Hounslow and Richmond Community Healthcare NHS Trust

RY9

Community health inpatient services

Quality Report

Teddington Memorial Hospital
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Teddington,
Middlesex
TW11 0JL
Tel:020 8714 4000
Website:http://hrch.nhs.uk

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RY9X2	Teddington Memorial Hospital	Pamela Bryant Ward Grace Anderson Ward	TW11 0JL

This report describes our judgement of the quality of care provided within this core service by Hounslow and Richmond Community Healthcare 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 Hounslow and Richmond Community Healthcare NHS Trust and these are brought together to inform our overall judgement of Hounslow and Richmond Community Healthcare NHS Trust

Summary of findings

Ratings

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

Summary of findings

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Overall summary

We rated the community in patient services at Teddington Memorial Hospital as inadequate.

There was not a cohesive strategy in place for the inpatient unit. The hospital was attempting to meet the diverse needs of a wide range of different client groups. The hospital was increasingly being asked to admit patients outside of its admission criteria because of pressures on the local acute trusts. This was proving a challenge to adequately staff and to provide positive patient experiences for all those receiving care and treatment there. We found that staff spent a lot of time caring for patients with challenging behaviour and this caused a great deal of distress and disruption to the rehabilitation patients. There were delays in transferring the patients living with dementia 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.

The hospital routines were not always arranged to support patients care and treatment but were organised around staffing priorities. For example medicine rounds taking place after patients have gone to sleep and patients not getting washed until lunch time and not getting dressed into day clothes.

The trust's core staff values were demonstrated by the majority of the staff most of the time. Feedback from patients and relatives was mostly positive and we observed many examples of staff being thoughtful and treating patients with kindness. However there were instances both observed during the inspection and reported by patients where these core values were not being met. Patients were not always treated with dignity and respect. Their rights were not always upheld. 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.

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. The emergency medicines held by the hospital were not readily available, held securely or regularly audited. However the staff reported there were no problems with accessing equipment generally.

The hospital was operating with a substantial staff vacancy rate with difficulties with recruitment. Medical cover was provided by a GP consortium during the day and by the local GP out of hours service at night.

The staff generally felt supported by their immediate managers and told us the trust was a good place to work. Staff had access to appropriate training and development; they had regular appraisals and supervision. Whilst a local induction pack was in place, agency staff did not always receive induction to the ward.

We found that there was effective multi-disciplinary working across the nursing and therapy teams. Medicines management and patient records were generally well managed and national guidelines were followed. The environment was generally visibly clean, tidy and fit for purpose however the design of the wards did not always protect patients' privacy and dignity.Following the inspection the trust took urgent action to protect address this by applying privacy transfers to glass partitions on the ward. There were suitable arrangements in place to maintain safe infection control standards.

The trust had robust governance arrangements in place with systems to monitor the quality of care and treatment provided. This included systems to record, investigate and learn from untoward incidents, safeguarding events and complaints. Patients consistently achieved positive outcomes following rehabilitation care and treatment at the hospital.

Summary of findings

Background to the service

Hounslow and Richmond Community Healthcare NHS Trust provided community inpatient services at Teddington Memorial Hospital for patients with a GP in the borough of Richmond. The hospital provided 50 inpatient beds in two wards. Pamela Bryant Ward with 29 beds and Grace Anderson Ward with 21 beds.

Although the hospital primarily cared for patients in need of rehabilitation there was an increasing use of beds to care for patients with complex continuing care needs including those living with dementia. Any of the continuing care beds could be used for end of life care.

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh

Team Leader: Nick Mulholland, CQC

The team included CQC inspectors and a variety of specialists: including, specialist nurse, a GP, a physiotherapists, a pharmacist and one person with experience of using services or caring for someone using services.

Why we carried out this inspection

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

How we carried out this inspection

During our inspection, we reviewed information from a wide range of sources to get a balanced and proportionate view of the service. We reviewed data supplied by the trust, visited both wards in the hospital; both during the day and night. We spoke with 12 patients and two relatives. We also observed care being delivered by staff.

The CQC held a number of focus groups and drop-in sessions where staff from across the trust could talk to inspectors and share their experiences of working at the trust. We spoke with over 22 members of staff working in a wide variety of roles including divisional directors, matron and service manager, housekeepers and administrators. We reviewed a variety of documents including 10 sets of care records, audits, minutes from meetings, clinical governance and performance monitoring data. We received information from members of the public who contacted us to tell us about their experiences both prior to and during the inspection and looked at patient feedback about the service over the past year.

What people who use the provider say

- We reviewed the past years feedback comments from the patients' family and friends test, the NHS Choices and a patient experience survey undertaken by the occupational therapists in January 2016. We spoke with patients on the wards and their relatives. We took into account feedback provided by patients both before and after the inspection.

Summary of findings

- The majority of feedback was positive with patients praising nursing and therapy teams. The family and friends tests were in line with national and regional expectations.
- We received comments such as “absolutely fantastic” and “Staff couldn’t do more”. We received many examples of compassionate care and kindness from staff.
- However we also received negative feedback. This usually related to staff attitudes, the mixing of patients with different needs and the routine of the hospital. A number of the negative comments related to the care at night. One patient told us “It’s not fair that demented patients keep me awake all night long with their shouting”

Areas for improvement

Action the provider MUST or SHOULD take to improve

- Ensure there is a cohesive strategy for the inpatient unit, in order to provide patients with positive experiences.
- Ensure the staff vacancy rate does not compromise patient care.
- Ensure agency staff always receive an induction to the ward 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.

Hounslow and Richmond Community Healthcare NHS Trust

Community health inpatient services

Detailed findings from this inspection

Inadequate

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We judged safety as inadequate.

- There was a risk that patients may be harmed as the basic level of resuscitation equipment was not available. The hospital was admitting patients with multiple co-morbidities who had an increased risk of deterioration. The hospital could not provide timely and effective resuscitation without the basic level of resuscitation equipment and effective training for staff in managing deteriorating patients and medical emergencies.
- The trust was not working towards resuscitation council guidelines. Although this was a community based hospital, medicines for basic medical emergencies were not available, easily accessible or tamper-proof. The emergency medicines that were available were not readily available, held securely or regularly audited.
- Medicines were supplied, stored and disposed of securely and appropriately. Although the trust conducted regular monitoring and auditing of medicines management, during the inspection we observed medicine administration that did not adhere to the hospital's policy or meet best practice guidelines.
- The 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. Medical cover was provided on by a GP consortium during the day and by the local GP out of hours service at night.
- 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.
- The environment was generally visibly clean, tidy and fit for purpose however the design of the wards did not

always protect patients' privacy and dignity. There were suitable arrangements in place to maintain safe infection control standards. There was sufficient, clean and well maintained equipment.

- Although delays in reporting had been identified there were systems in place to record, investigate and learn from untoward incidents and events. Staff were able to describe their responsibilities in relation to incident reporting, learning from any incident was disseminated through the hospital and to the wider trust.
- The hospital measured and monitored incidents or avoidable patient harm through the National Safety Thermometer scheme. The information gathered was used to inform priorities and develop strategies for reducing harm.
- Staff training was prioritised which ensured staff had the skills and knowledge to provide safe care and treatment for patients. Staff were aware of safeguarding principles and able to follow the correct procedures.

Safety performance

- The trust participated in the National Safety Thermometer scheme to measure and monitor avoidable patient harm. This is a national tool that is a way for trusts to measure and compare their performance in four key areas of safety; falls, pressure ulcers, venous thromboembolism (VTE) and urinary tract infections (UTI's) in patients with catheters.
- Overall the percentage of harm free days from April 2015 to December 2015 was 85% for Pamela Bryant Ward and 84% for Grace Anderson Ward against a national average of 94%. As the hospital is a small unit a single case has a greater impact on the overall percentages. For example between November 2014 and October 2015 the data provided by the trust indicated there were four falls with harm, 12 pressure ulcers and seven UTI's, with 100% of patients assessed for VTE for the 50 inpatient beds. The results were collected monthly and widely disseminated for patients and staff to see on ward notice boards. The monthly results were used by the hospital in inform priorities and develop strategies for reducing harm.
- Over the past year the staff had worked hard to reduce the number of patient falls. In 2013 the hospital had a falls rate of 12.6 per 1000 bed stays and this had reduced by 2015 to around the national average of 8 falls per 1000 bed stays. This indicated that the falls prevention priority was having a positive effect.
- The hospital performed similar to the national average of 0.3% for urinary tract infections arising from catheters.
- There was a trust wide quality priority for 2015/2016 on ensuring patients at risk of pressure damage received best practice in care. Although the majority of pressure ulcers were reported in the patient's own home, the hospital was working towards eliminating the number of avoidable grade three and four pressure ulcers. Overall the percentage of pressure ulcers in the hospital from April 2015 to December 2015 was 12% for Pamela Bryant Ward and 13% for Grace Anderson Ward against a national average of 4%.
- The hospital identified that there was still work to do to reduce the number of hospital acquired pressure ulcers and had put into place a number of initiatives such as gold standard SSKIN plan which involved a multi-disciplinary approach to pressure ulcer prevention. The most recent Safety Thermometer data indicated the incidence of pressure ulcers had reduced following the introduction of the SSKIN Bundle. By the third quarter 2015/16 Pamela Bryant ward had a 100% of patients with no new pressure ulcer harms and Grace Anderson had 95%.

Incident reporting, learning and improvement

- It is mandatory for NHS trusts to monitor and report all patient safety incidents through the National Reporting and Learning System (NRLS). If an incident is assessed as a serious incident it is also reported using StEIS (Strategic Executive Information System). Serious incidents can include but are not limited to patient safety incidents for example loss of confidential information. Any serious incident which meets the definition of a patient safety incident should be reported to both StEIS and NRLS.
- Between November 2014 and October 2015 there had been three serious incidents reported at Teddington Memorial Hospital. Two of the incidents were allegations of staff abuse and one was a pressure ulcer. There had been no never events reported in the previous 12 months. (Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures are implemented).
- We saw there was an incident reporting policy and procedure in place that was readily available to all staff on the trust's intranet. Staff we spoke with were aware of

the policy and were confident in using the system to report incidents, this included bank and agency staff. We spoke with bank staff who confirmed there were no problems with them undertaking incident reporting as they all had access to the trust's on-line reporting systems.

- Staff told us they were encouraged to report incidents and would be comfortable raising any concerns. The management of incidents and how to report them appropriately was included at induction and updated annually in mandatory training.
- Learning from incidents across the trust was fed back to staff and had led to changes in practice to ensure patient safety. Learning from incidents was shared at the six weekly ward meetings and the weekly ward safety 'Flash' meetings. Wider learning was disseminated through the trust through minutes of the quality and safety committee and management meetings. We saw examples of learning from incidents included in the minutes of the ward meetings and in the monthly 'Learn and share' quality and clinical excellence team newsletter. All staff were included in the learning from incidents for example the therapy staff showed us the trust's briefings, which included lessons learnt and the actions taken.
- The main themes of the recorded incidents were staff shortages, pressure ulcers and slips, trips and falls. All incidents were reviewed weekly by the ward sister and the improvement project lead. They told us that they were looking in particular at the high number of pressure ulcers across the trust. We were told that six incidents were currently under investigation to review the process and findings. We spoke with the inpatient managers who demonstrated how they were alerted by email when an incident had been reported. The system then prompted them to review the information and close the alert. There were very few outstanding alerts for the inpatient unit.
- NHS England specifies that serious incidents should be reported onto STEIS, the online reporting website, within two working days. In 2014/15 42% of all serious incidents were reported within two working days. In 2015/16 this fell to 13%. This related to 33 serious incidents which took longer than two working days to be reported during 2015/16. The trust had conducted an analysis into each of the reasons why they were not reported appropriately. This identified a number of differing factors which were not always under the control of the trust.
- The trust had a process in place to review every death of a hospital inpatient in order to identify areas for improvement. The medical director and the hospital matron undertook a full investigation which was then discussed with the multi-disciplinary team during a Mortality Review Group meeting. Areas for improvement and learning were then identified together with actions to be taken. The review was then reported to the Quality and Safety Committee, the Integrated Governance Committee and the board. The Mortality Review Group also monitored mortality rates to identify themes and trends.
- We saw an example of this where a patient had died unexpectedly in the hospital the previous year. We noted that although the care the patient received did not lead to their death, key learning points had been identified and actions implemented.

Duty of Candour

- The staff we spoke with told us that patients and relatives were supported and informed of the outcome in accordance with the trust's Duty of Candour. However they were less clear what responsibilities the Duty of Candour required of healthcare providers and the documentation required. We saw examples where the patients and their families had been informed of incidents including those where no harm occurred.

Safeguarding

- The trust had safeguarding vulnerable adults and child protection policies that were readily available to all staff on the intranet. The policy included the contact details of local social services and how to report concerns.
- We noted that 15 section 42 serious incidents had been reported in 2015/16 which required an investigation by the local authority into allegations of potential neglect by the trust. Of the 15 referrals none related to Teddington Memorial Hospital.
- The hospital had dedicated safeguarding leads and a trust wide safeguarding team. The staff we spoke with knew who these were and were knowledgeable about how to raise concerns and report suspected abuse.

Inadequate

Are services safe?

- Both nursing and therapy staff gave us examples of recent safeguarding referrals. Physiotherapists told us about how they work closely with social services to plan discharge taking into account any safeguarding.
- Three safeguarding allegations were made about staff during 2014/15. Two of the allegations were made by patients at Teddington Memorial Hospital Inpatient unit. Both allegations were investigated and the local authority safeguarding team took no further action although there was learning shared across the teams.
- Safeguarding training was included in the trust's mandatory training programme. All staff were required to complete level two safeguarding of vulnerable adults and child protection training as part of their annual mandatory training. This included bank staff. We reviewed the trust's training information and noted that the majority of staff had completed both adult and child protection training. The staff we spoke with confirmed they had received safeguarding training as part of their annual mandatory training.
- The staff we spoke with were confident on how to report concerns and how to access support if needed. They were aware of the safeguarding policy and how to access it.
- Ward staff told us that any safeguarding concerns were discussed at the multidisciplinary meetings held weekly on each ward. This included patients with who had sustained repeated falls.

Medicines

- The hospital had medicines management policies together with protocols for high risk procedures involving medicines (such as the intravenous administration of antibiotics). These were readily available for staff to access. On Pamela Bryant Ward we found an out of date BNF (British National Formulary). However in general staff had access to relevant resources on medicines management such an electronic copy of the BNF.
- Medicines were supplied, stored and disposed of securely and appropriately on both wards, including patients own drugs, medicines requiring refrigeration and controlled drugs. The hospital monitored this weekly by a 'Flash Audit'. The recent medicines 'Flash Audit's we reviewed demonstrated improvements in medicines management.
- We observed staff administering medications and noted generally staff followed the medicines management policy. However the night staff on Pamela Bryant Ward left some of the medicines on lockers and bedside tables. This was a particular risk as many of the patients on the ward were confused and living with dementia. We noted that one patient did not have an identity bracelet in place which was a risk when administering medicines to confused patients.
- We also observed the administration of a controlled drug analgesic skin patch. The administration of the skin patch did not follow best practice recommendations; as in the new patch was not taken to the patient in a receptacle; the location of the old patch on the patient had not been documented so the nurse was unable to locate where the previous patch was on the patient's body; the nurse did not document where on the patient's body they placed the new patch; the nurse had to leave the patient's bedside while administering the drug to locate scissors to open the patch; the patients full details were not checked prior to administering the patch.
- Although the nurse administering the medicines wore tabards advising staff not to interrupt them, we saw healthcare assistants frequently ignoring this and ask the nurse for assistance. Staff told us that the medicine rounds took a long time due to supporting the patients living with dementia to take their medications.
- The staff we spoke with understood how to recognise and report medicines related incidents. They described how shared learning had led to improvement in practice. They gave an example where a patient who was allergic to penicillin had been administered a penicillin based antibiotic. A root cause analysis had taken place which identified where the failings had happened. Subsequently a system was put in place to help prevent re-occurrence of this type of incident. (E.g. the introduction of allergy bracelets). The weekly 'Flash Audit' now showed the allergy statuses of patients was routinely recorded on medicines charts.
- The hospital's medicines supply was provided under contract by an external pharmacy, who also provided a named ward based pharmacist three times a week. This contract was due to close by the end of March 2016 with another external pharmacy contractor appointed from that date. The new service was contracted to provide a full time ward based pharmacist on-site to ensure the safe and effective use of medicines in the hospital.

Clinical medicine services such as audits and security checks were provided by the trust's own in-house The clinical medicines services such as audits and security checks were provided by the trust's own pharmacists. pharmacists.

- There was a protocol in place for assessing patients' suitability for self-administration of medicines. We spoke with three patients who were self-administering their medications after demonstrating their competency. In addition, patients were supplied with 'medication passports', along with patient information leaflets on discharge; which provided information on their medicines. However, it was not clear if it was the pharmacist or nurse who provided the counselling on discharge medicines.
- The Resuscitation Council UK lists the minimum level of emergency medicines which should be readily available for use in an emergency in a community based hospital where there are inpatients and the public visit. We found that the recommended medicines for medical emergencies were not available at Teddington Memorial Hospital. When asked, we were shown some medicines which could be used for anaphylaxis or allergic reactions (e.g. Epipen and chlorphenamine) and acute asthma attacks (e.g. inhalers). However, these were not in a tamper-proof box nor easily accessible. In addition there was no audit or checking of these medications.
- Senior managers told us that the hospital rarely experienced medical emergencies due to the nature of their healthcare provision. Their policy was to call 999 and transfer the patient to an emergency department. This had been discussed and agreed with the medicines management team previously, who deemed that it was not relevant to have emergency medicines available as the staff were not appropriately trained in how to administer these medicines and would not be able to keep up competency in this area. However this did not explain why the emergency medicines stocked by the hospital were not readily available, held securely or regularly audited.

Environment and equipment

- The general ward environments were visibly clean, tidy and fit for purpose. The 2014 Patient Led Assessments of the Clinical Environment (PLACE) awarded Teddington Memorial Hospital a score of 98% in 'Condition, appearance and maintenance'. This was higher than the national average for community organisations which is 97%.
- There were no mixed sex accommodation breaches recorded since April 2015. However we did note that male patients had to walk past female areas to access bathroom facilities. This meant that male patients could see the female patients in a state of undress and in their night clothes. From the corridor we saw one confused female patient in an open backed hospital nightgown who was exposing herself. We brought this to the attention of staff who quickly rectified the situation. Staff working in the bay had not assisted the patient to cover herself.
- Work had been undertaken on making the general ward environment more dementia friendly following an audit. New tables and chairs had been purchased for the dayrooms and artwork of local landmarks had been installed. Ward areas had been painted in different colours to make differentiation easier and there were picture signs on doors to help patients living with dementia identify which room they were in. This included an outside garden space which had been adapted to provide a safe and pleasant area for patients to access.
- There was a dining area for patients on the wards. However patients were not assisted to use this facility for meals during our inspection.
- The hospital complied with the NHS mixed sex accommodation guidance. However we noted that male patients had to pass the women's wards to access the toilet and bathroom facilities. The majority of female patients were in their night clothes and were clearly visible from the corridor meaning there was a lack of privacy and dignity from passing patients and visitors.
- Staff reported there was good access to equipment and there was adequate equipment to meet the needs of the patients. There were aids readily available to help prevent patient falls such as pressure pads on chairs. These alerted staff when patients who were at risk from falling got out of their chairs. Business cases for additional equipment was usually approved and staff gave examples of new inflatable mattresses, turning equipment and automatic hoists.
- We noted that space for storing equipment was a problem with the patients' bathrooms being used to store hoists and stand aids.

- The Resuscitation Council UK lists the minimum level of emergency equipment that should be provided in community hospital settings where there is no on site resuscitation team. The minimum level of resuscitation equipment such as an automatic emergency defibrillating equipment (AED) or emergency 'grab bags' to use in the event of a patient, visitor or member of staff collapsing was not available. There was no oxygen or suction equipment readily available at the bedsides. However we were told that automatic emergency defibrillating equipment (AED) had recently been purchased but was not yet available due to lack of staff training.
- Staff told us they felt competent and confident to use the equipment available in the hospital.
- Staff received Health and Safety training as part of the mandatory training programme. We noted that there had been an increase in the number of equipment incidents reported. In the first quarter of 2015 22 equipment related patient safety incidents were reported. The majority of these related to equipment in the community
- Staff described the system for reporting faults with equipment or the environment and reported that
- maintenance staff responded in a timely and appropriate manner. We saw that small electrical items had been subject to portable appliance testing in the past year.

Quality of records

- The hospital used a mixture of electronic and paper records. Paper records were scanned onto the electronic system, although as there was one member of staff responsible for this amongst their many other duties there was a back log. The paper patient records were stored securely on each ward with nursing care charts kept at each patient's bedside. We found that confidential information such as staff personnel records were also securely stored
- Staff confirmed that "everything except the care plan" was electronic. The care plan was printed off and stored at the patients' bedside. Staff said that the computer system was flexible so that it could be updated to meet needs of team. Staff also praised the responsive IT support team.
- We looked at a range of records and found they were generally complete, accurate and current. They were appropriately signed and dated. Good and clear multidisciplinary team working was evident throughout patient notes. Therapists and nursing staff contributed to and shared information on patient care.
- However we did note some omissions in the observations such as fluid balance records, risk assessments and comfort charts. For example one patient on Pamela Bryant Ward had an incomplete comfort chart where no care had been recorded between 10.00 and 20.00 although they had been attended to.
- Medical records accompanied patients when they transferred from acute care. Staff told us there were no problems with obtaining old patient records when they were required.

Cleanliness, infection control and hygiene

- The trust had infection prevention and control policies readily available for staff to access on the intranet. We noted that the infection control team kept the policy under review. For example there had been updates to the aseptic non-touch technique in order to improve standards and promote consistency of practice.
- The trust had a waste management policy, which was monitored through regular environmental audits. We saw that clinical and domestic waste bins were available and clearly marked for appropriate disposal. Disposable sharps were managed and disposed of safely.
- The trust had arrangements in place to support the management of infection prevention and control. There was a trust wide infection prevention and control committee who met quarterly and had overall responsibility for the monitoring of infection prevention and control across the trust. A director of infection prevention and control (DIPC) was appointed who together with the infection prevention and control (IPC) team produced an annual report. The annual report highlighted achievements from the current year and documented the key issues to take forward. Each area of the trust including Teddington Memorial Hospital had infection control link practitioners (ICLP) who were responsible for monitoring infection prevention and control in their work area.
- We noted that each month the hospital had a subject of the month and the subject for March was infection control. There was information on the ward notice boards about universal infection prevention and control

procedures, the most common infections seen in the hospital and the World Health Organisation five moments of hand hygiene. One of the four improvement priorities for the hospital was infection prevention.

- The infection prevention and control team had close links with the facilities and procurement teams and were involved in refurbishment plans, new design and the purchase of new equipment.
- There were procedures in place for the transfer of MRSA positive patients between care settings. We saw these involved assessments, checks and transfer documentation forms.
- We noted that the hospital's infection rates were consistent with the national average for bacterial infections such as MRSA and C. difficile. There were no reportable healthcare associated infections attributed to the trust in 2014/2015.
- All patients admitted to Teddington Memorial Hospital were screened for meticillin resistant Staphylococcus aureus (MRSA) within 48 hours. Any patient that was screened positive was started on an infection prevention and control pathway to reduce the risk of spread. The trust set priorities for antimicrobial stewardship which were achieved.
- An inspection by the Trust Development Authority (TDA) in October 2014 found that overall the trust had robust infection prevention and control systems in place and was meeting the Code of Practice. Some improvement recommendations were made and progress with the implementation of these was being monitored by the IPC Committee.
- A programme of infection prevention and control clinical practice audits had been introduced. This was to make sure all staff were compliant with the trust's policies such as hand hygiene and the use of personal protective equipment (PPE). We noted that the previous months (February 16) hand hygiene results showed 90% compliance on Pamela Bryant Ward and 85% on Grace Anderson Ward with 50% of commodes being cleaned and 100% being labelled appropriately. We noted that cleanliness and equipment decontamination checklists were completed and documentation was kept up to date.
- We saw that where an infection had been identified, a post infection review took place to provide a root cause analysis and identify any learning. We reviewed such a review and noted that learning such as following up GP swab results; documenting wound descriptions and improving the reporting of pressure ulcers were actions identified.
- Infection prevention and control was included in the trust's mandatory training programme. The trust provided training data which confirmed that the majority of staff had attended infection prevention and control training. Those staff we spoke with all confirmed they had completed this training
- The majority of areas we inspected where patients had access were visibly clean and tidy. Linen cupboards were clean and tidy with bed linen managed in accordance with best practices. However on Pamela Bryant Ward we found urine and used toilet paper on the floor of the patients' WC and dirty laundry bags on the floor in the sluice. Some of the commodes did not have a sticker on to identify they had been cleaned.
- Both of the wards had side rooms where patients who needed to be isolated could stay. During the inspection we noted that each of the side rooms had yellow isolation notices in place but there was free movement of staff, patients and visitors in and out of the rooms. For example on Pamela Bryant Ward four patients were in side rooms because of either diarrhoea or an infection. They all had isolation stickers on the door to their rooms but staff told us they were no longer infectious. We queried with managers how staff and visitors would know when to adhere to the isolation notices and when to ignore them as it was not clear. We were told that once the patient had commenced their antibiotic therapy and was free from infection they could be mobilised and have visitors.
- We saw that hand washing sinks were readily available with sanitising hand gel available throughout the hospital. The majority of staff followed infection control principles and were seen to wash their hands and use hand gel appropriately. All staff were bare below the elbow. However we did observe occasions where they did not use anti-bacterial gel on their hands between patients or remind others to do so. For example we observed a nurse not using hand gel before placing an analgesic patch on a patient's skin; we noted that volunteers working on the wards were not reminded to be bare below the elbows and comply with the trust's hand hygiene policies.

- All the patients we spoke with told us the hospital was always clean and tidy. They told us they noticed the nurses were always washing their hands.

Mandatory training

- All staff including bank staff had access to on-line and face to face mandatory training. All training records were held electronically and were available for inspection. We spoke with bank staff on night duty. They told us they were included in the trust's mandatory training programme and gave examples of the recent training they had undertaken. They said that bank staff were responsible for undertaking and documenting their own training but the training was available. Ancillary staff told us that a lot of the training was on-line but they didn't get enough time to complete it. They told us they had had training on dementia from the dementia lead.
- All the staff we spoke with told us that accessing annual mandatory training was not a problem although finding time was always an issue. We spoke with staff who had recently been employed at the trust. They told us they had undertaken induction training appropriate to their role and said that they were frequently being sent reminders to complete their mandatory training.
- The hospital did not meet the Resuscitation Council (UK) guidelines which state that all healthcare organisations have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role. The minimum expectations are that all clinical staff can: recognise cardiorespiratory arrest; summon help; start cardio-pulmonary resuscitation; and attempt defibrillation if appropriate, within three minutes of collapse using an automated external defibrillator. As a minimum, non-clinical staff should be trained to: recognise cardiorespiratory arrest; summon help; start CPR using chest compressions. However the trust did require non-clinical staff to undertake level one resuscitation training.
- The trust stated that 94% of clinical staff had undertaken basic life support training at level two as part of the mandatory training programme. However we did not find staff confident in the action to take in an emergency. Most of the staff we spoke with told us that in the event of a patient or visitor collapsing they would dial 999 and await the emergency services. They appeared unsure of the action to take whilst awaiting the ambulance service apart from a member of bank staff who confidently described the actions they would take following a patient collapsing.
- Therapists we spoke with were unaware the hospital was not currently using automatic emergency defibrillating equipment (AED) or the protocol to follow in the event of a cardiac arrest. We were told that an AED had recently been purchased but was waiting in the matron's office for staff training to be provided before making it available. At the end of the inspection we were told that training dates had been arranged. The matron told us that this type of incident was rare due to the nature of the patients admitted.

Assessing and responding to patient risk

- The hospital used the national early warning scoring system (NEWS) to identify patients whose condition was deteriorating. We reviewed a sample of observation charts and saw that although the observations were routinely completed there were significant gaps on the scoring for most of the charts we reviewed.
- Staff told us that when patients were stable the NEWS score was only completed weekly. Otherwise the NEWS chart was used as a simple observation tool for routine observations. We also noted that the escalation actions prescribed by the NEWS were not always followed. For example where patients had scored three or four there was no indication that additional observations had taken place or the doctor had been notified as per the instructions on the NEWS chart.
- However where other observations indicated that where a patient was at risk appropriate action was taken. For example a patient with a low blood sugar was given additional food and fluid and close monitoring of their blood sugar was undertaken until it was within normal limits.
- We saw that a copy of the falls care pathway was available on a noticeboard on the wards. This gave staff clear guidance on the actions to take should a patient fall and included a possible referral to the trust's falls team. However we had concerns that some of the night staff were less familiar with the action to take as they were not familiar with the falls pathway.
- We asked patients if they felt safe and all reported that they did. One patient told us "The staff are in and out so often I'm never without assistance". However the occupational therapy report dated January 2016 reports

that 'Sometimes it is considered that a more able patient will raise the alarm if an 'at risk' patient behaves in a dangerous manner'. This indicates that patients are being used to monitor the behaviour of other patients and are being used in the absence of sufficient staffing. In the report several patients mentioned being upset by the behaviour of confused and aggressive patients.

Staffing levels and caseload

- At the time of our inspection Teddington Memorial Hospital inpatient wards had a recorded staff vacancy rate of 33%. This was included on both the local and trust risk register.
- In January a Nursing Establishment Review presented this information to the board. It was noted that severe staff shortages impacted on the patients' length of stay, the health and wellbeing of permanent staff, together with a financial risk to the trust.
- The trust was actively seeking new ways to attract staff for example an "Open day" was held in January 2016 which was successful in attracting a large volume of health care assistants. Recruitment remained a significant challenge for the trust and although the hospital was successfully filling the vacancies with a mixture of agency and bank staff the long term impact was a concern.
- Staff told us of frustrations with the recruitment process where it took too long to get staff in post and gave examples where new staff had been interviewed and offered a job in December but were still not in post.
- The trust reported that between 1st August 2015 and 16th October 2015 there were 9.5 qualified nurse vacancies and 7 health care assistant vacancies at Teddington Memorial Hospital. Although there remained substantial vacancies within the hospital most shifts were covered by a mix of permanent, bank and agency staff. The trust reported that in the last three months 965 shifts had been filled by agency or bank staff. The fill rate for registered nurses (day) in February 2016 was 102.2% and for nights 98.3%.
- There were notice boards on the wards which gave the planned and actual staffing for the wards.
- The majority of the agency and bank staff were familiar with the hospital and it was reported, enjoyed working on the unit. This meant that there were few shifts that did not have the full complement of staff. There was one shift reported not covered in the past three months.
- Managers produced a six monthly report to the board detailing the inpatient wards staffing establishment. The July 2015 report stated that the staffing establishment had been increased in November 2013. The July 2015 report recommended that additional leadership be provided for the wards by providing a service manager and an advance nurse practitioner (ANP). At the time of the inspection there was not an ANP in post.
- The nursing establishment was based on the admission criteria for the ward which stated that those patients with a primary physical diagnosis for rehabilitation who may have concomitant mental health issues (including dementia) that would not interfere with the rehabilitation significantly were eligible for admission.
- There was an agreement with Richmond Clinical Commissioning Group (CCG) to fund one to one care for patients who had been identified as requiring this level of support to manage their needs safely. We noted there were 16 patients who either had a diagnosis of dementia, were confused or who were waiting for a dementia diagnosis assessment. Two patients were funded for additional support. This support was provided by agency staff.
- Pamela Bryant Ward with 29 patients had a usual day time establishment of four qualified nurses and four healthcare assistants. This meant there was a nursing ratio of 1:7 (one registered nurse for every seven patients). The ward was working with 50% agency staff and we were told this was not unusual. Ward sisters on duty were counted as trained nurses when calculating the ward staffing.
- On the morning of the inspection one qualified agency nurse did not attend for their shift so they were understaffed. This was not noticed until part way through the shift when it was too late to get a replacement. Staff told us there was a problem with agency nurses cancelling at the last minute.
- The understaffing on Pamela Bryant Ward meant that patients were still in their night clothes not having been washed at 11.30 in the morning. However the therapy staff told us this was not unusual and impacted on them being able to undertake meaningful rehabilitation.
- On Grace Anderson Ward with 21 patients, there was a usual daytime establishment of three qualified nurses and four healthcare assistants (HCA). On the day of our inspection all three qualified staff were permanent staff members, two of the HCAs were agency and there was an additional agency staff member providing one to one

special care for a designated patient. During the afternoon shift there were no agency staff apart from the nurse providing one to one support for a vulnerable confused patient.

- When we visited the hospital at night many of the night staff were bank or agency staff. For example on Grace Anderson Ward the two qualified staff were bank staff supported by a permanent HCA and an agency nurse. Pamela Bryant Ward had three qualified staff and two HCAs. We noted that the bank staff were familiar with the ward and the patients having recently retired from the inpatient unit. The majority of night staff also undertook day shifts although there were some staff who only worked night shifts on both wards.
- On Pamela Bryant Ward the registered nurse at night told us they were responsible for 11 patients, which they said was "tedious" and "challenging" although they were supported by a health care assistant. We noted that two patients constantly were calling out and shouting for assistance during our night inspection. We were told that funding for one to one support for these patients at night was not available.
- Staff told us that the qualified staff were responsible for covering the shifts and telephoning the various agencies and bank staff. They told us that this took up a lot of time and affected patient care as this meant they were not at the bedside but on the phone to agencies and bank staff trying to arrange cover. We observed this happening when a harassed member of qualified staff was loudly canvassing staff on the ward and interrupting their patient care in an effort to persuade someone to cover a shift.
- There was an escalation policy in place if a shift could not be filled. The hospital used a dependency score to ascertain if the ward was safely staffed. If the score indicated a 'red' rating this was escalated to the director on duty. However in practice staff told us this rarely happened as they were too busy coping. Ancillary staff told us that all the staff were under a lot of pressure as so many patients now had memory problems. They told us "It was so much easier when they [the patients] were more independent – everyone is under so much more stress with so much extra work"
- Several patients told us that the wards were sometimes short of staff. They told us that although staff were usually prompt it sometimes took as long as half an hour for bells to be answered. They told us that staff were rushed and had a lot to do. Patients and their relatives told us that they generally felt safe on the ward, but there were too many agency staff, a lack of continuity and too many confusing uniforms.
- The trust had conducted a call bell audit in January 2016 which found that the longest "wait" was 5.25 minutes. In the three hours of the audit there were only 10 calls for assistance. It was noted however that there was a high nursing "presence" in the clinical area during the time of the audit.
- A further patient experience survey had been undertaken in January 2015 by the occupational therapists. 14 of the 26 patients who responded reported negative observations about the night staff saying that they were too busy and had too much to do.
- At Teddington Memorial Hospital medical cover was provided by a service level agreement with a local GP consortium. Two doctors provided five hours of medical cover during the week and three hours at weekends and bank holidays. The night staff told us that the GPs provided a "Very good service" and nearly always checked in at the hospital before 21.00 to check that there were no problems.
- Out of hours medical cover was provided by the GP out of hours service who operated from the same building.
- At the time of our inspection the inpatient therapy team had consistently good staffing levels and skill mix consisted of two full time physiotherapists, two occupational therapists and three therapy assistants. The local risk register stated that due to secondments and sick leave there was a shortage of therapists.

Managing anticipated risks

- Teddington Memorial Hospital maintained its own local risk register which was part of the overarching Trust risk register. We reviewed both risk registers and noted they were current and complete.
- The hospital manager and matron were able to clearly articulate the risks for their area of responsibility. The staff we spoke with also knew the risks relevant to their area of work and told us the actions that were taking place to address them.
- We noted that the hospital provided security guards throughout the day and night who manned the front entrance and undertook rounds throughout the day and night to check on the security of patients and staff. Staff told us "They look after us".

Inadequate

Are services safe?

Major incident awareness and training

- The trust had a major incident and business continuity policy and procedure available for staff to access on the intranet.
- We spoke with senior staff who were able to describe the policy and the actions that would be taken. They gave examples of recent local flooding when the policy was reviewed and although evacuation was not needed staff were aware of the actions to take. They told us that mock evacuations had taken place.
- In the event of a major incident staff told us that they would work with the rapid response team to discharge as many patients as safety possible in order to free beds to support the local acute trusts.

Requires improvement

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.

Summary

We judged effective as requiring improvement.

- 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.
- Patients nutritional and hydration needed were assessed and managed according to their needs. However it was difficult for patients to make informed choices from the menu due to the system of reading the menu aloud to each patient. The menu choices did not always meet patients' cultural preferences.
- 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. Whilst a local induction pack was in place, agency staff did not always receive induction to the ward. There was no assurance process in place for the doctors who delivered care on behalf of the trust but the trust was not the designated body. The gap was for doctors engaged through subcontractor organisations. However, at the time of the CQC visit we did have systems in place that filled the gaps identified last year. Audit for pre-employment checks is in place and there is a mechanism for escalating concerns."
- Although there were appropriate policies and procedures in place and staff received training on the mental capacity act and deprivation of liberty standards 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.
- 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.

Evidence based care and treatment

- Staff were able to access national and local guidelines through the trust's intranet, which was readily available to all staff. Staff demonstrated the ease of accessing the system to look for the current trust policies and guidelines.
- The trust's policies, procedures and protocols were based on best practice guidelines and recommendations from national bodies such as the National Institute of Health and Care Excellence (NICE), Royal College of Nursing (RCN), the Chartered Society of Physiotherapy and the College of Occupational Therapists.
- We saw from care records reviewed, a review of the protocols and in our discussions with staff that they were following NICE guidance on falls prevention and pressure area care.
- Following the publication of the Francis report in 2014 it was recommended that every hospital patient should have the name of the consultant and nurse responsible for their care above their bed. We were told that a named nurse and key worker were identified for all patients. This was a new initiative in February 2015 and guidance had been developed with leads identified on the wards. However none of the patients we spoke with knew their named nurse. One patient who had been in the hospital for over three months told "I couldn't tell you [the names of the nurses] they changed so often". The second day of our inspection we saw a notice above the patient's bed stating who the patient's nurse was. The patient told us "That notice was only put up yesterday".

Requires improvement

Are services effective?

Pain relief

- We looked at a sample of medicines administration records which confirmed patients received pain relief as prescribed on both a regular and as prescribed basis. We did not see any evidence of non-pharmacological approaches to pain relief. We did not see any evidence that pain levels were evaluated following pain relief being administered.
- As part of the comfort round systems, patients were routinely checked to ensure they were comfortable and their pain was adequately managed.
- However we witnessed a patient in pain being ignored by a nurse. The patient repeatedly told the nurse that they were in pain and asking what could they do – there was no response from the nurse who continued to get the patient washed and dressed.

Nutrition and hydration

- There were nutrition and hydration assessments in place for every patient which were usually completed appropriately on admission and updated as needed.
- We saw evidence that where patients were identified as being at risk of malnutrition appropriate action was taken for example referrals to the speech and language (SALT) therapist and dietician with food supplements provided. Dieticians and SALT visited the hospital regularly and were also available to give telephone advice.
- The patient experience survey undertaken in January 2015 by the occupational therapists reported that food was generally "good to excellent". However eleven of the 26 patients reported the food from "bland to appalling"
- We observed that food and fluids were usually placed within patients' reach. The patients we spoke with told us there was "Plenty to eat and drink" on the wards. Although several complained that there was a lack of cultural foods available.
- During the inspection we saw several meals being served throughout the day. The food was displayed attractively and looked and smelt appetizing. Patients all told us the food in general was "very good". One patient told us "It's [the food] is brilliant – the best I have ever had in a hospital". They all told us that they had access to drinks such as tea, coffee and squash when they needed it. They particularly praised the afternoon tea with a slice of cake.
- There was no printed menu available for patients to make a choice from instead a member of staff read the menu aloud to each patient. Patients told us this made making a choice very difficult as the staff member spoke very fast with a foreign accent which was very difficult to understand. We observed this in practice and we could not make out what choices were on offer.
- The hospital participated in the Patient Led Assessments of the Care Environment (PLACE). This involved a group of staff, patients and the public who visited the hospital and assessed food, the environment, privacy and dignity, cleanliness and general building maintenance. The hospital scored better than the national average in all aspects. The results also demonstrated an improvement on the previous year's assessment.

Technology and telemedicine

- The trust had introduced electronic record keeping within the hospital setting five months ago. This was the same system that was used in several of the local GP practices which was a help with communication. We saw how paper based records were scanned so they were available electronically. Staff were happy to demonstrate how the new electronic system worked although there were frustrations with how long it took to log on and gain access.
- The electronic system was new and not fully embedded into practice. Therapy staff told us they felt that it had made communication more difficult as staff were now attached to their computers rather than having face to face discussions. There were also issues when transferring patients between healthcare environments which did not use the same electronic system when the electronic notes would need to be printed off.

Patient outcomes

- The trust participated in all of the national clinical audits they were for. This included the National Chronic Obstructive Pulmonary Disease (COPD) Audit and the Dementia Care Audit Feasibility study for Community hospitals.
- Between April 2014 and March 2015 the trust participated in 46 local clinical audits. Examples of trust wide audits which included the hospital inpatient wards were the controlled drug audits, hand hygiene compliance, Understanding the needs of people with disabilities and the clinical supervision audit. We saw

examples available where these had led to improvements in patient care such as records audits and the antibiotics prescribing audits. We noted that there was only one clinical audit was specific to the care offered at Teddington Memorial Hospital and this was compliance with the Falls Safe Care bundle on patient admission. However the hospital undertook other local audits to monitor the quality of care.

- The therapists showed us how they used patient outcome measures to demonstrate improvements in patients' function.
- The trust was commissioned by the local Clinical Commissioning Groups (CCGs) to deliver Commissioning for Quality and Innovation (CQUINs) targets in line with national guidance and local priorities. This is a payments framework which aims to encourage continuous improvement in how care is delivered. If a trust does not meet the targets set out in this they risk a financial penalty. In the past year the trust met all of its targets apart from the shared patient record target as the system was not clinically ready by the March 2015 date.
- The trust used key performance indicators (KPIs) to monitor their performance against CCG targets. Teddington Memorial Hospital had one target to ensure the length of stay remained under 42 nights. This was achieved throughout the 2014/2015.

Competent staff

- The trust had systems and processes in place to ensure that all staff had thorough employment checks before starting work. This included verifying their qualifications and employment status and their fitness to work with vulnerable patients.
- New staff received a trust induction and local induction, which included information and emergency procedures. The healthcare induction lasted for three months and they were assigned a mentor to support them.
- There was also an agency nurse induction checklist available. We noted that this had not been completed for the agency night staff working on Pamela Bryant Ward during our inspection. The nurse in charge told us it would be completed "later on". However none of the agency induction checklists had been completed during the week before the inspection.
- All staff had completed dementia training (level one) and some staff had started the level two training. We were told that more patients were now being admitted with dementia as community mental health beds had been withdrawn. Dementia care was an identified priority for the trust.
- In addition to the annual mandatory training there were additional training and development opportunities available. Staff training was recorded electronically and was RAG (red, amber, green) rated to alert staff when training was completed or due. This provided managers with an easily to access overview of their staff's current training needs. Bank staff were included in the trust's mandatory training and had full access to the on-line training resources.
- Staff told us that the trust were usually supportive of funding for staff requesting attendance at external courses. We found there were systems to ensure that qualified staff maintained their registration with the Nursing and Midwifery Council, or the Health Professions Council. The trust told us that providing education and training opportunities, secondments together with talent management and skills development were part of the incentives used to attract new staff.
- All ward staff had participated in their annual appraisals in the past year. 74.25% of staff had completed their appraisals for the current year. There were also opportunities for one to one meetings and supervision. Clinical supervision for nursing staff varied with some staff reporting regular supervision. However other told us they didn't have time for supervision although the ward meetings and 'Flash' meetings included learning and support opportunities.
- The therapists told us they were able to access relevant courses and training as appropriate. The therapy managers told us that all therapy staff received monthly supervision however one member of staff told us they had not received supervision for over six weeks.
- There were several policies available to support medical appraisal and revalidation however it was identified that theses required updating. The trust had governance processes in place for the nine doctors for whom the trust was a designated body for revalidation purposes. However in September 2015 the trust identified that there was no assurance process for the 78 doctors who delivered care on behalf of the trust but the trust was not the designated body. The report to the board noted that it was not possible to give any assurance as to the

quantity or quality of their appraisal outputs. Checks were limited to pre-employment recruitment checks and monitoring concerns. An action plan had been developed for further discussion and board approval.
- Wards had identified link nurses for infection prevention and control and therapists led the teams in specialties such as falls, dementia and nutrition.

Multi-disciplinary working and coordinated care pathways

- Weekly multi-disciplinary meetings took place however these only related to rehabilitation patients and not those funded for continuing care.
- We attended the multidisciplinary team (MDT) ward meetings for both wards. We noted that the meetings were attended by both nursing and therapy staff without medical input. Staff told us that one of the GPs sometimes attended and that a consultant geriatrician used to attend but this was no longer the case. They told us that when one of the GPs attended the MDT meetings it was an advantage as this could speed up discharges and referrals. For example one of the patients discussed had been waiting three weeks for a capacity assessment and diagnosis.
- The therapy staff 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.
- Patients had access to X ray facilities within the hospital. Other diagnostic tests such as blood analysis and radiology took place in the local acute trusts. Staff did not report any problems with accessing diagnostic support.
- 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.

Referral, transfer, discharge and transition

- We were told that only patients who had a Richmond GP were eligible for admission to Teddington Memorial Hospital. The hospital originally undertook more patients who required a short period of rehabilitation before being discharged home. However in order to free up acute beds the local hospitals were now asking the Teddington Memorial Hospital to take patients who were not for rehabilitation but were waiting for care home placements, funding or who needed continuing care. The hospital was currently funded by Richmond CCG to provide seven continuing care beds, any of which could be used for end of life care. Patients living with dementia were re admitted to both rehabilitation beds and continuing care beds depending on their needs however the unit had accepted a number of patients who did not meet the service criteria, including sub-acute patients in order to facilitate an acute discharge.
- The ward sisters were currently responsible for triaging and arranging admissions. We were told that within the next two weeks the system was due to change to a single point of access managed by the Richmond response and rehabilitation in reach team. It was planned for the ward sister and the in reach worker to meet and agree if the admission is suitable for the hospital to accept.
- Senior staff told us that the admission criteria included; no mental health needs as a primary diagnosis and although the staff did look after patients with complex co-morbidities, the primary reason for admission should be rehabilitation, continuing care, sub-acute, palliative and end of life care. Patients suspected of having dementia or diagnosed as such were included in this admission criteria. During our inspection we noted that over 15 of the patients were either had a diagnosis of dementia or were awaiting assessment for dementia. Four of the patients were exhibiting challenging behaviour and two had additional one to one support.
- Staff told us that estimated dates of discharged were agreed on admission during the weekly multidisciplinary team meetings. They told us that realistic discharge dates were agreed following assessment by the therapy teams. However we were told that there was a shortage of local care homes which offered dementia care. This was leading to delay in discharging those patients living with dementia.

Access to information

- Staff were able to access blood results, diagnostic scans and letters electronically if required. Staff did not report any issues with obtaining the right information in a timely fashion.

Requires improvement

Are services effective?

- Discharge summaries were produced electronically and sent to the patients' GP. The summaries included all the key information about the patients care and treatment and therapy needs to allow this to continue in the community setting.
- The trust scored 66% (green rated) on its annual submission against the NHS Information Governance Assurance Framework. All information governance and information technology policies and
- procedures were reviewed and an audit took place of the trust's corporate and clinical records. A further audit was due to take place in 2015/16 which was to include all information flows in and out of the trust.
- The trust also submitted information about the percentage of records for patients admitted to the inpatient wards at Teddington Memorial Hospital for inclusion in the Hospital Episode Statistics. 100% of patient records included the patient's NHS number and 98% included their General Medical Practice, which was a positive result.
- On each ward we saw information boards which provided staff, visitors and patients with information on the planned and actual staffing for the ward on a daily basis; together with information on the number of harm free days, results from the friends and family survey and hand hygiene results. For example on the day of our inspection the welcome board on Grace Anderson Ward indicated there were 21 patients with one qualified nurse for each seven patient. There was one ward sister and two staff nurses with three health care assistants. The Friends and Family test indicated a 94.1% positive response with 100% of patients reporting they were treated with respect and dignity.
- There was some patient information available on the ward about preventing infection and living with dementia together with complaints and advocacy leaflets. We were told there was an admission booklet given to each patient on arrival however we did not see this.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- The trust had policies and procedures relating to obtaining valid consent, the metal capacity act and deprivation of liberty safeguards.
- Staff received training on these issues as part the mandatory training programme.
- Staff we spoke with demonstrated a sound and confident knowledge of the principles of consent when applied to patients undergoing procedures.
- Patients 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.
- Staff told us that patients capacity to consent was assessed during initial screening and then by the team. If a patient was assessed as lacking capacity to consent this was discussed with their allocated social worker and if necessary a referral made to a geriatrician.
- Although staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) there was not a system in place to ensure that any applications were followed through robustly. For example we were told that four inpatients had DoLS in place. We tracked one application and noted that although the initial application had been followed in line with statutory requirements and the trust policy; the DoLS order had expired several weeks previously. There were no records on file as to the patient's current situation. During the inspection a further DoLS application was made for this patient and an incident report raised. However this meant that for several weeks the patient had been detained in the hospital without legal authorisation. The trust informed us that there were significant delays in the local authority's response to DoLS requests.
- 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

Requires improvement

Are services effective?

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.

- We reviewed these patient's DNAR records and found that the completion of the records did not always meet best practice guidance. We noted that the DNAR forms did not always travel with the patient across care settings for example when they were admitted from the acute hospital contrary to best practice guidelines. The staff we spoke with told us they were unaware of any policy regarding this although they said "The ambulance staff always ask for [DNAR Forms] it." We did not see any detailed dialogue between the patient and family members recorded.

Inadequate

Are services caring?

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

Summary

We judged caring as inadequate.

- Whilst the service received positive feedback via the friends and family survey, through compliment cards and via external sources including NHS Choices, during our inspection we found several instances where the care and treatment patients received did not meet the level of care expected.
- We 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.
- Few of the patients 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.
- There were arrangements in place to support patients emotionally during their hospital stay through the use of specialist nurses and the chaplaincy service. Although we were told that emotional support was provided by the ward clinical staff in the first instance, in reality the staff had little time to support patients emotionally due to the challenging case mix.
- However the inpatient wards at Teddington Memorial Hospital scored high in the friends and family test (FFT) and received much praise from patients and visitors. During our inspection we also observed many examples of staff being thoughtful and treating patients with kindness.

Compassionate care

- In a recent survey conducted by the occupational therapy team, 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 might 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".
- Patients particularly mentioned the noise at night saying the night nurses were very noisy with "Too much chat". Two of the relatives queried the timing of the night time medications asking "Why wake sleeping patients to give them their medications?" One patient who was visually impaired said that a nurse shouted at her "Can't you see" despite her visual impairment being written on her white board.
- 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.
- We observed that staff usually knocked before entering rooms and pulled curtains around beds before attending to patients. However the curtains were usually pulled without giving patients any explanation and staff did not always ask for consent before undertaking daily living tasks such as washing and dressing. For example we observed a patient being washed and dressed who told the nurse they did not want to be washed. The nurse ignored this request and continued to wash the patient. The patient was telling the nurse that they were getting them wet saying "You're dripping it all over me – stop it". There was no response from the nurse who attempted to put the patient's slippers on. The patient then said "My feet are wet you haven't dried them". The nurse continued to ignore the patient.
- During our inspection we observed that the health care assistants were not always supportive of the patients and trained staff. For example we saw a healthcare assistant sat in an office booking training while patients were ringing for assistance. They did not leave the computer and answer the call bells until asked to do so by the ward sister.
- We noted that many of the patients living with dementia exhibited challenging behaviour which was distressing

for the rehabilitation patients. The nursing and therapy staff often had to factor in additional time to spend with these patients in order to calm and reassure them. Patients told us "They find it tough at times dealing with the dementia patients and not getting angry".

- We noted there was a 'How are we doing' box for patient's to feedback – however this was placed high on the wall and not easy to access.
- 18 of the 26 rehabilitation patients who took part in the January 2016 inpatient survey conducted by the occupational therapists raised concerns sharing wards with confused patients living with dementia and those who were terminally ill. They told the therapists that it was distressing and caused a lot of noise and disruption in the ward. They said that the levels of care and the attention required by the very sick and confused patients meant that they took up all the staff time. Patients gave many examples where they had been upset by the other patients including "I was the only one in the bay not 'demented', there was shouting and screaming all night"; "there was a very aggressive patient in my bay, it was upsetting for me"; "some of the patients were very rude and I felt sorry for the staff having to cope with them" and "I was often woken at night by a patient who wandered around". Another patient mentioned that a patient died in the bed next to them saying "The patient opposite me was very ill, [the patient] collapsed one night and the staff did CPR for 20 minutes then [the patient] died – it was awful to see and hear" another patient said "A patient came over from the ITU (Intensive Care Unit) and then the rest of us got much less attention".
- 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 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. The percentages were 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.
- We reviewed the past years feedback comments on NHS Choices and other websites. The feedback was overwhelmingly positive with patients praising the whole team together with individual staff members.
- The occupational therapists had also conducted a patient experience survey for inpatients in January 2016. 26 patients and 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.
- We noted that thank you cards were displayed on the wards each giving very positive feedback. For example on 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 observed that on all of the wards we visited staff completed 'Intentional Comfort Rounding', when at regular intervals, nursing and health care assistants checked that patients were comfortable. This information was usually documented and included whether patients were in pain, needed support to go to the toilet, or were hungry or thirsty.
- During the inspection we spoke with 12 patients and their relatives and asked them about their care and treatment. Overall, the most positive responses were related to dignity and respect. One relative told us that what distinguished the hospital was the general ambience and the two GPs who visited daily. They told us they were very approachable and helpful. The patients were spoke with during the inspection told us the staff were "Lovely". One patient told us how the staff rub her back and talked to her. Most of the negative responses were linked to staff attitude, delays in treatment and misdiagnosis.
- 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.

Understanding and involvement of patients and those close to them

- The majority of patients we spoke with 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.
- Several of the patients we spoke with had been in the hospital for over twelve weeks. Only one of the patients knew when their planned discharge date was. They told us "When I'm better" or "when I can walk again".
- There was limited printed information available to support patients in understanding their condition and their care and treatment options. 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".
- The trust's website had some limited information such as contact telephone numbers and visiting hours for the inpatient wards however there was no information about the rehabilitation services offered. Other areas of the website gave information with links to other websites where additional information could be obtained.

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. Two of the confused patients were allocated one to one support.
- 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.
- Emotional support was provided by clinical staff in the first instance. There were teams of specialist nurses and therapists available to support patients, their relatives and staff. For example the community based dementia team, the speech and language therapists and dieticians all attended the hospital when requested.
- A hospital chaplaincy service was available in the hospital with a designated multi-faith room that was furnished to provide a spiritual space that met the needs of the major faiths from around the world. Patients told us that the vicar had visited the ward the day before the inspection.

Requires improvement

Are services responsive to people's needs?

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

Summary

We judged responsive as requiring improvement.

- We found that although the majority of beds were designated as being for patients requiring rehabilitation, an increasing number of patients living with dementia 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.
- The hospital routines were not always arranged to support patients care and treatment but were organised around staffing priorities. For example medicine rounds after patients have gone to sleep and patients not getting washed until dinner time and not dressed in day clothes.
- There were specialist nurses and therapy teams to support patients with particular needs. There were arrangements in place to support people with physical disabilities such as ramps, hand rails and disabled toilet and bathing facilities. We noted that there was specialist equipment available to support patients such as bariatric commodes and chairs.
- The number of delayed discharges over the last six months and readmissions within the last 90 days was low. Discharges usually took place in a timely manner. Patients had access and home visits with further rehabilitation available if required.
- The hospital reported that there was a low level of complaints from Teddington Memorial Hospital with two complaints and three enquiries from the patient advice and liaison service (PALS) since April 2015. Informal complaints were usually dealt with quickly and appropriately however patients were reluctant to raise formal complaints.

Planning and delivering services which meet people's needs

- Teddington Memorial Hospital had two wards with 50 inpatient beds. Pamela Bryant Ward had 29 beds and Grace Anderson Ward had 21 beds.
- Only patients with a GP in the borough of Richmond could access the inpatient services at the hospital. The hospital was actively supported by the local community who valued the services offered there.
- There was no difference between the two wards in respect of the type of patient admitted. Patients were admitted to whichever of the two wards had a spare bed. There were a number of side rooms which were used for isolating patient who may have an infection or who required isolation.
- The majority of beds were designated as rehabilitation beds with seven beds designated as for continuing care and one social services bed. Patients admitted for rehabilitation were cohorted with those who were for continuing care and end of life care. There were many patients who were distressed and confused with two who were aggressive and disruptive. During our inspection problems associated with this was raised by patients, relatives and staff. We also observed the stress and challenges that nursing and therapy staff were dealing with by having patients with very different needs sharing the same ward space.
- At the time of our inspection all admissions came through the ward sister who assessed their suitability. We were told this was due to change in the next two weeks to a centralised admissions referral unit where a member of the intermediate care team would assess patients to make sure of their suitability to be admitted to the hospital. Staff told us they were pleased as this would free ward staff to attend to more clinical issues and concentrate on patient care.
- Staff told us the ward was always full to capacity with complex cases. They told us that with no discharge nurse in post and having only one multidisciplinary meeting each week this led to complex discharges taking a long time to organise.

Requires improvement

Are services responsive to people's needs?

- In the 2016 NHS staff survey staff commented that "There are long-standing problems with enabling joint up working with the hospital and social services for patients discharged from the local mental health unit as well as in the community" but "The trust works hard to support safe hospital discharge – this includes from local acute hospitals into community services, and from our own inpatient unit. The trust is working with the acute trust to address deficits in their discharge processes."
- The therapy team told us about the activities such as reminiscence exercises and quizzes that were undertaken to support patients living with dementia. There were specialist nurses and therapy teams to support patients with particular needs. We saw from the medical notes and care plans that the speech and language therapists attended a patient with difficulty in eating.
- The patients and their relatives also raised concerns about the hospital routines in the patient experience survey.This included being woken at 6.30am each morning but not given a cup of tea until after breakfast at 9am and that following the evening meal at 5pm there was nothing to eat until breakfast the following day. Two relatives queried that patients were being woken up by the night staff to take their sleeping medication. Four patients commented that it was disappointing there was no hairdresser on site. Most patients said that visiting times were 'generous' and more than adequate.

Equality and diversity

- In 2015/2016 the trust implemented the NHS Equality Delivery System (EDS) framework to support improvements in patient access, experience and outcomes and to improve workforce practices. In April 2015 an assessment of the trust's performance against the EDS framework took place. Progress against the actions identified will be monitored in the 2016/2017 EDS assessment.
- Staff received training in equality and diversity as part of the mandatory training programme.
- There were arrangements to communication needs of people for whom English was not their first language, or used British Sign Language. Staff we spoke with were aware of how to arrange these.
- We noted that throughout the hospital arrangements had been put in place to support people with physical disabilities such as ramps, hand rails and disabled toilet and bathing facilities. We noted that there was specialist equipment available to support patients with specialist needs such as bariatric commodes and chairs. The therapy team told us that specialist bariatric beds could be hired in if required.
- We were told that special diets for patients with different cultural needs and preferences were available however in practice the patients we spoke with were not aware of this. Two patients we spoke with told us that there was a lack of cultural food. One patient in the patient survey undertaken in January 2016 told the occupational therapists that their family brought in the strong flavoured food he preferred. Another relative said their father liked to shower daily as a cultural preference but this was not taken into account.

Meeting the needs of people in vulnerable circumstances

- Bed occupancy was around 88%, slightly above the nationally recognised rate of 85% which allows for maximum efficiency. There were no facilities to open extra capacity in periods of peak demand. Patients stayed in the hospital for varying lengths of time. Several patients had been in the hospital for over eight weeks and one patient had been in for over 30 weeks.
- 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 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.
- From the patient experience survey undertaken by the occupational therapists in January 2016 we determined that this was not unusual. The report included

comments that "the night nurses were very noisy" with "too much chat" at night. Noise from other patients and the bed and sensor alarms were issues that caused disturbance and distress to some of the patients. One patient told the occupational therapists "There's a buzzer going off somewhere all day and night so you don't sleep then you're tired the next day". Patients we spoke with during the inspection also raised concerns about not being able to sleep at night due to the noise from the staff and confused patients living with dementia.

- Therapy staff told us that the service was responding to the influx of the vulnerable patients living with dementia by redecorating the wards, providing additional staff training and dementia specific equipment and by providing a staff booklet.
- They told us that the trust's dementia team was providing support to the hospital based ward teams. The improvement project lead told us that care plans had also been reviewed to ensure patients were being assessed appropriately and were receiving the right care.

Access to the right care at the right time

- The hospital had a holistic approach to patient care, where the patients' needs and requirements were assessed to try and support them in their own home if possible. Staff described complex discharge cases where patients would have been placed in residential care but this had been avoided through rehabilitation and working with partner agencies.
- The hospital recorded 13 delayed transfers of care and 17 re-admissions within 90 days and 1 emergency re-admission over the past year. This was a very low volume of delays when compared nationally We were told that where patients experienced delayed transfers of care this was usually because of funding issues or the availability of suitable care home vacancies. Both of these areas were outside of the direct control of the trust.
- Staff told us that there was usually no problem with accessing transport to and from the acute hospitals. The number of delayed discharges over the last six months and readmissions within the last 90 days was low. The hospital recorded 13 delayed transfers of care; 17 re-admissions within 90 days and 1 emergency re-admission
- The therapy team told us how they ensured that discharges were planned in a timely manner. Patients had access and home visits prior to discharge where indicated. If further rehabilitation was required they were referred to the Richmond Response and Re-ablement Team (RRRT).
- The patient information board enabled staff to track patients at a glance. There was no patient identifiable information on the board. However we noted that of the 21 patients only 12 had an estimated discharge date displayed on the board.

Learning from complaints and concerns

- The hospital had a complaints policy and procedure that was readily available to staff on the intranet. We spoke with senior staff 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 incident and investigated according to the trust's policy. Following the investigation and root cause analysis the report was shared with the staff at the Friday 'Flash' meeting on the wards. Any urgent information for sharing would be dealt with immediately such as changes in practice to prevent reoccurrence.
- The hospital reported that there was a low level of complaints from Teddington Memorial Hospital with two complaints and three enquiries from the patient advice and liaison service (PALS) since April 2015.
- 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. One patient told us they would be reluctant to raise concerns in the future as their son had raised a complaint which was addressed. However a staff member turned up saying "I hear you've been complaining". Other patients said they were reluctant to complain because the staff were so busy and "doing their best".
- Other patients told us how well the staff had responded to their informal complaints. One patient on Pamela Bryant Ward told us how a health care assistant had offered to help them with a complaint over a meal. They

Requires improvement

Are services responsive to people's needs?

didn't take it forward but was impressed by the nurse offering to help. A relative told us how they had had a problem with an agency nurse which they raised with the ward staff and it was dealt with immediately.

- The wards displayed the number of complaints and compliments they received each month. We noted that on Pamela Bryant Ward they reported no complaints and seven compliments during January 2016.
- We noted that the patient feedback box was mounted high on the wall and was not easy to access for patients with limited mobility or visual impairment.

Requires improvement

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.

Summary

We judged well-led as requiring improvement.

- 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, step down continuing care or end of life unit. The hospital was attempting to meet the diverse needs of all these very different client groups. This was proving a challenge to staff adequately, manage appropriately and to provide positive patient experiences for all those receiving care and treatment there.
- 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.
- For some time the matron had sole responsibility for the inpatient unit. Although she was now supported by an interim service manager there remained understaffing at management level.
- The trust had governance arrangements in place which included the community inpatient service. This included working closely with stakeholders such as the clinical commissioning groups. There were systems in place to monitor the quality of care and treatment undertaken at the hospital.
- 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.

Service vision and strategy

- We observed that the trust corporate mission statement. Vision and values were prominently displayed in the hospital and on the wards. We noted the trusts' mission statement was visible to all staff as a screen saver on every computer.
- In the 2015 NHS staff survey a staff member stated "the trust lacks a real vision and engagement with the staff. There is a lot of marketing and talks but there is no real intention and commitment to listen and make changes that clinician's have identified". We noted that the trust achieved a 58% response rate to this survey, which was the highest response rate of any community trust in the country and the highest response rate of all trusts in London.
- The trust's mission was to provide care and services that they and their families would want to use. Their vision was to enable people to live healthier and more independent lives through high quality seamless care.
- Although the majority of the staff we spoke with showed an awareness of the trust's core values in our discussion with them we did see practice where these values were not being met.
- We found that the individual vision and strategy for the inpatient service was less clear. We did not identify a clear strategy for the inpatient wards either as a rehabilitation unit, a specialist dementia unit, as step down continuing care or an end of life unit. The hospital was attempting to meet the diverse needs of all these very different client groups. This was proving a challenge to staff adequately, manage appropriately and to provide positive patient experiences for those receiving care and treatment there.
- We spoke with the divisional manager and senior managers at the hospital. They told us that the primary function of the hospital was rehabilitation although an increasing number of patients with challenging behaviour living with dementia were being admitted. They told us that the strength of the hospital was their successful rehabilitation programme and they were looking to enhance and improve the community services by providing neuro rehabilitation in the future. They recognised the challenges of managing the patients living with dementia with no psycho-geriatrician input.
- The trust quality accounts identified three priorities in 2015/2016 to improve patient safety particularly in relation to dementia care; To improve clinical effectiveness particularly in relation to pressure damage and to improve patient experience particularly in the

leadership of care. The report identified measurable strategies to achieve these priorities. During the inspection we saw evidence where these strategies were being implemented.

Governance, risk management and quality measurement

- The trust had governance arrangements in place which included the community inpatient service.
- The trust worked closely with the two clinical commissioning groups (CCGs) for North West and South West London. The CCG's Quality, Patient Safety and Equalities Committee (QPSE) met on a monthly basis to consider clinical quality and performance issues, patient experience, serious incident reporting and safeguarding. The meetings with the CQGs provided opportunities to discuss areas of concern and support strategies.
- The trust had a governance and risk management integrated governance committee (IGC), which monitored the activity of the trust throughout the year. The IGC was chaired by a non-executive director and the membership included the chairman of the trust board and representation from Healthwatch.
- The trust had systems in place to monitor the quality of care and treatment undertaken at the hospital. This included monitoring of incidents, complaints and risks. The trust reported annually on the quality of care provided in the annual quality account which was available to the public on its website.
- Risk registers were in place which identified risks at local and strategic level and rated them according to severity and impact. Risks were assessed and updated regularly and actions taken were recorded clearly, monitored and reviewed.
- We saw how risks at ward level were fed up to the board via the trust's quality and safety committee who reported direct to the IGC. This was particularly evident with staffing issues where the board performance scorecard reported the actual staff versus planned staffing on a shift by shift basis, with monthly reporting of staffing levels and formal report to the board every six months. In addition, the patient and public involvement committee monitored the trust's performance against the annual quality account.
- We saw minutes of ward meetings where issues such as risks, incidents, complaints and audits were discussed. There were clear actions described with previous actions were evaluated. Staff were able to access the minutes and they were also displayed on staff notice boards.

Leadership of this service

- The Trust has had consistent clinical leadership through the director of nursing, director of operations, the medical director and board over the past four years. However there have been four changes of chief executive during this time.
- In July 2015 the trust recognised that the community inpatient unit had been understaffed at management level for some time and put forward a proposal to strengthen the clinical and managerial leadership. At the time of the inspection these changes had not taken place however the matron was now being supported by a service manager with expertise in rehabilitation. Recruitment across the service was an ongoing concern.
- We saw the ward manager and matron for the service were proactive and looking for innovative ways to improve the service. The managers spoke highly of their teams and were keen to involve staff in new developments. From December 2015 a clinical quality improvement lead was appointed to improve staff skills and knowledge. Staff gave us examples where managers had acknowledged their efforts, both individually and as part of their teams.
- The staff on the wards told us that although they felt supported by their immediate managers, senior trust leadership was not particularly visible. They told us that although their immediate line managers were supportive they didn't always have the time. Managers told us they were well supported by their immediate line managers and had regular one to ones. They said the senior management team supported them and gave an example where an assistant director had visited the hospital recently to talk through key points of a report and gain feedback.

Culture within this service

- The trust's core staff values which were developed in partnership with staff and key stakeholders were Care: High quality, safe care with compassion; Respect: Dignity and respect to patients and colleagues; Communication: Listening and communicating clearly. These values statement summarised the key behaviours

the trust expected from all staff. Although the majority of staff demonstrated these values every day as described by most of the feedback we received from patients. There were instances both observed during the inspection and reported where these core values were not being met.

- Staff reported that they liked working for a small trust as they felt included in the decision making. They felt listened to and told us the hospital was a well valued resource. We were told that the hospital was a good place to work. Staff praised the supportive teams and told us that morale was usually good.
- On Pamela Bryant Ward we noted that there was a lack of cooperation between the qualified staff and the healthcare assistants. We undertook specific observations of care and noted that on several occasions the healthcare assistants refused to help the qualified staff, ignored call bells, went on breaks without attending to patients who they had promised to assist first.
- Staff told us "They [the senior management team] are very supportive of the good work on the ground and take time out to visit teams to ensure they understand the service being provided and the challenges faced. They are good at recognising good practise and giving good feedback. The organisation as a whole is very innovative, proactive and supportive."

Public engagement

- 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.
- Patient feedback was obtained following discharge by conducting interviews in the patients' own homes. Staff told us they obtained better quality feedback as the patients felt more relaxed and comfortable. The family and friends test was completed by volunteers to encourage open and honest feedback.
- The 2015/2015 quality account gave information on the 'You said – we did 'initiative and gave a sample of the actions taken following issues being raised by patients or their relatives.

Staff engagement

- The staff were supported through regular staff meetings The therapists showed us a sample of minutes from their six weekly staff meetings
- Staff told us it was difficult to put forward any idea to the senior management. They told us that a simple staff suggestion box might help.
- They told us that once staff were recruited they tended to stay for a long time. They told us this was a problem for those who wished to progress within the hospital setting.
- In 2015 the trust re-launched their 'Speaking Up' (Whistleblowing) policy. A 'Speak Up' guardian was recruited to report directly to the chief executive. The trust stated they were committed to dealing with all concerns raised openly, responsibly and professionally. The staff we spoke with told us they would have no problem in raising concerns if needed.

Innovation, improvement and sustainability

- Teddington Memorial Hospital was challenged by the lack of permanent staff and the mixed case load. However we found that staff and managers were working to find solutions to improve patient care.
- Some of the improvements included: working to reduce the number of falls that occurred. Over the past year the number of falls had reduced from 18 per 1000 to 6.2 per 1000. The actions included using electronic devices such as falls monitors and alarms to which reassuring voice messages could be added.
- Work had taken place to make the wards more dementia friendly. Each bay was painted a different colour, the flooring had been changed and the wards renamed. We noted there was a secure outside space appropriately designed which provided a safe space for patient living with dementia.
- The hospital had identified that there was not enough information being provided from the acute trusts when patients were admitted. Within the next two weeks two occupational therapists would be attending the long stay meetings at the acute trust and all referrals would be triaged by the rehabilitation and re-enablement team. The plan was for patients to be assessed prior to

admission to ensure they met the admission criteria. Staff told us this was currently being undertaken by staff on the ward so this will free up time and resources for the ward teams.

- Senior staff told us that the ward staff were experienced at looking after patients who had had strokes. The hospital was not currently part of the stroke pathway but following success in returning stroke patients to their own home the trust together with the Neuro-rehabilitation supported discharge team was looking at a business case to provide some neuro – rehabilitation beds.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Nursing care Treatment of disease, disorder or injury	Regulation 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)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Nursing care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and improve the quality and safety of the services provided because; 1. There was not a cohesive strategy for the inpatient unit, in order to provide patients with positive experiences. 2. There were delays in transferring the patients living with dementia to a more suitable setting due to their complex needs. Regulation 17 (2) (a)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Nursing care

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed which resulted in;

1. Patient care being sometimes compromised.

2. 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)