

# Kingston Hospital NHS Foundation Trust

## Inspection report

Galsworthy Road  
Kingston Upon Thames  
Surrey  
KT2 7QB  
Tel: 02085467711  
www.kingstonhospital.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Kingston Hospital NHS Foundation Trust provides local services in the surrounding area including Kingston, Richmond, Roehampton, Putney and East Elmbridge. The trust provides services to approximately 295,101 people and provides a full range of diagnostic and treatment services, including emergency care, surgery and maternity services. The trust was the first acute trust in south west London to gain Foundation Trust status when they were authorised in May 2013.

The trust's hospital main site is Kingston Hospital, but also run several outpatients' clinics in the community, including in Raynes Park, Surbiton, Queen Mary's Roehampton and Teddington. Kingston Hospital has 371 beds and provides all eight acute core services: urgent and emergency care; medical care; surgery; critical care; services for children and young people; maternity; outpatients and end of life care. In addition, the trust provides the additional services of gynaecology and diagnostic imaging.

The number of staff employed by the trust as of March 2018 was 2,805. Kingston Hospital is in the Royal Borough of Kingston upon Thames and Kingston Clinical Commissioning Group commissions its services.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Outstanding**   

## What this trust does

Kingston Hospital NHS Foundation Trust provides acute district general medical services to the population of Kingston, Richmond, Roehampton, Putney and East Elmbridge. The trust has one hospital location at Kingston Hospital, which has an accident and emergency department.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected Kingston Hospital. The core services we inspected were urgent and emergency care, medical care and outpatients, as part of our continual checks on the safety and quality of healthcare services.

We selected the services for inclusion in this inspection based on those that were 'requires improvement' as a result of our findings at the previous inspection carried out in January 2016. Intelligence information we held on these areas indicated the need for re-inspection.

# Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

## What we found

Our overall findings indicated that all areas made improvements. There were some outstanding practices, particularly in caring. Of the services inspected, all were rated as good.

Kingston Hospital was rated overall a good. We rated safe, effective, responsive and well-led as good. We rated caring as outstanding.

There was a stable executive team which was demonstrating good leadership. The trust was not meeting the accident and emergency four hour wait target, but was better than the England average. The trust was meeting the 62-day cancer standard, and the 18-week Referral to Treatment (RTT) standard.

Urgent and emergency care improved from requires improvement to good. Safe, effective and responsive improved from requires improvement to good. Caring improved from good to outstanding. Well-led improved from inadequate to good.

Medical care improved from requires improvement to good. Safe and effective improved from requires improvement to good. Caring, responsive and well-led remained as good.

Outpatients improved from requires improvement to good. Safe and responsive improved from requires improvement to good. Caring improved from good to outstanding. Well-led remained as good. Effective remained as inspected, but not rated.

## Overall trust

Our rating of the trust improved. We rated it as outstanding because:

- At location level, we rated safe, effective, responsive and well-led as good and caring as outstanding. We rated all of the trust's eight services as good. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- We rated well-led for the trust overall as outstanding.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website [www.cqc.org.uk/provider/RAX/reports](http://www.cqc.org.uk/provider/RAX/reports)

## Are services safe?

Our rating of safe improved. We rated it as good because:

- The design and layout of the emergency department (ED) had changed considerably since our last inspection. There was a new entrance area, waiting area, streaming cubicles, urgent treatment centre and majors waiting area. The resuscitation area had expanded to include two more bays and the major's area expanded by five cubicles.
- Mandatory training was well organised and staff were released from their normal duties to attend or complete them.
- Safeguarding systems, processes and practices protected people from abuse, neglect and breaches of their dignity and respect.
- Staffing numbers in nursing had improved since our last inspection. The trust planned and reviewed staffing levels and skill mix so that people received safe care and treatment. Where there were staff vacancies, there were processes in place to avoid any negative impact on patients.

# Summary of findings

- Staff understood their responsibilities to raise and record safety incidents, concerns and near misses. Lessons were learnt and improvement was made when things went wrong.
- There were good standards of infection prevent and control. All areas we inspected were visibly clean and staff adhered to bare below the elbow protocols.

However:

- Medical staffing was not at establishment in the ED. We saw that half of the middle grade doctor posts were vacant.
- The trust did not use any specific tools or rating scales for triaging mental health patients.
- Not all outpatient services had suitable premises. For example, fracture and orthopaedic clinic was located at the far end of the main outpatient department with long convoluted corridors, and there were not sufficient seating arrangements to reflect the nature of the patients seen at that clinic.

## Are services effective?

Our rating of effective improved. We rated it as good because:

- Care and treatment were delivered based on evidence-based guidelines, national guidance and best practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff development opportunities and systems for appraisals were commented on favourably by staff.
- Patients nutrition and hydration needs were assessed and met. All patients had been offered food or drink unless they were nil by mouth, in which case they had intravenous fluids administered.
- Patient's pain levels were assessed and managed appropriately.
- There was effective multi-disciplinary working across the services we inspected.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The trust was not meeting the 100% target in Royal College of Emergency Medicine (RCEM) audits. It was below the national average in moderate and acute asthma, vital signs in children, and procedural sedation in adults.
- On medical wards, staff did not have access to some diagnostic scans seven days a week. If these were required during the night or over the weekend on an emergency basis, a consultant referral was needed.
- Discharge summaries were not completed for all patients, preventing GPs from following up on patient care after discharge.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with dignity, kindness and compassion.
- Staff took the time to interact with patients and those close to them in a respectful and considerate way.
- Staff treated patients as partners in their care. Staff took the time to ensure patients and their families understood treatment plans and answered questions to explain what was going to happen next to provide reassurance.

# Summary of findings

- Patients' individual preferences and needs were always reflected in how care was delivered.
- Staff maintained patients' privacy at all times.
- Staff helped patients and those close to them to cope emotionally with their care and treatment.
- In the emergency department (ED), volunteers spoke with patients and relatives, and the department made use of a therapy dog, which helped attend to people's emotional needs.
- ED staff went to the canteen and obtained cooked breakfasts for patients and their relatives who had been in the department overnight, and this was embedded in practice.
- Patients provided us with positive feedback about their care during our inspection.
- Friends and families provided us with other positive examples of care. It was clear that staff placed a lot of emphasis on making sure patients were well cared for and building a positive relationship with them.
- Staff showed determination and creativity to overcome obstacles to delivering care for vulnerable patients and those with additional needs. For example, in the outpatient department, quiet waiting areas for patients living with dementia and a learning disability were provided, despite the lack of space.
- In the ED, patients with confusion were cared for in a caring and compassionate way in dementia friendly cubicles, which were designed by the staff specifically for patients.
- Staff were compassionate and understanding towards people attending the ED due to their mental health.

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

- In the ED, five dementia friendly majors' cubicles were designed by the staff to create a calming environment. Staff also designed two new resuscitation bays which included annexes so relatives could be close to the critically unwell patients and did not have to leave the area to go to the family room.
- The ED consistently met the RCEM arrival to treatment 60-minute standard.
- The trust had placed significant emphasis on meeting the needs of people living with dementia and had a series of arrangements in place to care for and improve the experience of those patients at the hospital.
- From December 2016 to November 2017 the trust's referral to treatment time (RTT) for non-admitted pathways had been consistently better than the England average. The trust had robust plans for clinical validation of patients in the tracking access issue and robust plans for recovery of waiting list backlogs and RTT indicators.
- The trust performed better than the 93% operational standard for people being seen within two weeks of an urgent GP referral. Trust performance was consistently better than both the standard and the England average.
- The trust was performing better than the 93% operational standard for people being seen within two weeks of an urgent GP referral for suspected cancer.
- Staff had telephone access to language interpreters if they were required and interpreters could attend appointments when booked in advance. Staff could also access sign language interpreters.

However:

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. The trust was not meeting this four-hour standard, but was better than the England average.

# Summary of findings

- From December 2016 to November 2017, the average length of stay for medical elective patients at Kingston Hospital was 7.8 days, which was higher than the England average of 5.8 days.
- The trust took an average of 30 days to investigate and close complaints. This was not in line with their complaints policy, which stated complaints should be closed in less than 25 days.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The leadership in the ED had significantly improved since our last inspection. There was clear and strong clinical leadership in the department.
- Services had a clear vision and set of values, with quality and sustainability as the top priorities. The vision for services were in line with the trust's overall vision for the organisation.
- All levels of governance and management functioned effectively.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff felt supported, respected and valued by the organisation.
- Staff were confident that any issues in performance and behaviour would be addressed appropriately by senior leaders. Staff told us they were encouraged to be open and honest.
- Services gathered people's views and experiences, and acted on them to shape and improve the service and culture. Leaders and staff strived for continuous learning, improvement and innovation.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

However:

- In the ED, incomplete documentation, closing incidents and below average mandatory training rates had been on the department's risk register for up to six years, and remained as issues.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in Kingston Hospital:

- All staff were extremely caring and compassionate. People were treated with the utmost kindness, dignity and respect. Care and treatment was delivered as part of a person-centred culture.
- In the ED, staff designed two new resuscitation bays which included annexes so relatives could be close to critically unwell patients and not have to leave the area to go to the family room. ED staff also designed five new purpose-built dementia friendly cubicles. These created a calming environment for patients who may be distressed when in a busy emergency department.

# Summary of findings

- The trust had placed significant emphasis on meeting the needs of people living with dementia. There were a series of arrangements in place to care for and improve the experience of those patients at the hospital. This included the refurbishment of a ward to make it dementia friendly and the use of activities, research and unique software.
- The trust employed of staff member in the outpatients department who had to use a guide dog as part of living with their disability. This showed to trust's commitment to equality and diversity.

## Areas for improvement

We found 15 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Areas for improvement

### Action the trust **SHOULD** take to improve:

At provider level:

- Ensure the action plan for the Workforce Race Equality Standard (WRES) is implemented.
- Ensure a consistent approach to documentation and root cause analysis (RCA) investigations of serious incidents.
- Carry out audits of structured judgement reviews as recommended by the Royal College of Physicians.

In the emergency department:

- Increase the numbers of medical staff, in particular middle grade doctors.
- Improve the rates of mandatory training completion for both medical and nursing staff.
- Ensure the use of patient group directions in administering analgesia.
- Ensure discharge summaries are completed in a timely manner for each patient, and are forwarded to general practitioners.
- Continue to improve the time taken to close incidents.

In medical care wards:

- Improve the rates of mandatory training completion for nursing staff.
- Ensure all oral medicines in drug trolleys and ward stock have a clear label showing when the medicine was opened and the date by which it should be disposed of.
- Ensure all record trolleys can be locked to prevent confidential patient records from being accessed by unauthorised persons.
- Continue to develop services towards full seven days per week availability, particularly for diagnostic tests.
- Consider ways to reduce the average length of stay for medical elective patients.

# Summary of findings

In the outpatients department:

- Improve staff hand hygiene and adherence to hand washing before and after seeing patients.
- Improve on compliance on checking and signing off of resuscitation trolleys.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as outstanding because:

- The trust's leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- The trust board had the appropriate range of skills, knowledge and experience to perform its role. There was a good mix of skills and attributes which were complimentary to each other and board members backgrounds ensured there was cover across clinical and operational activity.
- Board members showed responsive and supportive leadership and were well-connected to the clinical leadership of the organisation.
- Board members were visible to frontline staff and were valued and respected by their colleagues. They consistently engaged with frontline staff and there were a range of forums where staff could interact with board members. Board members had a regular timetable of walk arounds on the wards and structured interventions in particular areas if issues or concerns were identified.
- The trust was fully compliant with the Fit and Proper Persons Requirement (FPPR). This is a requirement to ensure that directors on the trust board are fit to carry out their responsibilities for quality and safety of care.
- Board members worked well together and were open to challenge from each other.
- Teams throughout the organisation worked cohesively with each other and quality was at the forefront of every decision.
- There was full integration of financial, operational and clinical leadership of divisions.
- Although the trust did not have its own mental health strategy, it was involved in several projects to support people living with mental ill-health, including one to one training of carers. The trust had mental health champions who were part of the health and well-being committee.
- The trust's leadership team had a comprehensive knowledge of current priorities and challenges and acted to address them.
- Board members were not reliant on external consultants in terms of operational delivery or cost improvement plan (CIP) delivery, and instead relied on strong internal leadership within finance and operations teams.



# Summary of findings

- The trust was a key participant in the local sustainability and transformation plans (STP). Local population needs were clearly embedded in the trust's strategy and there was a process of defining the patient cohort, identifying patient needs, outlining the impact on the system and designing the transformation of services. The trust engaged very well with the local health economy and some executives led key areas of the STP and the south London Acute Care Collaborative.
- Through joint working with the NHS trusts across South West London, hospital formularies, prescribing and care pathways within e-prescribing and medicines administration systems were being aligned for the benefit of patients and staff.
- The trust supported the local Healthwatch organisation to gather views at various listening stations regarding their experience of outpatient appointments and discharge. The trust ran several events to engage with the local population, local MPs and the local authority.
- The 2017 staff survey result was largely positive, with staff engagement, staff motivation and job satisfaction scores higher than the England average. The trust's sickness absence levels from January to December 2017 were consistently lower than the England average. To improve staff retention, the trust board had introduced a check for new starters after their first 100 days with the trust. This was to evaluate how the new role had been and address any issues or concerns.
- Several initiatives had been implemented to address the nurse vacancy challenge including, nurses rotating onto different wards and piloting nursing associates. Trust staff had access to an app called 'allocate me', where they could book bank shifts.
- As the trust had high vacancies for middle grade medical staff, it was being creative in developing the role of nurses to fill some of these gaps. For example, four nurses on the acute assessment unit (AAU), were on the advance nurse practitioner course. In paediatrics, nurses had been trained as advanced nurse practitioners and supported medical teams.
- The trust had various initiatives to improve staff morale, their health and their wellbeing including their mental health. These included organising a Big Eat where the trust provided food and was attended by board staff, Schwarz rounds and the health and well-being strategy.
- Frontline staff could raise concerns to the board through the divisional management structure or Freedom to Speak Up Guardian (FTSUG).
- The trust had focus and commitment on several initiatives to support its diverse staff. These included a Brexit group, a minority ethnic group (MEGA), a disability group and an LGBT group.
- Members of the executive team got actively involved during high pressure periods, by attending site meetings and taking on some of the senior management team workload to allow the team to support ward/department staff.
- Quality took priority over finance. For example, fewer births over the previous 12 months resulted in a higher ratio of midwives to births. Despite this, the trust took the decision to incur the higher costs of this higher ratio, rather than reduce the number of midwives.
- The trust's governance structure had effective systems and processes in place to support the delivery of its strategy.
- The board assurance framework (BAF) was a work in progress, but there were recent improvements to make it more robust. The objectives were SMART and the corporate risks were reflected in the BAF.
- All board members understood the trust's main risks and had thorough oversight of these. Staff had been trained on risk management and how to grade impact appropriately.
- Measures to safeguard and protect patients from avoidable harm were robust.

# Summary of findings

- The trust used an electronic data management system for their referral to treatment (RTT) management. The implementation of this system was well managed, the system was rolled out slowly with suitable testing, training and support leading up to and following roll-out. A consultant was part of the IT committee and an implementation team worked closely with clinical staff to customise and tailor the system around the needs of clinical staff.
- Management information and reporting was reliable and consistent. Data quality was assured through the data quality team and a range of cross-checks and audits were in place to ensure information was accurate and verified. Information was consistent and able to be broken down to a level of granularity to allow questions and probing from the board.
- Information governance systems and processes were effective. Staff were well engaged with the trust's performance and the information used to monitor this.
- The trust placed an emphasis on staff engagement. There were monthly 'coffee and conversations' between the director of nursing, director of workforce and staff. Board members visited the wards/departments regularly and each had a nominated ward to visit. They also participated in the 'huddles' which took place on the wards.
- Staff were encouraged to offer ideas for improvement and savings solutions as part of the trust financial improvement plans. Recognition of these ideas were cascaded to staff through the weekly message from the CEO.
- The trust handled the recent winter pressures well. One development that came out of handling the winter pressures was the Joint Assessment and Discharge (JAD).
- Respect for patients' privacy and dignity was high in the organisation and commented on by board members.
- The trust's mortality review process was well developed. Policy and practice was in line with the Royal College of Physicians National Case Record Review Programme. Mortality and morbidity (M&M) meetings were multidisciplinary and very inclusive.
- Quality improvement (QI) projects were developed where care issues were identified. Examples of these were the improvement with recording fluid balances and involvement of the palliative care team to identify patients with the potential to die soon. Other QI projects were, staff-designed resuscitation bays in the emergency department, which included annexes so relatives could be close to critically unwell patients; staff-designed purpose-built dementia friendly cubicles in the emergency department; and the refurbishment of Derwent Ward to make it dementia friendly and use activities, research and unique software to enhance the patient experience.
- QI was part of the corporate induction and training programmes were set up for frontline staff and those leading QI projects. An improvement team was also in place to provide support and mentorship.
- The quality of the trust's financial information was particularly notable as it had helped staff across the organisation understand the financial context that the trust was operating in.
- All board meetings had a section on a patient's story. One example prompted the board to think about the environment in which patients living with dementia were cared for and this led to the creation of Derwent Ward as the dementia-friendly ward.
- Seventy-one percent of staff were vaccinated against flu last year and this was good. The trust's approach to flu management, made a difference over the winter. When patients were admitted, staff assessed them for flu straight away and moved them into a side room if necessary.

However:

# Summary of findings

- The trust's Workforce Race Equality Standard (WRES) results showed differences in the experiences of white and black and minority staff (BME) staff. However, BME staff told us during a focus group, that there had been an improvement in their work experience since the last staff survey results. The trust had a WRES action plan and published this on its website.
- There was an inconsistent approach to documentation and route cause analysis (RCA) investigations of serious incidents.
- The trust did not audit structured judgement reviews as recommended by the Royal College of Physicians.

## Use of resources

As part of the QA process, the consistency of findings should be checked between use of resources and well-led findings.

*Please see the separate use of resources report for details of the assessment and the combined rating.*

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑↑ Aug 2018	Outstanding ↑↑ Aug 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for Kingston Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Good ↑ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018
Medical care (including older people's care)	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018
Surgery	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016
Critical care	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016	Requires improvement ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016
Maternity	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2015	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016
Services for children and young people	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016	Good ↔ Jul 2016
End of life care	Good ↑ Jul 2018	Good ↔ Jul 2018	Outstanding ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018
Outpatients	Good ↑ Aug 2018	Not rated	Outstanding ↑ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018
<b>Overall*</b>	Good ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Kingston Hospital

Galsworthy Road  
Kingston Upon Thames  
Surrey  
KT2 7QB  
Tel: 02089342814  
[www.kingstonhospital.nhs.uk](http://www.kingstonhospital.nhs.uk)

## Key facts and figures

Kingston Hospital is located in Kingston upon Thames in south west London and is managed by Kingston Hospital NHS Foundation NHS Trust. The hospital serves a population of around 295,101 people in Kingston, Richmond, Roehampton, Putney and East Elmbridge, with services commissioned by Kingston Clinical Commissioning Group.

The hospital has 371 beds, including;

- 26 children's (excluding cots)

There are also 27 day-case beds.

Kingston Hospital operates 24 hours per day and has an accident and emergency department. This is full range of diagnostic and treatment services including medical care, surgery, maternity and outpatients.

Between March 2017 and February 2018, Kingston Hospital had 118,224 emergency attendances, 52,988 admissions and 742,294 outpatient attendances.

During the inspection, we spoke with over 65 patients, relatives and carers, over 129 members of staff from various disciplines. We reviewed over 32 sets of patient records. We observed care being delivered and attended safety briefings and handovers.

## Summary of services at Kingston Hospital

**Good**  

Our rating of services improved. We rated it them as good because:

- Staff treated people with the kindness, dignity, respect and compassion while they received care and treatment and there was a strong, visible, person-centred culture.
- Staff took the time to interact with patients and those close to them in a respectful and considerate way. Patients told us they valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support.
- Patients and their relatives felt included in their plan of care. Patients told us nurses and clinicians spoke directly with them. They felt included in discussions about their treatment and staff took time to ensure they understood what was discussed.

# Summary of findings

- The trust planned and provided services in a way that met the needs of local people and of individuals who required additional support. The trust had placed significant emphasis on meeting the needs of people living with dementia and had a series of arrangements in place to care for and improve the experience of those patients at the hospital.
- There was a clear, strong, clinical leadership presence in the emergency department. Leaders understood the challenges to good quality care and identified the actions needed to address these.
- Managers across the trust promoted a positive culture that supported and valued staff. Staff felt respected, supported and spoke highly of their job despite the pressures, and were committed to delivering a good service.
- The medical care service had a clear vision and set of values, with quality and sustainability as the top priorities. Leaders understood the challenges to quality and sustainability, and had pro-active ongoing action plans in place to address them.
- The design, maintenance and use of facilities, premises and equipment, and standards of cleanliness and hygiene were in line with trust policies and procedures, and with best practice. We noted improvement in equipment storage, use of fire doors and equipment safety testing since our last inspection. Recent rebuilding work had been designed by the staff to meet the needs of local people.
- Documentation, training and staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards had improved since our last inspection. Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it.
- There were good safeguarding systems, processes and practices in place to keep people safe, and these were well communicated to staff. Safeguarding training rates were above the trust target of 85%, with 100% compliance in child safeguarding.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff could access training to develop their skills and were supported to do so.
- The trust planned and reviewed staffing levels and skill mix so that people received safe care and treatment. Although there were higher vacancy rates on some medical wards, there were processes in place to manage it to avoid any negative impact on patients.
- The trust performed better than the England average for people being seen within two weeks of an urgent GP referral, and receiving treatment within 31 days for suspected cancer.
- Staff carried out comprehensive risk assessments for patients and risk management plans were developed in line with national guidance. An electronic patient records system contained a series of prompts and checks relating to patient risk. Staff could not move on to the next section of the record until they had completed mandatory prompts or checks.
- All levels of governance and management functioned effectively and interacted with each other appropriately.

However:

- Oral liquids in drugs trolleys and stock rooms were not always appropriately labelled to show when they had been opened. This meant there was a risk that staff would be unaware of when use of an oral medicine should be discontinued.
- In the outpatients department, about 50% of the resuscitation equipment had expired items on them; however, this was resolved by the time of our unannounced inspection.

# Summary of findings

- All mandatory training rates did not meet the target of 85%, with conflict resolution and manual handling having the poorest compliance. The completion rates of some mandatory training modules for nursing staff in medical care were low.
- Medical staffing was not at establishment in the emergency department, with half of the middle grade doctor posts vacant.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. The trust was not meeting the four-hour standard, even when the department was not busy.
- Staff did not have access to diagnostic services such as computerised tomography (CT) scans and ultrasound scans seven days a week. Staff told us they could only obtain diagnostic procedures for patients during the night or over the weekend on an emergency basis, and this required a consultant referral.
- In the outpatients department, the locks were broken on one trolley containing patient records. This meant that although patients records were out of sight which maintained confidentiality, there was a risk that they could be accessed by unauthorised persons.
- In the outpatients department, not all areas controlled the risk of infection well. In one area, the premises were visibly clean, but most of the hand washing gels were empty. We observed some clinicians not washing their hands between patients and others not wearing appropriate personal protective equipment (PPE).



# Urgent and emergency services

Good  

## Key facts and figures

Kingston Hospital provides urgent and emergency care services which are open 24 hours a day, 365 days per year. The hospital provides services to the local populations in the surrounding area including Kingston, Richmond, Roehampton, Putney and East Elmbridge. It receives emergency adult and paediatric patients

For the period April 2017 to March 2018 the emergency department (ED) had 118,397 attendances. Of these 28,306 (23.9%) were children and young people under the age of 18 years.

Patients present to the emergency department (ED) by walking into the reception area or by arriving by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department were seen by a streaming nurse who would triage them.

The ED had different areas where patients were treated depending on their acuity including majors, resuscitation area, clinical decision unit (CDU), and the new urgent treatment centre (UTC). There was a separate paediatric ED with its own waiting area.

The ED had recently undergone rebuilding works, with new areas opened in January 2018. They had two new streaming rooms as well as a new urgent treatment centre that is led by GPs and deals with minor injuries and illnesses. They had extended their resuscitation area to include a paediatric bay, and a further adult bay, bringing the total number of resuscitation bays to six. They had extended their majors area to include five more dementia friendly cubicles, making 21 cubicles in total.

During this inspection we spoke with 34 staff from a range of clinical and non-clinical roles and of varying grades. We spoke with 15 patients and six relatives. We reviewed 20 patient records, including six related to children and young people. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The design, maintenance and use of facilities, premises and equipment kept people safe. Recent rebuilding works had added a new entrance area, waiting area, streaming cubicles, urgent treatment centre and majors waiting area. The resuscitation area had expanded to include two more bays, and the major's area expanded by 5 purpose built dementia friendly cubicles. The new bays and cubicles had been designed by the staff for the needs of the local people.
- There were good safeguarding systems, processes and practices in place to keep people safe, and these were well communicated to staff. Safeguarding training rates were above the trust target of 85%, with 100% compliance in child safeguarding.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was an extensive education programme in place for all staff that included team 'away days'. They had recently educated and developed a highly skilled team of nurses and paramedics to work in the resuscitation area of the department.

# Urgent and emergency services

- We saw all people treated with the kindness, dignity, respect and compassion while they received care and treatment in the emergency department. There was a strong, visible, person-centred culture. Staff were motivated to offer care that was kind and promoted patients' dignity. People told us they value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support
- Services were planned to meet the needs of local people and systems were in place to identify patients that required additional support. People could access care and treatment in a timely way. The newly opened urgent treatment centre treated patients with minor injuries and illnesses and helped decongest majors and maintain patient flow.
- There was a clear, strong, clinical leadership presence in the department. Leaders understood the challenges to good quality care and identified the actions needed to address these. Staff felt respected, valued and supportive and spoke highly of their job despite the pressures, and were committed to delivering a good service.

However:

- Mandatory training rates did not meet the target of 85%, with conflict resolution and manual handling having the poorest compliance.
- Medical staffing was not at establishment. We saw that half of the middle grade doctor posts were vacant.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. The trust was not meeting the four-hour standard, even when the department was not busy.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The design, maintenance and use of facilities, premises and equipment kept people safe. Since our last inspection the design and layout of the department had changed considerably. Recent rebuilding works had added a new entrance area, waiting area, streaming cubicles, urgent treatment centre and majors waiting area. The resuscitation area had expanded to include two more bays, and the major's area expanded by five cubicles.
- There were good safeguarding systems, processes and practices in place to keep people safe, and these were well communicated to staff. Safeguarding training rates were above the trust target of 85%, with 100% compliance in child safeguarding.
- All staff had a good understanding of sepsis management and had received appropriate training. We saw evidence of a recent sepsis awareness week where staff undertook education sessions and wore stripy socks to highlight its importance.
- Staffing numbers in nursing had improved since our last inspection. There was a good skill mix of senior and junior nurses on duty and shift times were staggered so more nurses were on duty when the department was at its busiest.
- Staff understood their responsibilities to raise and record safety incidents, concerns and near misses. Lessons were learnt and improvement was made when things went wrong.

However:

- Mandatory training rates did not meet the target of 85%, with conflict resolution and manual handling having the poorest compliance.

# Urgent and emergency services

- Medical staffing was not at establishment. We saw that half of the middle grade doctor posts were vacant.
- The trust did not use any specific tools or rating scales for triaging mental health patients.

## Is the service effective?

**Good** ● ↑

Our rating of effective improved. We rated it as good because:

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The ED had educated and developed a team of nurses and paramedics to work in the resuscitation area of the department. There was an extensive education programme in place for all staff that included team 'away days'.
- Patients' nutrition and hydration needs were assessed and met. All patients had been offered food or drink unless they were nil by mouth, in which case they had intravenous fluids administered. Jugs of water were readily available in all areas of the department. Patients who had been in the department since early hours of the morning offered a hot breakfast.
- Patients' pain levels were assessed and managed in line with the Core Standards for Pain Management and the Royal College of Emergency Medicine's Management of Pain in Children guidelines. Analgesia was administered within 15 minutes for adults and within 20 minutes for children in line with national guidelines. Patients were offered pain relief and did not have to ask for it.
- Patient needs were assessed and care and treatment delivered in line with legislation, standards, and evidence based guidance. The ED had its' own website dedicated to the department where staff could access professional policies and procedures. Where relevant, these made reference to the Royal College of Emergency Medicine (RCEM) and other guidelines.
- The trust was performing better than the national average in in RCEM Consultant Sign-off and Severe Sepsis and Septic Shock audits.
- There was effective multi-disciplinary working across the department.
- There were excellent multidisciplinary working practices with both the adult and CAMHS (child and adolescent mental health services) psychiatric liaison teams.

However:

- The trust was not meeting the 100% target in RCEM audits. It was below the national average in Moderate and acute asthma.
- Patient group directives were not being used to administer pain relief which would allow trained staff to administer pain relief without a doctor's prescription. Staff told us that they were removed for updating purposes.
- Discharge summaries were not completed for all patients, preventing GPs from following up on patient care after discharge.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

# Urgent and emergency services

- We saw all people treated with the utmost kindness, dignity, respect and compassion while they received care and treatment in the emergency department. There was a strong, visible, person-centred culture. Staff were motivated to offer care that was kind and promoted patients' dignity.
- Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Patients and their relatives were attended to in a respectful and considerate manner even though it was a busy ED department. Volunteers spoke with patients and relatives, and the department made use of a therapy dog which helped attend to people's emotional needs.
- People who use the service and those close to them received the support they needed to cope emotionally with their care, treatment or condition. Patients with confusion were cared for in a caring and compassionate way in the new dementia friendly cubicles, which were designed by the staff specifically for patients. Staff took additional time to find out from relatives what the patient's likes and dislikes were in order to reduce the stress of being in the ED.
- ED staff went to the canteen and obtained cooked breakfasts for patients and their relatives who had been in the department overnight, and this was embedded in practice.
- Staff treated patients as partners in their care. Staff took the time to ensure patients and their families understood treatment plans and answered questions to explain what was going to happen next in order to provide reassurance.
- Staff explained the discharge process to patients and relatives, and ensured that adequate community services were in place before being discharged.
- All patients we spoke with gave very positive feedback on the care they received while in ED. People told us they value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support.
- Staff were compassionate and understanding towards people attending the department due to their mental health.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- Services were planned to meet the needs of local people. The staff designed five new dementia friendly majors' cubicles to create a calming environment. Systems were in place to identify patients that required additional support. Staff designed two new resuscitation bays which included annexes so relatives could be close to the critically unwell patients and did not have to leave the area to go to the family room.
- The service listened to people's concerns and complaints. Patient information boards contained patient feedback and the 'you told us - we listened' initiative. Posters showed patients wanted more seating in the major's area, and pictures of the installed new chairs.
- People could access care and treatment in a timely way. Patients were streamed within 15 minutes of arrival. The newly opened urgent treatment centre treated patients with minor injuries and illnesses and helped decongest majors and maintain patient flow.
- The team held safety huddles at different points of the day to identify where pressure points were in the department with regards to the four-hour target to admit, transfer or discharge patients.

# Urgent and emergency services

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust performance was consistently better than both the 60-minute standard and the England average.

However:

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. The trust was not meeting the four-hour standard, even when the department was not busy.
- There were no patient information leaflets on display for patients and relatives. We did not see any information about the availability of interpreter services.

## Is the service well-led?

Good   

Our rating of well-led improved. We rated it as good because:

- The leadership in the department had improved since our last inspection. There was clear and strong, clinical leadership presence in the department and it was easy for staff to access/locate the consultant in charge of the shift. Their visibility was maintained throughout the inspection and staff described leadership as approachable.
- Leaders understood the challenges to good quality care and identified the actions needed to address these. There was a quality improvement programme in place and leaders could clearly describe improvement plans.
- There was a governance framework that ensured responsibilities were clear, and that quality, performance and risk were understood and managed.
- Staff felt respected, valued and supportive and spoke highly of their job despite the pressures, and were committed to delivering a good service.
- Staff were confident that any issues in performance and behaviour would be addressed appropriately by senior leaders. Staff told us they were encouraged to be open and honest, and knew how to raise the duty of candour.

However:

- Incomplete documentation, closing incidents and below average mandatory training rates had been on the department's risk register for up to six years, and remained as issues.

## Outstanding practice

- All staff were extremely caring and compassionate. People were treated with the utmost kindness, dignity and respect while they received care and treatment. There was a person-centred culture. Staff were motivated to offer care that was kind and promoted patients' dignity. People gave very positive feedback on the care they had received. They told us they valued their relationships with staff team and felt that staff often went 'the extra mile' for them when providing care and support.
- Staff designed two new resuscitation bays which included annexes so relatives could be close to critically unwell patients and not have to leave the area to go to the family room.
- Staff designed five new purpose-built dementia friendly cubicles. These created a calming environment for patients who may be distressed when in a busy emergency department.

# Urgent and emergency services

## Areas for improvement

### **Actions the provider SHOULD take to improve:**

- Increase the numbers of medical staff recruited into vacant posts, in particular middle grade doctors.
- Improve the rates of mandatory training completion for both medical and nursing staff.
- Ensure the use of patient group directions in administering analgesia.
- Ensure discharge summaries are completed in a timely manner for each patient, and are forwarded to general practitioners.
- Continue to improve the time taken to close incidents.

# Medical care (including older people's care)

Good  

## Key facts and figures

Medical care at Kingston Hospital provided care and treatment for general medicine, gastroenterology, haematology, respiratory, cardiology and stroke medicine. There were 204 medical inpatient beds across seven wards. The trust had 20,002 medical admissions from December 2016 to November 2017. Emergency admissions accounted for 13,385 (67%), 126 (1%) were elective, and the remaining 6,491 (32%) were day case. The medical services were managed by the Unplanned Care Directorate.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection a team of specialist advisors, a lead inspector, an assistant inspector and an expert by experience visited the Acute Assessment Unit, Discharge Lounge and the following wards: Bronte, Blyth, Derwent, Hamble, Hardy, Keats and Kennet.

We spoke with 11 patients and their relatives. We spoke with approximately 48 members of staff including managers, nursing staff of all grades, doctors, therapists, pharmacists and health care assistants. We observed care on medical wards and looked at eight sets of patient records. We received comments from our staff and patient 'drop in' events, and from patients and the public directly.

In addition, we reviewed national data and performance information about the trust and read a range of policies, procedures and other documents relating to the operation of medical services.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The design, maintenance and use of facilities, premises and equipment, and standards of cleanliness and hygiene were in line with trust policies and procedures, and with best practice. We noted improvement in equipment storage, use of fire doors and equipment safety testing since our last inspection
- Staff carried out comprehensive risk assessments for patients and risk management plans were developed in line with national guidance. An electronic patient records system contained a series of prompts and checks relating to patient risk. Staff could not move on to the next section of the record until they had completed mandatory prompts or checks.
- The trust planned and reviewed staffing levels and skill mix so that people received safe care and treatment. Although there were higher vacancy rates on some wards, there were processes in place to manage it to avoid any negative impact on patients.
- We found that documentation, training and staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards had improved since our last inspection.
- Staff treated patients with dignity, kindness and compassion. We saw that staff took the time to interact with patients and those close to them in a respectful and considerate way.
- The trust had placed significant emphasis on meeting the needs of people living with dementia and had a series of arrangements in place to care for and improve the experience of those patients at the hospital.

# Medical care (including older people's care)

- Leaders understood the challenges to quality and sustainability the medical care service faced, and had pro-active ongoing action plans in place to address them.
- The medical care service had a clear vision and set of values, with quality and sustainability as the top priorities. Senior leaders told us the vision for the medical care service was to be a specialist care of elderly location, providing services seven days a week.
- All levels of governance and management functioned effectively and interacted with each other appropriately.

However:

- Oral liquids in drugs trolleys and stock rooms were not always appropriately labelled to show when they had been opened. This meant there was a risk that staff would be unaware of when use of an oral medicine should be discontinued.
- We noted the locks were broken on one trolley containing patient records. This meant that although patients records were out of sight which maintained confidentiality, there was a risk that they could be accessed by unauthorised persons.
- The completion rates of some mandatory training modules for nursing staff were low.
- Staff did not have access to MRI scans and ultrasound scans seven days a week. However, CT scans were available seven days a week. Staff told us they could only obtain diagnostic procedures for patients during the night or over the weekend on an emergency basis, and this required a consultant referral.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff received effective training in safety systems, processes and practices. Mandatory training was well organised and staff were released from their normal duties in order to attend or complete them.
- Safeguarding systems, processes and practices protected people from abuse, neglect and breaches of their dignity and respect.
- The design, maintenance and use of facilities, premises and equipment, and standards of cleanliness and hygiene kept people safe. We noted improvement in equipment storage, use of fire doors and equipment safety testing since our last inspection
- Staff carried out comprehensive risk assessments for patients and risk management plans were developed in line with national guidance. An electronic patient records system contained a series of prompts and checks relating to patient risk. Staff could not move on to the next section of the record until they had completed mandatory prompts or checks.
- The trust planned and reviewed staffing levels and skill mix so that people received safe care and treatment. Although there were higher vacancy rates on some wards, there were processes in place to manage it to avoid any negative impact on patients.
- Staff understood their responsibilities to raise and record safety incidents, concerns and near misses and were able to give examples of learning from incidents.



# Medical care (including older people's care)

- Patients' clinical observations such as pulse, oxygen levels, blood pressure and temperature were monitored in line with National Institute for Health and Care Excellence (NICE) guidance CG50 'Acutely Ill-Patients in Hospital'.

However:

- Oral liquids in drugs trolleys and stock rooms were not always appropriately labelled to show when they had been opened. This meant there was a risk that staff would be unaware of when use of an oral medicine should be discontinued.
- We noted the locks were broken on one trolley containing patient records. This meant that although patient records were out of sight which maintained confidentiality, there was a risk that they could be accessed by unauthorised persons.
- The completion rates of some mandatory training modules for nursing staff were low.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The medical care service used a range of evidence-based guidance, legislation, policies and procedures to deliver care, treatment and support to patients and achieve effective outcomes.
- Staff identified, monitored and met the nutrition, hydration, and pain relief needs of patients.
- Staff had the right skills and knowledge to meet the needs of patients. Managers encouraged staff to take up development opportunities. All staff we spoke with told us they had an appraisal and it was useful.
- We found that documentation, training and staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards had improved since our last inspection.
- The trust routinely collected and monitored information about the outcomes of people's care and treatment. The trust performed well in the Sentinel Stroke National Audit Programme (SSNAP).

However:

- Staff did not have access to MRI scans and ultrasound scans seven days a week. However, CT scans were available seven days a week. Staff told us they could only obtain diagnostic procedures for patients during the night or over the weekend on an emergency basis, and this required a consultant referral.
- The trust did not meet the national aspirational standard in any aspect of the National Audit of Inpatient Falls 2017.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with dignity, kindness and compassion. We saw that staff took the time to interact with patients and those close to them in a respectful and considerate way.
- Staff understood the impact that patient's care, treatment or condition would have on their wellbeing and for those close to them.

# Medical care (including older people's care)

- Staff gave patients appropriate and timely support and information to cope emotionally with their care, treatment or condition.
- We observed staff treated patients as partners in their care. Patients told us staff helped them to understand their care and treatment and staff explained their condition or treatment in a way that they could understand.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust provided services which reflected the needs of the population served and to took account of the needs of different people, including those with complex needs and in vulnerable circumstances.
- The trust had placed significant emphasis on meeting the needs of people living with dementia and had a series of arrangements in place to care for and improve the experience of those patients at the hospital.
- From January 2017 to December 2017, referral to treatment rates (percentage within 18 weeks) was on average 9% higher than the England average. Trust performance was consistently better than the England average throughout the 12 month period.

However:

- From December 2016 to November 2017 the average length of stay for medical elective patients at Kingston Hospital was 7.8 days, which was higher than the England average of 5.8 days.
- The trust took an average of 30 days to investigate and close complaints. This was not in line with their complaints policy, which stated complaints should be should be closed in less than 25 days. We noted that the tasks of logging and grading complaints and concerns and sending out responses was centralised to one administrative team for all areas of the hospital.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders understood the challenges to quality and sustainability the medical care service faced, and had pro-active ongoing action plans in place to address them.
- The medical care service had a clear vision and set of values, with quality and sustainability as the top priorities. Senior leaders told us the vision for the medical care service was to specialise in elderly care, providing services seven days a week.
- Staff told us they felt supported, respected and valued by the organisation.
- All levels of governance and management functioned effectively.
- Managers and leaders used comprehensive assurance systems and escalated performance issues through clear structures and processes.

# Medical care (including older people's care)

- The medical care service gathered people's views and experiences, and acted on them to shape and improve the service and culture.
- Leaders and staff strived for continuous learning, improvement and innovation.

## Outstanding practice

- The trust had placed significant emphasis on meeting the needs of people living with dementia. The trust had a series of arrangements in place to care for and improve the experience of those patients at the hospital. This included the refurbishment of a ward to make it dementia friendly and the use of activities, research and unique software. This was innovative practice.

## Areas for improvement

### **Actions the provider SHOULD take to improve**

- Improve the rates of mandatory training completion for nursing staff.
- Ensure all oral medicines in drug trolleys and ward stock have a clear label showing when the medicine was opened and the date by which it should be disposed of.
- Ensure medicines are stored in accordance with recommended temperatures.
- Introduce guidance on how frequently key code locks for medical storage rooms should be changed.
- Ensure all record trolleys can be locked to prevent confidential patient records from being accessed by unauthorised persons.
- Continue to develop services towards full seven days per week availability, particularly for diagnostic tests.
- Consider ways to reduce the average length of stay for medical elective patients.

# Outpatients

Good  

## Key facts and figures

Kingston Hospital was the main hospital site for Kingston Hospital NHS Foundation Trust where most of the outpatient clinics were provided. The trust also had several off-site locations delivering outpatient services.

Outpatient clinics were held from Monday to Friday from 8.30am until 6pm with some occasional late clinics lasting till 7.30pm.

Before the inspection visit, we reviewed information that we held about the services.

During our inspection, we visited a range of clinical areas which included the main outpatient clinics, Royal Eye Unit, William Ross Unit, Wolverton Centre, Dental Clinic, Pain Clinic, Diabetic Clinic, ENT and Gynaecology Clinics. We spoke with 27 members of staff including doctors, nurses, allied health professionals, administrative and other staff. We spoke with the chief operating officer, outpatients matron, and director of operations for the service. We reviewed four patient records and spoke with 33 patients and relatives.

There were 499,708 first and follow up outpatient appointments from December 2016 to November 2017, including those clinics held at off-site locations.

In addition to our main visit to the outpatient areas during the main inspection, we also undertook an unannounced visit on 15 May 2018, in which we checked and reviewed resuscitation equipment.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it.
- Staff cared for patients with compassion and empathy. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives. We saw staff comforting patients and carers and a high level of engagement with patients and their families. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients and their relatives felt included in their plan of care. Patients told us nurses and clinicians spoke directly with them. They felt included in discussions about their treatment and staff took time to ensure they understood what was discussed.
- The trust had improved their staff understanding of the processes involved in exercising the duty of candour, in particular what they should do at a practical level including record keeping.
- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness to improve outcomes.
- There were enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff were able to access training to develop their skills and were supported to do so.
- The trust planned and provided services in a way that met the needs of local people and of individuals who required additional support.

# Outpatients

- Staff of different professions worked together as a team to benefit patients.
- The trust performed better than the England average for people being seen within two weeks of an urgent GP referral, and receiving treatment within 31 days for suspected cancer.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run the service providing high quality sustainable care and had vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff. There was good team work within the teams. Teams were proud of their service and this was evident in the good interpersonal relationships we witnessed.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong.

However;

- Not all areas controlled infection risk well. We observed some clinicians not washing their hands between patients and others no wearing appropriate personal protective equipment's (PPE's) in some areas of the OPD.
- In one area, the premises were visibly clean but most of the hand washing gels were empty; that meant appropriate infection control measures were not in place to prevent the spread of infection.
- About 50% of the resuscitation equipment's had expired items on them, however this was resolved on our unannounced inspection.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.
- The outpatients department we visited was tidy, clean and well maintained. Cleaning schedules and daily checklists were completed and in place in the department.
- All areas we inspected were visibly clean and we saw staff adhered to the bare below the elbow protocols.
- Records were held securely and in a lockable room with restricted access to authorised members of staff only.
- Patients with communicable diseases were seen in an area away from other patients and looked after by a nominated member of staff.
- The service had effective systems to ensure that incidents were reported and investigated appropriately. The nursing and medical staff we spoke to stated that they were encouraged to report incidents via the trusts electronic incident data management system.

# Outpatients

- Comprehensive risk assessments including vital signs were carried out for all patients using outpatient services. Nursing staff used the national early warning score (NEWS) to assess and monitor the patient whilst at the department waiting to be seen by their consultant or their designated specialist registrar.
- There were sufficient staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Some items on the main outpatients resuscitation trolley were out of date. Logbooks and checklists for resuscitation trolley appeared to be inconsistent. On two resuscitation trolleys the checklist stated a daily check should be carried out but staff said they had a local agreement that the trolley would be checked weekly. However, this was resolved by the time of our unannounced inspection.
- Outpatient services were provided in designated clinical areas. Not all outpatient services had suitable premises. For example, the fracture and orthopaedic clinic was located at the far end of the main outpatient department with long convoluted corridors, and there were not sufficient seating arrangements to reflect the nature of the patients seen at that clinic.
- We saw a minor operation being carried out without the use of a disposable apron, and a medical staff examining patients without the use of gloves and handwashing before and after the patient examination.

## Is the service effective?

We do not rate outpatients' services for effective.

- The service provided care and treatment based on national guidance. We found a culture of evidence based practice in the specialties we inspected in outpatients.
- We observed nursing and medical staff working well together to provide the outpatient clinics. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Each floor had a water station with a plentiful supply of cups. There were two cafés onsite selling hot drinks, snacks and meals.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Feedback from people who used the service and those who are close to them were continually positive about the way staff treat patients. Patients provided us with positive feedback about their care during our inspection. We saw reception, nursing and medical staff go the extra mile several times and their care and support exceeded good care standards.

# Outpatients

- Friends and families provided us with other positive examples of care. It was clear that staff placed a lot of emphasis on making sure patients were well cared for and building a positive relationship with them.
- Patients told us that they received compassionate care and that staff supported their emotional needs. There was a strong, person-centred culture amongst all disciplines of staff.
- Staff were highly motivated to offer care that was kind and promoted patient's dignity. Patient's privacy and confidentiality were respected at all times of their treatment. Staff showed determination and creativity to overcome obstacles to delivering care for vulnerable patients and those with additional needs. For example, the provision of quiet waiting areas for patients living with dementia and a learning disability, despite the lack of space in the clinic.
- Patient's individual preferences and needs were always reflected in how care was delivered. We observed staff maintaining the privacy and dignity of patients when providing care to patients.
- We saw evidence that patients and families were involved in care planning. Staff discussed care with patients in a way that they could understand. People's emotional and social needs were valued by all staff and embedded in their care and treatment.
- Staff anticipated people's needs and responded compassionately when people needed help and supported them to meet their personal needs as and when required.
- Staff helped patients and those close to them to cope emotionally with their care and treatment.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- From December 2016 to November 2017 the trust's referral to treatment time (RTT) for non-admitted pathways had been consistently better than the England overall performance. The latest figures for November 2017 showed 95.9% of this group of patients were treated within 18 weeks, compared to the England average of 88.8%.
- The trust had robust plans for clinical validation of patients in the tracking access issue and robust plans for recovery of waiting list backlogs and RTT indicators. We saw the trust was actively working with partners to improve numbers.
- The trust performed better than the 93% operational standard for people being seen within two weeks of an urgent GP referral. Trust performance was consistently better than both the standard and the England average.
- Patients and carers told us they found the booking system to be efficient and flexible. They were given a follow-up appointment without having to pursue it and it was simple to arrange appointments which fitted in with their work pattern or their children's school schedule.
- The trust was performing better than the 93% operational standard for people being seen within two weeks of an urgent GP referral for suspected cancer.
- The service treated concerns and complaints seriously, responded to them in a timely manner and investigated them. There was a clear evidence that learning from complaints had been shared with staff.
- Staff had telephone access to language interpreters if they were required and interpreters could attend appointments when booked in advance. Staff could also access sign language interpreters to attend appointments.

# Outpatients

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The service vision was in line with the trust's vision for what it wanted to achieve and had workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- In 2011, the trust carried out a piece of work with staff, patients and stakeholders and developed a set of shared values and behaviours; the values were to be caring, safe, responsible, and to value each other. The trust aimed to make these values what they do; to inspire, develop and support every staff to live the trust values every day.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The outpatients managers were experienced and capable of leading their teams and had an understanding of the challenges to quality and sustainability in their areas. Staff said that their line managers were approachable and supportive and "led from the front".
- There was a positive culture in outpatient areas which centred on the needs and experience of people who used the services.
- We saw evidence that people's views and experiences were gathered through the patient surveys that were handed to patients at the end of their appointment. Staff we spoke with said compliments were regularly fed back to staff and complaints were discussed with a non-blaming approach.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

## Outstanding practice

- There were wide ranging and innovative measures introduced to improve the experience of patients living with dementia or a learning disability. These included a separate, quiet waiting area for them whilst waiting for their appointment, with a nurse looking after them.
- The employment of a staff member living with a disability who had to use a guide dog to work in one department.

## Areas for improvement

### Actions the provider **SHOULD** take to improve

- Improve staff hand hygiene and adherence to hand washing before and after seeing patients.
- Improve on compliance on checking and signing off of resuscitation trolleys.



# Our inspection team

Roger James, inspection manager, led this inspection. The team included six inspectors, two pharmacist inspectors, three assistant inspectors, six specialist advisors and one expert by experience.

Specialist advisors are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.