

West London Mental Health NHS Trust

RKL

# Community health inpatient services

## Quality Report

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# Summary of findings

## Locations inspected

<b>Location ID</b>	<b>Name of CQC registered location</b>	<b>Name of service (e.g. ward/ unit/team)</b>	<b>Postcode of service (ward/ unit/ team)</b>
RKL4D	Clayponds Hospital	Magnolia ward	W5 4RN

This report describes our judgement of the quality of care provided within this core service by West London Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement 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.

Where applicable, we have reported on each core service provided by West London Mental Health NHS Trust and these are brought together to inform our overall judgement of West London Mental Health NHS Trust

# Summary of findings

## Ratings

Overall rating for the service	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the provider say	7
Areas for improvement	7

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### Detailed findings from this inspection

The five questions we ask about core services and what we found	8
Action we have told the provider to take	22

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# Summary of findings

## Overall summary

We rated community health inpatient services as **good** because:

- Magnolia ward provided support to patients so they could avoid an acute hospital admission, be supported with their rehabilitation and ideally regain enough independence to return home.
- Staff were very caring and provided support in a sensitive manner that met the needs of each patient and their carers.
- Magnolia ward was a safe and clean environment that was well maintained.
- Magnolia ward had a skilled multi-disciplinary team that considered the needs of each patient and provided appropriate care and treatment. Medicines were managed well on the ward.
- Staff were mindful of potential risks for patients, such as the risk of falls and worked to mitigate these as far as possible.

- Staff on the wards worked well with other professionals such as GPs and social services to ensure patients needs were fully met.
- Staff on the ward were skilled and had opportunities for learning and development.

However:

- Staff needed access to regular individual supervision that was recorded. They also needed to attend regular team meetings.
- More work was needed on staff engagement, especially while the service was going through ongoing review and change.
- Managers needed to have clear performance information, well presented to facilitate their management of the service.

Patient records needed to be reviewed to move away from using paper records.

# Summary of findings

## Background to the service

Magnolia ward is part of Home ward Ealing, an integrated intermediate care service that helps people who would otherwise have needed to stay in hospital to remain in the community. It consists of an inpatient ward and community teams.

Magnolia ward provides 20 step-up admission avoidance beds for people aged 18 or over. It offers short term inpatient rehabilitation for people during a period of severe or sudden illness who need nursing input, but do

not require care in an acute hospital. These patients need care which could not be provided in the patients' home environment. The service also provides extra support to patients to avoid an acute hospital admission.

The ward team consists of nursing and therapy staff with medical input provided by a consultant and GPs out of hours. The ward is staffed by nurses who only work on the site. Other team members of the Magnolia ward include: physiotherapists; occupational therapists; a discharge coordinator and social workers. Some of these staff also work across the community teams.

## Our inspection team

The team that inspected the community health inpatient services consisted of three people: a CQC inspector and two specialist advisors an occupational therapist and a nurse manager.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, 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 the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited the Magnolia ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service and three visiting relatives
- spoke with the service manager for community service, the clinical lead and director of strategy and a modern matron
- spoke with six other staff members
- looked at six patient care and treatment records
- carried out a check of the Magnolia ward medicines management
- looked at a range of policies, procedures and other documents relating to the running of the service

# Summary of findings

## What people who use the provider say

- The trust had rolled out the NHS friends and family test (FFT) survey. We reviewed the results for September 2016. We found that 70% of people who

responded to the survey said they would be highly likely to recommend the Magnolia Ward to their friends or family. None of the respondents said they would be unlikely to recommend the ward.

## Areas for improvement

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

#### **Action the provider MUST take to improve**

- The trust must ensure that all staff receive regular supervision and that this is recorded.

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

- The trust should ensure that staff on Magnolia ward have access to regular team meetings.

- The trust should ensure that ongoing work takes place to engage staff and keep them informed especially while the service is going through further review and change.
- The trust should ensure that the service moves towards well organised patient records without a combination of paper and electronic records.
- The trust should ensure that managers have access to clearly presented performance information about all aspects of the service in an easy to understand format to inform their management work.

# West London Mental Health NHS Trust

# Community health inpatient services

## Detailed findings from this inspection

Good 

## Are services safe?

By safe, we mean that people are protected from abuse

We rated safe as **good** because:

- The Magnolia ward had systems in place to ensure that incidents were reported and investigated appropriately.
- Staff understood their safeguarding responsibilities and knew what to do if they had concerns.
- Magnolia ward had seven day pharmacy cover including dedicated pharmacists and a pharmacy assistant on weekdays and an out of hours pharmacy service.
- The ward areas were clean and there were procedures in place to maintain standards of infection control.
- Patients' records were managed in accordance with the Data Protection Act 1998. Patients records including medical records were fit for purpose.
- Whilst recruiting permanent nursing staff was a challenge, regular agency staff were used and more permanent staff were joining the team.
- Magnolia ward used the NHS Safety Thermometer to monitor harm free care. Across the trust 97.5% of patients received harm free care but 2.5% had injuries associated with falls.
- Between 1 November 2015 and 31 August 2016 the service reported two serious incidents. Both of these involved the death of a patient. Both patients became unwell and unresponsive; one was transferred to an acute hospital where they subsequently died and the second died on Magnolia ward. The incidents were investigated, cause of death was recorded as 'natural causes' and the incidents were de-escalated.
- From 1 July to 31 October 2016 there were 10 reported falls on the ward, one grade 2 pressure ulcer for a patient in receipt of care and another patient was admitted with a grade 3 pressure ulcer.

### Incident reporting, learning and improvement

- Magnolia ward had systems in place to ensure that incidents were reported and investigated appropriately. Staff knew how to report incidents using the electronic incident reporting system and said they were

### Safety Performance

## Are services safe?

encouraged to do this. The modern matron and clinical lead told us they reviewed all incidents that were flagged as moderate or above on the trust's electronic incident recording system. Incidents were also reviewed by the trust governance team who decided if an investigation was needed.

- The clinical lead and modern matron told us patient safety alerts issued by the central alerting system (CAS) were cascaded by email to the modern matron. The matron would have to respond to the email stating what actions had been taken in response to the alert.
- Magnolia ward was part of the Home ward service. The service held monthly departmental governance meetings. Safety and risk were standard agenda items at the meetings. Where incidents had been reported a full investigation had been carried out and steps were taken to ensure lessons were learnt. Action plans were produced following investigations. These were monitored and tracked to completion at subsequent meetings. Staff told us learning from incidents was cascaded to staff at ward handovers or via email.
- Staff confirmed that they received feedback on incidents that took place in other areas of the service as well as their own. Staff and managers told us they were satisfied there was a culture of reporting incidents promptly at the Magnolia Ward.

### Duty of Candour

- Managers we spoke with were aware of and able to explain the duty of candour. The incident reporting system prompted staff to ensure they followed the duty of candour procedure.

### Safeguarding

- Staff we spoke with understood their safeguarding responsibilities, how to recognise different types of abuse and knew what to do if they had concerns.
- On 31 August 2016, 77% of the staff had completed safeguarding vulnerable adult training.
- Staff had access to a dedicated social worker on the ward for safeguarding advice or to report concerns.

### Medicines

- Magnolia ward had seven day pharmacy cover including dedicated pharmacists and a pharmacy assistant on weekdays and an out of hours pharmacy service. The pharmacist checked all patients' dosette boxes and drug charts on a daily basis.
- Medicines were stored safely with room and fridge temperatures checked regularly and recorded. We viewed records that confirmed medicines were being stored at the required temperatures. All the drug store cupboards were locked and controlled medicines were stored in separate locked cupboards. Where medicines required refrigeration, fridge temperatures were checked daily.
- Nursing staff were aware of policies on the administration of controlled drugs and the Nursing and Midwifery Council's standards for medicine management and had up to date training.
- All medication errors were reported as incidents, recorded on the electronic system, investigated and reviewed at the monthly at the clinical governance group.

### Environment and equipment

- The ward area provided a safe environment for patients. The ward was well maintained.
- Entrances to all ward areas were secure, entry was granted by a member of staff via an intercom for visitors during the day and at night. There was an intercom for visitor access when the doors were closed in the evening and overnight.
- Syringes and needles were stored in a locked cupboard in the wards treatment room, which was also kept locked. Sharps boxes were available and were dated and signed. Staff told us contractors disposed of sharps boxes. The keys were held during each shift by the senior staff.
- All the staff we spoke with reported adequate access to equipment.
- Equipment including beds and blood pressure monitors had been tested, were in date, and had stickers attached to indicate when the next servicing date was due. There were two standing aids and a hoist that had out of date servicing records; but these had notices attached informing staff not to use them.

## Are services safe?

- The Magnolia ward resuscitation trolley was checked daily by staff.

### Quality of records

- Patients' records were managed in accordance with the Data Protection Act 1998. Records were kept confidential on the wards in lockable trolleys by the nurses' station and in the matron's office.
- People's personal records including medical records were fit for purpose. We looked at six care plans and risk assessments, as well as five people's medical notes, medicine charts and handover sheets.
- We found that risk assessments for falls were fully completed. They had an action plan where needed to reduce the risk of falls.
- Intentional rounding comfort checks were completed by nursing staff for each patient with the frequency of rounding agreed with the person in charge on a daily basis.
- Clinical staff had access to a community services electronic patient record system.

### Cleanliness, hygiene and infection control

- All the areas we visited were clean and free from clutter. We saw housekeeping staff cleaning on the wards during our visit.
- Monthly infection control audits were undertaken. For the year to October 2016, Magnolia ward was fully compliant with standards for infection control.
- We saw staff regularly washing their hands between treating patients. Hand washing facilities and hand sanitising gels were readily available. 'Bare below the elbow' policies were adhered to. Staff told us they actively challenged anyone who did not follow this policy.
- At the time of our visit, the unit was achieving trust compliance standards for hand hygiene. We saw that gloves, aprons, and other personal protective equipment (PPE) were readily available to staff.
- The importance of all visitors cleaning their hands was publicised and we observed visitors using hand gels.

- Clean equipment had 'I am clean' stickers attached. Staff told us they would not use equipment that did not contain a sticker.
- There were no reported cases of clostridium difficile (C. diff) in the previous 12 months. However, staff told us they had provided care and treatment for a patient with methicillin-resistant staphylococcus aureus (MRSA). Staff told us the patient had not acquired the infection on the ward. We did not review the records for the patient. However, staff told us the patient had been treated in accordance with the trust's policy on MRSA, including the person being kept in isolation.

### Mandatory training

- The mandatory training compliance figure for the Magnolia ward on the 31 August 2016 was 71%. Out of 15 mandatory training courses, 12 had a compliance rate below the trust's 90% target. Moving and handling (loads) and safeguarding children level 1 training (non-clinical staff) had the highest compliance rate at 100%. The modern matron told us further training had taken place but had not yet been recorded on the training record.

### Assessing and responding to patient risk

- Magnolia ward staff were able to demonstrate an awareness of the key risks to patients. For example, risks of falls and pressure care.
- The ward used the National Early Warning Score (NEWS) to assess patients at risk of deterioration.
- Risk assessments were fully completed for each patient, these included skin integrity, nutrition, pain assessment and falls risks.
- The risk of patients acquiring pressure ulcers was identified as a primary concern for the Magnolia ward. Pressure ulcers assessed as a severity of grade three or above would be referred for investigation as a serious incident.
- Depending on risks identified to patients, staff were aware of how to arrange further support by referral for specialist assessment or supply of additional equipment.
- Patients with a catheter fitted received a catheter passport on discharge from the ward. This was a patient held record and was given to patients who had a

## Are services safe?

catheter inserted for the first time on the ward. The passport aimed to reduce the risk of urinary tract infections by keeping a running record of patients catheter care whilst in hospital as well as in the community.

### Staffing levels and caseload

- We found there was a high use of agency staff on Magnolia ward. At the time of the inspection there were five band 5 nursing vacancies out of 14 qualified nurse posts. The ward had successfully recruited to its outstanding nursing vacancies and were waiting for staff to complete pre-employment checks. Vacancies were being covered by regular agency staff. New agency staff received an induction for a week and were invited to shadow an experienced member of staff.
- Between 1 July 2016 and 21 September 2016, Magnolia ward had 104 shifts covered by bank staff and 130 covered by agency staff. The ward had 28 shifts which were not filled by agency or bank staff. We did not hear about any negative impact on patients from these uncovered shifts.
- Magnolia ward had a staff turnover rate of 19% for the period November 2015 to September 2016.
- The staff sickness rate was 5.3%. Staff told us staff sickness was not an issue on the ward, unless staff phoned in at late notice. Staff said agency staff would usually cover staff absences.
- Magnolia ward had a locum consultant who was supervised by the clinical lead. The inability to recruit a permanent consultant was identified on the service's risk register. However, the risk register recorded that the medical led model for Magnolia ward was being reviewed with the clinical commissioning group (CCG).

- There was an agreement with London Central and West Unscheduled Care Collaborative to provide weekend GP visits. GPs visited every Saturday and Sunday morning to provide medical care and assessment at weekends.
- The ward used an electronic system to plan the staff rota.
- Physiotherapy input consisted of one band 5, a band 7 physiotherapist and one full-time locum. Staff told us some group exercise sessions had been cancelled due to a lack of physiotherapy assistants.
- There was one full time band 7 occupational therapist working in the service.

### Managing anticipated risks

- The service had a winter contingency plan in place. This included flexible working plans whereby staff living closest to the ward would cover the shifts of staff that were unable to get into work due to snow. Winter pressures were also identified on the Home ward services risk register, with actions the ward had taken to mitigate risks. The risk register recorded that there was capacity within the established staffing levels to mitigate winter pressures risks.
- Staff we spoke with told us they were not aware of a major incident policy and had not been involved in a rehearsal for dealing with a major incident. However, staff said they would not expect Magnolia ward to be involved in the provision of care for patients from a major incident due to the ward's rehabilitation and reablement focus.

## Are services effective?

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.

We rated effective as **requires improvement** because:

- Staff supervision was not taking place regularly and was not being properly recorded in line with trust procedures.
- Staff team meetings did not take place on a regular basis.

However:

- Patients were thoroughly assessed to ensure the service could meet their needs and appropriate care was put into place.
- Magnolia ward completed a range of local management and clinical audits to provide assurance and monitor the outcomes of patients care and treatment.
- Multidisciplinary team (MDT) working supported the coordination of care pathways for patients. MDT meetings were convened daily to address the needs of patients with complex care needs.
- Staff understood and were using the Mental Capacity Act and Deprivation of Liberty Safeguards.

### Evidence based care and treatment

- The Magnolia ward used National Institute of Clinical Excellence (NICE) and Royal College of Nursing (RCN) policies and best practice guidelines to support the care and treatment provided for patients. We saw evidence of references to the use of national guidelines within a number of the trust's policies. Staff could access guidance and pathways on the trust intranet.
- The Magnolia ward's service specification clearly detailed and referenced the standards and guidance the ward worked to, including: NHS and social care outcomes framework 2014-2015; Living well with dementia, a national dementia strategy 2009; and the national service framework (NSF) for older people 2001.
- Staff we spoke with understood how NICE guidance informed local guidelines. We observed staff following appropriate procedures when delivering care to patients.

### Nutrition and hydration

- Magnolia ward used a recognised assessment tool supported by national guidance to review the appropriateness of people's nutrition. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The nutrition and hydration assessments we viewed were completed appropriately. Care plans were in place for nutrition and hydration and were reviewed regularly.
- Where a need for additional support with nutrition and hydration was identified, for example people with diabetes, nursing staff referred them to a dietitian.
- We observed lunch in the dining area of Magnolia Ward. We saw staff using a food thermometer to test the temperature of food prior to serving food to patients. There were enough staff to provide assistance if needed.

### Patient outcomes

- Audits of Magnolia ward services were undertaken to monitor the outcomes of care and treatment patients received. For example, in the previous 12 months Magnolia ward had introduced the senior nurse walkabout checklist. This was a quarterly audit of the ward area to identify areas for improvement.
- Staff we spoke with confirmed that all staff were engaged in regular audits. Staff confirmed that clinical leads provided feedback to teams on the results of audit activity. For example, hand hygiene audit results were displayed on staff noticeboards.
- We were told that the physiotherapists did not collate any outcome measurements specific to physiotherapy but they did routinely contribute outcome measurements for auditing admission and discharges.

### Competent staff

- The ward had access to a consultant, GP and three staff grade doctors and had input from an out of hours GP service. They had all completed checks to demonstrate their fitness to practice. Bank and agency staff had to provide evidence of their professional registration and PIN number prior to commencing work on the ward.

## Are services effective?

- Staff received an annual appraisal as part of their continuous professional development. Staff of different grades confirmed that training needs were identified as part of appraisal, and staff could request further training that was relevant to their role. We viewed the staff performance appraisal schedule and saw that 78% of staff had received an appraisal in the 12 months up to 1 September 2016.
- The recorded rate of supervision on Magnolia ward was only 4.76% between 1 November 2015 and 21 September 2016. A supervision structure was in place but staff said supervision was ad hoc and often not recorded. Senior staff told us they were working with staff on improving the recording of formal supervision on staff electronic records.
- Physiotherapy staff told us there was a lack of consistent supervision and appraisal for physiotherapists. This meant staff were at risk of not having their training needs identified promptly as part of an appraisal.
- A corporate induction was completed by staff joining the service. Staff told us new staff also received an induction at a local level. Staff completed competency assessments when they were first employed. All agency and bank staff were required to complete an induction before commencing work. We viewed five agency staff induction checklist this included registered nursing staff providing evidence of up to date mandatory training and evidence of up to date skills in venepuncture, intravenous (IV) cannulation and catheterisation.
- Staff told us access to training opportunities had improved since the trust had taken responsibility for the ward. The ward had two registered staff nurses that were advanced assessors and two further nurses that were on advanced assessor courses. There were three registered nurses that were independent prescribers and a further two nurses due to commence a course in January 2017. Nursing staff told us the trust was supportive with their revalidation.
- Staff said that staff team meetings happened on an ad-hoc basis.

### Multi-disciplinary working and co-ordinated care pathways

- The multidisciplinary team (MDT) working across the ward and community supported the coordination of

care pathways for patients. The service had close working arrangements with GP practices and with social services in supporting patients care and treatment in the community.

- Staff told us patients received a full MDT review within 72 hours of admission to agree patients discharge plans.
- MDT meetings were convened daily to address the needs of patients with complex care needs. We observed a MDT meeting, where patients were discussed individually. During the meeting equal weight was given to the opinions of each member of the MDT team and communication between the team was effective.
- Magnolia Ward had two dedicated social workers as part of a partnership agreement with the local authority. The social worker was an integral part of the Magnolia ward team.

### Referral, transfer, discharge and transition

- Referrals to the ward were via the service (Home ward) single point of access. Most referrals to Magnolia ward came from the acute hospitals emergency department (ED).
- Staff told us there were clear criteria for referral of patients which meant that inappropriate referrals could be identified. Magnolia ward staff told us that inappropriate referrals from acute hospitals had reduced due to the hospital teams improved understanding of the criteria for admission to the ward.
- There were a total of 34 readmissions, reported by Magnolia ward between 1 March 2016 and 1 September 2016. Between August 2015 and July 2016 the main reason for readmission were a planned readmission or a further episode of care.
- Managers we spoke with told us the aim of Magnolia ward was to support people to return safely to their own home. Staff told us discharge planning commenced on a patient's admission to the ward. Discharges took place seven days a week with medical responsibility being transferred to the patient's GP. Patients would only be discharged if an appropriate plan of care was in place to support the patient on their return home.
- If a person was due to be discharged to their home address Magnolia ward liaised closely with the local authority social services in assessing people's social care needs. Magnolia ward had access to an on-site social worker and discharge co-ordinator. The MDT team

## Are services effective?

would ensure the patient was comfortable to return home, and would arrange the intervention from the community health team and local authority social services. A discharge summary would be sent to the person's G.P within 48 hours of discharge.

- We saw guidance on the process for applying for residential care or a nursing home displayed on the ward's notice board to guide staff on what to do in the event that a patient could not return home.
- Between 1 March 2016 and 1 September 2016 the ward had a total of 20 delayed discharges. These were mostly due to waiting for social care packages or care home placements.

### Access to information

- Staff felt the trust intranet provided a good source of information to support their work. Clear, policies and procedures were available on the website for all clinicians.
- Staff told us they received newsletters and updates about particular themes by email on a regular basis.
- Information displayed in the staff area was up to date and relevant.

### Consent, Mental Capacity Act, and the Deprivation of Liberty Safeguards

- We saw evidence of verbal consent being obtained before care was delivered. We reviewed consent information for a selection of patients as part of our review of records. We found that where needed consent was obtained and records were completed correctly.
- Staff told us they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Standards (DoLS) training. As at 1 September 2016 the overall compliance rate for MCA and DoLS training was 53% but further training was planned.
- The trust informed us that the mental health law mandatory training as delivered until May 2016 and included the MCA. This was supplemented by tailored MCA training for clinicians between February 2015 and May 2016. The mandatory training figure for this training at the end of April 2016 was 89%.
- Staff we spoke with demonstrated understanding of the MCA and DoLS. A mental capacity assessment was undertaken if nursing staff had a concern that a patient might not have capacity to consent.
- Magnolia ward had made two applications for DoLS in the previous 12 months, both of which were approved.
- Managers were aware of the trust's responsibilities under the Mental Health Act. Staff told us that they would refer people experiencing mental health issues to the mental health team for assessment. Staff said they had a good working relationship with mental health services.

## Are services caring?

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

We rated caring as **good** for because:

- Staff demonstrated consideration and empathy towards patients and their relatives. Staff interacted with patients and relatives in a respectful and considerate manner.
- Staff demonstrated good communication skills when supporting patients. Patients we spoke with told us staff had always involved them in decisions about their care and they had been involved in their care planning.
- Staff were aware of the emotional aspects of care for patients living with long term conditions and provided specialist support for patients where this was needed. Patients' independence was promoted.

### Compassionate care

- We observed caring, compassionate care being delivered by staff at the unit. Staff were seen to be very considerate and empathetic towards patients, their relatives and other people. Staff demonstrated a good understanding of patients' emotional wellbeing. People's social and emotional needs were embedded in people's care and treatment. There was a visible person-centred culture. All the people we spoke with told us staff had been kind and compassionate.
- Throughout our inspection we found the approach staff used was appropriate and demonstrated consideration for the patient. Staff interacted with patients and relatives in a respectful and considerate manner. For example, we saw a patient being assisted with eating during a lunchtime observation. The staff member offered gentle encouragement to the patient whilst preserving the patient's dignity and giving them time to eat their food.
- The trust had rolled out the NHS friends and family test survey. We reviewed the results for October 2016. We found that 70% of people who responded to the survey in September and October said they would be highly likely to recommend the Magnolia ward to their friends or family. However, responses were low with nine people responding.

- There were 25 compliments relating to Magnolia ward between 1 November 2015 and 1 September 2016. These included compliments to the nursing staff, thanks for care provision and thanks from family members.

### Understanding and involvement of patients and those close to them

- Staff demonstrated good communication skills during the examination of patients. Staff gave clear explanations and checked patients understanding.
- During our observation of a physiotherapy session we saw staff explaining to a person what they could expect to happen next and the possible outcomes of treatment. The physiotherapist answered any questions the patient had.
- People we spoke with told us staff had always involved them in decision about their care and they had been involved in their care planning. For example, during our lunch observation patients were offered food choices. We saw a patient being offered an alternative to the meal they had ordered, as they had changed their mind. Another patient was offered sandwiches to take home, as they did not wish to eat prior to being transported home.
- Confidentiality was maintained in discussions with patients and their relatives; and in written records and other communications.
- Advice and information leaflets on care and treatment were available on the wards for patients and their families to read or take away. For example, there were booklets on pressure area care for patients and families, as well as information on the home ward service.

### Emotional support

- We observed staff providing emotional support to patients and to relatives. Staff were aware of the emotional aspects of care for patients living with long term conditions and provided specialist support for patients where this was needed. Relationships between patients and staff were caring and supportive. Relationships with patients and their families were valued by staff.

## Are services caring?

- Feedback from all the people who use services and carers we spoke with was positive about the emotional support staff provided.
- We observed care and treatment being delivered; we saw staff respecting and maintaining patients' dignity; administering care sensitively and with compassion. For example, staff drew curtains when providing personal or intimate care to ensure people's privacy and dignity was not compromised whilst receiving care and treatment.
- We saw that discussions with patients were conducted with appropriate sensitivity to their needs.
- The promotion of self-care was of particular relevance to the care of patients in Magnolia ward. We observed patients' independence being promoted by physiotherapy and OT staff encouraging patients with their mobility and staff assessing people's ability in activities of daily living.

## Are services responsive to people's needs?

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

We rated responsive as **good** because:

- Magnolia ward had clear referral criteria and was able to respond quickly for patients in A&E who would benefit from the service to avoid inappropriate admissions to an acute hospital.
- Each patient's discharge was planned from the point of admission and where possible people were supported to go home.
- Staff we spoke with told us that patients' cultural and religious needs were assessed and these were met during their stay.
- The trust's accessible communications department could provide information documents in other languages, large print, Braille and audio format upon request.
- The ward clearly identified vulnerable patients so that their needs could be met.
- The trust had complaints handling policies and procedures in place. The ward was making improvements in response to complaints.

However:

- Some staff identified that improvements were needed in the patient record system to avoid the use of paper records.

### Planning and delivering services which meet people's needs

- Magnolia ward had a clearly defined role which was understood by staff working in the service, people using the service and professionals making referrals to the service.
- Managers told us the trust and ward had worked with local service commissioners, including local authorities, GPs, and other providers in the reconfiguration of these community services. Senior managers told us the trust were reviewing how the service could work with other providers to further promote avoiding acute hospital admissions where appropriate.
- There were 10 patients on Magnolia ward at the time of our visit. This meant the ward was operating at 50% capacity. Staff told us commissioners were happy for the

ward not to run at full capacity as it meant patients could be referred quickly from Ealing Hospitals emergency department (ED) when they needed rehabilitation rather than acute care.

- Staff told us there had been a change in processes and procedures following the trust's take over of Magnolia ward. Some staff told us they felt that some of the new systems that had been introduced were less effective.
- Allied health professional (AHP) staff, such as physiotherapists and OTs, told us the Magnolia ward had planned to introduce seven day working in December 2016. The trust was working with staff to implement seven day working on a voluntary basis for a pilot period prior to the implementation of a permanent rota.
- There was no scheduled therapeutic activities available at the Magnolia Ward as the focus was on rehabilitation. The ward had a television in the lounge/dining room. A hairdresser attended the hospital on Tuesday afternoons and there was a charge for the service. Patients could also order a daily newspaper from staff on the ward.
- Magnolia ward was a mixed sex ward with two single sex bays and three side rooms which were used according to patients' clinical needs. The ward had allocated male and female toilets. There were three side rooms on the ward to meet the needs of patients.
- Clayponds Hospital did not have access to an on-site mortuary. However, the hospital had an agreement with a local undertaker. Staff told us the trust's end of life care policy was under review as the current policy was focused on patients with mental health needs. Staff said the trust recognised the need for the policy to have a wider remit to include community services.

### Equality and diversity

- Equality and diversity training was mandatory for the service and 91% of staff had completed this training.
- Staff we spoke with told us patients' cultural and religious needs were assessed during their initial

## Are services responsive to people's needs?

assessments. We viewed six people's records and saw that these included specific information on their cultural or religious dietary preferences, this ensured food and drink met their religious or cultural needs.

- The trust's accessible communications department could provide information documents in other languages, large print, Braille and audio format upon request. Staff told us people could request information and receive it quickly from the trust's customer services department. We saw a poster on the ward advising patients and their carers on how they could request information in other languages.
- Staff told us there was a diverse staff group that reflected the local community. Staff told us if a staff member could not act as an interpreter on the ward an interpreter could be booked on the intranet.

### Meeting the needs of people in vulnerable circumstances

- Dementia awareness training was rolled out to all staff working at Magnolia ward. Patients with a cognitive impairment could be referred to the memory clinic.
- We saw that the ward white boards used symbols to identify people who had been identified with dementia or who were at risk of falling. Staff told us the symbols acted as a visual prompt to aid staff in identifying risks to vulnerable patients quickly.
- Magnolia ward had arrangements in place to facilitate people who required support from mental health services or local authority social services.
- Magnolia ward had access to a learning disability service that could provide specialist multi-disciplinary assessment and intervention to individuals aged 18 and over with learning disabilities and complex health care needs.
- The Magnolia ward was accessible to wheelchair users and bariatric patients. There was a bariatric wheelchair available as well as bariatric beds.
- Patients in urgent need of speech and language therapy (SALT) would be referred to the SALT on-site at Clayponds Hospital. If non-urgent the patient would be referred to the community SALT for an appointment when they were discharged.

### Access to the right care at the right time

- Overall, Magnolia ward had an average 7.5 days length of stay for patients discharged between 1 November 2015 and 1 September 2016. Magnolia ward had an average bed occupancy rate in the same period of 72%.
- Staff told us the length of stay had increased and was slightly exceeding the target of seven days due to two patients that were waiting for placements in residential care homes and some inappropriate referrals from another NHS trust's acute hospital.
- The unit policy was that people who were admitted received an initial nursing assessment within two hours of admission, a therapy assessment within working 12 hours and a medical review within 24 hours. Records we viewed confirmed that people had received assessments within Magnolia ward's policy timescales.
- Magnolia ward's standard operating procedure stated that the ward could not support admissions after 7pm. This reflected the shift pattern for nurses on the ward up to 8pm. There was also no medic on-site from 5pm onwards.
- A consultant provided ward rounds on Monday, Wednesday and Friday.
- Therapists in the team provided goal-orientated, time limited interventions, aimed at improving patients functioning and independence.

### Learning from complaints and concerns

- The trust had complaints handling policies and procedures in place. All complaints were recorded.
- There were two complaints relating to Magnolia ward between 1 November 2015 and 1 September 2016 with both being upheld or partially upheld. Neither of the complaints were referred to the ombudsman. One complaint was that money was missing from a patients purse; the other was a family of a patient who had not been involved when their family member had a continuing care assessment.
- Information on the ward for people who use services included information about how to make comments and compliments or raise concerns or complaints. A poster with the patient liaison service (PALS) contact information was displayed on the ward noticeboard.
- Staff we spoke with were aware of the trust's complaints policy and of their responsibilities within the complaints process. People making a formal complaint were

## Are services responsive to people's needs?

directed to PALS and informal complaints were dealt with at a ward level. Staff were aware of complaints patients had raised and of what was done to resolve the complaint. For example, staff told us procedures involving continuing care assessments had changed as

a result of a complaint and the trust had trained staff in the completion of continuing care assessments. The ward had also purchased a safe where patients could keep money and valuables as a result of a complaint.

## Are services well-led?

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

We rated well led as **good** because:

- Magnolia ward had governance processes in place. This included a risk register, assurance through audits and monitoring key performance data for the ward.
- Staff spoke positively about the leadership of the clinical lead and their line managers.
- Staff felt the trust was now managing the service effectively.
- The trust had only taken over as the provider of this service since October 2015 and the progress in this timescale was positive.

However:

- Whilst the trust had measures in place to engage with staff, more engagement was needed especially while the Home ward Ealing was going through further review and change.
- Further improvements were needed to provide managers with clear information about the service in one place to support the management of the ward.

### Service vision and strategy

- The Magnolia ward clinical lead was the trust's director of strategy. They explained that the service model for the home ward Ealing service was still being reviewed. This particularly affected the configuration of the community teams which were part of the wider service. This meant that multi-disciplinary staff working across the ward and community services felt unsure about how the service would develop.

### Governance, risk management and quality measurement

- Home ward services maintained a risk register. The register was reviewed regularly and senior and ward level managers were aware of the risks in the service and the action taken to mitigate risks. These were discussed at the clinical governance meetings. However, other staff we spoke with were unaware of the risk register and felt it was not readily accessible.

- The ward regularly undertook a range of audits to provide assurance and improve performance.
- There were regular meetings of the intermediate care working group which the clinical lead attended. This was a pan-North West London group that reviewed intermediate care provision with CCGs, local authorities and the ambulance service.
- The ward monitored key performance indicators (KPI) for numbers of admission avoidance referrals; occupied bed days; and length of stay. These were monitored by the service manager and clinical lead.
- Some staff told us it could be difficult to get performance information from the trust's system. Staff noted that it was not possible to get key information about the service covering all aspects of the wards performance in one document. This made it hard to locate all the data needed to inform the management of the ward.

### Leadership of this service

- The clinical lead linked directly to the board in their role as the trust's director of strategy and was well known to staff in community services. Staff felt there was clear leadership from the clinical lead.
- Managers and team leaders demonstrated an understanding of their role.
- Staff told us their direct line managers were supportive. However, some staff told us some of the senior management team for community services were not visible and did not communicate effectively. They felt that work was delegated, such as completing budget reviews, when they were already overloaded.

### Culture within this service

- The trust had only taken over as the provider of this service since October 2015 and so the progress within this timescale was positive. Staff told us the trust's take over of Magnolia ward had initially been 'chaotic' but this had improved and things had settled down. Staff told us they thought the trust as a mental health trust had struggled with understanding the culture of general health care.

## Are services well-led?

- Staff generally reported a positive culture on Magnolia ward. Staff were supportive of each other within the ward. However, some staff told us the ward sometimes felt isolated from other integrated intermediate care services.
- We saw posters on the ward advertising 'speak up Friday', this offered staff the opportunity to telephone or email a senior manager to raise issues or concerns.
- Staff told us there was a culture of being honest and open on the ward. Staff said they knew about whistle-blowing procedures.

### Public engagement

- The ward had introduced 'you said, we did' boards to the ward. These informed patients and visitors of actions the ward had taken in response to patients or visitors complaints or feedback.

### Staff engagement

- The trust provided information to staff through the intranet and newsletters and the chief executives blog. Some staff felt that there was room for improved engagement, both within the community services and with the wider trust.

### Innovation, improvement and sustainability

- Services at Magnolia ward were part of a review of integrated intermediate care service. Staff told us this was to improve services and ensure services were sustainable.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff must receive appropriate supervision and appraisal to enable them to carry out their duties.

Staff were not having regular individual supervision and supervision was not recorded.

This was a breach of regulation 18 (2)(a)