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

Queen Charlottes and Chelsea Hospital

Du Cane Road, London, W12 0HS

Date of Inspection: 13 December 2012

Tel: 02033113311

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

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We are satisfied that the standards are being met.
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<th>Imperial College Healthcare NHS Trust</th>
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<td>Overview of the service</td>
<td>Queen Charlottes and Chelsea Hospital has maternity, women’s and children’s services, with a tertiary referral maternity unit and a large neonatal intensive care unit. The labour ward has two operating theatres and high-dependency care facilities, and there is a midwife-led birth centre. Queen Charlottes and Chelsea Hospital is also home to the West London Gynaecological Cancer Centre.</td>
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<tr>
<td>Type of service</td>
<td>Acute services with overnight beds</td>
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| Regulated activities                        | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures        |
|                                             | Family planning                        |
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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

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited the neonatal intensive care unit, special care baby unit, a post natal ward, the Early Pregnancy Assessment Unit and a general gynaecological ward at this inspection.

There were clear systems for assessing people's needs and delivering care. Patients were very satisfied with their care and treatment and said care was "brilliant" and that staff were "wonderful", "very approachable and helpful" and "amazing". Several people said they felt the hospital was "very family orientated". One family said that they could not imagine getting this quality of care anywhere else in the world.

All the wards we visited were appropriately equipped and staff were resourced and trained to deal with foreseeable emergencies. We observed procedures in place for the prevention and control of infection.

There were sufficient skilled and experienced staff to meet people's needs. We followed up on our December 2011 inspection. At that inspection we had found the hospital compliant in relation to staffing numbers but with suggested improvements. The trust acted quickly with a comprehensive action plan and on this inspection we found that staff were very pleased with the changes made. Staffing levels were assessed daily in each ward to meet patients' changing needs.

The trust had sound processes for managing risks and reviewing the quality of care and making improvements. They responded appropriately to incidents and complaints and sought and acted on patients' feedback.

You can see our judgements on the front page of this report.
More information about the provider

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

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

**Care and welfare of people who use services**

*Met this standard*

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

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**Our judgement**

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**

On this inspection we visited the neonatal intensive care unit, special care baby unit, a post natal ward, the Early Pregnancy Assessment Unit and a general gynaecological ward. We also spoke to families staying in accommodation attached to the neonatal intensive care unit.

In the paediatric areas parents were very satisfied with the quality of care and treatment their babies received. In all the wards we visited patients and parents of babies receiving care and treatment told us that the care was "brilliant" and that staff were "wonderful", "very approachable and helpful" and "amazing". Several people said they felt the hospital was "very family orientated". New parents were very positive about their quality of care. One family said that they "could not imagine getting this quality of care anywhere else in the world."

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There was referral information for newly pregnant women on the trust's website. Records we looked at included detailed assessments by medical and nursing staff, with individual plans updated daily. There was written evidence of people giving their consent to simple and to complex procedures. Parents told us that staff always involved them in all aspects of their babies' care and treatment and that they were able to see medical records and receive copies of reports. They commented, "doctors and nurses always show us what they are doing and explain things". Records of patients receiving surgery contained appropriate surgical safety checklists.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Babies in the neonatal unit and special care baby unit were always nursed by a specialist nurse with consultant and medical cover. There were a range of specialist diagnostic tools available on each ward, for example, an MRI scanner on the neonatal intensive care ward so babies did not have to be moved for diagnostic tests.

The Early Pregnancy Assessment Unit identified, assessed and responded to the needs of particularly young mothers and vulnerable adults. Patients and families received a high
level of support when they needed it. There were ensuite accommodation facilities for parents to stay close to their very sick babies. Parents of babies receiving care we spoke with were "extremely pleased" to be able to visit their babies day and night. There was a child psychology team available to parents with very sick babies. Parents said they found this support invaluable.

Parents were pleased with the smooth process of transfer between wards. Staff responsible for discharge planning in the special care baby unit described how they commenced this process on admission and involved social workers, health visitors and parents. We observed the Children’s Acute Transport Service arriving to collect a baby from the neonatal intensive care unit for transport to another hospital. Staff told us that acutely unwell babies from other areas were cared for in the unit.

There were arrangements in place to deal with foreseeable emergencies. All the wards we visited were equipped with emergency trolleys and specialist equipment to be used in a medical emergency. In the neonatal intensive care unit, there was emergency equipment by every baby’s bedside. All equipment was checked daily by staff. Staff were trained to the level required for the type of emergency anticipated on their wards. Staff taught the parents of sick babies how to undertake resuscitation for when they went home with their babies. Local accident and emergency departments were informed about potentially sick babies discharged to their areas.
Cleanliness and infection control
Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection and patients were cared for in a clean, hygienic environment. Patients and parents of babies receiving care told us that the hospital was always kept clean and hygienic. They said that they saw staff washing their hands and using gels regularly; that beds linen was changed daily and we saw that equipment was cleaned and labelled as clean.

There were appropriate infection control facilities on each unit. For example, before any people could enter the neonatal intensive care unit, they had to wash their hands in large sinks. There was information displayed about how to do this and staff supervised this process. However, the provider may like to note that some people told us they had observed some visitors not following the displayed hand washing technique.

We saw that rooms were clean and prepared appropriately for new admissions. There were single rooms on each ward where patients could stay while their infection control status was checked. In some wards newly admitted patients were swabbed on admission to check for Methicillin-resistant Staphylococcus Aureus (MRSA).

We observed staff wearing appropriate personal protective equipment including aprons and gloves. There were extensive procedures for handling babies in the specialist units, for example, in the neonatal intensive care unit. Hygiene and hand washing audit results were displayed in every ward we visited. These showed a good level of compliance with infection control procedures.

Staff we spoke to understood their responsibilities in the prevention of the spread of infection and were familiar with infection control policies and procedures. All staff we spoke to had had regular training in infection control and new staff said they had been trained on induction. Cleaning staff understood their roles and followed cleaning schedules and guidelines.

There were sound governance arrangements for monitoring infection control practice. This included daily, weekly and monthly infection control audits on the wards. There were action plans for infection control improvements. Each ward had a link infection control nurse to advise and support other staff. Staff with this responsibility described how they
regularly carried out unannounced spots checks, competency assessments, regular audits and the education of staff and families. There was also specialist advice and support available from the infection prevention and control team.
Staffing

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were sufficient skilled and experienced staff on duty to meet patients’ needs. We followed up on our December 2011 inspection visit, which we undertook in response to a whistleblowing alert about staffing levels on one ward. On that occasion, we found the hospital compliant with this standard but improvements were suggested.

The trust acted quickly with a comprehensive action plan to address this concern and, at this inspection, we found that staff we spoke to were very pleased with the changes. In response to concerns about staffing levels, the ward was redesigned so that all beds were moved closer to the nurses' station and not spread out over a large area, as previously. All staff we spoke to were very pleased with this change and said it enabled them to respond more quickly to patients, to better monitor patients who were unwell, to always know where their colleagues were and to get help more easily. Senior staff told us that staff had responded very positively in practice improvement discussion groups and patient experience data for this ward was now improving.

All wards were staffed by nurses, specialist nurses and midwives, doctors, multidisciplinary professional teams and maternity and healthcare support workers. Senior staff regularly assessed the staffing needs in each ward and acted to ensure good staffing levels matched patients’ changing needs. Staffing levels had been increased across the hospital. There were workforce management and recruitment action plans in place where the trust had identified actual or potential shortages of specialist staff and cover, for example, for consultant cover and specialist neonatal nurses and there was a plan to improve the ratio of midwives to mothers.

All the staff we spoke to said they felt well supported and enabled to do their jobs. They said the hospital culture enabled good teamwork. Shift leaders said they could provide additional clinical support if necessary and bank staff were available for cover. People told us that staff were "always around" when needed.
Assessing and monitoring the quality of service provision

Met this standard

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

Our judgement

The provider was meeting this standard.

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw the Maternity Risk Management Strategy. The trust collected a wide range of clinical data and undertook continuous audits to evaluate and plan care. For example, after audit and action planning, the number of women delivering by caesarean section had been reduced from 32% to 28% in one year to November 2012.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Incidents were recorded on the incident reporting system and reviewed by risk managers. The trust had responded robustly to "never events" by implementing plans to improve surgical safety. "Never Events" are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'. We discussed a sample of reported incidents with senior staff who were familiar with the issues and could tell us what had been done in response.

In two recent assessments by the NHS Litigation Authority, the whole trust (August 2012) and maternity services (November 2012), received Level Three assessments, the highest level attainable.

Incidents were appropriately reported to external bodies responsible for monitoring them, including the National Patient Safety Agency and the Care Quality Commission.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The trust used a 'patient experience tracker' to gather patients' views and publish these views in 'real time' on its website. This included taking account of complaints and responding appropriately. Patients and parents of babies receiving care told us that they felt listened to and were "always asked for their views", which were respected. Examples of improvements made in response to people's views was the introduction of a midwife run maternity helpline and of 'icare ambassadors' to address identified issues with staff attitude and behaviour.
About CQC inspections

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

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

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

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

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

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

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

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

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

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

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

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

✔ Met this standard

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

✗ Action needed

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

✗ Enforcement action taken

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

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

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

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

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

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

### Essential standard

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

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### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

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

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

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

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

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