Homerton University Hospital NHS Foundation Trust

Quality Report

Homerton University Hospital NHS Foundation Trust,
Homerton Row, London, E9 6SR
Tel: 020 8510 5555
Website: www.homerton.nhs.uk

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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.

Ratings

Overall rating for this trust	Good
Are acute services at this trust safe?	Good
Are acute services at this trust effective?	Good
Are acute services at this trust caring?	Good
Are acute services at this trust responsive?	Good
Are acute services at this trust well-led?	Good

Summary of findings

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Summary of findings

Overall summary

Homerton Hospital became Homerton University Hospital NHS Foundation Trust on 1 April 2004 – one of the first 10 trusts in the country to achieve foundation status. The trust comprised a medium-sized hospital providing acute, specialist and community services to Hackney and the City of London. The trust also owned Mary Seacole Nursing Home and was responsible for Hackney and City community health services.

The trust served a diverse population: the London Borough of Hackney and the City of London. In 2010, the Indices of Deprivation showed that Hackney was the second most deprived local authority in the country, although there was evidence of less deprivation period 2007 to 2010. In contrast, the City of London (which is the country's smallest county and holds city status in its own right) was judged as being the 262nd most deprived local authority (there were 326 local authorities with the first being the most deprived). Both Hackney and the City of London had increasing populations and higher than average numbers of patients from Black, Asian and minority ethnic communities. There was a consensus view from local stakeholders, patients and staff that The Homerton was part of the local community and met the needs of its local population well.

The trust provided specialist care in obstetrics and neonatology, foetal medicine, fertility, HIV, keyhole surgery, asthma and allergies, bariatric surgery and neuro-rehabilitation across east London and beyond. The trust had seen some changes in leadership in 2013 with three out of five executive directors having been appointed in 2013. However, only one of these three executive directors, the Chief Nurse and Director of Governance, joined the trust from an external organisation. The Chief Executive and the Chief Operating Officer were internal appointments and were working in other senior roles within the trust prior to taking up their new posts in 2013.

Staffing

The trust had over 500 beds and employed over 3,500 staff. A further 1,000 staff were either contracted to work or placed for training in the Homerton. Many of the senior staff at the trust had been working at the hospital for a number of years and students we spoke with said they were keen to come back to work at the trust when they qualified. However, in the medical wards we found there were nursing staff shortages, and that these were having an impact on patient care in being able to provide care in a timely manner. The trust spent 9.9% of total staffing costs on agency staff, nearly double the spend across London. Staff sickness rates overall at the trust were just below London and England averages, midwifery staffing sickness levels, were significantly lower and were 2% compared with an England average of 4.3%.

Cleanliness and infection control

All areas visited at the Homerton were clean and levels of cleanliness were the same on our unannounced inspection visits. In the NHS staff survey of 2012, 47% of staff said that hand washing facilities were always available which was worse than expected. However, when we visited, we saw there were adequate hand washing facilities and staff and visitors had access to liquid soap hand cleansing gel. During the 12 months from August 2012 to July 2013, the trust reported four cases of meticillin-resistant staphylococcus aureus (MRSA) infection; this was within a statistically acceptable range relative to the trust's size and the national level of infection. During the same time period, there were 10 reported cases of Clostridium difficile, which was also within a statistically acceptable range given the size of the trust.

We rated the Homerton as a good hospital with an outstanding accident and emergency (A&E) department. Staff felt valued and enjoyed working in the hospital, and patients felt cared for and had faith in the staff looking after them.

Summary of findings

The five questions we ask about trusts and what we found

We always ask the following five questions of services.

Are services safe?

Good

The Homerton was a safe hospital in which to receive treatment. We identified areas where staffing levels should be increased and this will improve safety for patients.

The rates of new pressure ulcers developing at the Homerton were lower than the average rate in English hospitals. The trust had two Never Events (events so serious they should never happen) between 1 December 2012 and 31 November 2013 – this figure was no more or less than trusts of a comparable size. We found that staff had learnt from the events to minimise the risk of them occurring again. All staff were aware of these events and could describe the processes that had been put in place to prevent them happening again.

The hospital was clean and well maintained. The roof required some repair work. However, the issues with the roof did not concern the clinical areas.

Are services effective?

Good

Patient care was effective. The staff worked well collaboratively to ensure patients got the best possible outcomes. National, evidence-based guidelines were followed and monitored; departments audited their work and shared their findings in departmental meetings. Before our inspection, we had some concerns about re-admission rates for patients who had been discharged from the Homerton – specifically, that patients may be being discharged earlier than appropriate. However, we found this was not the case and patients were overall discharged in a timely manner.

Overall, the multidisciplinary teams (MDTs) worked well together and this was particularly the case in the A&E department.

Are services caring?

Good

Most patients we spoke with told us that staff were caring and respectful, and we saw staff treating patients with dignity and respect. During busy times in outpatients and A&E volunteers and staff gave patients food and drink while they waited to see a doctor. The one exception where this was not the case was in the maternity services; there were some negative comments about the attitudes of a few midwives at night from women on the maternity wards.

Are services responsive to people's needs?

Good

Services at the Homerton were responsive to patients' needs. The trust was meeting A&E targets for 95% of patients being seen within four hours of arriving at the hospital. Although we initially had concerns that the number of unplanned re-admissions was higher than expected, the trust was able to explain why the figures were high.

Patients told us that staff attended to their needs promptly.

Summary of findings

Are services well-led?

Good

The hospital was well led. Staff told us they felt supported and valued. The chief executive, medical director and chief nurse were well known at all levels of staffing; staff felt confident that not only would they be able to identify executive team members if they came onto the wards but that in many cases the executive team members would know them too. The non-executive board members we met were not as well known by the staff. We met with the board of governors who clearly understood their role and were highly supportive of the leadership of the trust board.

A clear strategy for what the trust was achieving and aimed to achieve was evident and staff demonstrated the values of the trust – personal, safe, respectful, responsibility.

Summary of findings

What people who use the trust's services say

Before our inspection, we had looked at the last inpatient survey and the Friends and Family test. In both, the trust had scored lower than the average for England. In the adult inpatient survey of 2012, the trust been identified as a higher than average risk because of responses to the following question, 'Did you have confidence and trust in the doctor treating you?' The trust also had an elevated risk following responses to the following question, 'Do you think the hospital staff did everything they could to help control your pain?'.

In the recently introduced Friends and Family test, the trust performed lower than the average for England although the response rate was also below average. The trust also came in the bottom 20% nationally for 23 out of 69 questions in the Cancer Patient Experience Survey and the National Bereavement Survey of 2011; the North Central London (NCL) primary care trust (PCT) cluster (where the Homerton was based) scored in the bottom 20% for 8 indicators.

However, the NHS Choices website showed the trust overall had a score of 3.5 out of a possible 5 stars, and that comments were largely positive. This was also the case when we spoke with patients and their friends and family during our inspection.

Areas for improvement

Action the trust MUST take to improve

- The trust must take appropriate steps to ensure that at all times there are sufficient members of suitably qualified, skilled and experienced staff employed on the medical wards.
- The trust must ensure that patients are protected against the risks of unsafe or inappropriate care and treatment by means of accurate record keeping, which should include appropriate information and documents in relation to the care and treatment planned and provided to each patient.
- The trust must ensure patients and/or their relatives are involved in 'do not attempt cardiopulmonary resuscitation' (DNAR CPR) decisions and ensure these are adequately documented.

Action the trust SHOULD take to improve

- The trust should ensure an evidenced-based early warning system is used. The national early warning score (EWS) was not in use at the trust and therefore the systems the trust used were not as robust as is nationally recommended.
- The trust should consider introducing a dementia identifier: for example, the 'forget-me-not' and 'This is me' style patient information templates, because these are considered to be best practice by the Alzheimer's Society.
- The trust should consider ensuring local and general anaesthetic drugs are stored separately from each other to minimise the risk of error.
- The trust should ensure intravenous fluids are kept locked and are not were accessible to patients by providing adequate storage in A&E
- The trust should ensure there is adequate space in the theatre reception area to ensure the privacy and dignity of patients is always maintained.
- The trust should consider introducing 'patient's safety at a glance' boards across all wards to improve communication and safety.
- The trust should consider introducing staff picture boards on each ward so patients and visitors know whom to approach with any concerns or issues.
- The trust should consider reinstating the out-of-hours patient visiting service from the palliative care team.

Action the trust COULD take to improve

<Action here>

Summary of findings

Good practice

- The first response duty team (FRDT) provided multidisciplinary input to co-ordinate the discharge arrangements for patients presenting at the A&E department. The trust and the London Borough of Hackney jointly funded the FRDT that provided a service seven days a week. Eighty-seven per cent of the referrals made to the FRDT enabled the patient to go home straight from A&E without needing admission to a ward.
- A 'spider checklist' was produced to help the trust proactively monitor that they were meeting the national clinical quality indicators for the A&E department and prevent duplication of work between A&E and speciality teams. This enabled care to be delivered more promptly and lead to effective care for patients. The 'spider checklist' ensured effective communication and documentation regarding a patient's needs. It included information about the patient's diagnosis, investigations undertaken, and a recommended time interval for medical review. This helped the ACU prioritise patients and highlight any outstanding investigations the patient required.
- The elderly care unit (ECU) had three dementia nursing assistant posts to support patients with dementia with one-to-one stimulation. The trust should ensure that these posts remain, in addition to the nurse and nurse assistant staffing establishment, to continue to enhance the experience of patients with dementia.
- The palliative care nursing team and the bereavement team provided a supportive service that was that was well known to medical, nursing and therapy staff. Staff working on the medical wards told us how their own knowledge and practice regarding palliative and end of life care had been improved by the confidence and competence brought by individuals within these teams.
- The pharmacy department was involved in joint working with London Ambulance Service and the Hackney Clinical Commissioning Groups to introduce 'green bags' so that patients' own drugs could be brought into hospital safely and transferred safely between different healthcare settings.
- Pregnant women who meet the criteria could have their labour induced in outpatients, known as outpatient induction of labour. It reduces the amount of time women will need to stay in hospital before their labour begins, allows women to stay at home and wait for labour to start and makes the process of induction more normal.
- Access to maternity services was also provided through a maternity telephone helpline that was available from 10am till 6pm, seven days a week. The helpline advised women who were booked or wanted to book at the trust for their pregnancy. We found that it was staffed by experienced midwives who had specific training about domestic violence, confidentiality, and handling difficult and emotional calls. The helpline was commended by a stakeholder whose role was to represent the experiences of women using the trust's maternity services.
- The outpatients service used technology to ensure patients' relatives and carers could be involved in their care. A clinic appointment had been organised so that a close relative could join the consultation from another country via Skype.

Homerton University Hospital NHS Foundation TrustHomerton University Hospitals NHS Foundation Trust

Detailed Findings

Hospitals we looked at:
Homerton Hospital

Our inspection team

Our inspection team was led by:

Chair: Dr Mike Lambert, Consultant, Norfolk and Norwich

Team leader: Michele Golden, Care Quality Commission

The team included CQC inspectors and a variety of specialists: student and qualified nurses, consultant and junior physicians, consultant and junior surgeons, medical director, midwives, trust chief executive, expert patient representatives.

Background to Homerton University Hospital NHS Foundation Trust

The trust had been inspected seven times since registration with CQC. The most recent inspection of the Homerton itself was in April 2013 when the trust was found to be compliant with all regulations relating to the services inspected. This was the fourth inspection since May 2011. Mary Seacole Nursing Home had been inspected three times since November 2011 with the last inspection being carried out in October 2013 – again all outcomes inspected were found to be compliant. An inspection of the trust's

community services was carried out in December 2013 and January 2014 and, although the report has not yet been published, the trust was found to be compliant in all outcomes inspected.

Why we carried out this inspection

We inspected this hospital as part of our in-depth hospital inspection programme. We chose this hospital because it represented the variation in hospital care according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations. Using this model, Homerton University Hospital (the Homerton) was considered to be a high risk service.

How we carried out this inspection

To get to the heart of patients' experiences 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 patients' needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

- Accident and emergency
- Medical care (including older patients' care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young patients
- End of life care
- Outpatients.

Before visiting, we reviewed a range of information we hold about the hospital and asked other organisations to share what they knew about the hospital. We carried out an announced visit on 6 and 7 February 2014 and we carried out unannounced visits in the evenings of 13 and 15 February 2014.

During the visit we held focus groups with a range of staff in the hospital, including nurses, midwives, doctors, physiotherapists, occupational therapists, porters, domestic staff and pharmacists. We interviewed executive and non-executive board members and we met with the board of governors. We talked with patients and staff from all areas of the hospital including the wards, theatre, outpatients and the A&E departments. We observed how patients were being cared for, and talked with carers and/or family members and reviewed patient care or treatment records of patients.

We held a listening event on 5 February 2014 at the Tomlinson Centre where patients and members of the public shared their views and experiences of the location.

Good

Are services safe?

Summary of findings

<Summary here>

Our findings

<findings here>

Good

Are Services Effective?

(for example, treatment is effective)

Summary of findings

<Summary here>

Our findings

<Summary here>

Using evidence-based guidance
<Findings here>

Performance, monitoring and improvement of outcomes
<Findings here>

Staff, equipment and facilities
<Findings here>

Multidisciplinary working and support
<Findings here>

Good

Are services caring?

Summary of findings

<Summary here>

Our findings

<Summary here>

Compassion, dignity and empathy
<Findings here>

Involvement in care and decision making
<Findings here>

Trust and communication
<Findings here>

Emotional support
<Findings here>

Good

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

<Summary here>

Our findings

<Summary here>

Meeting people's needs
<Findings here>

Vulnerable patients and capacity
<Findings here>

Access to services
<Findings here>

Leaving hospital
<Findings here>

Learning from experiences, concerns and complaints
<Findings here>

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

<Summary here>

Our findings

<Summary here>

Vision, strategy and risks
<Findings here>

Governance arrangements
<Findings here>

Leadership and culture
<Findings here>

Patient experiences, staff involvement and engagement
<Findings here>

Learning, improvement, innovation and sustainability
<Findings here>

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 22 Staffing: The trust had not taken appropriate steps to ensure that at all times there are sufficient members of suitably qualified, skilled and experienced patients employed for the purposes of carrying on the regulated activity in medical care.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 (1)(a) Records: The trust had not ensured that service users are protected against the risks of unsafe or inappropriate care and treatment by means of an accurate record which should include appropriate information and documents in relation to the care and treatment planned and provided to each service user in medical care and recovering from surgery.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 (1)(f) The trust must make sure service users and their carers are involved in decisions relating to their resuscitation status and this involvement is recorded.