

# Review of compliance

## West Hertfordshire Hospitals NHS Trust

### Watford General Hospital

<b>Region:</b>	East
<b>Location address:</b>	Vicarage Road Watford WD18 0HB
<b>Type of service:</b>	Accident and Emergency Department
<b>Publication date:</b>	April 2011
<b>Overview of the service:</b>	<p>The Accident and Emergency department provides a twenty-four hour a day, 365 days a year service to the whole of West Hertfordshire. The department assesses and treats all people who present at the A&amp;E Department.</p> <p>The Children's Emergency Department provides emergency care for children and young people up to the age of 16. It is open 24 hours a day, 7 days a week.</p>

#### What we found overall

**We found that Watford General Hospital was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.**

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

## **Why we carried out this review**

We carried out this review as part of a national assessment of the performance of health and social care services in the following key outcomes over the Christmas and New Year period 2010/2011

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

- Care and Welfare of people who use the service
- Meeting nutritional needs
- Safety and suitability of premises
- Staffing
- Supporting workers

## **How we carried out this review**

We reviewed all the information we hold about this provider, carried out a visit on the 7 January 2011, observed how people were being cared for, talked to people who used the service and talked to staff.

## **What people told us**

People told us that they were confident that they would receive the care they needed from appropriately trained staff. They told us that they were happy with the numbers of staff on duty and that they were seen within, what they regarded as a reasonable timescale. They told us that they were treated in a manner that promoted their dignity and that at all times their confidentiality was protected.

Most people told us that they were happy with the environment but there were occasions when the department was not appropriately cleaned following specific incidents.

They told us that they were not happy that the vending machines in the reception area were not working.

## **What we found about the standards we reviewed and how well Watford General Hospital was meeting them**

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

- Overall, we found that Watford General Hospital was meeting this essential standard.

### **Outcome 5: Food and drink should meet people's individual dietary needs**

- Overall, we found that Watford General Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

- Overall, we found that Watford General 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**

- Overall, we found that Watford General Hospital was meeting this essential standard.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

- Overall, we found that Watford General Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## **Action we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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**What we found**  
for each essential standard of quality  
and safety we reviewed

## Our judgement

**The provider is compliant** with outcome 4: Care and welfare of people who use services

## Our findings

### What people who use the service experienced and told us

The people we spoke with on the day of our visit were all happy with the service provided by administrative and health care staff. They said they had been told on arrival the approximate waiting times and that they understood waiting times could be delayed if emergencies needed urgent treatment.

The people we spoke with told us that staff explained what they were doing and kept them informed whilst delivering care.

The people we spoke to in the children's area told us that they expected to wait 10 minutes or less. They were very complimentary about the staff and described them as 'excellent' or 'brilliant'.

On the day of the visit we spoke to the relatives of a very elderly person who had been admitted following a fall. They told us that the staff were attentive and that their relative was treated with respect and dignity. They told us that the staff had explained the treatment and tried to include their relative in the process.

All the people we spoke with told us that they felt that their modesty and privacy was and would be maintained. They felt safe and that they were confident problems would be addressed.

### Other evidence

There is a dedicated reception area for people to book into the department. There are two receptionists responsible for booking people in and directing them to the most appropriate waiting area, for example the children's or adult waiting area, this ensures people are seen and treated by the most appropriate members of staff.

During our visit we noted that the receptionists were friendly and welcoming to those using the service. People's personal details were stored appropriately and we noted during our visit that there was no confidential information on display in the reception area.

People are informed of the estimated times they should expect to have to wait before being assessed and treated. These waiting times were clearly displayed on a

television screen located in the waiting area.

There is an effective triage system in place. The staff we spoke with said that they aim to carry out an initial assessment on children within 10 minutes and adults within 45 minutes to one hour of booking in at reception. We were told by staff that they are usually able to achieve this; ensuring people are prioritised into one of three categories, resuscitation, majors or minors and then treated in order of urgency. Those people arriving by ambulance who need emergency treatment are taken immediately to the resuscitation area and treated without delay.

People's needs are continually assessed and care provided to meet these needs. During our visit we noted that staff collected people from the waiting room and escorted them to the treatment area, providing assistance as required. We also observed ambulance staff escorting an elderly patient into A&E; They ensured the person was comfortable by providing them with a wheelchair and a drink before leaving.

The privacy of people being treated in the department was maintained at all times. For example we noted that the doors to treatment rooms were closed when people were receiving treatment or when they were being spoken to by the staff. We also noted that staff ensured care was delivered in the most appropriate area of the department that met the individual's specific needs. For example those people with mental health needs are treated in one of the treatment areas near the nurse's work station, this ensures that staff can closely monitor the individual and assistance from other staff can be sought as necessary without delay.

The department has a manual system for tracking people through their stay in the A&E department. This system includes a white board located at the nurse's work station that is used to record an individual's details such as time booked in, age, and diagnosis. The staff we spoke with expressed mixed views about the effectiveness of this manual system, some felt that an electronic monitoring system would be more efficient while others felt the system met the department's needs.

There are systems and processes in place to meet the needs of the children visiting the department. While they are booked in at the main reception area they are then triaged and treated by children's trained staff in a separate children's area within the A&E department. Having a separate area means that assessments are undertaken by appropriate trained staff and treatment is provided in a timely manner. The separate children's area also means that they are not exposed to the activities in the main A&E department. On the day of our visit we were told by staff that they were currently assessing and treating children within 10 minutes of them booking into the department, ensuring their needs were met in a timely manner.

On discharge from the department people are provided with appropriate information and access to medication. There is a range of information leaflets available for people to take home, these were presented in a clear manner and provided the trust's contact details. During our visit we noted that there was specific information targeted at parents and carers, for example information providing the details of a

local liaison health visitor, who are able to provide additional support to parents.

The staff we spoke with during our visit said that to ensure people have access to medication out of hours, for example antibiotics, which have been prescribed in the A&E department, staff can issue specific prescriptions that can be taken to a community pharmacy and the medication will be dispensed. This approach ensures that treatment is commenced without delay.

**Our judgement**

The trust is compliant with this outcome as people using the service are provided with effective care and treatment that meets their individual needs. Their privacy and dignity is maintained throughout their visit.

## Outcome 5:

### Meeting nutritional needs

#### What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

#### What we found

##### Our judgement

**The provider is compliant** with outcome 5: Meeting nutritional needs

##### Our findings

###### What people who use the service experienced and told us

The people we spoke with on the day of our visit told us that they could not always access food or drink in the department. They said that the vending machine was not working and was 'eating' their money. We were told that this fault had been reported to the relevant person but that it had not been dealt with.

People told us that water was not available in the main reception area and that although it was available in the bay area, there were no cups.

###### Other evidence

During our visit staff told us that they could access food for people as necessary. We noted that the housekeeper took a trolley through the department and offered snacks and drinks to those people waiting for admission to one of the wards. We were told that the trolley is taken through the department regularly throughout the day to ensure people have access to snacks and drinks. Staff are also able to request a limited range of hot food from the hospital's catering department, ensuring those people waiting for admission to a ward or waiting for long periods of time in the department for test results are provided with hot food.

Assistance to eat and drink is not always provided to people. During our visit we did

noted that an elderly man had been provided with food and drink but he was unable to feed himself and staff did not assist him to eat or drink. Staff told us that they did not always have time to assist vulnerable people to eat. This resulted in some people being provided with food and drink but unable eat this as they require assistance that is not provided.

### **Our judgement**

The trust is meeting this essential standard, but to maintain this some improvements are required. Food and drink was made available to people who attend the A&E department. Issues were identified in relation to assisting vulnerable patients to eat and drink and in relation to the maintenance of vending machines.

## Outcome 10:

### SAFETY AND SUITABILITY OF PREMISES

#### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

#### What we found

##### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

##### Our findings

###### What people who use the service experienced and told us

The people we spoke with on the day of the visit told us that they were happy with the waiting area and that the seating was comfortable. People said that on the day of our visit they had found a seat without any problem. People we spoke to told us that the waiting area had not been properly cleaned after a person had vomited on the floor.

We were told by people using the service that the children's waiting area that it was clean, bright and welcoming.

We were told by those people able to voice a view, that the beds in the bays were comfortable.

###### Other evidence

During our visit we found the waiting area to be well heated and visibly clean. However there was a foul odour in the waiting area, the source of this was tissue paper that had been used to clean up vomit. We noted that the floor had not been properly cleaned, staff told us that the need for the bin to be emptied and floor to be cleaned had been reported to the appropriate person but their request had not yet

been carried out.

The department had a suitable layout with defined areas for people with different needs. For example there was a specific area for people with mental health needs; this was positioned close to the nurse's station. This arrangement allowed staff to closely monitor individuals and if necessary access support from other staff. Staff told us that previously the mental health assessment room had been positioned some distance from the nurse's station and that by relocating it to its current position this had been beneficial to both people using the service and staff as individuals could be closely monitored and staff could seek additional support if necessary. The department has its own x-ray facility and plastering facility, these facilities reduce the need for people to leave the department and therefore assist in reducing the length of time people spend in the department.

During our visit we noted that the area around the nurse's station was very noisy, cramped and busy and staff gathered around this area. This noise could be heard in the cubicles near the nurse's station. We were told by staff that these cubicles were used for those people requiring closer observation for example those with mental health needs, those people with dementia. This additional noise and activity could cause distress to some people and impact on their behaviour towards others.

We were told by the staff we spoke to that feedback from people using the department is used by the trust to improve the facilities and their experience of using the A&E department. For example staff said that in response to people's feedback the glass partition at the reception desk positioned between staff and people using the service had been removed. It was stated that this change had made it easier for both people using the service and staff to hear and be heard and they noted that few people got frustrated as a result of not being heard. The staff we spoke with said that they did not feel this change compromised their safety but had enhanced people's satisfaction with booking into the department.

During our visit to the children's A&E area, we noted that the waiting area was bright and cheerful with a range of toys for children to play with. The area had a large television that was switched on to a suitable children's programme.

### **Our judgement**

The trust is compliant with this outcome as people using the service and those working in it are provided with an appropriate environment that is well maintained, safe and accessible to all.

# 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**  
The people using the department on the day of our visit told us that they were happy with the staff and how they had been treated. They felt that the time they waited was reasonable. All those people who we spoke with had confidence that the staff had the skills to treat them.

**Other evidence**  
On the day of our visit, the staffing levels were sufficient to meet the needs of the people using the service, for example people did not have to wait for long periods to be assessed and treated. However, the staff we spoke to said that the day of our visit was not typical and that it was a quiet day. They stated that often the department was extremely busy, resulting in people not being assessed and treated within the time recommended in national guidance.

To improve the effectiveness and efficiency of the department, changes to the staff skill mix are being implemented. The staff we spoke to on the day of our visit told us that these changes included enhancing the skills of the healthcare assistants to enable them to extend their role and the contribution they made to care delivery, while allowing qualified nursing staff to focus on delivering specific nursing care to meet the complex needs of people who attend the department The nursing staff that

we spoke with told us that it was too early to evaluate the impact of these changes but were working with management to ensure that the care of people attending the department was improved. We were told that once the changes had been fully implemented, the effectiveness of these new ways of working would be evaluated to identify the impact they were having on people's experience of using the department.

We were told by staff that currently there were high levels of sickness in the department. The staff we spoke with did not attribute these high sickness levels to the recent changes to staff's roles and responsibilities. Bank staff are used to cover staff absences due to sickness ensuring appropriate staffing levels are maintained.

The staff we spoke to told us that the department, like many A&E departments nationally, is having difficulties recruiting appropriately trained doctors. This was reported to be having an impact on the skill mix of staff in the department. We were told that the trust is seeking to address this issue and explore a range of options to ensure these vacancies are not impacting on people's care, for example an emergency nurse practitioner, who would be able to deliver some aspects of care traditionally delivered by doctors, is to be recruited.

#### **Our judgement**

The trust is compliant with this outcome as there are appropriate numbers and mix of skilled staff to care for the people who use the service.

# Outcome 14: Supporting workers

## 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 competent staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
The people we spoke with told us that they had confidence in staffs' ability to treat them.

**Other evidence**  
All the staff we spoke to during our visit told us that with the exception of caring for people with mental health problems their training prepared them for all aspects of their work. Staff stated that they have requested mental health training on several occasions but this training has yet to be delivered. People who present at the A&E department with a mental health problem are assessed by members of the mental health team. Accident and Emergency staff advised us that they are not confidence that this assessment is conducted in a timely and consistent manner.

Senior staff told us that they are aware of this issue and that they are addressing this by holding regular meetings with representatives from the A&E department and the mental health team. At these meetings issues identified by A&E staff are discussed and solutions sought to address these, to prevent similar issues reoccurring. The impact of these meetings and the actions that have been taken to resolve issues have yet to be evaluated.

The staff we spoke to told us that they felt supported by their peer group and that

this support was vital in enabling them to deliver care to the people attending the A&E department. However, none of the staff we spoke to during our visit felt that they had been well supported by the senior management team during a very busy period in the days prior to our visit when attendance at the A&E department had been significantly high. They said that this lack of support made them feel unappreciated and had impacted on the morale in the department.

### **Our judgement**

The trust is meeting this essential standard, but to maintain this some improvements are required. Staff have access to a range of training to prepare them to deliver effective care to the majority of people attending the department. However, their training needs in relation to care of people with mental health problems has yet to be met.

Staff consider that there is effective peer support within the department, that enables them to deliver appropriate care and treatment to people attending the department. However, staff do not always feel supported by the senior management team.

## Action we have asked the provider to take

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury Diagnostic or screening procedures Nursing care	Regulation 14	Outcome 5 Meeting nutritional needs
	<p><b>Why we have concerns:</b> The trust is meeting this essential standard, but to maintain this some improvements are required. Food and drink was made available to people who attend the A&amp;E department. Issues were identified in relation to assisting vulnerable patients to eat and drink and in relation to the maintenance of vending machines.</p>	
Treatment of disease, disorder or injury Diagnostic or screening procedures Nursing care	Regulation 23	Outcome 14 Supporting workers
	<p><b>Why we have concerns:</b> Overall, we found that the trust was meeting this The trust is meeting this essential standard, but to maintain this some improvements are required. Staff have access to a range of training to prepare them to deliver effective care to the majority of people attending the department. However, their training needs in relation to care of people with mental health problems has yet to be met.</p> <p>Staff consider that there is effective peer support within the department, that enables them to deliver appropriate care and treatment to people attending the department. However, staff do not always feel supported by the senior management team.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.



# 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

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