes to the A&E in order to improve the flow of patients through the department, increase capacity and ensure patients were diagnosed and treated safely and promptly. Several of these initiatives were already having a positive effect. For example, a separate area ('pit stop') had been created to accommodate up to three patients admitted via ambulance. This area had dedicated staff and had the necessary medical equipment in place. Staff told us that the addition of the 'pit stop' had made a difference to patients arriving by ambulance and they no longer had to wait for long periods before being handed over to A&E staff.

On the day of our visit we saw patients arriving by ambulance being triaged by staff in the major injuries area ('majors') and moved immediately to a cubicle. Handovers between ambulance and A&E staff appeared to take place promptly.

Most A&E patients were initially seen by a triage nurse. Tests and x-rays needed by patients were carried out during triage. An extra nurse had recently been added to the triage team who collected blood samples and ensured tests were carried out promptly. This speeded up the process and meant the patient was ready to see the doctor having already undergone the necessary tests. Staff in triage said this was working well. Doctors described triage nurses as 'fantastic'.

Space in A&E was described as 'an issue' by staff. The area dedicated to minor injuries ('minors') was relatively small for the volume of patients seen. The space available in 'minors' was further restricted by the co-location of a GP run urgent care centre (UCC) which occupied four rooms in the same area. Trust managers told us a new provider was due to take over the UCC and they had approached funders regarding the possible relocation of the UCC, thus freeing up more space to see patients in 'minors'. Work was about to begin on reconfiguring 'majors' to accommodate more patients with serious health conditions.

Staff were able to recognise very sick patients and prioritise their care and treatment. Consultants were actively involved in patient care and several were present in the A&E seeing patients when we visited.

Trust managers told us they were bidding for significant extra funding to enable a complete refurbishment of the A&E to take place. This was to ensure that the A&E was fit for purpose and that there was sufficient capacity to diagnose and treat the high volume of patients presenting to the department.

Our judgement
Relatives and patients were generally positive about the quality of care and treatment provided to them. Patients received care and treatment that met their needs and minimised risks to their safety. Overall, we found that Northwick Park Hospital was meeting this essential standard.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Patients and relatives we spoke with in A&E described staff as 'very capable' and said it was clear that they worked together as a team.

Other evidence
Staff told us that the numbers of staff in the department had increased over the past few weeks in response to the large numbers of people presenting to A&E over the winter period. For example, a doctor we spoke with told us that there had been a 'huge' increase in the number of doctors in the last two weeks. There had also been an increase in the number of nurses allocated to the resuscitation room and an extra nurse in triage.

There were a number of agency and 'bank' nurses and doctors being used to staff A&E. All agency and 'bank' staff underwent a short induction before commencing their shift. Staff told us that the induction of new locum doctors had initially taken a lot of time but this had improved as they returned for further shifts. Locum doctors were allocated to different areas in the department according to their knowledge, skills and previous experience. They were also provided with a four-page induction pack as part of their initial orientation to the department. A 'bank' nurse told us she had received a short induction before starting her first shift in the A&E. She said this had been 'sufficient' to allow her to work safely.

Nurses and doctors were moved to A&E from other parts of the hospital if patients' needs required it. Managers also told us they would obtain extra nursing staff to provide
one-to-one care to a patient when this was needed.

There were two matrons in A&E, one for adults and one for paediatrics who had recently started work in the department. There was always at least one nurse trained in paediatrics working in the paediatric A&E. There was a consultant paediatrician who covered the paediatric ward as well as paediatric A&E. The Trust had plans to recruit a dedicated emergency paediatric consultant.

Staffing levels were described as 'safe' by staff although A&E was 'extremely busy'. Staff were pleased with the recent increases in staffing levels and said it had made a real difference to the quality of their work and the flow of patients through A&E. Staff were hopeful that improved staffing levels would continue. Trust managers confirmed that funding to sustain current staffing levels was in place until the end of March 2012.

A&E nurses were described as 'very good' and 'high quality' by medical colleagues. Staff said they were well supported by managers and senior staff and the whole team worked well together.

Trust managers told us that an external review of the department had recently been carried out and as a result they were currently advertising for new permanent medical staff to join A&E. They were also in the process of determining the permanent nursing posts they needed to recruit to. There were plans to advertise the nursing posts as soon as this process was completed.

**Our judgement**
There were sufficient numbers of suitably qualified staff in place in A&E to ensure the safety of patients and meet their needs.
Overall, we found that Northwick Park Hospital was meeting this essential standard.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
<tr>
<td>Copyright</td>
<td>Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
</tbody>
</table>

Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Postal address</td>
<td>Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA</td>
</tr>
</tbody>
</table>