

Care Quality Commission (CQC) Unannounced Inspection (July 2013) post visit action plan

Trust Board – Part 1	Item: 7.5
27th November 2013	Enclosure: G
Purpose of the Report / Paper:	
To present to the Trust Board the action plan and an update on actions taken put in place to address areas requiring action as identified at the CQC unannounced inspection visit in July 2013.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications - Link to Assurance Framework or Corporate Risk Register:	Principle risks 5, 2, 6, 1, 7
Legal / Regulatory / Reputation Implications:	Reputational CQC Compliance Framework
Link to Relevant Corporate Objective:	1.To deliver quality, patient centred healthcare services with an excellent reputation
Document Previously Considered By:	Quality Assurance Committee Compliance and Risk Co-ordination Committee
Recommendations:	
The Trust Board is asked to review progress with the actions in place to address the issues identified.	

Kingston Hospital NHS Foundation Trust

Care Quality Commission (CQC) Unannounced Inspection (July 2013) post visit action plan

Executive Summary

The CQC undertook an unannounced inspection of the Trust in July 2013. Six CQC outcomes were examined and in September 2013 the Trust received a report detailing the findings of this inspection. The CQC found the Trust to be fully compliant with all the standards inspected, with the exception on the medical wards where the Trust has been found to be in breach of outcome 4 – Care and welfare of people who use our services. This breach is determined by the CQC to have a moderate impact on patients.

The CQC have been provided with the action plan which is in place to address the identified issues, all actions are due to be completed by the end of January 2014. It is anticipated that following this date a further CQC inspection of the Trust will take place within 3 months to ensure completion of the actions.

This paper provides the actions the Trust is taking to address the issues raised and an update on progress with each of these actions. The Committee will receive monthly update reports on progress against delivering the action plan.

CQC Inspection Findings

An unannounced 2 day CQC inspection of the Trust was undertaken in July 2013. The CQC inspectors visited a number of areas across the Trust and inspected six CQC outcomes. In September 2013 the Trust received the final report of the inspection, and this was published on 25th September 2013.

The below table provides a summary of the findings against the six CQC outcomes that were inspected.

CQC outcome	Standard Inspected	Result
4	Care and welfare of people who use services	Action needed
7	Safeguarding people who use services from abuse	Met this standard
13	Staffing	Met this standard
14	Supporting workers	Met this standard
17	Complaints	Met this standard
21	Records	Met this standard

As can be seen on the whole the Trust was found to be compliant with the inspected standards, with the exception of outcome 4 within the medical wards of the Trust. The findings were based on specific areas of concern which include:

- Extremes of temperatures on the medical wards
- Medicines being left for patients without staff supervising the taking of them
- Unlocked medicines trolleys
- Availability of help with meals for patients in the evening time
- Patients unable to reach drinks
- Response times to call bells
- Examples of patients dignity not always being safeguarded

The non-compliance with outcome 4 is determined by the CQC to have a moderate impact on patients.

Action Plan

In response to the CQC inspection findings the Trust immediately developed an action plan to address the key issues identified. This was submitted to the CQC in the requisite timeframe. The action plan which was submitted is shown in appendix A.

The action plan is being overseen by weekly meetings chaired by the Chief Executive or Director of Nursing & Patient Experience and includes key members of the Emergency Services Division, who are responsible for operational delivery of the actions.

Appendix B provides an overview of progress to date on the actions submitted to the CQC in response to the inspection's findings. In summary progress with each of the actions is in line with anticipated timeframes for completion.

As can be seen in Appendix A the timeline for completion of all actions is by 31st January 2014. It is anticipated that following this date a further CQC inspection of the Trust will take place within 3 months to ensure completion of the actions. At this stage it is unclear in what format this inspection will take given the recent changes in the inspection methodology of the CQC.

The Committee will receive monthly update reports on progress against delivering the action plan.

Recommendations

The Trust is clearly disappointed to have been found non-compliant on CQC outcome 4. The Trust has accepted the findings of the report and is acting to ensure there is no reoccurrence of the concerns raised.

The Trust Board is asked to review progress with the actions in place to address the issues identified.

Duncan Burton
Director of Nursing and Patient Experience
30th October 2013



Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RAX
Our reference	INS1-779829906
Location name	Kingston Hospital
Provider name	Kingston Hospital NHS Foundation Trust

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	<p>How the regulation was not being met:</p> <p><i>On the medical wards, the care, treatment and support for patients was not consistently meeting their individual needs.</i></p> <p><i>Regulation 9 (1) (b) (i)</i></p>
Family planning	
Maternity and midwifery services	
Surgical procedures	
Termination of pregnancies	
<p>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</p> <p>The following are the actions which Kingston Hospital NHS Foundation Trust are taking to address the regulation:</p> <p>Action 1: Communicate CQC report to all staff.</p> <p>Action 2: Strengthen senior nurse leadership within the Division.</p> <p>Action 3: Implement ward sister/charge nurse assessment centre to improve performance of ward level leadership (ward sister/charge nurses). The assessment centre will include ensuring role expectations and requirements are standardised and clear; provide assurance that all ward sister/charge nurses are fit for the role, and able to deliver compliance with standards and those not meeting required level are addressed.</p> <p>Action 4: Implement training programme for all staff undertaking 'in charge of shift' roll on wards. This will include their role in ensuring compliance with standards.</p> <p>Action 5: Ensure agreed ward establishment levels are being consistently achieved in each ward.</p> <p>Action 6: Implement additional measures for medical wards to be adequately prepared to be able to respond to extremes of temperatures.</p> <p>Action 7: Review hospital transport contract, and ensure transport is booked for planned discharges at least one day before discharge.</p> <p>Action 8: Increase the availability of volunteers to assist with evening meals on each ward.</p>	

Action 9: Audit compliance with medication security & administration requirements; and drinks in reach of patients; and take action where compliance not maintained.	
Who is responsible for the action?	Duncan Burton, Director of Nursing & Patient Experience
How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?	
A weekly monitoring meeting chaired by the Chief Executive or an Executive Director will oversee delivery of the action plan and measures to monitor impact of the actions undertaken.	
Who is responsible?	Kate Grimes, Chief Executive
What resources (if any) are needed to implement the change(s) and are these resources available?	
All of the above actions can be met by existing internal resources with the exception of the following which may require additional resource consideration:	
Action 6 (Ward Temperatures) This may require capital funds for any identified long term solutions. Interim mitigating measures will be met through existing internal funds.	
Action 7 (Hospital Transport Contract): The review of the hospital transport contract may identify the need for additional resource allocation for this. This would need to be identified and considered as part of the review process.	
Action 8 (Volunteers): This requires recruitment of more volunteers to assist the Trust. A volunteering project manager has been recruited to the Trust, starting in October 2013 and this role will prioritise recruitment of volunteers to assist patients with evening meals.	
Date actions will be completed:	31 st January 2014

How will people who use the service(s) be affected by you not meeting this regulation until this date?	
Following interim feedback given by the inspection team in July 2013 immediate measures were taken to safeguard patients from breaches in compliance with standards. The focus of the majority of the actions is on embedding this into practice through improvements in nursing leadership.	
Recruiting sufficient volunteers to help with evening meals is a priority action and will require the full time frame for the actions to be completed. The impact will be that some patients may wait short periods of time for help with their evening meal until this process is completed. Mitigating measures to ensure the quality and temperature of food are in place. In the meantime ensuring patients receive the necessary help at the time and pace they require overrides the need for patients to all be served meals at precisely the same time. All patients will continue to have access to the food and drink they require at staggered times of service to meet their need for assistance.	
Review of the transport contract will require the full period of time to complete, however in the meantime the impact to patients will be mitigated through additional leadership focus on advance identification and booking of transport requirements.	
Completed by: (please print name(s) in full)	Duncan Burton
Position(s):	Director of Nursing & Patient Experience
Date:	24 th September 2013

CQC Action Plan Progress - 30th October 2013				
	Action	Progress update	Lead Director	Time frame for completion
1	Communicate CQC report to all staff	CQC report results has been communicated to the organisation via multiple methods including team brief; sister/charge nurse meetings; Chief Executives weekly; divisional level team meetings.	Duncan Burton, Director of Nursing & Patient Experience	Completed
2	Strengthen senior nurse leadership within the Division.	Fergus Keegan has moved from current role to act as Deputy Director of Nursing within the Emergency Services Division until a substantive appointment starts. A substantive appointment was made on 25 th October 2013 and a start date is in the process of being agreed which is likely to be before the end of January 2014.	Duncan Burton, Director of Nursing & Patient Experience	Completed
3	Implement ward sister/charge nurse assessment centre to improve performance of ward level leadership (ward sister/charge nurses). The assessment centre will include ensuring role expectations and requirements are standardised and clear; provide assurance that all ward sister/charge nurses are fit for the role, and able to deliver compliance with standards and those not meeting required level are addressed.	Recruitment to 2 wards sister posts in medicine is now taking place and out to external advert. The Director of Nursing & Patient experience now forms part of the interview panel for all band 7 ward sister/charge nurse posts. Programme of development work has been commissioned and commenced on 28 th October 2013. Medicine ward sisters/charge nurses will be the first to take part in this process which includes shadowing ward sisters in practice and targeted feedback for improvement.	Duncan Burton, Director of Nursing & Patient Experience	31 st January 2014
4	Implement training programme for all staff undertaking 'in charge of shift' roll on wards. This will include their role in ensuring compliance with standards.	Training programme for all band 6 'nurse in charge' staff has been commissioned from London South Bank University. This includes competency related assessments. First cohort of staff commence on 11 th November 2013.	Duncan Burton, Director of Nursing & Patient Experience	31 st January 2014
5	Ensure agreed ward establishment levels are being consistently achieved in each ward.	Weekly ward scorecard is in place as of 23 rd October 2013 which includes key staffing measures –further refining of data and thresholds is required and taking place with business intelligence team. Review of each ward establishment is taking place – Director of Nursing & Patient Experience has met with each ward sister/charge nurse to discuss establishment requirements.	Duncan Burton, Director of Nursing & Patient Experience	31 st January 2014

6	Implement additional measures for medical wards to be adequately prepared to be able to respond to extremes of temperatures.	Replacement of windows identified within Trusts priorities for capital plan. This is a longer term measure to improve temperatures. In the interim thermal blinds are in the process of being sourced and agreed with infection control and estates teams to reduce impact of draughts from windows this winter.	Hugh Gosling, Director of Estates	31 st January 2014
7	Review hospital transport contract, and ensure transport is booked for planned discharges at least one day before discharge.	Hospital Transport contract is being reviewed and re-tender exercise for new contract commences at start November 2013 to be in place by April 2014.	Sarah Tedford, Deputy Chief Executive	31 st January 2014
8	Increase the availability of volunteers to assist with evening meals on each ward.	Dining companions project group in place. Volunteer project manager has been recruited and commenced work in October 2013 and is identifying opportunities for local businesses to undertake dining companion's roles as part of corporate social responsibility schemes. Communications to local community has taken place through newspaper article resulting in contacts from further volunteers to help with meals – these are being followed up.	Duncan Burton, Director of Nursing & Patient Experience	31 st January 2014
9	Audit compliance with medication security & administration requirements; and drinks in reach of patients; and take action where compliance not maintained.	Monthly programme of random audits taking place on every ward. Audit team has been asked to collate a report of findings into this for formal review.	Duncan Burton, Director of Nursing & Patient Experience	31 st January 2014