CQC INSPECTION OF DARTFORD AND GRAVESHAM NHS TRUST

The report forms part of the new style inspections being trialled and overseen by Professor Mike Richards, Chief Inspector of Hospitals. It is based on a combination of observation through an inspection visit, information from the CQC's 'Intelligent Monitoring' system and information given by patients, staff and stakeholders. The visits included announced and unannounced visit.

The visit concluded:

"Maternity, Outpatients, Children's Services and End of Life Care were found to be good. In all services across the Trust, staff were committed to the Trust and said it was a supportive environment to work. Patients were generally positive about their experience the care they received."

"Medical Care, Surgery, Critical Care were found to be safe, effective and caring but the high bed occupancy compromised patients dignity in some cases, through the use of escalation beds and some mixed sex bays."

"The main challenge was in A&E which faced rising demand. The Trust was managing day to day but not solving the underlying problems it is acknowledged the Trust can't solve these problems on its own and will require a whole health economy approach."

The key areas for improvement required:

- A reduction in the reliance on middle grade locums in A&E and more nurses with a paediatric qualification in A&E, more consultants.
- A reduction in bed occupancy leading to a reduction in escalation beds, mixed sex breaches and delays in being discharged from ITU.
- Improvements to the speed to implement learning from incidents.
- Plans with the health economy require review to ensure emergency care is managed safely and effectively.

Following receipt of the textual report and data pack, a 'Quality Summit' was held with the Trust and Stakeholders. The report was presented by the CQC. The acute Trust presented its initial action plan, but in relation to the pressures on A&E and bed occupancy, other social and health economy organisations were asked to contribute to the solution. This was particularly in respect of alternatives to hospital admission and support with earlier discharge for complex cases.

The Trust is required to state how it will address improvement within 28 days. The issues internal to the Trust can be improved within a 3 month period. The more complex problem of reducing bed occupancy will take longer and require significant action from Stakeholders, including primary care, social services, mental health, commissioners and Community Health services. A focussed six month period will be needed to deliver significant change.

A summary of the report is attached. The full report and data pack is available on the CQC website.

Care Quality Commission

Dartford and Gravesham NHS Trust
Darent Valley Hospital
Quality report

Darenth Wood Road
Dartford Kent, DA2 8DA
Telephone: 01322 428100
www.dartfordgraveshamnhstrust.nhs.uk

Date of inspection visit:
5 and 6 December 2013
Date of publication: February 2014

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Overall summary

Darent Valley Hospital offers a comprehensive range of acute hospital-based services to around 270,000 people in Dartford, Gravesham, Swanley and Bexley. The hospital opened in September 2000. The hospital building is run as part of a private finance initiative. This means the building is owned by The Hospital Company (Dartford) Limited, a private sector company, and the trust leases the building. Darent Valley Hospital now has around 463 inpatient beds and specialties that include day-care surgery, general surgery, trauma, orthopaedics, cardiology, maternity and general medicine. The hospital has a team of around 2,000 staff.

Dartford and Gravesham NHS Trust was selected as part of the Chief Inspectors of Hospitals' first new inspections as a trust considered to be in the middle ground between low and high risk of poor care. This inspection focused on Darent Valley Hospital.

Dartford and Gravesham NHS Trust is registered for the following regulated activities to be provided at Darent Valley Hospital:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury.

Since the trust registered with the Care Quality Commission (CQC) in 2010, Darent Valley Hospital has been inspected four times. At the last inspection in November 2012 the trust was found to be compliant with all regulations inspected.

Our inspection team included CQC inspectors and analysts, doctors, nurses, patient 'Experts by Experience' and senior NHS managers. Experts by Experience have personal experience of using or caring for someone who uses this type of service. The team spent two days visiting the hospital, and two further unannounced visits were conducted the following week. One of these included an evening/night time visit.

Maternity, outpatients, children's services and end of life care were found to be good. In all services across the hospital, most staff were committed to the trust and said it was a supportive environment to work. Patients were generally positive about their experience and the care they received.

Summary of findings

Overall summary

The trust faced challenges after the recent collapse of merger plans, and it had not yet developed an alternative vision for the organisation. There were a number of examples of good practice and examples of shared learning in the hospital, although in some cases the changes in practice in response to learning from serious incidents took up to 12 months to implement. The main challenge was the demand on the accident and emergency (A&E) department and the rise in emergency admissions. A significant causal factor had been the recent reduction of acute services in the immediate vicinity. The trust was managing issues on a day by day basis but not solving the key underlying problems, in particular bed management/capacity and inappropriate attendance at A&E. It is acknowledged that the trust cannot solve these problems on its own, as they will require a whole healthcare community approach.

The trust had taken action in some areas where staffing issues had been identified. This had included increased nursing staff levels on some wards, an increase in the number of porters in the pharmacy department and the recruitment of additional midwives. In A&E there were insufficient numbers of nurses qualified in the care of children and a high use of locum middle grade doctors, which had the potential to impact on patients' safety.

Patients' dignity was being compromised by the continued use of mixed sex wards and facilities in the Clinical Decision Unit where staff told us they always have mixed sex accommodation and the Medical Assessment Unit, which we observed as a mixed sex ward. This also occurred in the intensive care area when patients no longer required intensive care. Patients' right to privacy was being compromised by personal information being on display in open areas, for example on computer screens in the A&E and confidential information being discussed in public areas such as corridors. The area in the operating theatre where people were received into the department also compromised patients' privacy and dignity, as it was an open area. Since April 2011, the hospital's bed occupancy rate had consistently been above the national average of 86.5%, rising as high as 96.1% for the period of April to June 2013. This was impacting on patient safety through the use of additional beds in areas not designed or equipped for this purpose.

In some areas, the trust was considering and implementing national guidelines, but in A&E we found guidance was not always being followed, for example with the management of children's pain. Also some of the guidance that was available was not the most current such as resuscitation guidelines. Staff told us that the trust was a supportive environment in which to work and that training was available, though its own training records showed that attendance at the trust's mandatory training was below its expected level. This was as low as 66% in some areas compared to the trust's target of 85%. There was a system in place to monitor attendance at the trust's mandatory safety training and follow up non-attendance, but this was ineffective in some cases. There were 285 members of staff whose training was out of date and were not booked to attend a session.

Overall, we found a culture where staff were positive, engaged and very loyal to the organisation. The staff and management were open and transparent about the challenges they faced.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

Medical care, surgery, critical care, maternity, end of life care and outpatients were found to be safe. In other areas staff told us that patients' safety was sometimes being affected by the hospital's high bed occupancy and the use of additional beds in areas not designed to be used for patient care. The trust had identified challenges with staffing, and in some cases it had taken action to address the issues. However, concerns remained in the accident and emergency (A&E) department, where there were insufficient nurses qualified in the care of children and a high use of locum middle grade doctors. This had the potential to have an impact on patient safety. Care pathways had been implemented to manage the risks associated with pressure ulcers, venous thromboembolism and urinary tract infections. Most staff were clear about their responsibilities to report incidents, though in some areas staff felt that they did not hear about the outcomes of these. The trust investigated serious incidents and produced reports and action plans. However, it could take the trust up to a year to implement learning. Patients were also being placed at risk in the A&E department due to the layout of the triage facilities in the minors area, the area where people walk in to the department and the lack of clear signage. This meant that patients' needs may not have been addressed in a timely manner as they had not been triaged or booked into the department. We had no concerns about the way patients were triaged in the majors area of the department.

Are services effective?

Maternity, outpatients, children's services, medical care, surgery, intensive care and end of life care were found to be effective. The integrated discharge team had developed good links with the community and the hospital social services department. This was helping to ensure effective discharge planning for patients on all inpatients areas. In A&E, pain relief was being well managed and assessed for adults but not for children, meaning that effectiveness was not being monitored in line with national guidelines. Guidelines in some areas had been reviewed and updated. However, in A&E there was guidance that was out of date or not the most current version and therefore not in line with national or good practice guidance which had the potential to impact on the effectiveness of care and or treatment. The trust had introduced new initiatives to help with the care and support of patients with dementia that had been effective.

Are services caring?

Maternity, outpatients, children's services, medical care, surgery, intensive care, accident and emergency and end of life care were found to be caring. Patients in all areas told us that they were well cared for, received the information they required and that their questions were answered. In all areas we observed a caring approach from most staff. We also observed that there was a dementia buddies scheme in place, which was supported by volunteers.

Summary of findings

The five questions we ask about hospitals and what we found

Are services responsive to people's needs?

The trust demonstrated that it had responded to a number of different issues in order to ensure that people got the treatment and care they needed. These included: the need to ensure effective, safe and timely discharge; staffing levels; the care of patients with dementia; and safe use of naso-gastric tubes. Of concern was that the hospital bed occupancy levels had been consistently above the national average of 86.5%, rising as high as 96.1% for the period of April to June 2013. The trust was actively reviewing its current position, had implemented a number of actions including opening additional beds and was looking at ways to create a sustainable trust for the future. Though there was still the potential for patient's to be placed at risk if they could not be cared for in the right area to ensure their needs were met in a timely way. There was a complaints system in in place, and it had been reviewed in recognition that the trust had not been consistently responding to complaints in a timely way.

There were occasions when we saw that patients' privacy was not always respected, with personal and confidential information on display. For example, in open areas in the A&E on computer screens, and discussions were witnessed taking place in open areas and in areas other than the wards where they could be overheard. In the medical assessment unit and the intensive care unit, patients were being cared for on mixed sex wards and in some areas, had to share bathroom facilities with members of the opposite sex. People who were no longer in need of intensive care but not able to move to a general ward also had their dignity compromised by the lack of bathroom facilities available on the unit.

In addition we were concerned that patients' privacy and dignity was not always respected in the operating theatre. This was because the area where patients were received in to the department was open and more than one patient could be in this area at any one time. We were also concerned by some of the practice observed around the consenting of patients for surgical procedures.

Are services well-led?

The trust faced challenges following the recent collapse of the merger plans, and it had not yet developed an alternative vision for the organisation. There were a number of examples of good practice and examples of shared learning in the organisation. However, in some cases changes in practice in response to learning from serious incidents took up to 12 months to implement. Although senior staff felt that there was an emerging vision, this had not yet been formally agreed. There was said to be a strong executive team that was visible throughout the trust which was supported by staff. The executive team had a clear understanding of the key risks in the organisation, particularly the current situation in A&E and the trust's occupancy levels. The trust had implemented a number of actions, but there had not been any clear measurable improvements. There were no clear timelines with projected outcomes and impacts.

Summary of findings

What we found about each of the main services in the hospital

Accident and emergency

We found that A&E had the potential to be unsafe as there were insufficient numbers of appropriately skilled staff to deliver care. This was because there were not enough nurses qualified in the care of children and the medical staff team was not staffed to the agreed capacity and skill mix. The triage system in the minors area led to some patients' needs not being assessed in a timely manner as it was not clear that patients were required to wait to attend triage in one area and then book in and wait in another area. Staff were not always able to access current national and best practice guidelines to deliver safe effective care. Staff were caring and responsive about patients' needs but did not always maintain patient privacy. We observed examples of good individual leadership at department level but there was evidence that ongoing safety issues, for example insufficient substantive staffing, had not been resolved at a higher level.

Medical care (including older people's care)

Overall, the standard of care and treatment in medical care was good. Teams were well-led and supported by leaders at all levels in the service. Staff were listened to and had access to specialist training. There was positive feedback from the patients, relatives and visitors who we spoke with. They described caring and responsive staff who met their treatment needs. On a number of wards changes had been introduced in October 2013. These included increased staffing numbers. During our visit we could see that improvements were taking place. However, there had been insufficient time for many changes to have become embedded. This meant that the hospital was still improving against current performance indicators. Patient records were generally up to date with full details available to ensure that staff could provide safe and consistent care. The use of window bays, witnessed during the unannounced visit, showed that there was pressure on the hospital to cope with the level of demand. Staff were concerned about the use of 'window bay beds' and the potential impact on quality and safety.

Surgery

Patients generally received safe and effective surgical care. We saw that some wards worked with fewer staff than needed. However the trust was aware of this and recruitment had taken place. A number of staff were due to commence employment in the new year. There was a multidisciplinary approach to providing effective patient care.

Staff we observed were caring. However, patients' privacy and dignity were not always maintained. Staff responded appropriately to changes in patients' care and treatment. Staff told us how they responded to the increased workload when admission numbers increased, particularly when extra beds were placed on the ward. However, actions the trust was taking to respond to fluctuating demands of the organisation did not prevent these situations reoccurring. Staff told us they worked in a well-led organisation. They told us the culture was open and transparent, and there was a clear willingness by all staff to learn.

Intensive/critical care

We found that the intensive care and critical care service was safe and effective, performing within expectations for a unit of its size according to the Intensive Care National Audit and Research Centre data. It was responsive to the needs of patients and had caring and attentive staff. We found that the unit was well-led. Pressure was placed on the unit when transfer of patients was delayed due to bed occupancy challenges faced by the trust. Though the unit coped with the situation, these patients were cared for in a mixed sex environment and had to use the bathroom and toilet facilities in the adjacent ward.

Summary of findings

What we found about each of the main services in the hospital continued

Maternity and family planning

We found that the midwifery unit provided safe and effective care for women. Feedback from women using the service was positive. They told us that staff were kind and sensitive to their needs and that they were given effective advice and support in their chosen method of feeding their babies. The service was well-led with clear shared goals and objectives which were known to all staff we spoke with. Women said they had been well supported throughout their stay in the maternity services.

Children's care

In the main children's department parents told us that staff were responsive to their needs and that they listened to them. They were included in decisions about the care and treatment of their children. They said staff responded quickly to requests for assistance. Patients received safe and effective care and treatment. The environment was well maintained and engaging for young people. There were sufficient numbers of staff on the wards and in the outpatient area, and there was a system for the management of staffing levels and skill mix to ensure children were cared for safely.

This was not the case in the A&E department where there was an insufficient number of nurses qualified in the care of children. We also found in the A&E department that national guidance was not being followed in relation to the management of pain in children.

The trust was monitoring the quality of the service and making changes were they were needed. The views of children and families were being used to inform the service provision in the main children's department. There was a team in place to monitor and address any safeguarding concerns, and the trust had planned further developments.

End of life care

We found that end of life care provided at the trust was safe, effective, caring, responsive and well-led. The trust no longer used the Liverpool Care Pathway and was in the process of reviewing its end of life pathway. The palliative care team worked closely with staff on wards to ensure that patients had individualised end of life care provided in a positive, supportive environment. The team also had close links to community services. Patients and their families were involved in decisions about care and treatment in a dignified, respectful manner. Staff spoke positively about the support they received from the team. They felt this improved the patient experience and ensured patients received choices regarding end of life care and treatment.

Outpatients

The main outpatients department was a large area, with good access and seating for patients. Patients received effective treatment and information and felt happy with the care they received. The trust was monitoring appointment targets for waiting times and clinic start and finish times. It had sought the views of patients, and we saw that it had listened and responded to patient feedback by changing the layout of the department. Clinics were well managed and organised. When unavoidable delays occurred and clinics ran late, staff kept patients informed and provided them with information. Staff told us that they received training and supervision to enable them to provide effective care. All staff we spoke with told us that outpatients was a positive environment to work in.

Summary of findings

What people who use the hospital say

In September 2013, 406 people completed the inpatient Friends and Family Test, which asks patients if they would recommend services to people they know. Of these, 95.1% were either 'likely' or 'extremely likely' to recommend the ward they stayed in to friends or family. Some 662 people completed the test for A&E. Of these 96.1% of patients were either 'likely' or 'extremely likely' to recommend the trust's A&E department to friends or family.

In CQC's Adult Inpatient Survey 2012 the trust performed about the same as other trusts in the nine areas of questioning. However, it performed worse than other trusts in the 'Hospital and Ward' area. The trust was in the bottom 20% nationally for four of the questions relating to poor choice of food, assistance with eating meals and sharing facilities with members of the opposite sex.

In the 2012/13 Cancer Patient Experience Survey the trust performed in the top 20% of trusts in four questions They performed within the bottom 20% of all trusts nationally for 19 out of 64 questions.

Areas for improvement

Action the hospital MUST take to improve

- The trust must ensure that the required number of staff with the correct skills are employed and managed shift by shift, to demonstrate that there are sufficient staff to meet people's needs.

Action the hospital should take to improve

- The trust needs to ensure that learning from the reporting of incidents is cascaded and that any changes to practice required following a serious incident are implemented in a timely manner.
- Patients should be treated with dignity and respect at all times, particularly in the area of the operating department where patients are received.
- Patients' privacy and right to confidentiality should be respected at all times. In particular there needs to be more awareness in the A&E department of the ability for information to be seen and heard by others.
- The trust must ensure that at all times patients are cared for in a safe environment that is designed to meet their needs. It needs to consider the use and management of escalation beds in response to challenges with the higher-than-average occupancy levels, which, in turn, is impacting on the trust's use of mixed sex accommodation.
- The trust should take action to ensure that good practice guidance is being considered and used in all areas, particularly A&E. The trust should also ensure that children's pain relief is administered and the effectiveness monitored in line with good practice guidelines.
- The trust should develop an agreed vision with identified timelines and projected outcomes and impacts.
- The trust should review the plans with the local healthcare community to ensure that patients needing emergency care are managed safely and effectively.

Other areas where the trust could improve

- Although compliance with the trust's mandatory training was relatively high, the actual attendance levels were generally below the trust's desired level. Its own monitoring system was not always ensuring attendance. The trust could review the actions taken to address non-attendance at mandatory training.
- The trust needs to ensure that nursing staff are not disturbed when administering medication.
- The trust could ensure that all staff are aware of the Mental Capacity Act.
- The trust needs to ensure that it follows good practice with regards to the consenting of patients prior to surgical procedures.

Summary of findings

Good practice

- An integrated discharge team had been introduced to help with the safe, effective and timely discharge of patients.
- The number of midwives had been increased and changes had been made to the environment in the maternity unit to meet the needs of women and their partners using the service.
- The hospital's bed management meetings were multidisciplinary and included executive team members and ward sisters to ensure trust-wide understanding and involvement in the decision-making process.
- End of life care provided at the hospital was safe, effective, caring, responsive and well-led.
- There was a positive approach to managing the needs of people with dementia. Consideration had been given to good practice guidelines and recommendations. Environmental changes had been made on the ward where most people with dementia were cared for. There was a Dementia Buddies scheme in place, which was supported by volunteers.
- A code of conduct for nursing assistants had been developed and launched in the trust.