Follow up Report

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

Queen Elizabeth Hospital, Woolwich

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We followed up on our inspection of 24 August 2012 to check that action had been taken to meet the following standard(s). We have not revisited Queen Elizabeth Hospital, Woolwich as part of this review because Queen Elizabeth Hospital, Woolwich were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Consent to care and treatment  ✔ Met this standard
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>South London Healthcare NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>Queen Elizabeth Hospital Woolwich is an Acute Hospital located near to Woolwich Common. It is part of South London Healthcare NHS Trust.</td>
</tr>
</tbody>
</table>
| Type of services | Acute services with overnight beds  
Community healthcare service  
Diagnostic and/or screening service  
Long term conditions services  
Rehabilitation services |
| Regulated activities | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
Treatment of disease, disorder or injury |
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 follow up review

Why we carried out this review

We carried out an inspection on 24 August 2012 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Queen Elizabeth Hospital, Woolwich as part of this review because Queen Elizabeth Hospital, Woolwich were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this review

We reviewed all the information we have gathered about Queen Elizabeth Hospital, Woolwich.

We have not revisited Queen Elizabeth Hospital, Woolwich as part of this review.

What we found about the standards we followed up

Following our inspection on 19 August 2011 we asked the trust on 26 September 2012 to provide information to demonstrate it had made the required improvements in relation to consent to care and treatment at Queen Elizabeth Hospital. The trust submitted the requested information on 01 October 2012. This information demonstrated that the trust had made the requested improvements. The trust had carried out a health record audit between June and August 2012 which showed that the majority of the medical and nursing notes it sampled were legible and met NHS Litigation Authority requirements.

The trust demonstrated that it had implemented some recommendations from its consent audit in 2011 such as making improvements to their consent policy and planning a training programme to update staff on the revised policy. The trust told us it had also made improvements in relation to the numbers of staff completing training in the Mental Capacity Act 2005, with 76% of staff by August 2012 completing this training.

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 reviewed

Consent to care and treatment

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Following our inspection on 19 August 2011 we asked the trust on 26 September 2012 to provide information to demonstrate it had made improvements in relation to consent to care and treatment at Queen Elizabeth Hospital. The trust submitted the requested information on 01 October 2012. This information demonstrated that the trust had made improvements to ensure records were legible; that recommendations from the trust's consent audit in 2011 had been implemented, and that staff had completed training on the Mental Capacity Act 2005.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The trust had carried out a health records audit between June 2012 and August 2012 which showed that the majority of the medical and nursing notes it sampled were legible and met the NHS Litigation Authority requirements. The trust told us it was in the process of implementing some electronic records which would be completed by October 2012 and would resolve some areas for improvement such as records not having the appropriate NHS number.

At our inspection on 19 August 2011 the trust had not been able to demonstrate it had implemented recommendations from its consent practices audit carried out in 2011. The trust demonstrated that it had worked towards completing some of the outstanding actions including ensuring that the quality of benefits and risks of procedures were recorded; and that the two-stage consent process, which involved an extended decision making process, had been reviewed and agreed. However, it was not able to demonstrate that patients had been provided with contact information and anaesthesia leaflets in the outpatient department as the audit in 2011 had suggested it should.

To support further progress against these audit requirements the trust had updated its consent to treatment policy, which was approved by the trust's board in August 2012. The trust told us about a training programme it was developing to support the implementation of the new consent policy. The trust was also able to clarify that the two or more stage consent process had been included in its new consent policy. In addition, the trust told us the quality of risks and benefits of procedures were included in their on-going patient's surveys, but that the proposed quality spot checks had not been implemented. Overall, the trust had implemented the majority of the recommendations from its consent audit in 2011.
to ensure that consent processes were safe and effective for patients who required treatments.

At our inspection on 19 August 2011 we found some clinical staff required training in the Mental Capacity Act 2005. For this review, the trust told us it had made improvements in relation to the numbers of staff completing this training, by August 2012 76% had completed this training. The trust told us this training was now incorporated into training staff received in relation to safeguarding adults.
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.

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Met this standard</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Action needed</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

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.