## Imperial College Healthcare NHS Trust
### Charing Cross Hospital

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<td>W6 8RF</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds</td>
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<td>Doctors treatment service</td>
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<td>Urgent care services</td>
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<td>Date of Publication:</td>
<td>October 2012</td>
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<td>Overview of the service:</td>
<td>Charing Cross Hospital is part of Imperial College Healthcare NHS Trust and provides a full range of adult clinical specialties. It is also a key site for the teaching of medical students from Imperial College London. The Kennedy Institute of Rheumatology and the West London Neuroscience Centre are</td>
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<td>located at this site. The hospital has approximately 580 beds.</td>
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Our current overall judgement

Charing Cross Hospital was meeting all the essential standards of quality and safety inspected.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 29 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to be a patient in Charing Cross Hospital. They described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people in hospitals were treated with dignity and respect and whether their nutritional needs were met.

We visited five wards during our visit and observed lunchtime on three wards. The wards were chosen as the majority of the patients were older people.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by two other CQC compliance inspectors, a practising professional and an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

We spoke with more than 20 people and their relatives. They were generally positive about the hospital regarding the information they received about their care and treatment, ward environment, choice of menu, facilities and their surroundings. They were very positive about their experience of staff. One person said they "couldn't ask for more" and another described Charing Cross Hospital as a "magnificent organisation" and had the highest praise for the hospital.

We saw positive feedback from relatives about the care given to their family members, for example the relative being "treated with great respect and treated seriously" and being made welcome when visiting.
What we found about the standards we reviewed and how well Charing Cross Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard.

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

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.

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

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01:  
Respecting and involving people who use services

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

People who use services:  
* Understand the care, treatment and support choices available to them.  
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.  
* Have their privacy, dignity and independence respected.  
* Have their views and experiences taken into account in the way the service is provided and delivered.

**What we found**

**Our judgement**
The provider is compliant with Outcome 01: Respecting and involving people who use services

**Our findings**

**What people who use the service experienced and told us**  
Patients we spoke with were generally positive about the information regarding the ward environment, choice of menu, facilities and their surroundings. Patients had mobile phones and were able to use them and charge them.

Patients knew why they were in hospital, what their treatment plans were and when they could expect to leave hospital. Patients’ relatives were satisfied with the way doctors discussed treatment with their relatives. Relatives who had raised concerns with nursing staff had been able to discuss and resolve their concerns.

Patients were able to be independent but told us that they could call on staff to assist them if they needed help. Patients told us that they had been treated with dignity and respect at all times and by all levels of staff. Patients who had been on several wards were equally positive about their experiences on the different wards. One person said she "couldn't be happier". Some patients reported that they observed the way others were treated and could not find anything negative to report.

**Other evidence**
Is people’s privacy and dignity respected?  
Patients were cared for in single sex bays or in single rooms on all the wards we visited.
There were female and male only bathrooms. We saw that patients could have the curtains closed around the bed when they wished or when they were receiving care and treatments. We saw staff knocking on room doors before entering. There were quiet rooms available for private conversations when needed. There were lockable cupboards for patients to keep their possessions.

Patients were given appropriate information and support regarding their care or treatment. Staff greeted patients when they approached their bedsides. We observed that nurses, doctors and other staff were attentive to their patients and were courteous, calm and respectful in their manner. They spoke loudly enough to be heard, but as quietly as possible to avoid being overheard. Staff explained what they were going to do before starting a treatment, for example before taking blood.

We saw staff assisting patients to walk. They encouraged them to walk at their own pace and provided support. Patients were free to move around the wards, walking frames were within reach of patients. Patients were also encouraged to be independent if they could, in caring for themselves and in eating and drinking. Staff described how they would encourage this.

Call bells were answered as soon as possible. We saw that call bells were within reach of patients. On one ward we saw that there were buzzers for patients to use in the day room where there were no call bells. This enabled patients to call for staff when needed.

Hourly nursing rounds took place on the wards. These rounds involved the nurse in charge of a group of patients visiting each patient and checking if they needed anything such as pain relief or drinks.

Patients were offered handwipes and napkins to protect their clothes prior to eating. On one ward we saw that patients were wearing their day clothes and not nightwear. This was to enable better assessment of patients' independence and in preparation for going home. The wards generally had a good stock of the new "dignity" gowns, which did not open at the back, as well as men's and women's pyjamas for patients to use.

People's diversity, values and human rights were respected. Staff were aware of dignity and cultural issues and dignity and privacy was part of core nursing training. People's choices and preferences and their care needs were discussed on initial assessment when they arrived on the ward and reviewed by staff at staff shift handover meetings. There were facilities available to meet the needs of patients of different faiths.

We saw information on the wards on a range of subjects and this included complaints and PALS (Patient Advice and Liaison Service) information.

Are people involved in making decisions about their care?
Nursing staff told us that they assessed patients on admission and during care rounds to ask preferences and to check they were meeting their needs. Other healthcare professionals, such as doctors, physiotherapists, occupational therapists and dietitians, saw and reviewed their patients regularly. Records were updated following discussions so that other staff could use the most up to date records. Multi-disciplinary staff meetings involved patients or their relatives.
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.
Outcome 05:
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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Patients were satisfied with the hospital food in general and told us they had enough to eat and drink and that food was served at the appropriate temperature. They chose what they were going to eat for the day each day and said there was enough choice to meet their needs. Meals were described as tasty and we saw that they were eaten with little wastage. One person told us "the food is very nice and I don't need any help". Another said "the presentation of food is good, and also a suitable tasty choice".

One person said that she had been very unwell and had been coaxed to eat little amounts and now had her appetite back.

Other evidence
Are people given a choice of suitable food and drink to meet nutritional needs?
Patients were provided with a choice of suitable and nutritious food and drink. We observed lunchtime on three wards. A choice of meal was provided and this included choice of portion size, salad or a light choice. The menu identified which meals were healthy choices and had photographs of the meals to assist choice. Patients were assisted by staff to make choices if this was needed.

Snacks and snack boxes for patients who missed their meals were available on every ward between mealtimes. Ward catering staff confirmed that they would keep and then heat patients' meals if they were out of the ward at a mealtime. Extra nutritional supplements and special meals, such as gluten free or for diabetic patients, were available for patients and these were prescribed by dietitians. Staff on one ward gave patients a lunch box and milk to take with them when they were discharged.
Hot drinks were served during the day. We saw jugs of water at bedsides, within reach of patients.

Some patients needed specialist support with nutrition, for example using intravenous or nasogastric feeds. This was planned and reviewed by the medical team, dietitians and pharmacists daily in their multi-disciplinary teams.

Are people's religious or cultural backgrounds respected?
Patients' food and drink met their religious or cultural needs. Patients were offered a varied menu for all meals and this included Halal, Kosher and other cultural requirements. The menus detailed which foods were suitable for a vegetarian or vegan.

Are people supported to eat and drink sufficient amounts to meet their needs?
Patients were supported to be able to eat and drink sufficient amounts to meet their needs. The wards we visited had protected mealtimes and no other patient activity was allowed in that time. Staff understood the importance of adequate nutrition and fluids as part of their patients' treatment.

At lunchtime the meals were organised in the ward kitchens and then taken to the ward bays, the ward dining room or individual rooms according to patients' choices. Meals were served by the catering staff and the mealtime was coordinated by designated members of staff. Meals were served in stages so that assistance could be given to patients and the meals were served hot. The catering team had a list of who needed help or a special diet. This was developed from each patient's nutrition assessment completed and scored on the ward. Relatives and volunteers were also involved in assisting patients.

Patients had their nutritional needs assessed within 24 hours of admission and reviewed a week later. Care plans were created and updated in the light of these assessed needs. We saw that if needs changed, for example if patients were not eating as well as had been originally assessed, then a new assessment and care plan would be undertaken. Specialist advice and support was obtained, for example from speech and language therapists if patients had swallowing difficulties, if patients were observed to require this.

Patients requiring support or at risk of malnutrition received a red tray. Catering staff were instructed not to take away a red tray without a nurse's permission. This allowed the staff to record what had been eaten and drunk. We saw that patients with a red tray received support to eat and drink. Staff explained to patients that their food and drink was being monitored. We observed staff being gentle and kind when assisting frail patients. Patients were also encouraged to be independent if they could.

Our judgement
The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.
Outcome 07: Safeguarding people who use services from abuse

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

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
Patients did not raise any issues about their safety with us. Some patients told us that they would raise any concerns with the ward staff and would be comfortable doing this.

Other evidence
Are steps taken to prevent abuse?
There were safeguarding policies and procedures in place. Staff told us that they had received safeguarding training and were aware of the procedure for reporting concerns. They knew about the different types of abuse and were able to explain the processes for following up any potential safeguarding issues.

Safeguarding was discussed at staff handovers and at multi-disciplinary meetings. Staff followed a flow chart for risk assessing vulnerable people.

The trust had representation on local authority safeguarding adults boards and there was a trust safeguarding board which reported to the main trust board. The trust safeguarding board met monthly and was the formal means by which the trust reviewed safeguarding concerns and received updates on progress of concerns.

The provider responded appropriately to any allegation of abuse. Senior staff confirmed that this would involve local authority partners and generally received good feedback on the progress of alerts made by hospital staff.

Do people know how to raise concerns?
All staff had safeguarding training with appropriate levels of training for the different occupational groups. This was initially covered for all staff at the corporate induction. We were given examples of staff raising concerns when they suspected that patients were at risk of abuse. Staff spoken with told us they would be comfortable raising and documenting concerns in the best interests of their patients. Staff were encouraged to raise safeguarding alerts in the first instance and these would be reviewed and downgraded if the concern later proved to be unfounded. We saw the hospital monthly reports which were reviewed by senior nurses. The trust had a whistleblowing policy.

Are Deprivation of Liberty Safeguards used appropriately? Staff we spoke with were familiar with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some patients had been assessed for DoLS. Multi-disciplinary meetings were used, which involved patients' relatives, to assist staff in deciding what was best for each patient. The hospital worked in partnership with the local authorities when DoLS referrals were made.

**Our judgement**
The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
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 were positive about their experience of staff at Charing Cross Hospital. One person told us "they take as much time as is necessary".

Other evidence
Are there sufficient numbers of staff?
There were sufficient skilled and experienced staff to assist all those patients that required help with their meal on the three wards where we observed lunchtime. All nursing staff assisted with serving and supporting patients to eat and drink at lunchtime.

There were sufficient qualified, skilled and experienced staff to meet the requirements of patients with regard to privacy, dignity and independence. Call bells were answered promptly and we saw that patients were supported with their care needs. Hourly nursing rounds were used to ensure that patients had their needs assessed and met routinely.

Senior nursing staff set the nursing staff numbers on the wards. Senior staff told us that staffing tools were used that calculated the care needs and dependency levels of patients on the ward. The numbers were reviewed annually or if the ward configuration changed. Nursing staff numbers had recently been reviewed. Agency and bank staff were regularly used to fill gaps in staffing as well as to provide extra care for individual patients.

Senior nursing managers routinely worked on the wards each Friday and used part of that time to ensure that staffing levels were appropriate in practice.
Do staff have the appropriate skills, knowledge and experience?
All nurses received training in completing the nutrition assessments. Staff were trained to complete the patients' records and charts. There was also ad hoc in house training on specialist nutrition and a nutrition link nurse on the wards and a trust specialist nutrition nurse who offered support and advice. Catering staff had training in organising meal times and the importance of ensuring that patients were given the correct meals.

We were told that there were sufficient dietitians to provide dietetic advice and support for those patients and staff that required this. The speech and language therapy team was available for specialist support for patients with swallowing difficulties. Staff knew how to complete nutrition assessments and how to access specialist support.

**Our judgement**
The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.
Outcome 21: Records

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

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
Patients were aware that they had medical records, but in general not concerned about their storage. One person said "I don't need them. If I needed them I'd ask". Patients knew that staff completed their charts and records of food and drink.

Other evidence
Are accurate records of appropriate information kept?
Patients' records were accurate and fit for purpose. Patients had nutrition assessment scores and care plans completed. There were mechanisms in place for checking that these had been completed and reviewed when required. Senior staff had a process for reviewing record keeping to ensure that records were accurate and appropriate for each patient. Patients had doctors', nurses' and other health professionals' records recorded in the handwritten medical notes. Records clearly distinguished which professional had written in them.

We saw that patients had fluid and food recording charts near the bedside and that these were completed. Generally weights had been recorded on admission and weekly unless patients were too unwell to be weighed.

Overall we saw that care plans recorded the care and treatment provided.

Are records stored securely?
Records were kept securely and could be located promptly when needed. We saw that paper medical records were stored on the ward but held securely in a lockable trolley. Staff had access to these records. There were paper records near the bedside for staff to complete as they cared for patients.

**Our judgement**
The provider was meeting this standard.

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

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. 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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<td>Author</td>
<td>Care Quality Commission</td>
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### Care Quality Commission

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| Postal address | Care Quality Commission  
                Citygate  
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