

Hounslow and Richmond Community Healthcare NHS Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
End of life care	Thames House Teddington Memorial Hospital	RY9X1 RY9X2
Community health inpatient services	Teddington Memorial Hospital	RY9X2
Community health services for children, young people and families	Thames House	RY9X1
Urgent care services	Hounslow Urgent Care Centre Teddington Memorial Hospital	RY9X3 RY9X2
Community health services for adults	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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Summary of findings

Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

Overall, we have rated Hounslow and Richmond Community Healthcare NHS Trust as requires improvement.

Our key findings were as follows:

Safe

- 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, particularly 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 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.
- Teddington Memorial hospital was operating with a substantial nurse vacancy rate. Although recruitment processes were underway there remained substantial vacancies to be filled.

- There was an increased risk that patients and visitors may be harmed as the minimum level of basic resuscitation equipment was not available for use in an emergency at Teddington Memorial Hospital.
- At Teddington Memorial Hospital, risk assessments and care plans were in place however we noted substantial gaps in recording observations, documenting scores in the early warning system and a lack of appropriate action when changes in patients' observations were observed.

However, we also found that

- 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.

Effective

We have rated the trust as requires improvement in its delivery of effective, evidence based care and treatment.

We found that:

- 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.
- The trust reviewed the National Care of the Dying audit but did not participate as it was acute focussed. As a community provider, the trust was not eligible to contribute to the national minimum data set for end of life care. The trust undertook its own internal notes audit in 2015/16 and was in the process of implementing a full audit plan for 2016/17.
- Although there were pain management protocols in place and the majority of staff ensured that patients were kept comfortable, we did not see evidence of pain evaluation following the administration of analgesia and we observed an incident where a member of staff ignored when a patient was in distress and asking for pain relief.

Summary of findings

- Weekly multi-disciplinary working meetings took place however these only related to rehabilitation patients and not those funded for continuing care. The multidisciplinary team did not always include a doctor.
- The trust had systems and processes in place to ensure that all staff had thorough employment checks before starting work. Permanent and bank staff were appropriately qualified and undertook relevant training to their roles. There were appropriate arrangements in place for the appraisal and management of staff. Therapy staff had regular supervision arrangements in place. However agency staff did not always receive induction to the ward and there was no system for ensuring their competency.
- Although there were appropriate policies and procedures in place and staff received training on the Mental Capacity Act (MCA) and deprivation of liberty standards (DOLs) we found one patient whose DOLs had expired several weeks before and had been detained since then without authorisation. Staff were aware of obtaining consent before any procedure but did not always obtain verbal consent before undertaking daily living tasks such as washing and dressing.

However, we also found that:

- Patients consistently achieved positive outcomes following rehabilitation care and treatment at Teddington Memorial Hospital. We found staff were providing care according to evidenced 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 inter-agency partnership working with local authorities and other safeguarding partners.

- Improvements had been made on rates of clinical supervision within community nursing, which included agency and bank staff.

Caring

We rated the trust overall as requires improvement in providing care that provided respect and dignity to all patients in a compassionate manner.

We found that:

- Privacy of patients when carrying out initial assessments at busy times was not always considered.
- Few of the patients receiving care and treatment at Teddington Memorial Hospital had any understanding or involvement in their care and treatment. Although care plans were in place, we did not see any evidence of patients or their relatives' involvement in planning their care. Whilst the trust provided patients with an information leaflet on admission to Teddington Memorial Hospital, patients reported that they received little information to support them and their carers in understanding their care and treatment during their stay in hospital.
- We had feedback from patients at Teddington Memorial Hospital of several instances where the care and treatment patients received did not meet the level of care expected. We also observed staff not behaving with the level of care and compassion expected. This included ignoring patients in distress, walking past confused patients who were exposing themselves and ignoring call bells. This was confirmed in the findings from a recent survey undertaken by the occupational therapists, where although the majority of feedback was positive, concerns had been raised about staff attitude particularly at night.

However, we also found that:

- We saw that care was provided in a compassionate way in the majority of instances to those receiving care and support in the community setting and that community patients were involved in their treatment and care

Responsive

We have rated the trust as requires improvement in how it organises and delivers services to ensure they meet the needs of people.

We found that:

Summary of findings

- 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 district nursing team meaning it was not possible to see if capacity met demand in this respect.
- We found that although the majority of beds at Teddington Memorial Hospital were designated as being for patients requiring rehabilitation, an increasing number of patients living with dementia and those requiring continuing care were being admitted and were sharing the same ward space. This meant that staff spent a lot of time caring for patients with challenging behaviour and caused a great deal of distress and disruption to the rehabilitation patients. There were delays in transferring these patients to a more suitable setting due to their complex needs. We found that patients' needs were not always met at night with noisy staff and patients shouting, lights on and loud music playing at midnight. Patient feedback indicated that this was not an isolated event and that the wards were often very noisy at night.
- 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 it was resolved quickly. Lessons learnt from complaints were shared at staff meetings.

Well-led

We have rated the trust as requires improvement in how the organisation is led and managed and how the governance of the organisation assures the delivery of high-quality person-centred care.

- There was a trust wide corporate vision, strategy and mission statement. However we did not identify a cohesive strategy for the inpatient unit either as a rehabilitation unit, a specialist dementia unit, stepdown continuing care or end of life unit. The hospital was attempting to meet the diverse needs of all these very different client groups.
- The trust's had developed core staff values which were demonstrated by the majority of the staff most of the time. However there were instances both observed during the inspection and reported by patients where these core values were not being met.
- There was a clear leadership structure and regular contact with the Clinical Commissioning Group and systems for monitoring and reporting on services. The trust oversight and management of the walk-in centre was effective, but the trust appeared to have less influence on systems at the UCC.
- 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.

However, we also found:

- The 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.

Summary of findings

We saw several areas of good practice including:

- There were effective formalised processes for CYP staff to receive regular planned clinical and safeguarding supervision to reflect on learning. The CYP service had introduced an innovative joint supervision approach to provide externality and objectivity in supervision sessions. For example, some supervision sessions were attended by district nurses or social workers.
- The trust's audiology service performed consistently well and this was recognised nationally with accreditation under the Royal College of Physicians' Improving Quality in Physiological diagnostic Services (IQIPS) programme. Accreditation was granted by the United Kingdom Accreditation Service for the audiology services delivered by the trust.
- The trust's paediatric immunisation team performed well in London-wide benchmarking analysis, and came second amongst all trusts for delivery of paediatric influenza vaccinations.
- The redesign of a skin integrity tool to help identify and reduce the risk of patients developing skin pressure damage.
- The introduction of the Freedom to Speak up Guardian role.

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

Importantly, the trust must:

- The trust must reduce the staffing shortages, high turn over of staff, and heavy and unsustainable caseloads for practitioners.
- Ensure the staff vacancy rate does not compromise patient care.
- Ensure agency staff always receive an induction to the ward or clinical setting and there is a system for ensuring their competency.
- Reduce the delays in transferring the patients living with dementia to a more suitable setting due to their complex needs.
- Ensure that the ward environment at night is conducive to patients rest and sleep.
- Arrange the ward routines to support patients care and treatment.
- Ensure patients are always treated with dignity and respect.

- Make sure patient rights are always upheld and verbal consent is obtained before undertaking daily living tasks such as washing and dressing.
- The trust must ensure that all pertinent information in service user records is immediately available to practitioners on the electronic record system, across localities (Hounslow and Richmond) and service lines (universal and specialist services).
- The trust should further mitigate against the negative effects of short staffing. This includes pressure on existing permanent staff, delays in incident investigation, the under reporting of incidents, the take up of training and the recording of closed visits on the electronic system.
- The trust must review its existing governance arrangements to ensure that incidents are reported and investigated in line with national standards.

Also, the trust should:

- 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

The five questions we ask about the services and what we found

We always ask the following five questions of services.

Are services safe?

We rated the trust overall as requires improvement in ensuring that patients were protected from avoidable harm.

We found that:

- 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, particularly 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 for equipment across locations.
- Staff could not immediately access service user records outside of their specific location and service line which presented risks in ensuring all information was immediately available to practitioners.
- Teddington Memorial hospital was operating with a substantial nurse vacancy rate. Although bank and agency staff were used, the high dependency level of some of the patients meant that patient care was sometimes compromised. Although recruitment processes were underway there remained substantial vacancies to be filled.
- There was an increased risk that patients and visitors may be harmed as the minimum level of basic resuscitation equipment was not available for use in an emergency at Teddington Memorial Hospital.
- At Teddington Memorial Hospital, risk assessments and care plans were in place however we noted substantial gaps in recording observations, documenting scores in the early warning system and a lack of appropriate action when changes in patients' observations were observed.

However, we also found that

Requires improvement



Summary of findings

- 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.

Are services effective?

We have rated the trust as requires improvement in its delivery of effective, evidence based care and treatment.

We found that:

- 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.
- The trust reviewed the National Care of the Dying audit but did not participate as it was acute focussed. As a community provider, the trust was not eligible to contribute to the national minimum data set for end of life care. The trust undertook its own internal notes audit in 2015/16 and was in the process of implementing a full audit plan for 2016/17.
- Although there were pain management protocols in place and the majority of staff ensured that patients were kept comfortable, we did not see evidence of pain evaluation following the administration of analgesia and we observed an incident where a member of staff ignored when a patient was in distress and asking for pain relief.
- Weekly multi-disciplinary working meetings took place however these only related to rehabilitation patients and not those funded for continuing care. The multidisciplinary team did not always include a doctor.
- The trust had systems and processes in place to ensure that all staff had thorough employment checks before starting work. Permanent and bank staff were appropriately qualified and undertook relevant training to their roles. There were appropriate arrangements in place for the appraisal and management of staff. Therapy staff had regular supervision arrangements in place. However agency staff did not always receive induction to the ward and there was no system for ensuring their competency.
- Although there were appropriate policies and procedures in place and staff received training on the Mental Capacity Act (MCA) and deprivation of liberty standards (DOLs) we found one patient whose DOLs had expired several weeks before and had

Requires improvement



Summary of findings

been detained since then without authorisation. Staff were aware of obtaining consent before any procedure but did not always obtain verbal consent before undertaking daily living tasks such as washing and dressing.

However, we also found that:

- Patients consistently achieved positive outcomes following rehabilitation care and treatment at Teddington Memorial Hospital. We found staff were providing care according to evidenced 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 inter-agency partnership working with local authorities and other safeguarding partners.
- Improvements had been made on rates of clinical supervision within community nursing, which included agency and bank staff.

Are services caring?

We rated the trust overall as requires improvement in providing care that provided respect and dignity to all patients in a compassionate manner.

We found that:

- Privacy of patients when carrying out initial assessments at busy times was not always considered.
- Few of the patients receiving care and treatment at Teddington Memorial Hospital had any understanding or involvement in their care and treatment. Although care plans were in place, we did not see any evidence of patients or their relatives' involvement in planning their care. There was little information available to support patients and their carers in understanding their care and treatment during their stay in hospital.
- We had feedback from patients at Teddington Memorial Hospital of several instances where the care and treatment patients received did not meet the level of care expected. We

Requires improvement



Summary of findings

also observed staff not behaving with the level of care and compassion expected. This included ignoring patients in distress, walking past confused patients who were exposing themselves and ignoring call bells. This was confirmed in the findings from a recent survey undertaken by the occupational therapists, where although the majority of feedback was positive, concerns had been raised about staff attitude particularly at night.

However, we also found that:

- We saw that care was provided in a compassionate way in the majority of instances to those receiving care and support in the community setting and that community patients were involved in their treatment and care.

Are services responsive to people's needs?

We have rated the trust as requires improvement in how it organises and delivers services to ensure they meet the needs of people.

We found that:

- Waiting list trends showed a majority of services were meeting waiting time targets, however a number of service including podiatry, continence, diabetes and musculo-skeletal services were consistently breaching trust targets.
- Missed appointments or shifts that had not been filled were not always recorded or reported within the district nursing team meaning it was not possible to see if capacity met demand in this respect.
- We found that although the majority of beds at Teddington Memorial Hospital were designated as being for patients requiring rehabilitation, an increasing number of patients living with dementia and those requiring continuing care were being admitted and were sharing the same ward space. This meant that staff spent a lot of time caring for patients with challenging behaviour and caused a great deal of distress and disruption to the rehabilitation patients. There were delays in transferring these patients to a more suitable setting due to their complex needs. We found that patients' needs were not always met at night with noisy staff and patients shouting, lights on and loud music playing at midnight. Patient feedback indicated that this was not an isolated event and that the wards were often very noisy at night.
- 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:

Requires improvement



Summary of findings

- 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 it was resolved quickly. Lessons learnt from complaints were shared at staff meetings.

Are services well-led?

We have rated the trust as requires improvement in how the organisation is led and managed and how the governance of the organisation assures the delivery of high-quality person-centred care.

- There was a trust wide corporate vision, strategy and mission statement. However we did not identify a cohesive strategy for the inpatient unit either as a rehabilitation unit, a specialist dementia unit, stepdown continuing care or end of life unit. The hospital was attempting to meet the diverse needs of all these very different client groups. The trust was however delivering services in line with the 2015/2016 service specification which was being reconsidered at the time of the inspection alongside local commissioners in order to agree a new service model.
- The trust's had developed core staff values which were demonstrated by the majority of the staff most of the time. However there were instances both observed during the inspection and reported by patients where these core values were not being met.
- There was a clear leadership structure and regular contact with the Clinical Commissioning Group and systems for monitoring and reporting on services. The trust oversight and management of the walk-in centre was effective, but the trust appeared to have less influence on systems at the UCC.
- 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. However we noted that in the 2015/16 staff survey the trust scored higher than 84% of

Requires improvement



Summary of findings

trusts for “Percentage of staff able to contribute towards improvements at work” and higher than 74% of trusts for “Percentage of staff reporting good communication between senior management and staff.”

However, we also found:

- The 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.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh,

Team Leader: Nick Mulholland, Care Quality Commission

The team included CQC inspectors and a variety of specialists including; end of life care nurse specialist; Clinical Oncologist; Clinical physiotherapist; Occupational Therapist; Medical Director; General

Practitioner; Emergency Nurse Practitioner; Children's Guardian; Genitourinary medicine and Sexual Health specialist; Senior Quality and Risk lead; Care of the elderly ward manager; Community District Nurse Manager; Health Visitor; Speech and Language Therapist; Community Paediatric Physiotherapist and a Senior Children's Nurse.

Why we carried out this inspection

We inspected this trust as part of our comprehensive community health services inspection programme.

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, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an

announced visit between 1 and 4 March 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists; we spoke with approximately 180 members of staff during the inspection. We talked with 105 people who use services their relatives/carers. We observed how people were being cared for and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service. We carried out an unannounced visit on 11 January 2014.

Information about the provider

Hounslow and Richmond Community Healthcare NHS Trust provides a range of community based services across London and includes but is not limited to: inpatient rehabilitation services; community district 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 and continuing care.

The trust provides services in the boroughs of Hounslow and Richmond upon Thames.

Inpatient beds

Number of total trust inpatient (Inpatient rehabilitation) beds: 50

Number of trust locations providing inpatient beds: 1, Teddington Memorial Hospital – 2 wards, Grace Anderson Ward (21 rehabilitation beds) and Pamela Bryant Ward (29 rehabilitation beds)

Summary of findings

Staff Total

Circa 1,050 staff.

Trust financial position

Income, 2014/15: £65.8 million

Income, 2015/16: £67.8 million

Population and patient demographics

Based on the local population Hounslow reports a much higher minority ethnic population as a proportion of the total compared to England, while Richmond reports a much lower minority ethnic population as a proportion of the total compared to London and a similar proportion to England.

Health of the local population - Hounslow

The health of people in Hounslow is varied compared with the England average. Deprivation is lower than average, however about 21.5% (11,300) children live in poverty. Life expectancy for both men and women is similar to the England average.

Life expectancy is 6.3 years lower for men in the most deprived areas of Hounslow than in the least deprived areas.

In 2012, 21.8% of adults in Hounslow were classified as obese. The rate of tuberculosis is worse than average. The rate of people killed and seriously injured on roads is better than average.

In Year 6, 23.9% (575) of children in Hounslow are classified as obese, worse than the average for England. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

Health of the local population - Richmond upon Thames

The health of people in Richmond upon Thames is generally better than the England average. Deprivation is lower than average, however about 8.8% (3,100) children live in poverty. Life expectancy for both men and women is higher than the England average.

Life expectancy is 5.2 years lower for men in the most deprived areas of Richmond upon Thames than in the least deprived areas.

In 2012, 12.1% of adults in Richmond upon Thames were classified as obese, better than the average for England. Estimated levels of adult excess weight, smoking and physical activity are better than the England average. Rates of people killed and seriously injured on roads and tuberculosis are better than average. The rate of statutory homelessness is worse than average. Rates of violent crime, long term unemployment, drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

In Year 6, 11.1% (187) of children in Richmond upon Thames were classified as obese, better than the average for England. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

Inspection history

There have been 5 inspections at locations registered Hounslow & Richmond Community Healthcare NHS Trust since the trust registered with the Care Quality Commission in 2010. The trust was found to be compliant with the relevant assessed regulations during each of the three inspection.

- Hounslow and Richmond Community Healthcare NHS Trust inspected 02/09/14.
- Thames House (Trust HQ) inspected 09/03/12.
- Teddington Memorial Hospital inspected 28/11/11.

Good practice

- There were effective formalised processes for CYP staff to receive regular planned clinical and safeguarding supervision to reflect on learning. The CYP service had

introduced an innovative joint supervision approach to provide externality and objectivity in supervision sessions. For example, some supervision sessions were attended by district nurses or social workers.

Summary of findings

- The trust's audiology service performed consistently well and this was recognised nationally with accreditation under the Royal College of Physicians' Improving Quality in Physiological diagnostic Services (IQIPS) programme. Accreditation was granted by the United Kingdom Accreditation Service for the audiology services delivered by the trust.
- The trust's paediatric immunisation team performed well in London-wide benchmarking analysis, and came second amongst all trusts for delivery of paediatric influenza vaccinations.
- The redesign of a skin integrity tool to help identify and reduce the risk of patients developing skin pressure damage.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Importantly, the trust must:

- The trust must reduce the staffing shortages, high turn over of staff, and heavy and unsustainable caseloads for practitioners.
- Ensure the staff vacancy rate does not compromise patient care.
- Ensure agency staff always receive an induction to the ward or clinical setting and there is a system for ensuring their competency.
- Reduce the delays in transferring the patients living with dementia to a more suitable setting due to their complex needs.
- Ensure that the ward environment at night is conducive to patients rest and sleep.
- Arrange the ward routines to support patients care and treatment.
- Ensure patients are always treated with dignity and respect.
- Make sure patient rights are always upheld and verbal consent is obtained before undertaking daily living tasks such as washing and dressing.
- The trust must ensure that all pertinent information in service user records is immediately available to practitioners on the electronic record system, across localities (Hounslow and Richmond) and service lines (universal and specialist services).
- The trust should further mitigate against the negative effects of short staffing. This includes pressure on

existing permanent staff, delays in incident investigation, the under reporting of incidents, the take up of training and the recording of closed visits on the electronic system.

- The trust must review its existing governance arrangements to ensure that incidents are reported and investigated in line with national standards.

Also, the trust should:

- 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 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 the trust overall as requires improvement in ensuring that patients were protected from avoidable harm.

We found that:

- 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, particularly 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 insufficient storage for equipment across locations.
- Staff could not immediately access service user records outside of their specific location and service line which presented risks in ensuring all information was immediately available to practitioners.
- Teddington Memorial hospital was operating with a substantial nurse vacancy rate. Although recruitment processes were underway there remained substantial vacancies to be filled.
- There was an increased risk that patients and visitors may be harmed as the minimum level of basic resuscitation equipment was not available for use in an emergency at Teddington Memorial Hospital.

Are services safe?

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

- At Teddington Memorial Hospital, risk assessments and care plans were in place however we noted substantial gaps in recording observations, documenting scores in the early warning system and a lack of appropriate action when changes in patients' observations were observed.
- Medicines were not always suitably stored so were at risk of theft, being tampered with, and accidental or unintentional ingestion by unauthorised persons. However, patients received their medicines when they were needed and there was an effective system in place to ensure medicines were available on discharge.
- Staff mostly followed good infection practices but not all clinical areas were clean and tidy.
- There was insufficient evidence to ensure resuscitation trolleys were checked in line with trust policy. On some trolleys, we found out of date equipment.

However, we also found that

- 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 incident reporting system. There was some anxiety amongst team leaders in the community regarding their responsibilities in relation to commencing the duty of candour process; this had been acknowledged by the trust and additional training sessions had been introduced as part of the leadership forum to address this.

- We reviewed complaints and incidents which had met the threshold for applying the regulatory duty of candour; systems and processes were sufficiently robust in ensuring that the trust met the requirements of the regulation.

Safeguarding

- The trust had clear and comprehensive policies, processes and training associated with protecting vulnerable children and adults. Staff from across the organisation were able to describe the categories of abuse and how they would report potential safeguarding issues.
- Learning from safeguarding investigations was shared at team meetings and there was evidence of learning being shared across the trust.
- The trust took in to account the patient profile and demographic and provided staff with additional training to support them to recognise and support those at risk sexual exploitation and female genital mutilation (FGM).
- There were arrangements in place for staff working with specific patient groups such as children or those living with learning disabilities to receive regular supervision; staff spoke positively of the support they received which was afforded to them by way of either single or group sessions. Staff felt able to request additional support from the safeguarding team as required.
- The trust appointed a "Freedom to Speak-up Champion" in July 2015; their role was to develop an organisational culture in which all staff had the confidence to raise concerns without the fear of retribution; although employed by the trust, the post-holder was independent of all internal structures and reported directly to the Chief Executive. Staff were able to identify the Speak up Champion and described how they could be contacted. Staff reported that they could

Our findings

Duty of Candour

- Staff were conversant with the requirements of the Duty of Candour and were able to describe their responsibilities in ensuring that when things had gone wrong, patients or their named advocate were informed, afforded a written apology and kept informed of any investigation and resulting outcomes, as well as any actions the trust was required to implement in order to mitigate future occurrences of a similar incident happening again.
- There was some ambiguity regarding the correct documentation staff should use when recording the actions they had taken in line with trust policy however senior staff were conversant with the trust policy and requirements, including the capturing of information on

Are services safe?

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raise concerns with the speak-up champion or via the trust intranet. Additional, on commencement of employment, staff received information on the trust's "Speak-up" (whistle-blowing) policy.

Incidents

- The trust reported a total of 1,680 incidents to the National Reporting and Learning System (NRLS) between 1 October 2014 and 30 September 2015. Five incidents (0.3%) were reported as deaths; 18 as severe; 342 as resulting in moderate harm; 179 resulting in low harm and 1,136 resulting in no harm or reported as a near miss.
- Grade 3 pressure ulcers contributed to the highest proportion of incidents reported to STEIS between 1 November 2014 and 31 October 2014.
- Staff were able to describe the process for reporting incidents and the majority of staff reported that they received individual feedback on incidents they had reported. Staff also reported receiving feedback on incidents which had been reported by colleagues within their team; there were inconsistencies in how staff received feedback from incidents which had occurred in other teams or services across the trust.
- There were some variations in the reporting culture amongst the various teams across the trust. For example, the Response and Rehabilitation team in Richmond had been identified by the leadership team as being a significant under-reporter of incidents, reporting approximately one third fewer incidents than the ICRS team located in Hounslow. An action plan had been implemented to ensure that staff reported all incidents including near misses. Under-reporting of incidents was also identified as an area of concern at the Urgent Care Centre at West Middlesex hospital where approximately five incidents a month were reported; this was significantly fewer than expected for a service treating patients 24 hours a day; the under-reporting trend had also been identified as an area of concern by the local clinical commissioning group. An action plan was in place to address which listed four workstreams including; "Staff awareness"; "Training"; "Feedback" and "Culture/Staff perception". Of the 22 individual actions listed within the action plan, 6 actions had been completed as of 18 March 2016.
- In the 2015 NHS Staff survey, the trust performed worse than other community trusts in relation to the number of staff witnessing potentially harmful errors, near misses or incidents in the last month (27% locally versus 21% nationally (the lower the score the better in this question)).
- The trust performed about the same for the percentage of staff reporting errors, near misses or incidents witnessed in the last month (90% locally versus 90% nationally).
- The trust performed about the same for the percentage of staff reporting fairness and effectiveness of procedures for reporting errors, near misses and incidents (3.73 locally versus 3.75 nationally).
- In 2014/2015, the trust introduced a quality priority to improve learning from incident reporting and to ensure that the trust used the information from incidents to drive continuous service improvement. Of the four targets set within the quality priority, the trust met one target which related to the percentage of pressure ulcers which had a care plan in place to prevent pressure damage (baseline position in March 2014: 28% - target was set as 85% and position achieved by March 2015 was 87%). The remaining three targets within the quality priority included:
 - The percentage of incidents that include details on actions and feedback to staff on Datix (baseline: 46%; target: 65%; end position: 61%)
 - The number of staff reporting they can demonstrate learning from an incident (target: 70%; end position 57%).
 - Progress against action plan sharing of learning from incidents (target 100%; position achieved by March 2015: 75%).
- The majority of leaders in the trust took a proactive and timely approach to investigating reported incidents so as to ensure that lessons could be learnt wherever possible and actions taken to resolve any risks. Within the community nursing team however it was noted that approximately 100 incidents had been delayed in being investigated due to a limited number of suitably qualified staff being available to conduct the necessary

Are services safe?

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investigations. A training needs analysis had been conducted by the trust and additional "Root cause analysis" training sessions had been organised to take place in September 2016.

- Whilst the trust was the legal entity responsible for the delivery of care provided at the Urgent Care Centre located inside West Middlesex Hospital, a proportion of the service was carried out on behalf of the trust by a third party provider. Where serious incidents had taken place at the Urgent Care Centre, the third party provider had conducted their own investigation and had produced reports which had been forwarded to the trust executive team. Concerns were raised by the trust with regards to the quality of the reports and the fact that investigations had not fully taken in to account all of the possible contributory factors leading to the serious incident. This resulted in the trust commissioning independent external reviews of the incidents to ensure a robust investigation took place; whilst this was considered as a positive resolution by the trust and third party provider, the external investigations resulted in significant delays in final reports being produced and so there was a risk that the trust may have been delayed in implementing recommendations and actions to reduce the risk of future incidents occurring.

Staffing

- The trust set an ambitious target of reducing its staff vacancy rate by 50% by the end of quarter 1 for 2016/2017. The trust reported approximately 105 whole time equivalent nurse/health visitor/ allied health professional vacancies and 21 nursing assistant vacancies across the workforce prior to the inspection. As of February 2016 the trust reported an annual staff turnover of 22.9% against a target of 17%. In addition, the trust reported a staff vacancy rate of 21.8% year to date against a target of 17%.
- The trust performed worse than other community trusts in the NHS staff survey 2015 for the key question for working additional hours (75% locally versus 74% nationally). However, the trust performed about the same as other community trusts for the number of staff suffering stress in the previous 12 months and better than other trusts for the number of staff feeling pressure in to attend work when unwell in the previous three months.

Are services effective?

Requires improvement 

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 have rated the trust as requires improvement in its delivery of effective, evidence based care and treatment.

We found that:

- 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.
- The trust reviewed the National Care of the Dying audit but did not participate as it was acute focussed. As a community provider, the trust was not eligible to contribute to the national minimum data set for end of life care. The trust undertook its own internal notes audit in 2015/16 and was in the process of implementing a full audit plan for 2016/17.
- Although there were pain management protocols in place and the majority of staff ensured that patients were kept comfortable, we did not see evidence of pain evaluation following the administration of analgesia and we observed an incident where a member of staff ignored when a patient was in distress and asking for pain relief.
- Weekly multi-disciplinary working meetings took place however these only related to rehabilitation patients and not those funded for continuing care. The multidisciplinary team did not always include a doctor.
- The trust had systems and processes in place to ensure that all staff had thorough employment checks before starting work. Permanent and bank staff were appropriately qualified and undertook relevant training to their roles. There were appropriate arrangements in place for the appraisal and management of staff. Therapy staff had regular supervision arrangements in place. However agency staff did not always receive induction to the ward and there was no system for ensuring their competency.
- Although there were appropriate policies and procedures in place and staff received training on the Mental Capacity Act (MCA) and deprivation of liberty standards (DOLs) we found one patient whose DOLs

had expired several weeks before and had been detained since then without authorisation. Staff were aware of obtaining consent before any procedure but did not always obtain verbal consent before undertaking daily living tasks such as washing and dressing.

However, we also found that:

- Patients consistently achieved positive outcomes following rehabilitation care and treatment at Teddington Memorial Hospital. We found staff were providing care according to evidenced 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 inter-agency partnership working with local authorities and other safeguarding partners.
- Improvements had been made on rates of clinical supervision within community nursing, which included agency and bank staff.

Our findings

Evidence based care and treatment

- Care and treatment was mostly provided in line with guidelines from the National Institute for Health and Care Excellence (NICE) and Royal College guidelines.
- This was not, however, the case for patients receiving end of life care. The trust had not introduced Quality Standard 13 - End of Life Care for Adults. Further, whilst the trust had never utilised the Liverpool Care Pathway in the management of patients, the trust did not have

Are services effective?

Requires improvement 

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any other fully embedded end of life care pathway to utilise. At the time of the inspection, the trust was piloting the use of a "Palliative Care Plan", however this had not been widely disseminated and because the care plan remained in the pilot phase, there was no audit to demonstrate if the plan was effective.

- Staff accessed policies and corporate information on the trust's intranet. There were protocols, policies and guidance for clinical care and other patient interventions on the intranet. The trust intranet was easy to navigate and find relevant policies, such as nurse prescribing protocols.
- We reviewed a sample of trust policies for children, young people and families services and found appropriate reference to relevant National Institute for Health and Care Excellence (NICE) and Royal College guidelines.
- The trust's audiology service performed consistently well and was recognised nationally with accreditation under the Royal College of Physicians' Improving Quality in Physiological diagnostic Services (IQIPS) programme in January 2016. Accreditation was granted by the United Kingdom Accreditation Service for the audiology services delivered by the trust.

Patient outcomes

- It is widely accepted that NHS Community Trusts are only able to participate in a small number of national audits; Hounslow and Richmond Community Healthcare NHS Trust participated in all national audits for which they met the entry criteria.
- The trust reported submitting a total of 319 sets of data to the Sentinel Stroke National Audit Programme (SSNAP) during 2014/2015. The results for the post acute stroke audit identified that the median waiting time from referral to the first carrying out of an initial triage was longer than the England average with the trust reporting a median wait time of 8 days versus a national average of 3 days. The median waiting time for patients between referral and treatment commencing was also reported as being marginally longer than the England average, with patients waiting 8 days at the trust versus a national average of 6 days.
- In the SSNAP post acute stroke audit, the trust reported that patients had access to a range of rehabilitation therapists including physiotherapists, occupational therapists, speech and language therapists and rehabilitation assistants. Patients however did not have access to psychology support, social workers, dieticians

or family support workers; the national data set for reports that 44.6% of services nationally provide psychology support; 14.5% employed social workers; 34.9% employed dieticians and 19.9% employed family support workers.

- The trust reported that written information on post acute stroke treatment guidelines and associated patient information was not made available in public areas for patients to access.
- The trust reported 17 re-admissions to the Teddington Memorial Hospital within 90 days of discharge in 2015/2016 with one case reported as being an emergency re-admission.
- In 2014/2015, the trust fully delivered on 9 of its Commissioning for Quality and Innovation (CQUIN) goals. The CQUIN related to shared patient records was reported as being partially met.
- The trust reported that the percentage of patients admitted to Teddington Memorial Hospital who reported an improved functional outcome score on discharge was 75% year-to-date (as of February 2016) against a target of 80%; quarter 1 and quarter 2 of 2015/2016 had both been risk rated as red due to low performance however improvements had been noted in quarter three with October, November and December each being risk rated green, improving the overall year to date performance.

Multidisciplinary working

- Weekly multi-disciplinary meetings took place at Teddington Memorial Hospital however these only related to rehabilitation patients and not those funded for continuing care.
- The therapy staff working at Teddington Memorial Hospital told us that there were tensions with multidisciplinary working as patients often were not washed and dressed until late morning, they then had lunch at 12 o'clock and there was no window for them to have meaningful rehabilitation sessions.
- The patient wards at Teddington Memorial Hospital worked closely with other healthcare providers and agencies such as social services, intermediate care service, district nursing service, the local hospice and the voluntary sector.
- The community learning disability service had a holistic approach to assessing, planning and delivering care and treatment to people who used services. This involved

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Requires improvement 

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five social work locality teams based around GP clusters. Staff told us the service worked closely with social workers, with whom they shared an office, on joint agendas.

- The RRRT team attended multi-disciplinary meetings daily at Kingston hospital, and worked closely with staff at Middlesex hospital on hospital discharge planning.
- The Hounslow integrated community response service was a multidisciplinary team consisting of Occupational Therapists, physiotherapists, a General Practitioner, Social Worker, Handyman, Nurses and Health Support Care Workers. Patients were assessed by the multidisciplinary team for appropriate longer term care such end of life care or longer term rehabilitation. The pathways open to the service had been streamlined over the last 18 months so referrals were easier and more aligned to other community services.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We found there were procedures in place for patients at the learning disability service who lacked capacity to have access to an Independent Mental Capacity Advocate (IMCA) when serious decisions about their health and welfare needed to be made in their best interests. We did not see evidence of the referral rates or patterns of community adults services overall performance in regards to IMCA referrals.
- We attended seven home visits with the RRRT and community learning disability team and observed staff asking patients for their consent prior to providing care or treatment.
- Within the community nursing team, consent was always sought as a matter of routine for care to take place and nurses always involved patients in decision making about their care. Verbal consent to treatment was obtained. Consent was clearly written in notes and permission to share information on system one. However, we found a lack of understanding about issues of capacity and consent among nursing teams. For instance, nursing staff told us they did not carry out

assessments of capacity. District Nursing team leaders reported they would do best interest assessments, but no formal process or training was in place. Nurses were unaware of any direct support links regarding dementia care. DNs we spoke with were unable to identify patients on their caseload with a diagnosis of dementia. The trust reported that Quality Priority three for 2014/2015 was to improve dementia care in both the community hospital and in the community setting. The trust reported that 56% (against a target of 50%) of staff had completed dementia training to enable them to identify early warning signs that may lead to dementia.

- Patients receiving care at Teddington Memorial Hospital confirmed their consent was obtained before they had any treatment. One patient gave an example of having signed a consent form before they had a procedure. However this did not always apply to verbal consent when nurses undertook daily living activities such as washing and dressing. We observed several interactions between nurses and patients where patients were not asked if they wanted to be washed, or have their curtains pulled or sat out of bed. This was just done to them without asking first.
- We saw that the trust had a decision making framework for do not attempt cardio-pulmonary resuscitation instructions (DNACPR) that was taken from the national best practice guidelines. Staff told us that patients' resuscitation status was usually discussed with the patient and the patient's GP. If the patient was not for cardio-pulmonary resuscitation the form was completed by the GP and included on the daily bed state so all staff were aware. However we noted from the bed state handover form there were three patients Pamela Anderson Ward and three on Grace Anderson Ward not for cardio-pulmonary resuscitation. This did not match with our review of records where we found two additional patients on Grace Anderson Wards who had completed DNAR forms in their notes.
- The trust reported 95% of nursing staff had attended Mental Capacity Act (MCA) training as part of their mandatory training.

Are services caring?

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

Summary of findings

We rated the trust overall as requires improvement in providing care that provided respect and dignity to all patients in a compassionate manner.

We found that:

- Privacy of patients when carrying out initial assessments at busy times was not always considered.
- Few of the patients receiving care and treatment at Teddington Memorial Hospital had any understanding or involvement in their care and treatment. Although care plans were in place, we did not see any evidence of patients or their relatives' involvement in planning their care. There was little information available to support patients and their carers in understanding their care and treatment during their stay in hospital.
- We had feedback from patients at Teddington Memorial Hospital of several instances where the care and treatment patients received did not meet the level of care expected. We also observed staff not behaving with the level of care and compassion expected. This included ignoring patients in distress, walking past confused patients who were exposing themselves and ignoring call bells. This was confirmed in the findings from a recent survey undertaken by the occupational therapists, where although the majority of feedback was positive, concerns had been raised about staff attitude particularly at night.

However, we also found that:

- We saw that care was provided in a compassionate way in the majority of instances to those receiving care and support in the community setting and that community patients were involved in their treatment and care.

their relatives who were discharged during the previous six months fed back their experiences in a series of open questions. The majority of feedback was positive with patients including comments like “absolutely fantastic” and “Staff couldn’t do more”. They gave examples of compassionate care where staff made an ill patient a cup of tea at three in the morning. There was positive feedback about the therapists and the care they delivered.

- However 14 patients and five relatives gave negative feedback, nine of which related to care at night. Patients told the occupational therapists that they didn’t like calling for help at night as staff were abrupt and not helpful. One patient gave the example of asking for a commode but being given a bedpan which was just left on the bed. Another patient noted that a night nurse was very rude to the patient opposite saying “She didn’t seem to like her”.
- We noted that thank you cards were displayed on the wards each giving very positive feedback. For example one patient wrote “Thank you for the wonderful care and attention to details, and empathy and giving a sense of wellbeing – it has been a week that will stay with me forever”.
- We spent two days on the inpatient wards and also inspected the wards at night observing the care and treatment of patients. During our inspection we observed many examples of staff being thoughtful and treating patients with kindness. For example we saw staff asking patients if they were comfortable or needed anything. One nurse offered to make a patient a hot cup of tea after theirs had gone cold. Twice during the inspection we noticed patients in distress without a call bell. We pressed the call bells and staff arrived promptly and answered the patients concerns with kindness and sympathy. However we also observed several incidents where staff did not provide the level of care expected. For example we observed that an incontinent patient requested a bowl and towel to clean and dry themselves. The nurse ignored this request and did not wash the patient before changing them out of their wet clothes and into clean ones.
- The Friends and Family Test (FFT) is a feedback tool that gives people who use NHS services the opportunity to provide feedback on their experience. Friends and family information for the inpatient services were available for inspection. Notice boards on each of the

Our findings

Compassionate care

- Occupational therapists conducted a patient experience survey for inpatients in January 2016. 26 patients and

Are services caring?

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wards gave the results from the most recent family and friends tests. For Grace Anderson Ward this was 94.1% who would recommend the ward in January 2016. 100% of patients said they were treated with respect.

- The 2015 quality report stated that the inpatient response rate was between 30% and 44% which related to 50 inpatient beds. This gives a sample of between 15 to 22 patients. The percentages are in line with national and regional expectations.
- The trust overall was one of the best scoring community organisations in London for “The percentage of patients who would recommend care” from January-March 2015, scoring 95% against a London average score of 93%. Twelve members of staff commented in the 2016 NHS staff survey that they felt patients were always treated with care and respect.
- Teddington Memorial Hospital performed better than the England average in each of the five domains within the Patient-Led Assessment of the Care Environment Audit (PLACE).
- The community learning disability team had tablet computers with an easy read annual survey format. The computers also had easy read satisfaction questionnaires which were based on the NHS friends and family test. This was compiled into a patient liaison service divisional report, which was feedback to staff at team meetings.

Understanding and involvement of patients and those close to them

- There was a large amount of printed information available to patients across the community adult services we visited. Patients could also access information leaflets on the trust’s website. People accessing neuro-rehabilitation team services were given a therapy treatment and self-management folder. This gave people information on understanding their medical record, therapy advice as well as support networks people could access in the community. However, there was limited printed information available to support patients in understanding their condition and their care and treatment options when receiving in-patient care. We spoke with the therapists who told us that they produced exercise sheets but these were general and not patient specific information. There were limited patient information leaflets on the wards but these did not give information or advice on various conditions or the rehabilitation service. However

patients reported back that the therapists listened to them. One patient reported “Time was given to listen to my condition and symptoms and a plan of action discussed throughout”.

- All patients we spoke with were able to describe conversations they had had with medical and nursing staff about their wishes and priorities for the last days and hours of their life. However, some did not know if they had an individual plan for their end of life care.
- The majority of patients we spoke with at Teddington Memorial Hospital told us that although they knew why they were in hospital and understood what was happening to them they had not been involved in the planning of their care. None of them had seen a copy of their care plan or been involved in compiling it. Various patients told us “I’m independent – I don’t need a care plan”; “What’s one of those then” and “No – the therapists see to all of that”. One patient who told us they had incontinence problems was not aware of any plan to help with this. We noted that all of the patients had care plans in place however there was no evidence of patient involvement.
- There was good support for parents of children with autistic spectrum disorders and social communication challenges. The trust provided access to ‘early birds’ and ‘me too’ play development and skills support therapy, parenting skills. The trust also sign posted parents to independent support groups and resources. The CYP service referred families to local authority social services in cases where they required further additional support.

Emotional support

- We asked night staff on Pamela Bryant Ward what support there was for the patients who called out continuously during the night disturbing other patients. We were told that there was no support “They just shout all the time”. This was particularly wearing and distressing for the patients who were not confused and had been admitted for rehabilitation and for those patients admitted for end of life care. One patient told us “It’s not fair that demented patients keep me awake all night long with their shouting”. We spoke with several patients living with dementia and several were distressed about being on the ward. Although this could have been a part of their condition staff did not always have the time to devote one to one care to keep them reassured.

Are services caring?

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- We also noted that not many patients were dressed in their own clothing which was surprising for a rehabilitation unit where patients are preparing for discharge home and life in the community. We saw that some of the patients spent the day in hospital gowns open down the back which left them exposed and did not protect their dignity or help with self-esteem.
- With the district nursing service, we observed staff providing emotional support to patients and to relatives. Staff were aware of the emotional aspects of care for patients and provided specialist support for patients where this was needed. A person who used services told us, “I have never felt patronised or talked down to by them.” During home visits we observed staff responding to people in a kind and compassionate manner. All the patients and carers we spoke with in the community adult nursing service were positive about the emotional support the community staff provided.
- We observed health visitors sensitively discuss mothers’ feelings and emotional well-being during home visits. They asked about emotional support from families and if the mother needed any additional support, such as counselling. The trust’s community children’s nurses provided post bereavement visits to families to support and comfort those who had lost a child.

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 have rated the trust as requires improvement in how it organises and delivers services to ensure they meet the needs of people.

We found that:

- While the majority of services showed a green rating in Richmond for meeting waiting time targets, routine podiatry and continence waiting times had missed contracted targets set by commissioners throughout the year, while falls and bone health also showed multiple breaches, diabetes only breached 3 times. In Hounslow continence and musculoskeletal services were consistently breaching trust targets. For the current month reported, February 2016, wheelchair services, phlebotomy and continence were the 3 Hounslow services rated as red as not meeting contracted waiting times.

In Hounslow continence and musculoskeletal services were consistently breaching trust targets. For the current month reported, February 2016, wheelchair services, phlebotomy and continence were the 3 Hounslow services rated as red as not meeting contracted waiting times.

- Missed appointments or shifts that had not been filled were not always recorded or reported within the district nursing team meaning it was not possible to see if capacity met demand in this respect.
- We found that although the majority of beds at Teddington Memorial Hospital were designated as being for patients requiring rehabilitation, an increasing number of patients living with dementia and those requiring continuing care were being admitted and were sharing the same ward space. This meant that staff spent a lot of time caring for patients with challenging behaviour and caused a great deal of distress and disruption to the rehabilitation patients. There were delays in transferring these patients to a more suitable setting due to their complex needs. We found that patients' needs were not always met at night with noisy staff and patients shouting, lights on and loud music playing at midnight. Patient feedback indicated that this was not an isolated event and that the wards were often very noisy at night.

- 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 it was resolved quickly. Lessons learnt from complaints were shared at staff meetings.

Our findings

Service planning and delivery to meet the needs of local people

- Longer waiting times for treatment increased risk for patients attending urgent care walk-in centres. We noted there had been a 50% increase in 4-hour breaches in February 2016 compared with February 2015 with only a modest increase in patient numbers.
- At peak periods there were not enough seats in the UCC waiting area.
- Signs at reception in both the urgent care centre and walk-in centre encouraged queuing patients to stand back to prevent risk of over-hearing conversations of the patient booking in. In the UCC the acoustics in the small room that accommodated receptionists and the streaming nurse were poor and patients had to speak loudly to be heard so other patients and staff could hear the conversation. The lack of privacy in streaming was on the trust risk register and graded as low. We considered this a significant risk to patient confidentiality and dignity. There was a similar, but

Are services responsive to people's needs?

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

lesser concern when the walk-in centre was busy and nurses asked people in the public waiting area about pain but this affected fewer patients. The layout of the UCC with a reception at the front of the building, meant that some patients had to stand outside when there was long queue.

- Community services had a model of integrated community teams across health and social care to ensure people received truly joined up working. The aim of the service model was to improve patient outcomes and experience through bringing existing community services from health and social care into a more combined way of working. The aim of the model was to reduce the number of different professionals that patients needed to interact with, and reduce duplication of work, with an increased focus on personalised care and self-care.
- Staff at the UCC had access to a suitable room for mental health patients while waiting for assessment. The same room could have other uses, for example if staff suspected a patient was infectious, or was in a lot of pain and did not want to sit in the waiting room. A yellow dotted line on the floor guided patients to x-ray in the main hospital ED, and then back to the UCC. Diagnostic tests offered at the UCC were urinalysis, ECG and x-ray. UCC staff did not carry out blood tests although we noted the standard NHS contract assumed blood tests would be available to UCC doctors. This would have enabled doctors to treat more patients without the need to refer them to ED.
- Staff we spoke with told us they had developed good working relationships with commissioners, other providers and stakeholders to ensure multi-disciplinary working and continuity of patient care. For example, the RRRT was an integrated team. The team had social workers provided by a Section.75 risk sharing agreement with the local authority. The team was established in October 2015 with the aim of preventing people from being admitted to hospital, unless this was absolutely necessary. Staff told us the team was learning from the Hounslow RRT team's model of care and treatment.
- Senior clinicians in the community paediatrics team reported open dialogue and constructive working relationships with local CCGs, including representation on local CCG service specification boards and attendance at joint working conferences.

- All of the staff we spoke with recognised the different population demographics, socio-economics and healthcare needs within and across the two London Boroughs that the trust worked with. However, there was recognition that resource allocation differed between the two boroughs because of commissioning arrangements. They felt that service provision was not entirely equitable and some services were only delivered in one borough, for example, Family Nurse Partnership was only provided to residents of Hounslow. They felt that this presented risks to continuity of service should a user relocate to a different area.
- Staff also reported some tensions that resources available to one borough were not used to support services in the other. Most practitioners delivered services for one borough only and had limited interaction with their opposite number staff in the other borough, despite working for the same trust. The senior staff we spoke with explained that the trust was working to improve integration and standardise practice across localities to ensure equitable provision.

Meeting needs of people in vulnerable circumstances

- The CYP service worked in partnership with other local organisations to support the needs of people in vulnerable circumstances. This included working with local women's refuges. Refuge staff attended child in need meetings.
- The community learning disabilities team provided a range of services for people with a learning disability. We saw a range of leaflets had been produced in easy read format by the learning disabilities team and were readily available across the trust's locations. The community learning disabilities team had a challenging needs service, this included a behaviour analyst and behavioural assistant. The team provided intensive support for people with challenging behaviour in their own homes in the short to medium term.
- Managers told us that the local community had lost a number of dementia beds and this was impacting on the high number of patients living with dementia currently being admitted to the hospital. When we inspected the wards at night we found that Grace Anderson Ward was quiet and calm with the lights dimmed and staff quietly undertaking their duties. However this was not the case on Pamela Bryant Ward where at midnight the corridor lights were full on and

Are services responsive to people's needs?

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

shining into the patient bays. One patient had their television on and was listening to loud music, staff were talking loudly and there did not seem to be any appreciation that it was night time. In Lime Bay a number of patients living with dementia were screaming, calling out and shouting for help. Buzzers were ringing and the impression was one of chaos.

- The trust provided a number of resources for autism support including: parenting classes, national autistic society leaflets, play and development support, home visits by the child development team, and school and nursery visits to assess needs. There was also an independent support programme. The trust referred families to local authority family support workers for children with especially challenging behaviour. The CYP service used pictorial care plans for children with learning disabilities to help communicate their care actions in an accessible way.

Access to right care at the right time

- We found the musculo-skeletal (MSK) service was meeting the five days waiting times target for routine appointments. However, the service had not achieved the five days target for block contract urgent referrals from June to December 2015.
- Richmond podiatry team had not met the ten days waiting times for 'any qualified podiatrist' routine appointments; we saw from viewing the trends analysis spreadsheet for April to December 2015 the waiting time for a routine appointment was an average of 19 days.
- The community neuro-rehab team had met the urgent two week waiting time for urgent referrals and the six week waiting time for routine appointments in the period June to December 2015.
- While a majority of services showed a green rating in Richmond for meeting waiting time targets, routine podiatry and continence waiting times had missed trust targets throughout the year, while diabetes and falls and bone health also showed multiple breaches.
- In Hounslow continence and musculoskeletal services were consistently breaching trust targets. For the current month reported, February 2016, wheelchair services, phlebotomy, continence and speech and language services were all rated red as not meeting trust waiting time targets.
- The adult nursing response times for completed referrals for quarter 3, (October – December 2015) showed the following: The proportion of emergency

referrals seen for first appointment within 2 hours was 83%, which met the trust target of 80%. The proportion of urgent referrals seen for first appointment within 24 hours was recorded as 98%, significantly above the trust target of 80%. The target for seeing all routine referrals for first appointment within 48 hours had been missed by a significant amount every month with average of 50% against the trust target of 80%.

- The audiology service met its target of 95% for providing all new born hearing assessments within 28 days.
- The trust provided telephone advice lines for health visiting and specialist services so that service users could access advice directly without making an appointment. A duty health visitor was available for advice and support during out of hours. The health visiting helpline was provided on weekdays during office hours. Operatives told us that they received on average 100 calls per week, with a service level agreement for a health visitor to return a call within one working day. The service was operated by the trust Admin Hub and staffed by non-medically trained operatives. Operatives were given informal training, crib sheets and supervision to provide the service. The Admin Hub redirected serious concerns to the duty health visitor.
- Paediatricians and therapists reported long waiting lists for SALT services and the autism and social communication pathway. This had caused some anxiety amongst parents and subsequent complaints about delays in assessment. Clinicians used the Autism Diagnostic Observation Schedule (ADOS): a semi-structured assessment of communication, social interaction, and play to diagnose children with autism. Staff told us that the diagnosis pathway can take up to one year. The waiting list was recorded on the service risk register, but the service had reduced the waiting time for autism diagnosis from 12 to six months, by increasing the number of clinics from one to three clinics per month. The service had also introduced six month reviews for parents to help manage expectations and reduce potential frustrations. However, staff told us that funding was no longer available for the social communication pathway health visitor position, which had previously supported parents in managing the process and navigating parents through the care pathway.
- The trust recently sampled 10 random patients' notes each from Hounslow, Richmond, and TMH and from children's services. They found that only 37% of patient's

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notes were clearly documented with their preferred place of death. In two cases, the patient did not die in their preferred place of death, due to rapid deterioration of their condition. The notes of 67% reviewed were unclear about where the patients died, whether at home, hospice or hospital.

- There was a lack of written information about discharge options available for patients receiving end of life care at the Teddington Memorial Hospital.

Learning from complaints and concerns

- The trust had a complaints policy and procedure that was readily available to staff on the intranet.
- We spoke with senior staff at Teddington Memorial Hospital who confirmed that minor complaints such as the television not working were dealt with on the ward. More serious complaints such as safeguarding, concerns with care and treatment were formally logged on the electronic incident form and investigated according to the trust's policy.
- Information regarding the Patient Advice and Liaison Service (PALS) and how to contact them was displayed in prominent areas in all the clinics and health centres we visited. Throughout the hospital there were patient information leaflets available detailing how to raise concerns. However the patients we spoke told us they did not know how make a formal complaint, but they

said they would have no hesitation in raising concerns with the staff; this was not the case for patients we spoke with in the community setting who reported an awareness of how to complain.

- Senior managers reported there were few complaints. Team leaders called patients following a complaint or an expression of dissatisfaction to see what the issue was, with an aim to resolve it. This would also entail a home visit to resolve it if needed. All complaints were discussed in team meetings for learning.
- Trust data from 2015 demonstrated that the CYP service received six formal complaints in that period. Two were upheld and one was reopened or referred to the ombudsman.
- Senior managers told us there were no particular themes from recent complaints and most complaints were about isolated concerns regarding appointment bookings, waiting times and clinical decisions.
- The trust stated in the 2015 quality account that they had received limited feedback from only 16% patients who had complained about their services. Although 75% were satisfied with the response to their complaint. The trust also did not meet their target for 'Being Open' although each complainant was offered an opportunity as to how they would like the trust to respond.

Are services well-led?

Requires improvement 

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Summary of findings

We have rated the trust as requires improvement in how the organisation is led and managed and how the governance of the organisation assures the delivery of high-quality person-centred care.

- There was a trust wide corporate vision, strategy and mission statement. However we did not identify a cohesive strategy for the inpatient unit either as a rehabilitation unit, a specialist dementia unit, stepdown continuing care or end of life unit. The hospital was attempting to meet the diverse needs of all these very different client groups. The trust was however delivering services in line with the 2015/2016 service specification which was being reconsidered at the time of the inspection alongside local commissioners in order to agree a new service model.
- The trust's had developed core staff values which were demonstrated by the majority of the staff most of the time. However there were instances both observed during the inspection and reported by patients where these core values were not being met.
- There was a clear leadership structure and regular contact with the Clinical Commissioning Group and systems for monitoring and reporting on services. The trust oversight and management of the walk-in centre was effective, but the trust appeared to have less influence on systems at the UCC.
- 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. However we noted that in the 2015/16 staff survey the trust scored higher than 84% of trusts for "Percentage of staff able to contribute towards improvements at work" and higher than 74% of trusts for "Percentage of staff reporting good communication between senior management and staff."

However, we also found:

- The 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.

Our findings

Vision and strategy

- The trust had a clear vision which was to "Enable people to live a healthier and more independent life through high quality seamless care".
- The trust mission was to "Provide care and services that we and our families would want to use".
- The trust had a clear set of values which were "Caring - high quality safe care with compassion; Respect - dignity and respect to patients and colleagues; and Communication - listening and communicating clearly".
- In the majority of cases, staff spoke positively about and demonstrated the values and mission of the trust.
- The strategic objectives of the the trust, in delivering it's mission was to ensure that staff delivered a service which was orientated towards a responsive, quality based agenda which was caring, placing the needs of patients at the centre of care.
- The trust, having formed in 2011 from two existing organisations merging together, had considered a number of options in regards to securing the long-term sustainability of the trust. The trust had initially considered becoming an ICO however this was challenged by primary care stakeholders. The trust therefore submitted an application to become a Foundation Trust and had been working with representatives from the Trust Development Authority

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to progress the application. In April 2015, the trust board launched a new programme of quality improvement called "Journey to Outstanding" or J2O; this two year programme was designed around the fundamental standards as set out in the Health and Social Care Act and was orientated towards creating actions which would see the trust initially attain a rating of "Good" under the Care Quality Inspection Comprehensive inspection methodology followed by a rating of "Outstanding" in due course.

Governance, risk management and quality measurement

- The board received reports from the Quality and Risk Committee, Workforce and Education Committee, Audit Committee, Charitable Funds Committee and the Executive Committee. In addition, the board considered Quality Accounts, divisional performance score cards and service specific reports such as where "Deep Dive" reviews had taken place in to specific areas of operations.
- The Quality and Risk Committee had a number of sub-committees which fed in to the Quality Governance Committee including the clinical leaders forum, compliance and learning sub-committee, health and safety committee, information governance committee, medicines management and medical non-prescribing committee and the policy ratification group. The workforce and education committee had been created in September 2015 due to the recognition of the need for greater oversight of these areas and in response to the continued challenges the trust faced with regards to recruitment and workforce.
- The board considered patient stories as a means of focusing the board on the importance of the work carried out by the trust.
- All of the senior team were able to articulate the top risks for the organisation and these were reflected on the corporate risk register. The corporate risk register identified that the top risk was financial followed by being unable to replace older estate, capacity, provision of some specialist services and the number of nursing vacancies. We also identified these as concerns as did the staff we spoke with.
- The trust had outsourced the delivery of the urgent care centre service to an external provider and following discussions with members of the senior executive team, it was noted that the governance systems to support

this outsourced service required improvement. One member of the senior team described the challenges they had previously faced with regards to identifying the professional qualifications and training records of individuals used by the third party provider in the delivery of care at the urgent care centre. Whilst the service was outsourced to a third party, the Trust had assumed responsibility for the delivery of care and the delivery of regulated activities as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and as such, such checks on professional qualifications and training records as a minimum were required. We noted that improvements had been made in this area following a period of discussion between the trust and the third party provider, with the trust now having access to personnel files which were also now audited by the trust as a mean of offering assurance to the board of the suitability of individuals used to provide services.

- Whilst the medical director's office was responsible for conducting mortality reviews into patients who had died at Teddington Memorial Hospital, the trust had yet to consider mortality reviews in to patients who had died as a result of the care and treatment provided by the trust to patients in the community. Following correspondence to all NHS Trusts from the Director of Patient Safety at NHS England and the National Medical Director in relation to how trusts self-assessed themselves against a mortality governance guide, the medical director reported to the board on 24 February 2016 considerations and a current trust position against their own mortality review process. It was acknowledged by the trust that whilst the guidance and governance framework was more applicable to acute NHS trusts, a similar process was required for community trusts. The report to the board identified that:

1. The mortality process that HRCH had in place, currently only applied to the in-patient unit at Teddington Memorial Hospital. The expectation was that this process should be inclusive of the entire community setting.

2. The return for NHS England required organisations to make a judgment on each serious incident death to determine whether or not the death was 'potentially preventable'. HRCH sent an email along with its self-assessment return stating:

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“We do not currently determine whether a death was ‘potentially preventable’. However, of the four Serious Incidents (SIs) we reported during the period concerned, three were unavoidable and one is being re-investigated so (the trust) are unable to say if it was ‘potentially preventable.’”

3. The medical director has also informed NHS England that HRCH does not currently monitor deaths in the community.

4. There are difficulties with the new system in terms of definitions used and the categorisation of deaths as avoidable and potentially preventable. HRCH will need to consider the approach it adopts in relation to this and ensure that a robust and evidence based system is adopted. Clarification has been sought from NHSE.”

- Existing governance supporting the investigation of serious incidents required improvement. This again was acknowledged by the executive team as an area for improvement. We found that the grading of serious incidents was undertaken by the governance team in consultation with the Director for Quality. Where incidents had included care provided by medical practitioners, there had been a lack of oversight and engagement with the medical director in ensuring that investigation panels consisted of appropriately skilled personnel so as to ensure that a thorough investigation could take place which could lead to recognition of all pertinent learning opportunities.
- The board considered performance information from a range of sources including performance dashboards, friends and family survey results, complaints and incidents. We considered there remained areas for improvement in the quality and type of information which could be used to assure the board. For example, we found that as a result of an unexpected death at Teddington Memorial Hospital in 2015, the trust had introduced an early warning scoring metric which had been designed to identify the deteriorating patient. During the inspection we found that this scoring system was not always being used, nor were patients always being escalated in line with the trust policy. It was acknowledged by the executive team that improvements in nursing leadership was required at

Teddington Memorial Hospital and an individual to work on the wards in order bring an enhanced level of nurse leadership had been appointed although was not in post at the time of the inspection.

Leadership of the provider

- The Trust had experienced a level of change at Chief Executive level over a period of time. At the time of the inspection, an interim Chief Executive was in post. The remainder of the executive team were substantive appointments which offered a level of stability to the organisation.
 - The leadership team were cognisant of the challenges the organisation faced but were able to articulate actions to mitigate these. We did however consider the actions described to mitigate a number of risks including the aspirational effort to reduce the staff vacancy rate by 50% by June 2016 to be unrealistic when considering the wider challenges faced by health and social care providers. However, it is important to note that whilst the trust had not achieved its target of reducing its overall vacancy rate by 50%, the trust had made significant improvements and reported that at June 2016 there had been a reduction of 23% in trust-wide vacancies and time to recruit performance had reduced (improved) from 76 working days to 55 days. Additionally, the trust reported that the Board set an aspirational target to signal to the trust that it could no longer tolerate the levels of vacancies across the trust. The level of reduction was based on a detailed action plan focusing on time to recruit, recruitment actions and retention. The Executive committee were aware that there might be a need to review the target once analysis of the factors impacting on vacancies became clearer. The plan is monitored weekly by the executive committee and monthly by the finance & performance committee and the board. In early June 2016 the board discussed whether the target was too ambitious but agreed that the stretch target should be maintained to emphasise the importance of the plan.
- It was further noted that members of the executive team also challenged the trusts position to reduce falls resulting in harm to an annual total of zero especially when considering for example, the increasing acuity and complexity of patients being admitted to the Teddington Memorial Hospital.

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- It was noted that there was an in-balance between the portfolio's of members of the executive team. This was acknowledged by the executive as an area which required resolution.
- The non-executive board consisted of individuals who represented the diversity of the local population to which Hounslow and Richmond Community Healthcare NHS Trust served. The Chair acknowledged the need for enhanced clinical oversight of the board and as such had appointed a local General Practitioner to support the clinical governance committee. In addition, the trust had appointed a board advisor who came with a nursing background and so could support the non-executive team regarding clinical queries and performance matters.

Culture within the provider

- From ward to board the values of the organisation were known and embedded. This led to the patients being the centre of the care they received in the majority of cases. Examples of this can be seen within the caring and responsive domains where staff went out of their way to meet the needs of individual patients.
- The trust had appointed a "Freedom to Speak-up" Guardian whose role it was to nurture a culture within the organisation which would allow staff to speak-up about concerns they may have in relation to the delivery of care across the trust or wider health setting.
- Staff reported the culture of the trust as being one which was open and transparent. Whilst staff turn-over rates were high, staff sickness rates were low at circa 3% across the trust.
- Staff we spoke with recommended the trust as a place to work and this was reflected in the 2015 NHS Staff survey results. Further, in the 2015 NHS staff survey staff reported that "The organisation employs an open door policy based on honest and trust. Information is shared freely, innovation is encouraged and it is bottom to top led" and "There is a strong culture of being open. My experience is that senior managers are extremely open to listen to concerns raised by any staff member and to support them for having done so."

Fit and proper persons

- Section 4.7.7 of the draft "Employment Checks Policy" made reference to the requirements of the trust to

conduct a range of checks prior to the appointment of any persons employed into an interim or substantive role which had Director or Non-Executive Director responsibilities.

- Prior to the inspection, the trust reported that all new Director and Non-Executive Director appointments were subject to the standard NHS Employment checks process in addition to checks being carried out to determine whether a person had been made insolvent or had been disqualified as a director previously. In addition, the trust reported that all applicants were required to submit a self-declaration form as part of their Disclosure and Barring Service application. A review and audit of all files was undertaken by the trust in December 2015 and a screen of all relevant persons was conducted on the national disqualified director and insolvency register in February 2016.
- As part of this inspection, we reviewed 11 files associated with both executive and non-executive directors. We found that each file contained an annual declaration form however of the eleven, nine were unsigned by the individuals; this was raised with the trust at the time of the inspection and was resolved prior to the completion of the inspection.
- One file contained an individuals proof of professional registration however this had expired in May 2015.
- The trust reported that a number of key documents were not readily accessible as they were retained by the Trust Development Authority who assumed responsibility for the recruitment of Non-Executive Directors. This meant the trust did not have sight of the references and occupational health checks for each of the Non-Executive Directors; instead, the Trust Development Authority had provided assurance to the trust that relevant checks had been conducted and that no concerns had been identified with any of the individuals. Whilst the trust took assurance from the Trust Development Authority of the suitability of the appointed Non-Executive Directors, it was not possible for the trust to fully assure itself as they had not had sight of all the documents required to allow them to make an independent decision of the person's suitability as is required of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, Schedule 3 of the above Act also requires Providers of Health or Social Care Services who are registered with the Care Quality Commission to provide Regulated Activities, to have

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"Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to (a) health or social care" for all persons employed by the service.

Public and staff engagement

- Staff told us that there was an appetite for change and good initiatives to respond to local challenges. However the implementation of different projects, such as relocation of services, redeployment of staff and introduction of new systems required more effective management and consultation.
- We found no evidence of public engagement specific to end of life care, and there were no end of life patient group in place at the trust.
- We did not see any evidence of frontline staff involvement in the launch of the end of life strategy. The strategy was launched via information posted on the trust intranet. Some sections of staff were not aware of the launch of the end of life care strategy.
- The trust undertook various focus groups to engage with patients and the public. For example a patient focus group and the League of Friends had been involved in the design of the service, the ward redecoration colours and the renaming of the rooms within the wards. We saw that the hospital had an active 'Friends' organisation and staff could tell us about the financial support they received to purchase equipment and to improve facilities. We saw advertising materials about The League of Friends organisations displayed in the main reception area.
- The trust since its establishment, had conducted annual patient surveys using benchmarkable national methodology.
- The trust had an established PPI committee with membership from a range of patient stakeholder groups. Patient and parent stakeholder engagement in Children's services was noted as representing good practice.
- The Trust Board and Committees include longstanding representatives from both Hounslow and Richmond Health Watch organisations.
- The trust has consistently achieved strong scores for staff engagement in the staff survey. The trust scored in the top 12% nationally for staff motivation at work and in the top 15% for percentage agreeing that they would feel secure raising concerns about unsafe clinical practice.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not established or operated effectively to ensure the provider was able to assess,</p> <p>monitor and improve the quality and safety of the services provided because;</p> <ol style="list-style-type: none">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. There was not a cohesive strategy for the inpatient unit, in order to provide patients with positive experiences.4. There were delays in transferring the patients living with dementia to a more suitable setting due to their complex needs.5. 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). <p>Regulation 17 (1)(a)(2)(b)(c)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Nursing care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

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.
3. Agency staff not always receiving an induction to the ward and there was not a system for ensuring their competency.

Regulation 18 (1), (2) (a)

Regulated activity

Diagnostic and screening procedures

Family planning services

Nursing care

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Service users were not always treated with dignity and respect because;

1. The ward environment at night was not always conducive to patients rest and sleep.
2. Ward routines did not always support patients care and treatment.
3. Patient rights were not always upheld and verbal consent was not always obtained before undertaking daily living tasks such as washing and dressing.

Regulation 10 (2), (a), (b)