Hounslow and Richmond Community Healthcare NHS Trust

Quality Report

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Date of inspection visit: 1 July 2017
Date of publication: 08/08/2017

Core services inspected	CQC registered location	CQC location ID
Community services	Thames House	RY9X1

This report describes our judgement of the quality of care at this provider. 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 people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for community health services at this provider	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive?	**Requires improvement** 
Are services well-led?	**Good** 

Summary of findings

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Overall summary

We undertook an unannounced, focused inspection of Teddington Memorial Hospital Inpatient Unit, run by Hounslow and Richmond Community Healthcare NHS Trust on 25 January and 6 February 2017. The purpose was to follow up on concerns, particularly looking at the safe and caring domains which CQC had judged inadequate in its inspection of March 2016 (published 6 September 2016.) The inspection reviewed the action taken in response to the requirement notices issued under The Health and Social Care Act (Regulated Activity) Regulations 2014. These had related to dignity and respect, governance processes in relation to monitoring the quality of the service and numbers and training of staff.

We inspected the inpatient unit because we were aware that the provider had made significant changes since the last inspection in March 2016. The inpatient unit was now meeting the regulations that had previously been breached and was providing a good service in all areas.

The rating for Teddington Memorial Hospital Inpatient Unit has improved to good. As we inspected Teddington Memorial Hospital Inpatient Unit within six months of the publication of the previous report, we carried out this review in order to update the provider's ratings.

The rating for Hounslow and Richmond Community Healthcare NHS Trust remains as requires improvement overall. However, the ratings for effective, caring and well-led, have improved from requires improvement to good.

Our key findings were as follows:

- There was a cohesive strategy for the inpatient unit which the trust had restored to its intended function as a bedded rehabilitation unit. The key elements of the transformation had been in place since September 2016. Work was continuing with staff and external partners on further changes over time.
- There was regular oversight of the inpatient unit by members of the executive team. New managers were in place on the unit and a small transformation team had been working with staff to ensure they owned and understood the benefits of the changes in practice.
- Staff had received additional training in areas that had been identified as weak at the previous inspection: consent, the mental capacity act, infection control. All health care assistants had obtained the care certificate.
- Patient admissions and discharges were appropriately planned and managed.
- We found no issues associated with privacy and dignity in the accommodation, and we observed staff seeking patients' consent for treatment, including for daily activities such as washing and dressing.
- Rehabilitation patients achieved good outcomes, 97% improving their functional scores by the time of discharge.
- Feedback from patients and visitors was positive. Patients were complimentary about their care and treatment and of the kindness of staff.
- Staff did not always report incidents or near misses in all areas of the trust.
- High vacancy rates in community nursing were impacting on the service.
- Staff could only access service user records for their specific location (Hounslow or Richmond) and for their particular service line (universal or specialist services).This presented risks in ensuring all pertinent information was immediately available to practitioners.
- Clinical staff at Teddington Memorial Hospital Inpatient Unit did not always know where to locate the originals of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms or know the process for managing active DNACPR orders.
- Recent hand hygiene audits at Teddington Memorial Hospital Inpatient Unit did not meet the trust's target of 95%.

An area of outstanding practice was:

- The rapid response and rehabilitation team acted as a single point of access for admissions and was also involved in discharge ensuring that patients were supported to continue their rehabilitation after discharge home.

However, there were also areas of poor practice where the provider needs to make improvements.

Summary of findings

Importantly, the provider must:

- Ensure incidents are reported and analysed effectively, so that lessons can be learned and shared with relevant staff to ensure improvements in the service to patients.
- Review existing governance arrangements to ensure that incidents are reported and investigated in line with national standards.
- Ensure detailed records are sufficiently made on each patient treated.
- Make sure all pertinent information in service user records are immediately available to practitioners on the electronic record system, across localities (Hounslow and Richmond) and service lines (universal and specialist services).
- Reduce the staffing shortages, high turnover of staff, and heavy and unsustainable caseloads for practitioners.
- Ensure the staff vacancy rate does not compromise patient care.

The provider should also ensure that:

- Clinical staff at Teddington Memorial Hospital Inpatient Unit understand where to locate the originals of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms and know the process for managing active DNACPR orders.
- Hand hygiene audits at Teddington Memorial Hospital Inpatient Unit improve to meet the trust's target of 95%.
- The trust should improve storage space for equipment across all locations.
- The trust should develop a documented vision and strategy for each core service and ensure that operational staff are engaged and involved in its development.
- Ensure the current tools used to benchmark and monitor treatment are consistently implemented and used.
- Have a clear audit of monitoring and management of end of life care practices as their current practices was varied and was not consistent across the trust locations.
- Ensure the roll out of the Five Priorities of Care of the Dying or a suitable alternative is implemented swiftly.
- The trust should do more to meet its own waiting time targets for services including podiatry, continence, diabetes and musculoskeletal services which were consistently breaching trust targets.
- Review streaming to protect privacy of patients and ensure sufficiently detailed information is captured at the initial assessment to enable safe prioritisation at the UCC.
- Review scope for a more child and family friendly service at the UCC.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our inspection team

This report was completed as a desktop review and no onsite visit was involved.

Why we carried out this inspection

We carried out this review in order to update the provider's ratings, following the inspection and rating of Teddington Memorial Hospital Inpatient Unit in January/ February 2017.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting Teddington Memorial Hospital Inpatient Unit, we reviewed a range of information we hold about the provider. We carried out an announced visit on 25 January 2017 and in the evening on 6 February 2017.

We did not visit the following services:

- Community health services for adults
- Community health services for children, young people and families
- End of life care
- Urgent care services

We re-aggregated the provider ratings, because we inspected the Community Inpatient service within six months of the publication of the comprehensive report.

Information about the provider

Hounslow and Richmond Community Healthcare NHS Trust provides a range of community services across the London borough of Richmond in south west London and the London borough of Hounslow in north west London. Services are provided to a population of 500,000 people living across the two London boroughs. It provides the following services : inpatient rehabilitation services; community nursing; health visiting; physiotherapy; nutrition and dietetics; health promotion, speech and language therapies and occupational therapy.

The trust also provides some specialist services such as audiology, neuro-rehabilitation, continence services, diabetes, respiratory, cardiac rehabilitation, dementia care, continuing care and care for people with learning disabilities.

Hounslow and Richmond Community Healthcare NHS Trust has three registered locations, including the inpatient unit at Teddington Memorial Hospital. This unit is in the London borough of Richmond and provides care for patients registered with a Richmond GP.

Hounslow and Richmond Community Healthcare NHS Trust was formed on 1 April 2011 following the merger of community health services in Hounslow and Richmond.

Summary of findings

These services were previously run by NHS Hounslow and NHS Richmond. The organisation now provides services from more than 16 locations with an income of about £69 million, and employs more than 1120 staff.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The provider must:

- Ensure incidents are reported and analysed effectively, so that lessons can be learned and shared with relevant staff to ensure improvements in the service to patients.
- Review existing governance arrangements to ensure that incidents are reported and investigated in line with national standards.
- Ensure detailed records are sufficiently made on each patient treated.
- Make sure all pertinent information in service user records are immediately available to practitioners on the electronic record system, across localities (Hounslow and Richmond) and service lines (universal and specialist services).
- Reduce the staffing shortages, high turnover of staff, and heavy and unsustainable caseloads for practitioners.
- Ensure the staff vacancy rate does not compromise patient care.

The provider should also ensure that:

- Clinical staff at Teddington Memorial Hospital Inpatient Unit understand where to locate the originals of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms and know the process for managing active DNACPR orders.
- Hand hygiene audits at Teddington Memorial Hospital Inpatient Unit improve to meet the trust's target of 95%.
- The trust should improve storage space for equipment across all locations.
- The trust should develop a documented vision and strategy for each core service and ensure that operational staff are engaged and involved in its development.
- Ensure the current tools used to benchmark and monitor treatment are consistently implemented and used.
- Have a clear audit of monitoring and management of end of life care practices as their current practices was varied and was not consistent across the trust locations.
- Ensure the roll out of the Five Priorities of Care of the Dying or a suitable alternative is implemented swiftly.
- The trust should do more to meet its own waiting time targets for services including podiatry, continence, diabetes and musculoskeletal services which were consistently breaching trust targets.
- Review streaming to protect privacy of patients and ensure sufficiently detailed information is captured at the initial assessment to enable safe prioritisation at the UCC.
- Review scope for a more child and family friendly service at the UCC.

Hounslow and Richmond Community Healthcare NHS Trust

Detailed findings

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as requires improvement because;

- Staff did not always report incidents or near misses in all areas of the trust. Where serious incidents had taken place, there were instances where concerns were identified regarding the quality of initial investigations. A small number of serious incidents had been referred for external investigation which led to significant delays in the investigation being fully accepted by the local commissioners and the trust and so this had the potential to lead to delays in improvements being implemented in a timely way.
- High vacancy rates in community nursing, were impacting on the service. This included placing further pressure on existing permanent staff including under reporting of incidents, the take up of training and the recording of closed visits on the electronic system.
- The nursing leadership team were relatively new in post and had made meaningful progress however, staffing remained an area for further improvement.
- There was inadequate storage space for equipment across locations.
- Staff could only access service user records for their specific location (Hounslow or Richmond) and for their particular service line (universal or specialist services).This presented risks in ensuring all pertinent information was immediately available to practitioners.

However

- Policies outlined the processes for safeguarding vulnerable adults and children. Staff followed specific guidelines and care pathways where concerns around safeguarding children and young people were identified.
- The quality of documentation on Teddington Memorial Hospital Inpatient Unit was good and staff completed assessments for each patient.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

Our findings

For detailed findings, please see reports previously published.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rated effective as good because;

- Patients consistently achieved positive outcomes following rehabilitation care and treatment at Teddington Memorial Hospital Inpatient Unit. We found staff were providing care according to evidence- based policies and procedures and were monitoring outcomes to improve practice.
- Universal and specialist children and young people services were based on evidence and good practice and delivered in line with national guidance. There was good provision of evidence-based advice and guidance to service users.
- Within the children, young people and families service, there was a comprehensive local audit programme. The trust engaged with local and regional panels, peer review and was involved in regional research projects. There was effective internal and external multidisciplinary working. This was facilitated by co-location of services and partnership working with other service providers. There was good interagency partnership working with local authorities and other safeguarding partners.
- Patients had comprehensive assessments that followed national guidelines.
- Staff understood the importance of nutrition and hydration and patients received assistance to eat and drink.
- There were arrangements for supervision and appraisal and staff were supported with revalidation with professional bodies.

However;

- We found end of life care and treatment was not provided in line with appropriate professional guidance of the National Institute of Health and Care Excellence (NICE). Regular and meaningful clinical audits and bench marking were not carried out consistently across the end of life care services.

Our findings

For detailed findings, please see reports previously published.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as good because;

- Care was provided in a compassionate way.
- Patients were involved in their care and treatment.
- Patients' dignity was observed in all the interactions between staff and patients that we witnessed.
- Patients spoke positively of their care and treatment and of the kindness of staff.

Our findings

For detailed findings, please see reports previously published.

Requires improvement

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We rated responsive as requires improvement because;

- Waiting list trends showed a majority of services were meeting waiting time targets, however a number of services including podiatry, continence, diabetes and musculoskeletal services were consistently breaching trust targets.
- Missed appointments or shifts that had not been filled were not always recorded or reported within the community nursing team, meaning it was not possible to see if capacity met demand in this respect.
- There was no child or family friendly waiting area or cubicle and not enough seating in the waiting area at busy times at the urgent care walk-in centre.

However, we also found that:

- Community services had a model of integrated community teams across health and social care to ensure people received joined up working. There were multiple languages spoken across the two boroughs and the need for interpreters was understood by staff.
- Staff were from diverse backgrounds, reflecting the communities they served and were able to draw on their language skills as required.
- In the main, complaints were being recognised and lessons were being learnt from the concerns. Relatives were being invited to share their experience, to learn and improve the delivery of end of life care. Nursing staff responded to complaints quickly to ensure that they were resolved quickly. Lessons learnt from complaints were shared at staff meetings.

Our findings

For detailed findings, please see reports previously published.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well-led as good because;

- Staff generally felt supported by their immediate managers and told us the trust was a good place to work. This was supported by the results from the most recent staff survey and the staff family and friends test.
- Middle managers felt there was clear leadership at executive level and managers told us the chief executive was approachable. However, some staff told us directors were not very visible in the local offices.
- Staff generally reported a positive culture in community services.
- There were clear governance processes and lines of accountability in place.
- The community nursing leadership team were all relatively new in post but meaningful progress had been made on improving the quality and sustainability of the service.

However;

- Some staff felt that change management was not handled very well within the trust, with limited opportunities for dialogue or involvement in decision making, for example: relocation of services and redeployment of staff.

Our findings

For detailed findings, please see reports previously published.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Nursing care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and improve the quality and safety of the services provided because;** 1. Reporting and analyses of incidents were not done effectively, so that lessons can be learned and shared with relevant staff to ensure improvements in the service to patients. 2. There were not sufficiently detailed records made on each patient treated. 3. All pertinent information in service user records was not immediately available to practitioners on the electronic record system, across localities (Hounslow and Richmond) and service lines (universal and specialist services). **Regulation 17 (1)(a)(2)(b)(c)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Nursing care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed which resulted in;** 1. Heavy and unsustainable caseloads for practitioners. 2. Patient care being sometimes compromised. **Regulation 18 (1), (2) (a)**