

Oxleas NHS Foundation Trust

# Community health inpatient services

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## Ratings

### Overall rating for this service

Are services safe?	<b>Requires improvement</b> ●
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

# Summary of findings

## Community health inpatient services

### Summary of this service

Oxleas NHS Foundation Trust provides community inpatient services in two locations. These are Greenwich Intermediate Care Unit, which is based at Eltham Community Hospital in Eltham, and Meadowview, which is based at Queen Mary's Hospital in Sidcup. Inpatient services provided include intermediate care, and rehabilitation. Patients are admitted to community inpatient services from their own homes, or from acute hospitals.

The regulated activities carried out are treatment of disease, disorder or injury and diagnostic and screening procedures. During this inspection we visited the following location;

Greenwich Intermediate Care Unit, which is a 30 bedded unit (17 patients were on the unit at the time of inspection).

This was a focused inspection we undertook to investigate specific concerns raised to us in respect of three key questions; is the service safe? are staff caring? and is the service well-led?

The information we received suggested there were concerns on the unit in relation to:

- Personal protective equipment was not available
- Patients' needs were not responded to at night
- Poor infection control practice
- Physical health concerns not escalated appropriately
- Staff did not treat patients with dignity and respect

As this inspection took place during the Covid-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent on the wards to prevent cross infection. Two inspectors and a CQC specialist advisor visited the unit on 3 August 2020 for half a day to complete essential checks. Whilst on site we wore the appropriate personal protective equipment and followed local infection control procedures. The remainder of our inspection activity was conducted off-site. This included staff interviews over the telephone and analysis of evidence and documents. Our final telephone staff interview was completed on the 11 August 2020.

This was an unannounced inspection and, in order to see how the service operated outside office hours, the site visit started at 5:00am.

During the inspection visit, the inspection team:

- visited the unit and observed the quality of the ward environment and how staff were caring for patients
- spoke with 20 staff members including nurses, health care assistants, domestic staff, occupational therapists, the ward doctor and the matron
- spoke with four patients
- spoke with three carers/relatives
- attended and observed a nurse led hand-over and a multidisciplinary team meeting
- reviewed three patient care and treatment records

# Summary of findings

- looked at a range of policies, procedures and other documents relating to our concerns.

## Overall Summary

We did not re-rate the overall service following this inspection. It remained Good overall although we limited the rating for safe to Requires Improvement as we found a breach of regulation. This was a lowering of the rating since the last inspection.

We found:

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff recognised and reported incidents and near misses. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

However:

- Staff did not clearly document how long patients at risk of skin breakdown spent positioned on each side. There had been a higher number of hospital acquired pressure ulcer incidents in April 2020, although this had improved more recently.
- Although staff completed and updated risk assessments for each patient and removed or minimised risks, we observed one instance where a patient's deteriorating physical health measurements were not acted on promptly. This was similar to information of concern shared with us before the inspection.
- The service mainly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Equipment and the premises visibly clean. However, some staff, although maintaining a safe distance from others, were not always wearing the correct personal protective equipment for very short periods of time.
- Doors to the sluice rooms were left open and the cupboards inside were unlocked, these cupboards contained hazardous materials, such as chlorine tablets.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We did not inspect the whole of the key question during this inspection but as we found breaches of a regulation this limited the rating to Requires Improvement.

We found:

- Staff did not clearly document how long patients at risk of skin breakdown spent positioned on each side. This could increase the chance of patients developing a pressure ulcer if they remained on the same side for a prolonged period. The service was bringing in repositioning charts to address this. There had been an increased number of hospital acquired pressure ulcer incidents in April 2020 although following additional staff training this was now reducing.

# Summary of findings

- Although staff completed and updated risk assessments for each patient and removed or minimised risks, we observed one instance where a patient's deteriorating physical health measurements were not acted on promptly. This was similar to information of concern shared with us before the inspection.
- The service mainly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Equipment and the premises were visibly clean. However, some staff, although maintaining a safe distance from others, were not always wearing the correct personal protective equipment for very short periods of time.
- Doors to the sluice rooms were left open and the cupboards inside were unlocked, these cupboards contained hazardous materials, such as chlorine tablets. There was a risk that patients with dementia could wander into the rooms and gain access to hazardous materials. The service addressed this concern immediately on the day of the inspection.

However:

- The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment and maintained it appropriately. Staff managed the disposal of clinical waste safely.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The service managed patient safety incidents well. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. Learning from incidents was shared with staff in team meetings although some staff said if they were not present, they may not receive the information.

## Is the service effective?

Our rating of effective stayed the same. We did not inspect the whole of the key question during this inspection and therefore did not rate the core service. We found no evidence to suggest the existing rating of Good should be reviewed or changed.

We found:

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

## Is the service caring?

Our rating of caring stayed the same. We did not inspect the whole of the key question during this inspection and therefore did not rate the core service. We found no evidence to suggest the existing rating of Good should be reviewed or changed.

We found:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Summary of findings

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

We did not include this key question in this inspection. We found no evidence to suggest the existing rating of Good should be reviewed or changed.

## Is the service well-led?

Our rating of caring stayed the same. We did not inspect the whole of the key question during this inspection and therefore did not rate the core service. We found no evidence to suggest the existing rating of Good should be reviewed or changed.

We found:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Detailed findings from this inspection

## Is the service safe?

### Cleanliness, IPC and Hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas of the ward appeared clean and were dust free including rooms that were currently not in use. All curtains we observed were in date and clean. Alcohol dispensers were available outside each patient's rooms. Each ward had a sluice room which was clean and well organised. However, the doors to the sluice rooms were left open and the cupboards inside were unlocked, these cupboards contained hazardous materials, such as chlorine tablets. There was a risk that patients with dementia could wander into the rooms and gain access to hazardous materials. We made staff aware of this at the time of the inspection. Staff responded by locking the cupboards and adding signage to remind staff to lock the cupboards after use.

Staff had access to personal protective equipment (PPE), such as gloves, visors, masks and aprons. We observed instances of patients being barrier nursed. The aim of barrier nursing is to protect staff against infection by patients and also protect patients from spreading their pathogens to other non-infected people. All new patients to the ward were barrier nursed on admission before returning a negative Covid-19 swab. Patients who were being barrier nursed were clearly identified by signage on the front of their bedroom doors.

Most staff followed the current infection control policies and procedures. Posters were displayed on wards to remind staff about current infection control guidance. Staff that we spoke to said they had received training about how to wear appropriate PPE. However, we observed one member of staff remove their apron but not remove their gloves when going from one patient's room to another. This practice increases the risk of cross infection between patients. During the inspection we observed non-clinical staff momentarily wearing face masks around their chins these staff were not delivering direct care or treatment to patients at the time and were at a safe distance from others.

Staff had access to safe sharps disposal procedures at the point of use. All but one of the sharp containers that we saw was signed and dated.

The unit had effective processes and systems to ensure equipment was clean. The unit used "I am clean" stickers, which detailed the time and date equipment had been cleaned. The stickers were easily visible to staff. This meant staff could be sure the equipment they were using was clean.

### Incident reporting, learning and improvement

Staff recognised incidents and reported them appropriately. Managers investigated incidents. However, staff were not always clear about how lessons learned were shared with the whole team and the wider service.

Staff reported incidents on the trust wide electronic reporting system. Staff we spoke with said they felt confident in using the trust's electronic incident reporting system. Staff felt able to raise concerns and incidents with their managers without fear.

Staff understood the duty of candour. They were open and transparent and gave a full explanation to patients and families if and when something went wrong. For example, an incident occurred where a patient was left in a wet pad overnight. The matron apologised to the patient involved and the incident was being investigated at the time of inspection.

# Detailed findings from this inspection

Staff did not always know how they would receive learning following serious incidents. Most staff we spoke with said that they received feedback about incidents at team meetings and handovers. Some staff that we spoke to said that if they were not working around the time of an incident then they were unlikely to receive any feedback or learning from it.

There was evidence of change having been made as a result of feedback. For example, changes had been made following a serious incident on the unit in April. New signage had been added to patients' food trays to clearly identify if a patient required support eating, however this was not observed as no service users required support eating at the time of inspection. Signage above patients' beds had also been made clearer to identify their needs. A speech and language therapist had delivered three training sessions for staff on the unit about supporting patients to eat. Staff that we spoke to told us that they found this training helpful and informative.

Staff were debriefed and received support after a serious incident. For example, a psychologist was visiting the ward regularly to offer support to staff during the Covid-19 pandemic.

## Quality of Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

We reviewed three sets of patient medical records. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. The trust was in the process of purchasing laptops and tablets to allow staff to record physical health measurements electronically.

The overall standard of documentation was good. Records we reviewed were up to date, written legibly, dated and signed. Therapists and nursing staff contributed to and shared information on patient care. However, agency staff were unable to access the electronic system.

Patients paper-based records were kept in folders on the wall outside patients' rooms.

## Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. However, staff did not always identify and quickly act upon patients at risk of deterioration and did not record the length of time patients at risk of skin breakdown remained in one position.

On admission staff completed a comprehensive assessment for each patient including a Waterlow assessment (assessing risk of skin breakdown) and abbreviated mental test scores (a test for rapidly assessing elderly patients for the possibility of dementia).

We reviewed the care and treatment records of three patients. Two of the patients had high Waterlow scores and were bed bound. Each patient also had a comfort round chart. This comfort round chart included prompts for staff to ask patients at regular intervals whether they were comfortable and had enough to drink. The chart also reminded staff to alter patient positions hourly if they were on bedrest. Staff signed and dated the comfort chart hourly. However, it was not clear how long patients spent on each side as this was not documented on the comfort round chart or a turning chart. This could increase the chance of patients developing a pressure ulcer if patients remained on the same side for a prolonged period of time. Managers on the unit were aware of this issue and were planning to add a repositioning chart to the comfort round chart, which would provide further information about what steps staff should take based on a patient's Waterlow scores. A tissue viability nurse visited the ward weekly to provide inhouse training to staff. As part of the inspection we reviewed pressure ulcer data for the unit, the data covered January 2020 to August 2020. April 2020 had the highest number of pressure ulcers acquired on the unit (10). However, following the introduction of additional training the number of pressure ulcer incidents reduced to two in July 2020 and four in August 2020. The service needed to continue to work to improve skin care, including recording, and keep the number of pressure ulcers to a minimum.

# Detailed findings from this inspection

We observed two handovers during the inspection. The morning handover was attended by staff beginning their shifts and the nurses from the night shift. Every patient was discussed at the handover and updates from the previous shift were shared. Nurses discussed patients' physical health measurements, fluid intake and blood sugar levels.

Prior to the inspection concerns had been raised with us that staff did not always act promptly when a patient's vital signs gave early warning of a possible deterioration. During this inspection we found that staff managed deteriorating patients using the national early warning scores system. Patients who were deteriorating and required acute care would be transferred to an acute hospital by staff calling 999 and transferring the patient via ambulance. According to the national early warning scores system, scores that were showing mild signs of deterioration would be escalated to the nurse in charge or the ward doctor. During the handover we witnessed a member of staff highlighting that a patient's oxygen saturation had lowered. This was escalated to the nurse in charge as per trust policy. However, this was not clearly acted upon by the nurse in charge and the patient's oxygen saturation was not checked again until several hours later. We raised this with the nurse in charge and they took action after our feedback, the patients vital signs were back within normal levels by that time. By not rechecking the patient's oxygen levels promptly there was a risk that any deterioration would not be recognised promptly. This incident was very similar to an incident that had been described to us in information of concern we had received prior to the inspection. Leaders on the unit were aware that there was an issue with low risk/mild changes in patients' physical health measurements not being followed up proactively by staff. In response to this, the matron was working with the ward doctor to provide further training to staff about recognising deterioration and the actions they needed to take.

Staff used a detailed handover template. The handover template contained information about patients' medical history, discharge plans, falls risk, pressure care and allergies. This allowed staff beginning their shifts to quickly identify key information for each patient.

We also observed a multidisciplinary team (MDT) handover. This handover was attended by the ward doctor, physiotherapists, occupational therapists and the nurse in charge. Every patient was discussed and any issues from the previous shift were discussed with the MDT. All staff in the handover contributed to the meeting and had a good level of knowledge of the patients on the ward.

## Staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Managers told us staffing was not an area of concern on the unit.

The exceptional circumstances of the Covid-19 pandemic had impacted the availability of staff on the unit. Staff from other areas of the trust were redeployed onto the unit during the height of the pandemic.

The unit displayed the planned staffing numbers and the actual staffing numbers on each shift. The capacity for patients at the unit was 30 patients. The nursing safe staffing levels for the unit were three nurses and six health care assistants during the day and three qualified nurses and four health care assistants at night. In July 2020 there were five shifts where the unit had a lower staffing ratio than this. However, bed occupancy had also been lower during this period meaning there were enough patients to care for patients safely.

Most patients we spoke with considered there were sufficient staff to provide their care and support. Call buzzers were within easy reach of patients and when used, staff responded in a timely manner.

## Is the service effective?

### Nutrition and Hydration



# Detailed findings from this inspection

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Staff had completed food and fluid charts well, which meant the risk of people having insufficient food and fluid was recognised.

Patients had access to speech and language therapists (SALT) on the unit. Staff reported that there was good access to a SALT in order to provide appropriate support and guidance in respect of patients' diets and any concerns related to swallowing.

Patients were satisfied with the food on the ward. One patient said staff had been flexible and did not just offer what was on the menu.

## Is the service caring?

### Compassionate Care

Prior to our visit, concerns had been raised to us that patient call bells were left unanswered and patients were not assisted appropriately, particularly at night. As part of the inspection we reviewed a fact-finding report that had been produced following a service user being unable to call staff. In response to this senior staff were conducting night visits to assess staff members responsiveness to call bells. During our visit we observed that staff promptly responded to patient call bells and no patients that we spoke to raised concerns about being unable to call staff.

During our inspection we found that staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We observed that staff responded to patients in a kind and compassionate manner. Staff introduced themselves when they were beginning their shift. We observed patients laughing and joking with staff. Staff asked patients if they would prefer for their bedroom doors to be open or closed and always knocked before entering a patient's bedroom.

We reviewed the most recent patient experience survey. Eighteen patients were asked whether staff had treated them with kindness and care, 16 said that they were always treated with kindness and two said sometimes they were.

We spoke to three carers and relatives, all of them were very positive about the unit. They said they felt involved in their relative's care. Carers and relatives had to book an appointment to visit due to the Covid-19 pandemic, relatives felt that this was easy to arrange and well organised. One carer said that they were greeted as a friend when they visited the unit and staff always had time for them.

## Is the service well-led?

### Leadership of service

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The unit had good local leadership. Staff reported confidence in the leadership of the matron. Staff felt that clinical leads were approachable and provided support to their staff.

At the time of the inspection the ward manager position was vacant. The matron was putting the position out for advert at the time of the inspection. The matron felt that the previous months had been challenging without a ward manager present on the unit, but the band 6 nurses had coped well, and she was well supported by her manager.

# Detailed findings from this inspection

## Culture within service

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we spoke with were positive about the organisation, their team and their work. Staff reported that morale had recently improved following the easing of lockdown.

Staff acknowledged that work on the ward had been hard during the Covid-19 pandemic. However, staff felt well supported during the peak of the pandemic and a psychologist was attending the ward regularly to conduct reflective practice.

Staff felt able to raise issues with managers, if required. Managers were visible on the wards, with staff able to raise concerns and issues with the clinical leads and managers.

## Areas for improvement

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

- The provider must ensure that indications that a patient is deteriorating are always escalated and acted upon appropriately. **Regulation 12(1)(2)(a)(b)**
- The provider must ensure that pressure ulcer prevention documentation is clear and sufficiently detailed and pressure ulcer incidents kept to a minimum. **Regulation 12(1)(2)(a)(b)**

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

- The provider should ensure staff always wear the correct personal protective equipment when on duty in line with the requirements of the provider's internal policies and procedures.
- The provider should ensure that access to hazardous materials in the sluice rooms is restricted.

# Our inspection team

Two CQC inspectors and a specialist advisor completed an onsite inspection of the service. Due to the Covid-19 pandemic, the remainder of the inspection was carried out off site.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment