

London North West University Healthcare NHS Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Use of resources rating for this trust

Requires improvement 

Summary of findings

Combined quality and resource rating for this trust

Requires improvement 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

London North West University Healthcare NHS Trust is one of the largest integrated care trusts in the country, bringing together hospitals and community services across Brent, Ealing and Harrow.

London North West University Healthcare operates hospital services from three main hospital sites:

- Northwick Park Hospital
- Ealing Hospital
- Central Middlesex hospital.

The trust was established on 1 October 2014 from the merger of Northwick Park Hospital, Ealing Hospital NHS Trust and Central Middlesex Hospital. The trust employs more than 9,000 clinical and support staff and serves a diverse population of approximately one million people.

The trust also provides a range of community services in the London Boroughs of Brent, Ealing and Harrow. The trust provides inpatient/outpatient hospice services at Meadow House Hospice and community services at Willesden Community Rehabilitation Hospital.

In December 2017 the trust was officially named a university teaching hospital.

The trust was last inspected in 2018 and was rated requires improvement.

The trust has 1,260 beds including:

- 66 children's beds and neonatal care cots
- 68 maternity beds
- 33 critical care beds
- 1,037 acute adult beds
- 55 beds at Willesden Community Rehabilitation Hospital
- 15 hospice beds at Meadow House Hospice

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Requires improvement** 



Summary of findings

What this trust does

The trust runs services at Northwick Park Hospital, Ealing Hospital, Central Middlesex Hospital and St Mark's Hospital.

The trust provides, urgent and emergency care, medical care, surgery, critical care, maternity, gynaecology, children and young people services, end of life care and outpatient services. The trust also provides a range of community services including: diabetic eye screening, district nursing, falls services, family dental, musculoskeletal specialist and physiotherapy services and many more.

We inspected Northwick Park Hospital, Ealing Hospital, and Central Middlesex Hospital.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 2-4 July 2019, we inspected three core services at Northwick Park Hospital, one core service at Ealing Hospital and three core services at Central Middlesex Hospital.

We did not carry out any further unannounced visits within the 10-day unannounced period.

We inspected urgent and emergency care because we rated the service at Northwick Park and Ealing Hospital as requires improvement during our last inspection in 2018.

We inspected medical care at Central Middlesex Hospital to check if improvements had been made to the service since our last inspection in 2014.

We inspected surgery at Northwick Park Hospital to check if improvements had been made to the service as we had rated the location as requires improvement during our last inspection in 2018. We also inspected surgery at Central Middlesex Hospital to check if improvements had been made since our last inspection in 2014.

We inspected children and young people's services at Central Middlesex Hospital because we rated the service as requires improvement at the last inspection in 2014.

We inspected maternity at Northwick Park Hospital to see if improvements had been made since our last focused inspection in January 2019.

We did not inspect outpatients, gynaecology, diagnostic imaging and end of life at the three hospital sites because the information we reviewed about these services indicated no change in the safety and quality of these services.

We did not inspect community services because the information we reviewed about these services indicated no change in the safety and quality of these services.

Summary of findings

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated safe, effective, responsive and well led as requires improvement and caring as good.
- We rated well-led at the trust level as requires improvement.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The trust provided mandatory training in key skills however there was some confusion among midwifery staff as to the correct length of mandatory training and its content. Compliance rates for mandatory training and safeguarding training were below trust targets in the surgical services at Northwick Park Hospital and Central Middlesex Hospital. Not all clinical staff in children and young people services at Central Middlesex Hospital caring for children were trained to safeguarding level three however, plans were in place to ensure all staff received this training.
- In medical care at Central Middlesex Hospital, some staff did not always report incidents and, in particular, near misses.
- The trust did not always control infection risk well. Hand hygiene was not consistently being undertaken in maternity services. In children and young people services, the Rainbow Unit at Central Middlesex Hospital was found to be untidy and we could not be assured that children's toys were regularly cleaned.
- Due to capacity issues in the emergency department at Northwick Park Hospital, patients were still being cared for on trolleys in the corridor which meant private conversations could be overheard.
- At our last inspection we found that the clinical decisions unit (CDU) was being used inappropriately to treat level two patients. Whilst the service assured us that this was no longer the case we did find that the area was being used as overflow for patients requiring inpatient beds and patients within the CDU could be there for over four hours and sometimes up to three days. In children and young people services at Central Middlesex Hospital, staff we spoke with in Recovery Stage One told us that children were cared for in a mixed four bedded recovery bay with adults.
- Staff at Central Middlesex Hospital did not use a nationally recognised tool to identify deteriorating patients, such as Paediatric Early Warning Signs (PEWS) or a validated acuity score system to assess patients. We were told that not all medical staff had European Paediatric Life Support (EPLS) or Advanced Paediatric Life Support (APLS) training. There was no paediatrician available on-site at Central Middlesex Hospital. Staff had to refer to the consultant of the day or week, who was based at a different hospital in the trust. Some staff were not aware of this arrangement.
- Some medicine storage areas did not meet national guidance for security for controlled drugs in the Northwick Park surgical service.

However:

- Mandatory training compliance rates at Northwick Park and Ealing emergency departments had improved. Staff monitored patients who were at risk of deteriorating appropriately.

Summary of findings

- At Ealing Hospital emergency department, at our last inspection we found that the service was still treating children instead of stabilising and transferring. At this inspection, we found that the service had overhauled its approach to paediatric patients presenting at the emergency department (ED). The service now had posters up both outside the service and within the waiting room letting patients know that they did not treat acutely unwell paediatric patients. If an acutely unwell paediatric patient presented at the service, they would stabilise and transfer to a neighbouring ED.
- In maternity, the issue we found at the last inspection with the third lift (designated for theatres) being able to be accessed by members of the public had been addressed. The service had now ensured that direct access from the delivery suite to the theatres could now only be achieved with swipe card access.

Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- Training compliance rates for deprivation of liberty safeguards was poor among medical staff. Some staff had a variable understanding of the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS).
- We found that the emergency departments still performed poorly in most of the Royal College of Emergency Medicine (RCEM) audits.
- In children and young people services at Central Middlesex Hospital, staff did not monitor the effectiveness of care and treatment and the service did not participate in relevant national clinical audits. They therefore did not have a baseline upon which to generate improvements to the service.
- We found that some trust policies were out of date.
- There was no health promotion directed to children and young people in either the Rainbow Unit, pre-assessment area or in recovery areas.
- Managers did not always effectively appraise all staff's work performance in surgical services.

However:

- There was a positive multidisciplinary working culture within services.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Recording of pain scoring had improved.
- In children and young people services at Central Middlesex Hospital, theatre lists were prioritised and carefully ordered taking into account age, procedure and special needs. This information was shared with parents via the parents' information booklet.
- There was a positive multidisciplinary working culture within services.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Recording of pain scoring had improved.
- In children and young people services at Central Middlesex Hospital, theatre lists were prioritised and carefully ordered taking into account age, procedure and special needs. This information was shared with parents via the parents' information booklet.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Patients, families and carers were positive about the care across the service and we observed compassionate and courteous interactions between staff and patients.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and relatives we spoke with consistently told us about the kindness of the staff.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People did not always have prompt access to the service when they needed it. Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations relating to national standards
- The emergency departments' performance for Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival was poor. However, significant improvements had been made and performance was no longer consistently below the England average. The trust were continuously working with NHS Improvement to improve their performance. The trust had been above the England average for six months.
- There were limited facilities available for parents and relatives, such as a quiet area for parents waiting while their child was in surgery. There were no separate toilet facilities in the children's surgical unit for children, parents or carers who required the use of a wheelchair. There were also no baby changing facilities or areas where mothers could breastfeed with privacy.
- Signage at Central Middlesex Hospital to show members of the public where the paediatric surgical department was poor.
- In medical care, ward spaces were not dementia friendly and there was limited interaction or stimulation for patients with dementia or cognitive impairment.
- Flow out of the medical care service at Central Middlesex Hospital was poor. There was a significant population of medically fit patients who could not be discharged due to difficulties in arranging care and support in the community.

However:

- At the last inspection, we saw the surgical service at Northwick Park Hospital had received instruction from Health Education England that the surgical senior house officers (SHO) could not take referral calls from urgent care centres on weekends and that a surgical registrar must lead this. At this inspection we saw the senior team had put in place suitable strategies to meet the staffing requirement.
- The surgical service at Northwick Park Hospital took account of patients' individual needs. Each ward had adapted equipment for patients to use during mealtimes, including menus printed in Braille and in a choice of 11 languages.
- In the maternity department there were facilities for partners to stay and a new built bereavement room situated on the delivery suite but away from all the delivery rooms.

Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:

- There were systemic issues around culture within the maternity service. We were told that staff morale had deteriorated because of staffing pressures and that some staff were going off sick due to the culture of the organisation. Staff were not able to raise concerns without fear of reprisal.

Summary of findings

- There were concerns about the lack of visibility and lack of regular daily contact with the senior leadership team of the maternity department.
- Not all services had a clear vision for what they wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- We found a lack of clarity over where the overall responsibility and accountability of children and young people services lies within Central Middlesex Hospital. We also found a lack of clarity for how and where this service feeds into the trust.
- Governance in children and young people services at Central Middlesex Hospital was weak. The risk register for the recovery ward was out of date. There was a lack of up to date policies and associated audits demonstrating that the care being delivered was compliant national standards and best practice. We were not assured that the service was guided or supported via a paediatric surgical network.
- There was no clear evidence that areas from the last inspection for children and young people services had been addressed or necessary improvements made.
- In medical care, risks were mitigated and managed but there had been limited action to address risks directly.
- The senior leadership team for medical care at Central Middlesex Hospital recognised the sometimes poor relationship between its staff and local authority staff, but there had been no action to address this.

However:

- At Northwick Park Hospital emergency department, we found clinical governance arrangements were departmentally focused. There was a new a clinical governance team leading on urgent and emergency care services.
- At Ealing Hospital emergency department, it was reported at our last inspection that staff felt as though there was a lack of divisional and senior trust leadership presence. This was not the case whilst on inspection as staff spoke highly of management and knew members of the executive team by name.
- In the surgical service, leaders and staff actively and openly engaged with patients, staff, the public and local organisation to plan and manage services.

Use of resources

Our rating stayed the same. We rated it as requires improvement. NHS London conducted a use of resources inspection in June 2019. NHS London rated use of resources as requires improvement because the trust did not consistently manage its resources to allow it to meet its financial obligations on a sustainable basis and to deliver high quality care. NHS London also conducted a financial governance assessment at the same time as our CQC inspection.

Combined quality and resource

Our rating stayed the same.

We rated it as requires improvement.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Summary of findings

Outstanding practice

We found areas of outstanding practice in urgent and emergency care detailed below

Areas for improvement

We found areas for improvement where the trust should take action in order to make improvements.

For more information, see the Areas of improvement section of this report.

Action we have taken

We issued requirement notices to the trust and found 49 areas the trust should make improvements on. For more information on action we have taken, see the sections on Areas for Improvement and Regulatory Action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

In Urgent and emergency care at Northwick Park Hospital

- The department had developed a patient sepsis video for parents whose children attend the paediatric emergency department with a fever or suspected infection. The video was a four minute video aiming to educate parents about the warning signs to look out for sepsis.
- The department had done a rotational shift with the local mental health trust. The purpose of this was for staff to get an ideas how the other service was run, learn and share knowledge and understanding to improve the way they worked together.

Areas for improvement

Urgent and emergency care at Northwick Park Hospital

- The trust should continue to work towards improving flow and capacity within the ED to improve performance against the national target.
- The trust should reduce the number of black breaches
- The trust should continue to proactively manage recruitment and retention of nursing staff.
- The department should ensure all risks identified in the service are recorded on the risk register with appropriate mitigations in place.
- The department should ensure staff are able to attend training for professional development.
- The department should continue to work on improving patient outcomes and performance against national audit standards

Urgent and Emergency Care at Ealing Hospital

Summary of findings

- The service should reconsider how it uses the clinical decisions unit (CDU) and should ensure that the CDU is used as per policy.
- The service should have clear records with clinicians' grades easily identifiable.
- The service should improve the training rates for Deprivation of Liberty Safeguards amongst medical staff.
- The service should continue to work to perform better in Royal College of Emergency Medicine audits.
- The service should continue to improve its management of severe shock and sepsis.
- The service should continue to streamline the patient pathway in the emergency department to ensure minimal duplication.
- The department should continue to work on improving patient outcomes and performance against national audit standards.

Medical care at Central Middlesex Hospital

- Ensure that mandatory training for medical staff is appropriately and accurately recorded.
- Ensure that staff supporting patients under DoLS are trained in how to do so.
- Encourage staff to report all incidents, including near misses.
- Ensure that ward spaces are dementia friendly.
- Address the difficulties in discharge and consequent length of stay by taking steps to improve the relationship with the local authorities.
- Formulate a vision and strategy for the service and share this with staff.

Surgery at Northwick Park Hospital

- The service should improve waiting times from referral to treatment in line with national standards.
- The service should follow best practice in the storage of medicines including maintaining the temperature of areas where medicine is stored.
- The service should minimise mixed sex adult overnight accommodation breaches.
- The service should improve waiting times for take home drug prescriptions to reduce delayed discharges.
- The service should make sure that patients waiting for surgery are not starved for longer than is recommended.

Surgery at Central Middlesex Hospital

- The service should improve mandatory training rates for staff.
- The service should improve safeguarding training rates for medical staff.
- The service should improve nurse vacancy rates.
- The service should continue efforts to improve RTT rates.
- The service should improve staff appraisal rates.
- The service should improve responses to complaints within timeframe set by the trust.
- The service should monitor staff survey results at site level.

Maternity at Northwick Park Hospital

Summary of findings

- The service should ensure that maternity support workers and medical staff are meeting compliance for sepsis training.
- The service should ensure that staff are consistently conforming to hand hygiene practices.
- The service should ensure equipment servicing is maintained.
- The service should ensure women receive carbon monoxide monitoring.
- The service should ensure all guidelines are maintained and updated.
- The service should ensure all staff are fully knowledgeable about matters relating to MCA and DoLS.
- The service should ensure staff are supported and there is more of a leadership presence across the service.

Children and young people services at Central Middlesex Hospital

- The service should ensure that all staff working with children have the appropriate safeguarding training.
- The service should ensure that all staff working with children are trained in immediate paediatric life support, including all medical staff and all nurses.
- The service should ensure that infection prevention control audits are undertaken to monitor infection control and improve outcomes.
- The service should ensure that all paediatric resuscitation equipment is available to all areas where children are being seen in a timely manner.
- The service should ensure that fridge temperatures for medicines are checked daily and acted upon when out of range.
- The service should provide assurance that the service is underpinned and working towards national standards of care.
- The service should ensure that audits are undertaken to measure or demonstrate assurance of evidence-based care.
- The service should ensure that all policies are up to date.
- The service should ensure that all issues raised in the last inspection report have been addressed.
- The service should ensure that all areas where children are being seen have the appropriate oversight by senior management at the hospital and within the trust.
- The service should ensure that there is an up to date risk register.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated the organisation for well led as requires improvement.

Summary of findings

- The trust had not yet devised an overall strategy following the non-continuation of Shaping a Healthier Future. There was still a degree of uncertainty within the trust as this was a fairly recent external development. This was reflected by comments in many core services of there being a lack of vision or strategy within individual services. This also meant that there was a lack of completeness around clinical, financial and estates strategy at both trust and local level.
- Fit and proper persons checks were in place. However, we still found some deficiencies in the trust's processes and records. Records for newer appointments were of a better quality.
- The trust was rated requires improvement in its use of resources. There was no financial plan in place to address the trust's financial deficit.
- There was still no development programme in place for the board or executive team. It had been delayed for a further year to accommodate new appointments to the board. However, the trust subsequently told us that the it was in the procurement and selection process for a board development supplier.
- Despite diligence on the part of the Director of HR and OD, relationships between the recognised trade unions and the trust still did not appear to be harmonious or based on trust or to have moved on in the past year with the exception of the BMA representative. More improvement work and mediation were needed in this area.
- Staff still did not always feel that equality and diversity were promoted in their day to day work and when looking at opportunities for career progression.
- A revised governance committee structure had been introduced in November 2018. We noted clear improvements in the governance mechanisms of the trust, with stronger pillars of governance in place, but these were recognised as needing maturity and were a work in progress.
- There was a process in place to escalate to board and committee oversight. The trust board had sight of the most significant risks. However, mitigating actions were not always clear and what the board received did not provide assurance in relations to controls in place to manage or mitigate risks and gaps in control and assurance.
- We were still not assured that the board received sufficient level of detail on risks to allow them to be assured on actions that had been taken to mitigate those risks. This was echoed by a senior leader at the trust.
- In reviewing trust documentation on risk, serious incident investigation, review of deaths, duty of candour, complaints etc. and action plans arising, we noted a general good standard of documentation but a continuing lack of certification of completion of improvement or sign off from actions identified in many cases.
- The Board Assurance Framework (BAF) as an assurance framework still needed further development. There needed to be more detail with greater identification of accountable personnel and a greater link defined to the risk register.
- Despite the board receiving information at its board meetings on assurance we were concerned to note that the board were not sighted on the issues we found in core service inspection. In particular on this occasion we found issues with children and young people's services at Central Middlesex Hospital that have led us to take enforcement action and which the board did not appear to be sighted on.
- Despite the trust increasing efforts to increase engagement with patients, staff and public we still found examples of problems raised by patient groups in relation to communication, and confusing appointment letters leading to non-attendance or missed appointments.
- Patient flow was still a problem for the trust. Poor patient flow caused by delayed discharges amongst other causes was having an adverse effect on overall performance. Greater communication and collaboration were needed between the trust and its different local authorities to tackle this issue on a network basis.

Summary of findings

- The trust needed to increase collaboration and communication with its stakeholder partners principally CCGs and local authorities as well as other agencies such as Healthwatch. The chief nurse and medical director were keen to strengthen this.

However, we did find areas of good practice:

- There was a greater level of enthusiasm and energy at all levels of the trust to address and improve on all areas of performance. Operational performance was improving under the leadership of a highly respected chief operating officer.
- There was a notable improvement in the integration of cross-site cultures. More staff were identifying with the trust as opposed to their location. This had been aided by more cross site working, cross site rotation of medical staff, and more cross site meetings.
- The trust board had the appropriate range of skills, knowledge and experience to perform its role. We noted that the new board members were already making an active contribution to the improvements within the trust.
- The long-term people and development improvement plan in place from the Director of HR and OD and HR with, for example, more staff on effective leadership and development courses. Staff motivation at work was higher than the national average.
- Despite a lack of an overall strategy, the trust board had a clear vision and set of values with quality and sustainability as the top priorities.
- There was greater evidence of regular visits by the chief executive, senior executives and board members to ward and other areas of the trust.
- Managers addressed poor staff performance where needed. The performance management framework was supported by HR policies in place at the time of inspection.
- Two Freedom to Speak up Guardians were now in post and reported directly to the chief executive. They felt they were supported by the trust in their work across three acute sites and in community services.
- Greater support had been given to minority support groups. Support for the BAME group was ongoing and a leadership development project was in place to encourage BAME staff to gain promotion. However, the understanding of best practice in engaging with BAME groups and developing the culture of the organisation was limited.
- The trust had given support in reconstituting the LGBTQ group and it was hoped to set up a disability support group in the near future.
- Most staff had the opportunity to discuss their learning and career development needs at appraisal.
- Staff had access to support for their own physical and emotional health needs through occupational health.
- Papers for board meetings and other committees were of a reasonable standard and contained appropriate information. However, papers were sometimes lacking in detail and tracking actions completed.
- There was a detailed learning from deaths programme where all deaths – expected and unexpected were investigated and learning disseminated.
- The trust was actively participating in clinical research studies and was in the top ten clinical research NHS organisations. Research and education made up approximately five per cent of the trust's income.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Nov 2019	Requires improvement →← Nov 2019	Good →← Nov 2019	Requires improvement →← Nov 2019	Requires improvement →← Nov 2019	Requires improvement →← Nov 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Northwick Park Hospital	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019
Ealing Hospital	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019
Central Middlesex Hospital	Good ↓ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↓ Nov 2019	Requires improvement ↓ Nov 2019
Community Services	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Nov 2018
Overall trust	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Northwick Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 2019
Medical care (including older people's care)	Requires improvement Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
Surgery	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↓ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Critical care	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Maternity	Requires improvement ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↑ Nov 2019
Services for children and young people	Requires improvement Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
End of life care	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Outpatients	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Overall*	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Ealing Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑↑ Nov 2019	Requires improvement →← Nov 2019	Good →← Nov 2019	Requires improvement →← Nov 2019	Good ↑↑ Nov 2019	Requires improvement ↑ Nov 2019
Medical care (including older people's care)	Inadequate Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
Surgery	Requires improvement Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
Critical care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015
Services for children and young people	Requires improvement Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
End of life care	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall*	Requires improvement ↑ Nov 2019	Requires improvement →← Nov 2019	Good →← Nov 2019	Requires improvement →← Nov 2019	Requires improvement →← Nov 2019	Requires improvement →← Nov 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Central Middlesex Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019	Requires improvement ↓ Nov 2019	Requires improvement ↓ Nov 2019	Requires improvement ↓ Nov 2019
Surgery	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019
Services for children and young people	Inadequate ↓ Nov 2019	Requires improvement ↓ Nov 2019	Good ➡️⬅️ Nov 2019	Requires improvement ↓ Nov 2019	Inadequate ↓ Nov 2019	Inadequate ↓ Nov 2019
End of life care	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Outpatients	Good Aug 2014	N/A	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Overall*	Good ↓ Nov 2019	Good ➡️⬅️ Nov 2019	Good ➡️⬅️ Nov 2019	Requires improvement ↓ Nov 2019	Requires improvement ➡️⬅️ Nov 2019	Requires improvement ↓ Nov 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016
Community health services for children and young people	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Community health inpatient services	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Community end of life care	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Community dental services	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Overall*	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ealing Hospital

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Southall
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Key facts and figures

London North West University Healthcare NHS Trust is one of the largest integrated care trusts in the country, bringing together hospitals and community services across Brent, Ealing and Harrow. The trust employs more than 9,000 clinical and support staff and serves a diverse population of approximately one million people. The trust operates at three acute sites: Northwick Park Hospital, Ealing hospital and Central Middlesex hospital.

The trust has 1,260 beds including 66 children's beds and neonatal care cots, 68 maternity beds, 33 critical care beds.

Ealing Hospital serves an ethnically diverse population mainly in the London Borough of Ealing.

Ealing hospital provides the following services:

- Urgent and emergency care
- Medical care (including older peoples care)
- Surgery
- Outpatients and diagnostics
- Critical care
- End of life care
- Children's and young people services

Summary of services at Ealing Hospital

Requires improvement   

Our rating of services stayed the same. We rated it them as requires improvement because:

- At our last inspection we found that the clinical decisions unit (CDU) was being used inappropriately to treat level two patients. Whilst the service assured us that this was no longer the case we did find that the area was being used as overflow for patients requiring inpatient beds and patients within the CDU could be there for over four hours and sometimes up to three days.

Summary of findings

- Our observation of patient records found that the grade of the clinician was not always clear and that the records were filled out inconsistently between different clinical areas.
- There was poor Deprivation of Liberty Safeguards (DoLS) training rates amongst medical staff. Only 53% of medical staff had completed the training.
- We found that the service still performed poorly in most of the Royal College of Emergency Medicine (RCEM) audits.
- We found that improvements could still be made in relation to severe sepsis and shock management. The service audit revealed that with regards to 2019 compliance, only 54% of patients had their observations measured, this was down from 2017 compliance where 98% of patients had their observations measured.
- Access to the service was not conducive to the overall patient experience. Patients had to wait for UCC triage before they were triaged in the emergency department.
- Waiting times decision to admit and arrangements to admit, treat and discharge patients were not in line with national standards. The service did not meet Royal College of Emergency Medicine guidelines for median time from arrival to treatment.
- The department's performance for Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival was poor. However, significant improvements had been made and performance was no longer consistently below the England average. The trust was continuously working with NHS Improvement to improve their performance. The trust had been above the England average for six months.
- The trusts unplanned re-attendance rate to accident and emergency within seven days was worse than the national standard of 5% and consistently worse than the England average.

However:

- At our last inspection we found that the service was still treating children instead of stabilising and transferring. At this inspection, we found that the service had overhauled its approach to paediatric patients presenting at the emergency department (ED). The service now had posters up both outside the service and within the waiting room letting patients know that they did not treat acutely unwell paediatric patients. If an acutely unwell paediatric patient presented at the service, they would stabilise and transfer to a neighbouring ED.
- At the last inspection we found that staff in the ED were not trained in the adequate life support training. We found that this had changed since our last inspection. All staff were either trained in Immediate Life Support (ILS) or due to be trained.
- At our last inspection we found that mandatory training rates were low – the 85% target was not met by medical staff in any modules and met by nursing staff in only three modules. The service had made efforts to ensure everyone completed mandatory training. At this inspection we found that the trust 85% target was met in all but one module by nursing staff and all but three modules by medical staff. Where there were gaps in training, we saw evidence that staff were placed on upcoming modules.
- At our last inspection, we found there was high medical and nursing vacancy rates with no real improvement since the inspection before. We found that the service had made real efforts to improve its vacancy rate and figures provided whilst on inspection stated that the nurse vacancy rate was 10%.
- At our last inspection we found that patient pain was not reassessed. At the time of this inspection we found that patient pain was reassessed at least every hour in line with RCEM guidelines.
- Previously, the rates of medical staff training in mental capacity act (MCA) was quite poor (27%). Figures provided whilst on this inspection showed that 96% of clinicians were trained in MCA.

Summary of findings

- At our last inspection we found that patients were treated in corridors whilst waiting for a bed to become available. We saw no evidence of this whilst on inspection.
- Previously, appraisal rates in the emergency department were lower than the trust target of 85%. In the year prior to our inspection, 87% of staff in the ED had received an appraisal.
- It was reported at our last inspection that staff felt as though there was a lack of divisional and senior trust leadership presence. This was not the case whilst on inspection as staff spoke highly of management and knew members of the executive team by name.

Urgent and emergency services

Requires improvement  

Key facts and figures

The emergency department at Ealing Hospital provides care for the local adult population 24 hours a day, seven days a week.

The emergency department at Ealing hospital is located alongside an Urgent Care Centre (UCC). The UCC at Ealing hospital is not managed or staffed by staff from London North West Healthcare Trust and was not inspected as part of this inspection. However, we looked at how the Ealing Hospital emergency department and the UCC worked together in determining whether patients would be seen in the emergency department or in the UCC. The role of the UCC is to manage people with minor illnesses to avoid inappropriate pressure on the emergency department.

Patients presented to the department either by walking into the reception area or by ambulance. Those requiring immediate treatment were taken to the resuscitation area. Patients who walked into the ED registered at reception and then saw a triage nurse for an initial assessment. This initial assessment was carried out by the urgent care centre which was registered by a different provider. Patients were prioritised to be seen depending on their acuity and would be streamed to be seen in majors.

The department has different clinical areas where a patient can be treated depending on their needs, including: resuscitation, majors, clinical decisions unit (CDU) and ambulatory care. If a child (under 18) presented at the service acutely unwell, the service would stabilise and then immediately transfer to Northwick Park.

Additionally, the trust provides an integrated intermediate care service known as STARRS (short term assessment rehabilitation reablement service) which aims to reduce hospital admissions and reduce the length of stay of patients in hospital by continuing their care at home. This is a multi-disciplinary team of nurses, physiotherapists, occupational therapists, therapy technicians, social workers, consultant physician, dietitians, health care support workers, paramedics, administration team.

There is also a rapid response team, which is commissioned by a local CCG. The service aims to avoid emergency department attendances and hospital admissions. Patients are assessed in their own home within two hours of a telephone referral. The team is led by an elderly care consultant and provides clinical, rehabilitation and social support. Referrals are accepted from GPs, ambulance services and the complex patient management group (CPMG). The team is also present in the emergency department at Northwick Park Hospital, assessing patients to prevent hospital admissions.

The ambulatory care services provide patient care, aimed at preventing hospital admissions. There are pathways in place for direct GP referrals, outpatient diagnostics, working with the urgent care centre and direct access to inpatient services.

The assessment units provide support with the flow through the emergency department to the ward areas and facilitate the patient's acute admission from the emergency departments.

The trust commented that both sites experienced on going recruitment issues where national and international recruitment campaigns continued within the department for both nursing and medical staff to reduce reliance on temporary staffing. However, pressure had reduced at Ealing Hospital following the announcement from the government regarding Shaping a Healthier Future which confirmed there would be no changes to the emergency department provision at this site.

The urgent care centres are run by a primary care provider as a GP-led minor injury and illness centre.

Urgent and emergency services

We inspected the ED over two days during an announced inspection. We looked at all areas of the department. We spoke with 35 members of staff, looked at 21 medical records and spoke with six patients and two relatives.

Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- At our last inspection we found that the clinical decisions unit (CDU) was being used inappropriately to treat level two patients. Whilst the service assured us that this was no longer the case we did find that the area was being used as overflow for patients requiring inpatient beds and patients within the CDU could be there for over four hours and sometimes up to three days.
- Our observation of patient records found that the grade of the clinician was not always clear and that the records were filled out inconsistently between different clinical areas.
- There was poor Deprivation of Liberty Safeguards (DoLS) training rates amongst medical staff. Only 53% of medical staff had completed the training.
- We found that the service still performed poorly in most of the Royal College of Emergency Medicine (RCEM) audits.
- We found that improvements could still be made in relation to severe sepsis and shock management. The service audit revealed that with regards to 2019 compliance, only 54% of patients had their observations measured, this was down from 2017 compliance where 98% of patients had their observations measured.
- Access to the service was not conducive to the overall patient experience. Patients had to wait for UCC triage before they were triaged in the emergency department.
- Waiting times decision to admit and arrangements to admit, treat and discharge patients were not in line with national standards. The service did not meet Royal College of Emergency Medicine guidelines for median time from arrival to treatment.
- The departments performance for Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival was poor. However, significant improvements had been made and performance was no longer consistently below the England average. The trust was continuously working with NHS Improvement to improve their performance. The trust had been above the England average for six months.
- The trusts unplanned re-attendance rate to accident and emergency within seven days was worse than the national standard of 5% and consistently worse than the England average.

However:

- At our last inspection we found that the service was still treating children instead of stabilising and transferring. At this inspection, we found that the service had overhauled its approach to paediatric patients presenting at the emergency department (ED). The service now had posters up both outside the service and within the waiting room letting patients know that they did not treat acutely unwell paediatric patients. If an acutely unwell paediatric patient presented at the service, they would stabilise and transfer to a neighbouring ED.
- At the last inspection we found that staff in the ED were not trained in the adequate life support training. We found that this had changed since our last inspection. All staff were either trained in Immediate Life Support (ILS) or due to be trained.

Urgent and emergency services

- At our last inspection we found that mandatory training rates were low – the 85% target was not met by medical staff in any modules and met by nursing staff in only three modules. The service had made efforts to ensure everyone completed mandatory training. At this inspection we found that the trust 85% target was met in all but one module by nursing staff and all but three modules by medical staff. Where there were gaps in training, we saw evidence that staff were placed on upcoming modules.
- At our last inspection, we found there was high medical and nursing vacancy rates with no real improvement since the inspection before. We found that the service had made real efforts to improve its vacancy rate and figures provided whilst on inspection stated that the nurse vacancy rate was 10%.
- At our last inspection we found that patient pain was not reassessed. At the time of this inspection we found that patient pain was reassessed at least every hour in line with RCEM guidelines.
- Previously, the rates of medical staff training in mental capacity act (MCA) was quite poor (27%). Figures provided whilst on this inspection showed that 96% of clinicians were trained in MCA.
- At our last inspection we found that patients were treated in corridors whilst waiting for a bed to become available. We saw no evidence of this whilst on inspection.
- Previously, appraisal rates in the emergency department were lower than the trust target of 85%. In the year prior to our inspection, 87% of staff in the ED had received an appraisal.
- It was reported at our last inspection that staff felt as though there was a lack of divisional and senior trust leadership presence. This was not the case whilst on inspection as staff spoke highly of management and knew members of the executive team by name.

Is the service safe?

Good   

Our rating of safe improved. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, record and store medicines.

Urgent and emergency services

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

However:

- The service provided mandatory training in key skills including the highest level of life support training to all staff but not all staff had completed mandatory training.
- The Clinical Decision Unit (CDU) was still admitting patients against the admission criteria to help prevent breaches within the department.
- Our observation of patient records found that the grade of the clinician was not always clear and that the records were filled out inconsistently between different clinical areas.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- Some doctors told us they were unable to attend training on a regular basis due to department being busy and workload.
- There was poor Deprivation of Liberty Safeguards (DoLS) training rates amongst medical staff. Only 53% of medical staff had completed the training.
- We found that the service still performed poorly in most of the Royal College of Emergency Medicine (RCEM) audits.
- In the severe sepsis and septic shock audit the recording of urine output was poor. This was still an ongoing issue and performance had dropped from 62% in 2017 to 18% in 2019.
- The trusts unplanned re-attendance rate to accident and emergency within seven days was worse than the national standard of 5% and consistently worse than the England average.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- At our last inspection we found that patient pain was not reassessed. At the time of this inspection we found that patient pain was reassessed at least every hour in line with RCEM guidelines.
- At our previous inspection we found that appraisal rates were below the trust target. At this inspection we found that between 85% and 100% of staff had received their annual appraisal.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Previously, the rates of medical staff training in mental capacity act (MCA) was quite poor (27%). Figures provided whilst on this inspection showed that 96% of clinicians were trained in MCA.

Urgent and emergency services

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement   

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Access to the service was not conducive to the overall patient experience. Patients had to wait for UCC triage before they were triaged in the emergency department.
- The service did not always plan and provide care in a way that met the needs of local people and the communities served.
- The service did not use the Clinical Decisions Unit (CDU) as per its policy. Patients could stay on the CDU over the policy guideline of 24 hours, sometimes up to three days.
- Waiting times from decision to admit and arrangements to admit, treat and discharge patients were not in line with national standards. The service did not meet Royal College of Emergency Medicine guidelines for median time from arrival to treatment.
- At the time of this inspection, we found that the trust took on average 45 days to respond to complaints. This had gotten worse since our last inspection when the trust took on average 41 days to investigate and close complaints.

However:

- Whilst the trust was not meeting the national four hour target, since the last inspection, they had significantly improved their performance despite high volumes of patients attending the department. The trust had improved their performance from last place to being ranked 21st amongst all trusts within the country.
- The service worked with others in the wider system and local organisations to plan care.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received.

Is the service well-led?

Good   

Urgent and emergency services

Our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The department still had issues with flow and the CDU was not being used as per policy.

Areas for improvement

- The service should reconsider how it uses the clinical decisions unit (CDU) and should ensure that the CDU is used as per policy.
- The service should have clear records with clinicians' grades easily identifiable.
- The service should improve the training rates for Deprivation of Liberty Safeguards amongst medical staff.
- The service should continue to work to perform better in Royal College of Emergency Medicine audits.
- The service should continue to improve its management of severe shock and sepsis.
- The service should continue to streamline the patient pathway in the emergency department to ensure minimal duplication.
- The department should continue to work on improving patient outcomes and performance against national audit standards.

Northwick Park Hospital

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Harrow
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www.lnwh.nhs.uk

Key facts and figures

London North West University Healthcare NHS Trust is one of the largest integrated care trusts in the country, bringing together hospitals and community services across Brent, Ealing and Harrow. The trust employs more than 9,000 clinical and support staff and serves a diverse population of approximately one million people. The trust operates at three acute sites: Northwick Park Hospital, Ealing hospital and Central Middlesex hospital.

The trust has 1,260 beds including 66 children's beds and neonatal care cots, 68 maternity beds, 33 critical care beds.

Northwick Park hospital serves an ethnically diverse population mainly concentrated in the London Borough of Harrow.

Northwick Park Hospital provides the following services:

- Urgent and emergency care
- Medical care (including older peoples care)
- Surgery
- Maternity and gynaecology
- Outpatients and diagnostics
- Critical care
- End of life care
- Children's and young people services.

Summary of services at Northwick Park Hospital

Requires improvement   

Our rating of services stayed the same. We rated it them as requires improvement because:

- Compliance rates for mandatory training and safeguarding training were below trust targets.

Summary of findings

- The Clinical Decision Unit (CDU) was still admitting patients against the admission criteria in order to help prevent breaches within the department. Patients were being held on CDU who required and were waiting for a bed within the hospital.
- The emergency department still faced significant issues with ambulance turnaround which led to high numbers of black breaches due to the volume of patients the department received on a daily basis. However, the service had improved the way patients were offloaded to ensure patient safety. The department had introduced a streaming team to assess patients on arrival by ambulance. This ensured patients observations and early warning scores were taken and they were streamed to appropriate areas of the department.
- People did not always have prompt access to the service when they needed it. Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations relating to national standards.
- Some medicine storage areas did not meet national guidance for security for controlled drugs
- Records showed that temperatures had fallen outside of the recommended range for storing medicines and action had not always been taken by staff.
- Managers did not always effectively appraise all staff's work performance.
- Nurse vacancy rates were high in the surgical service.
- Not all formal complaints were responded to within the timeframe set by the trust.
- The maternity service did not always control infection risk well. Hand hygiene was not consistently being undertaken. We observed areas were clean however we received information from one patient which suggested this wasn't always the case.
- Consultant obstetricians were attending handover in the morning but not in the evening. We were told by the trust that consultant obstetricians were available by telephone for the evening handover.
- All staff told we spoke with in the maternity service told us that there appeared to be a shortage of staff
- The service did not use monitoring results well to improve safety. We did not see evidence of use or knowledge of the Maternity Safety Thermometer
- Some staff had a variable understanding of the mental capacity act (MCA) and deprivation of liberty safeguards DoLS.
- There were systemic issues around culture within the maternity service. We were told that staff morale had deteriorated because of staffing pressures and that some staff were going off sick due to the culture of the organisation.
- The maternity service did not have an open culture where staff could raise concerns without fear. Staff were not able to raise concerns without fear of reprisal.

Urgent and emergency services

Requires improvement   

Key facts and figures

The emergency department at Northwick Park Hospital provides care for the local population 24 hours a day, seven days a week.

Patients presented to the department either by walking into the reception area or arriving by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department are seen initially by a triage nurse (Triage is the process of determining the priority of patients' treatments based on the severity of their condition).

The department has different areas where patients are treated depending on their needs, including an Urgent Care Centre (UCC), majors (here called the High Dependency Unit (HDU)), minors (here called the Assessment Unit), Resuscitation (resus), Clinical Decision Unit (CDU), and the Paediatric Emergency Department (PED) with its own waiting area and bays is within the department.

Additionally, the trust provides an integrated intermediate care service known as STARRS (short term assessment rehabilitation reablement service) which aims to reduce hospital admissions and reduce the length of stay of patients in hospital by continuing their care at home. This is a multi-disciplinary team of nurses, physiotherapists, occupational therapists, therapy technicians, social workers, consultant physician, dietitians, health care support workers, paramedics, administration team.

There is also a rapid response team, which is commissioned by a local CCG. The service aims to avoid emergency department attendances and hospital admissions. Patients are assessed in their own home within two hours of a telephone referral. The team is led by an elderly care consultant and provides clinical, rehabilitation and social support. Referrals are accepted from GPs, ambulance services and the complex patient management group (CPMG). The team is also present in the emergency department at Northwick Park Hospital, assessing patients to prevent hospital admissions.

The ambulatory care services provide patient care, aimed at preventing hospital admissions. There were pathways in place for direct GP referrals, outpatient diagnostics, working with the UCC and direct access to inpatient services.

The assessment units provide support with the flow through the emergency department to the ward areas and facilitates the patient's acute admission from the emergency departments.

The trust commented that both sites experienced on going recruitment issues where national and international recruitment campaigns continued within the department for both nursing and medical staff to reduce reliance on temporary staffing. However, pressure had reduced at Ealing Hospital following the announcement from the government regarding Shaping a Healthier Future which confirmed there would be no changes to the emergency department provision at this site.

The UCC is run by a primary care provider as a GP-led minor injury and illness centre.

We visited the ED over three days during our announced inspection. We looked at all areas of the department and we observed care and treatment. We looked at 41 sets of patient records. We spoke with 40 members of staff, including nurses, doctors, allied health professionals, managers and support staff. We also spoke with 18 patients and their relatives who were using the service at the time of our inspection. We reviewed and used information provided by the organisation in making our decisions about the service.

Urgent and emergency services

From February 2018 to January 2019 there were 144,549 attendances at the trust's urgent and emergency care services as indicated in the chart above.

The percentage of A&E attendances at this trust that resulted in an admission in 2018/19 was higher than the previous year. In 2017/18 the proportion was the same as the England average, however, for 2018/19, it was higher.

Of all admissions the majority were discharged (89,710) or admitted to hospital (47,871). The rest either left the department (3196), were transferred to another provider (2923), died in the department (196), were referred (12) or recorded as other (543). There were 98 cases where the disposal method was not known.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Safeguarding level three compliance was still below the trust target of 85%. However, the department showed us staff had been booked onto courses in order to improve this. Staff knowledge of safeguarding was also good and we found patients were appropriately safeguarded.
- The Clinical Decision Unit (CDU) was still admitting patients against the admission criteria in order to help prevent breaches within the department. Patients were being held on CDU who required and were waiting for a bed within the hospital.
- The department still faced significant issues with ambulance turnaround which led to high numbers of black breaches due to the volume of patients the department received on a daily basis. However, the service had improved the way patients were offloaded to ensure patient safety. The department had introduced a streaming team to assess patients on arrival by ambulance. This ensured patients observations and early warning scores were taken and they were streamed to appropriate areas of the department.
- Due to capacity issues patients were still being cared for on trolleys in the corridor which meant private conversations could be overheard. These patients were cared for by nurses allocated to the pit stop. Investigations such as blood tests were also being carried out in the corridor. Whilst this helped improve patient safety as they were being seen faster, it did not maintain privacy and dignity.
- Some doctors told us they were unable to attend training on a regular basis due to department being busy and workload.
- People did not always have prompt access to the service when they needed it. Waiting times from referral to treatment and decisions to admit patients were not always in accordance with best practice recommendations relating to national standards.
- The departments performance for Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival was poor. However, significant improvements had been made and performance was no longer consistently below the England average. The trust were continuously working with NHS Improvement to improve their performance. The trust had been above the England average for six months.
- Black breaches and ambulance turn around were still significant issues for the department. However, a new streaming and offloading process had been put into place to improve patient experience and safety. There were plans to audit this in the future.

However:

Urgent and emergency services

- The department had improved its compliance with mandatory training for medical staffing. The majority of mandatory training was meeting the 85% trust target.
- Staff monitored patients who were at risk of deteriorating appropriately. Early warning scores were in use in both adult and paediatric areas. We also found recording of pain scoring had improved for paediatric patients.
- The department had worked with the local mental health trust to improve risk management arrangements for mental health patients.
- The department now had a Practice Development Nurse (PDN) in post to support staff with their learning and education needs.
- The appraisal rate for nursing staff had improved and now met the trust target of 85%.
- Patients, families and carers were positive about the care across the service and we observed compassionate and courteous interactions between staff and patients.
- The Short Term Assessment, Rehabilitation and Reablement team (STARRs) provided intermediate care services for patients in Brent. The service provided a multi-disciplinary, holistic assessment of patients and supported early discharge.
- Staff and managers were clear about the challenges the department faced. They explain the risks to the department and the plans to deal with them. The top risks were shared with staff via the clinical governance newsletter.
- We found clinical governance arrangements were departmentally focused. There was a new a clinical governance team leading on urgent and emergency care services.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The department had improved its compliance with mandatory training for medical staffing. The majority of mandatory training was meeting the 85% trust target and the two that were below the target had staff booked on courses for the months following our inspection.
- The department had improved patient safety within the 'Pit Stop' area by introducing a streaming team to assess patients on arrival by ambulance. This ensured patients observations and early warning scores were taken and they were streamed to appropriate areas of the department.
- Records completion was good and we found the department had improved the recording of pain scores in paediatric patient records.
- Staff understood how to protect patients from abuse. Staff knew how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The department had improved compliance with the 15 minute triage target. All records we reviewed showed patients had been triaged within 15 minutes.
- Staff monitored patients who were at risk of deteriorating appropriately. Early warning scores were in use in both adult and paediatric areas.

Urgent and emergency services

- The department had worked with the local mental health trust to improve risk management arrangements for mental health patients.
- At the last inspection we were not assured lessons and actions from incidents were shared in the department. At this inspection we found there was a good incident reporting culture. Staff were encouraged to report incidents including near misses. There was evidence lessons were shared in a variety of ways including handovers, emails and departmental newsletters. However, some junior medical staff said they did not always receive feedback.
- Medicines were stored securely and staff followed appropriate procedures for controlled drugs.

However:

- Safeguarding level three compliance was still below the trust target of 85%. However, the department showed us staff had been booked onto courses in order to improve this.
- At the last inspection the band 5 nursing vacancy rate was high. Staff reported a lot of work had gone into recruitment and the vacancy rate had improved. However, the vacancy rate for band five nursing was still 37.9%.
- The Clinical Decision Unit (CDU) was still admitting patients against the admission criteria in order to help prevent breaches within the department. Patients were being held on CDU who required and were waiting for a bed within the hospital.
- The department still faced significant issues with ambulance turnaround which led to high numbers of black breaches. However, the service had improved the way patients were offloaded to ensure patient safety.
- Due to capacity issues patients were still being cared for on trolleys in the corridor which meant private conversations could be overheard. Investigations such as blood tests were also being carried out in the corridor. Whilst this helped improve patient safety as they were being seen faster, it did not maintain privacy and dignity.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- Managers continued to monitor the effectiveness of care and treatment through continuous local and national audits. Performance in some of the national audits were still in the lower quartile of trusts. However, re-audits had shown some improvements.
- Performance in the moderate and severe asthma audit was still below the national standard. The senior leaders told us there was an action plan to address this.
- In the severe sepsis and septic shock audit the recording of urine output was poor. This was still an ongoing issue and performance had dropped from 62% in 2017 to 18% in 2019.
- The department had re-audited their performance for the pain in children national audit. The audit found there was still poor compliance with providing pain relief and re-assessing pain relief.
- Some doctors told us they were unable to attend training on a regular basis due to department being busy and workload.

However:

- At the last inspection we found a number of out of date clinical guidelines available on the trust intranet. We checked various guidelines during this inspection and all of them were up to date.

Urgent and emergency services

- We found recording of paediatric pain scores had improved. All records we checked had a pain scored documented.
- The department now had a Practice Development Nurse (PDN) in post to support staff with their learning and education needs.
- The appraisal rate for nursing staff had improved and was now 86% which met the trust target of 85%.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. The department had improved compliance for Mental capacity training which was now meeting the trust target of 85%. The department had shared staff with the local mental health service to learn and share knowledge and understanding of the others services and improve care.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients, families and carers were positive about the care across the service and we observed compassionate and courteous interactions between staff and patients.
- Patients and relatives told us staff were respectful and helpful and gave them regular updates.
- Observations of care showed staff maintained patient privacy and dignity. Staff explained what they were doing at all times and allowed patient and relatives opportunities to ask questions.
- Staff provided emotional support to patients and relatives and could signpost them to services within the organisation as well as external organisations for additional support.

However:

- Privacy and dignity could not always be maintained in the 'Pit Stop' area due to patients being on trolleys in the corridor.

Is the service responsive?

Requires improvement   

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People did not always have prompt access to the service when they needed it. Waiting times for decisions to admit patients were not always in accordance with best practice recommendations.
- The department's performance for Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival was poor. The trust consistently failed to meet the standard. However, the trust was above the England average for six months throughout the winter period despite significant number of attendances.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The median time from arrival to treatment at the trust did not meet the standard in any months over the 12-month period from April 2018 to March 2019.

Urgent and emergency services

- From April 2018 to March 2019 the trust's monthly median total time in A&E for all patients was much higher than the England average.
- There were still issues with patient flow in the department. Patients were waiting for long periods of time in the department and experienced delays accessing beds within the hospital. However, the department leadership continued to work to improve this.

However:

- Whilst the trust were not meeting the national four hour target, since the last inspection they had significantly improved their performance despite high volumes of patients attending the department. The trust had improved their performance from last place to being ranked 21st amongst all trusts within the country.
- Information on how to make a complaint was displayed throughout the department. All complaints made had been responded to with the trust target time of 40 days. Lessons were shared with all staff.
- The Short Term Assessment, Rehabilitation and Reablement team (STARRs) provided intermediate care services for patients in Brent. The service provided a multi-disciplinary, holistic assessment of patients. This service supported early discharge by providing hospital services in the community.

Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- The department had a strong focus on improving the experience and environment for mental health patients.
- The department had introduced the 'WOW board' where staff were able to highlight areas they were proud of to improve morale within the department. For example, successful recruitment trips to India.
- Staff and managers were clear about the challenges the department faced. They explain the risks to the department and the plans to deal with them. The top risks were shared with staff via the clinical governance newsletter.
- The emergency department had a clear management structure at both divisional and departmental level. The managers knew about the quality issues, priorities and challenges.
- We found clinical governance arrangements were departmentally focused. There was a new a clinical governance team leading on urgent and emergency care services.
- The department had improved their links and relationships with the local mental health service. Leaders had arranged a staffing swap with the local mental health hospital in order to learn and share understanding of how each hospital ran. This had improved the both departments understanding of the challenges faced within each service.
- The leadership had made significant improvements and performance was no longer consistently below the England average. The trust were continuously working with NHS Improvement to improve their performance.

However:

- Despite leaders having good ownership of risks with the department. We found not all risks were on the department's risk register.
- Black breaches and ambulance turn around were still significant issues for the department. However, a new streaming and offloading process had been put into place to improve patient experience and safety. There were plans to audit this in the future. However, this risk was not on the department's risk register.

Urgent and emergency services

Outstanding practice

- The department had developed a patient sepsis video for parents whose children attend the paediatric emergency department with a fever or suspected infection. The video was a four minute video aiming to educate parents about the warning signs to look out for sepsis.
- The department had done a rotational shift with the local mental health trust. The purpose of this was for staff to get an idea of how the other service was run, learn and share knowledge and understanding to improve the way they worked together.

Areas for improvement

- The trust should continue to work towards improving flow and capacity within the ED to improve performance against the national target.
- The trust should reduce the number of black breaches
- The trust should continue to proactively manage recruitment and retention of nursing staff.
- The department should ensure all risks identified in the service are recorded on the risk register with appropriate mitigations in place.
- The department should ensure staff are able to attend training for professional development.
- The department should continue to work on improving patient outcomes and performance against national audit standards.

Surgery

Good  

Key facts and figures

Northwick Park Hospital has 208 surgical inpatient beds across nine wards and units and provides care in six specialties. There is a dedicated emergency surgery and trauma service that operates 24-hours, seven days a week and the hospital is a national specialist centre for maxillo-facial, ear, nose and throat and vascular surgery. The hospital has one private surgical ward, which we included in our inspection. To come to our ratings, we spoke with 43 members of staff, including those in clinical and non-clinical roles as well as staff at all levels of experience and seniority. We spoke with 12 patients and seven relatives and reviewed 13 sets of clinical notes and prescription records. We also considered over 80 other pieces of evidence, including audits and performance records.

During our inspection we visited all surgical inpatient wards and theatre pre-operative and assessment areas. We also included the Sainsbury Wing, which primarily provides care for non-NHS patients. St Mark's Hospital, which is part of the Northwick Park Hospital site, holds a separate registration with CQC and we were therefore unable to include surgical services within that hospital's remit.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service controlled infection risk well.
- The service provided care and treatment based on national guidance and monitored the effectiveness of care and treatment.
- Staff cared for patients with compassion and took account of patients' individual needs.
- The average length of stay for elective surgery was shorter than the England average.
- At the last inspection, we saw the service had received instruction from Health Education England that the surgical senior house officers (SHO) could not take referral calls from urgent care centres on weekends and that a surgical registrar must lead this. At this inspection we saw the senior team had put in place suitable strategies to meet the staffing requirement.

However

- Some medicine storage areas did not meet national guidance for security for controlled drugs
- Records showed that temperatures had fallen outside of the recommended range for storing medicines and action had not always been taken by staff.
- Compliance rates for mandatory training and safeguarding training were below trust targets.
- Managers did not always effectively appraise all staff's work performance.
- Nurse vacancy rates were high.
- Waiting times from referral to treatment were not always in line with national standards.
- Not all formal complaints were responded to within the timeframe set by the trust.

Surgery

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service controlled infection risk well. They kept equipment and the premises visibly clean.
- The service had suitable premises and equipment and maintained them well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. At our last inspection healthcare assistants were unable to access the incident reporting system. At this inspection, they were able to access the system.
- At the last inspection, we saw the service had received instruction from Health Education England that the surgical senior house officers (SHO) could not take referral calls from urgent care centres on weekends and that a surgical registrar must lead this. At this inspection we saw the senior team had put in place suitable strategies to meet the staffing requirement.

However:

- The service provided mandatory training in key skills to all staff although not everyone had completed it.
- Staff understood how to protect patients from abuse but trust targets for completion of safeguarding training had not been met for medical staff.
- The service did not follow best practice when storing medicines. Some medicine storage areas did not meet national guidance for security for controlled drugs.
- Records showed that temperatures had fallen outside of the recommended range for storing medicines and action had not always been taken by staff.
- Nurse vacancy rates were high. However the service had nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw all staff had access to up to date hospital and trust guidance and policies. All policies viewed were in date.

Surgery

- Staff gave patients enough food and drink to meet their needs and improve their health. Nutritional needs of patients were assessed by nursing staff as part of the admission process in the initial assessment and when patients' circumstances changed. We saw completed malnutrition screening in electronic patient records.
- Staff assessed and monitored patients regularly to see if they were in pain. Patients we spoke with confirmed that they had been asked about their pain and had been given pain relief in a timely manner.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. However, managers did not always effectively appraise all staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. A multi-professional therapy team provided input to patients within the department and consisted of physiotherapists, occupational therapists, dietitians and complex discharge co-ordinators.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

However:

- We noted that patients had to wait for some time before going to theatre, in some cases since 7am until after midday and it was not clear whether patients could have liquids. This meant that these patients were starved longer than would be recommended.

Is the service caring?

Good ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. We saw staff supporting patients with personal care and ensured curtains and doors were closed during examinations.
- Staff provided emotional support to patients to minimise their distress. Patients said that when they needed psychological support staff had organised for them to see the mental health team or a psychologist. The palliative specialist care team provided emotional support as part of the end of life care pathway and ensured this continued as part of patient's care plan if they were discharged to a hospice or home.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw staff explaining to patients and their relatives the care and treatment that was being provided. Patients informed us that they were given enough information both pre and post procedure.

Is the service responsive?

Requires improvement ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- People could not always access the service when they needed it. Waiting times from referral to treatment were not always in line with national standards. However, the average length of stay for elective surgery was shorter than the England average.
- There had been 60 mixed sex adult overnight accommodation breaches within the reporting period.

Surgery

- Patients often had a delayed discharge due to waiting for take home drug prescriptions.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, not all were responded to within the timeframe set by the trust.

However:

- The service took account of patients' individual needs. Each ward had adapted equipment for patients to use during mealtimes, including menus printed in Braille and in a choice of 11 languages. Staff provided colour-contrasting blue mugs and plates to help patients living with dementia who experienced reduced visual perception. Large-handled cutlery and cups with lids were always also available on wards for patients with reduced dexterity.
- The trust planned services in a way that met the needs of local people. Information leaflets about a wide range of topics were available and could be provided in other languages upon request. Interpreter services were available and accessible.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The leaders of the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Managers were successfully promoting a positive culture that supported and valued staff. However, the service did not monitor staff survey results at service or division level.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

- The service should improve waiting times from referral to treatment in line with national standards.
- The service should follow best practice in the storage of medicines including maintaining the temperature of areas where medicine is stored.
- The service should minimise mixed sex adult overnight accommodation breaches.

Surgery

- The service should improve waiting times for take home drug prescriptions to reduce delayed discharges.
- The service should make sure that patients waiting for surgery are not starved for longer than is recommended.

Maternity

Requires improvement  

Key facts and figures

The maternity service at Northwick Park Hospital consists of an obstetric-led delivery suite, a midwife-led birth centre and Florence obstetric ward. There is also a fetal medicine unit, day assessment unit, maternity theatres and recovery, an obstetric observation bay and a bereavement service.

The trust has 69 maternity beds, all located at Northwick Park Hospital. These are made up of:

- 19 beds on the delivery suite
- 31 beds on the Florence obstetric ward
- 19 beds on the midwife-led birth centre

Summary of this service

We last inspected London North West University Healthcare NHS Trust maternity services in June 2018 and a focussed inspection was carried out in January 2019. We found maternity services were inadequate overall. The purpose of this inspection was to see if the services performance had been maintained or if any improvements had been made by the service since the previous inspection.

Our rating of this service improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills however there was some confusion among midwifery staff as to the correct length of mandatory training and its content.
- The service did not always control infection risk well. Hand hygiene was not consistently being undertaken. We observed areas were clean however we received information from one patient which suggested this wasn't always the case.
- Consultant obstetricians were attending handover in the morning but not in the evening. We were told by the trust that consultant obstetricians were available by telephone for the evening handover.
- The service had maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. However all staff we spoke with told us that there appeared to be a shortage of staff.
- The service did not use monitoring results well to improve safety. We did not see evidence of use or knowledge of the Maternity Safety Thermometer
- Most risk assessments had been updated and completed for each patient. However we did not see evidence in any of the five records we reviewed that women had received CO (carbon monoxide) monitoring.
- Some staff had a variable understanding of the mental capacity act (MCA) and deprivation of liberty safeguards DoLS.
- There were systemic issues around culture within the maternity service. We were told that staff morale had deteriorated because of staffing pressures and that some staff were going off sick due to the culture of the organisation.

Maternity

- Leaders did not always have the integrity, skills and abilities to run the service. However they understood and managed the priorities and issues the service faced. They were not visible and approachable in the service for patients and staff. There were concerns about the lack of visibility and lack of regular daily contact with the senior leadership team of the maternity department.
- The service did not have a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The maternity service had no formal strategy in place. We spoke with the senior leadership team of the maternity service who told us that the strategy for the forthcoming three years was to focus on the culture within the service and look at building better relationships with staffing groups.
- Staff did not feel respected, supported and valued. The service did not have an open culture where staff could raise concerns without fear. Staff were not able to raise concerns without fear of reprisal. Staff raised concerns that there were not enough staff on shift.

However:

- The issue we found at the last inspection with the third lift (designated for theatres) being able to be accessed by members of the public had been addressed. Swipe card access was now needed to get to the theatres, and if this lift did not work, then the public lifts could be rerouted to the theatres, however there would be a security guard to man the area and prevent unauthorised access to the theatre area.
- The service had now ensured that direct access from the delivery suite to the theatres could now only be achieved with swipe card access. Since the automatic doors in the maternity reception had been replaced, there had been no further incidents of the doors being prised open.
- We looked at the World Health Organisation (WHO) five steps to safer surgery checklist audit results from June 2018 to June 2019 and saw that compliance ranged between 92% and 100%.
- Staff assessed and monitored women regularly to see if they were in pain, and gave pain relief in a timely way.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and relatives we spoke with consistently told us about the kindness of the staff across maternity services.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service had completed a staffing skills review however the trust indicated to us that this had resulted in some staff unhappiness

Is the service safe?

Requires improvement  

Our rating of safe improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills however there was some confusion among midwifery staff as to the correct length of mandatory training and its content. Staff told us that mandatory training had to be completed in their own time, and they were not given additional time to complete this. However, after the inspection, we were told by the trust that substantive staff did not undertake training in their own time. We were shown rosters to evidence this.

Maternity

- The service did not always control infection risk well. Hand hygiene was not consistently being undertaken.
- We observed areas were clean however we received information from one patient which suggested this wasn't always the case.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Equipment that we looked at on the wards had received safety testing and servicing. However, we did see an oxygen saturation machine in the room designated for community midwifery, that had not been checked since January 2018.
- Most risk assessments had been updated and completed for each patient. However we did not see evidence in any of the five records we reviewed that women had received CO (carbon monoxide) monitoring. In a briefing guide set out by Public Health England for midwifery staff, it states that, "Smoking in pregnancy poses significant health risks to the mother and to the baby."
- The service had maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. However all staff we spoke with told us that there appeared to be a shortage of staff.
- The service did not use monitoring results well to improve safety. We did not see evidence of use or knowledge of the Maternity Safety Thermometer.

However:

- The issue we found at the last inspection with the third lift (designated for theatres) being able to be accessed by members of the public had been addressed. Swipe card access was now needed to get to the theatres, and if this lift did not work, then the public lifts could be rerouted to the theatres, however there would be a security guard to man the area and prevent unauthorised access to the theatre area. The service had now ensured that direct access from the delivery suite to the theatres could now only be achieved with swipe card access.
- Since the automatic doors in the maternity reception had been replaced, there had been no further incidents of the doors being prised open.
- We looked at the World Health Organisation (WHO) five steps to safer surgery checklist audit results from June 2018 to June 2019 and saw that compliance ranged between 92% and 100%.
- We observed an electronic board that was being used on Florence ward which displayed situation, background, assessment and recommendation (SBAR) assessments for all the women who were currently inpatients. SBAR is a structured form of communication that enables information to be transferred accurately between individuals.
- The service now had a child abduction policy in place and baby snatch drills were being undertaken.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. We checked several guidelines, of which the majority had been updated. We checked the 'Shoulder Dystocia' guideline which was

Maternity

updated on 12 September 2018. The algorithm within the guideline was in line with Practical Obstetric Multi-Professional Training (PROMPT) Manual 3 (2017), which specified that a midwife coordinator, experienced obstetrician, additional midwifery help, and the neonatal team were to be called urgently at the declaration of an emergency.

- Staff assessed and monitored women regularly to see if they were in pain, and gave pain relief in a timely way. We spoke to nine women who all told us that they had received adequate pain relief and that this had always been given to them without having to wait long. We were provided with the average epidural response time in minutes for the months January, March and June 2019. The data showed results of 20 minutes, 15 minutes and 15 minutes respectively.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had good patient outcomes. In the National Neonatal Audit Programme, it performed 'better than expected' in one of the measures and similar to expected in all the measures in the Standardised Caesarean Section Rates audit. The trust had no active maternity outliers.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. We observed considerate communications between medical and midwifery staff during our periods of observations on the maternity units. However, we were concerned that in some cases, not all specialities attended all meetings or handovers.
- The service made sure staff were competent for their roles. A practice educator told us how the service ensured that arrangements were in place for training to deliver competence in: interpretation of cardiotocogram (CTG), new-born screening, and assessment of fetal growth in all settings including recording and escalation. We were told that there were specialist midwives for the following areas: bereavement, safeguarding, diabetes, female genital mutilation (FGM), breastfeeding, antenatal and new born screening, and a consultant midwife with a remit to promote normality in pregnancy.
- We were shown an email which detailed results from the 2018 obstetrics and gynaecology general medical council (GMC) national trainees survey. Of the achievements highlighted where the department had made significant improvements, were: the department meeting the GMC training standards for general practice vocational training scheme (GPVTS) and speciality trainees in almost all domains, scoring highest in the domains – overall satisfaction, adequate experience, curriculum coverage, study leave and local departmental teaching.
- Staff gave patients practical support and advice to lead healthier lives. We saw evidence of women receiving information with regards to the flu and pertussis vaccination.

However:

- The guidelines that we saw during our inspection that were out of date and had review dates ranging from October 2018 included: 'Multiple Pregnancy', 'Substance Misuse in Pregnancy', 'Asylum Seekers, Refugees and Women Whose First Language is not English', and 'Disability in Pregnancy'.
- Consultant obstetricians were attending handover in the morning but not in the evening. We were told by the trust that consultant obstetricians were available by telephone for the evening handover.
- The four midwives whom we spoke with over the duration of the inspection had a variable understanding of the mental capacity act (MCA) and deprivation of liberty safeguards DoLS.

Is the service caring?

Good   

Maternity

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and relatives we spoke with consistently told us about the kindness of the staff across maternity services.
- Women using the trust's maternity services were treated with dignity and respect. Staff maintained women's privacy and dignity by drawing curtains around women before undertaking examinations or providing care.
- The trust scored about the same as other trusts for 17 questions of the 19 questions in the CQC maternity survey 2018. The trust scored worse than other trusts for the remaining two questions.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Midwives told us they could signpost women or their partners to 'talking therapies' with a mental health charity, and local counselling services. Women were assessed for any extra care needs they may require at booking with the community midwives. This included an assessment for post-natal anxiety and depression.
- The trust had a team of bereavement midwives who supported women and their families following stillbirth or neonatal death.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff communicated with women and their families making sure they understood the treatment they were to receive and the risks associated with this.

Is the service responsive?

Good ● ➡ ➡

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. We were told by the consultant midwife that the MSLC had been replaced by the Maternity Voices Partnership (MVP) and that the LNWH MVP had been initiated in May 2018, with the MVP working alongside the maternity unit to provide a service that met the needs of the women and families the unit serves.
- The work plan for 2019/2020 was to: support the hospital/trust maternity initiatives, expand the MVP network, raise the community awareness of MVP and build on the '15 Steps for Maternity'. The consultant midwife told us that the maternity unit had undertaken the 15 Steps and been involved with the community review.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- There were facilities for partners to stay. An identified named partner or family member could stay overnight with all women on the midwifery led unit (MLU) and on Florence ward.
- There was a newly built bereavement room called the 'Myrtle Suite' that was situated on the delivery suite but away from all the delivery rooms.
- We observed hospitality staff going around with drinks and sandwiches at 12:30 for triage patients. We saw an inpatient steamed lunch and dinner menu which catered for different nutritional needs such as, vegetarian, gluten free, and easy to chew.

Maternity

- The ward manager for the MLU told us that the unit had introduced an outpatient balloon induction of labour. This meant that women would still have their inductions but would still be under the low risk team, because whilst they were being induced, the method did not require medicines to induce them.
- People could access the service when they needed it and received the right care promptly. The attendance for high risk patients was monitored by a new case-loading team, who had recently commenced booking and performing antenatal care for high risk patients, which at times could be shared with the obstetric consultant and the community midwifery team. We saw a 'Failure to Access' policy, which outlined procedures for following-up with women who did not attend (DNA), or for women who moved out of the borough antenatally.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The trust took an average of 39.1 working days to investigate and close complaints, this was in line with their complaints policy, which states complaints should be answered within 40 days.

However:

- The trust was still not meeting its 1.5% target of homebirths that it wanted to achieve. Between June 2018 and May 2019, the service only achieved 0.2% of homebirths in that period.
- On the first day of our inspection, waiting times were up to one hour. We were told by members of staff working in the antenatal department that clinics were often delayed due to the doctor being late, or if there were too many patients and not enough rooms.
- We were informed by midwives that there was not always enough clinic space to give results and we were informed that women could wait for a clinic room to become available or receive their results in a quiet corner outside of the clinic if they wished.

Is the service well-led?

Requires improvement  

Our rating of well-led improved. We rated it as requires improvement because:

- There were systemic issues around culture within the maternity service. We were told that staff morale had deteriorated because of staffing pressures and that some staff were going off sick due to the culture of the organisation.
- Leaders understood and managed the priorities and issues the service faced. However they were not always visible and approachable in the service for patients and staff. There were concerns about the lack of visibility and lack of regular daily contact with the senior leadership team of the maternity department.
- The service did not have a formal vision and strategy in place for what it wanted to achieve. We spoke with the senior leadership team of the maternity service who told us that the strategy for the forthcoming three years was to focus on the culture within the service and look at building better relationships with staffing groups. The leadership of the service wanted to allow for the outcome of a recent staff consultation to pass before starting a piece of work that involved collaborating with staff in writing a vision and strategy for the service. After the inspection the trust told us that the maternity unit was an active partner in the north west London local maternity system and worked alongside partner trusts and stakeholders to deliver the national strategy Better Birth maternity transformation programme. The unit had a vision to provide a more personalised service to women and their families to ensure women received continuity of care.

Maternity

- Staff did not feel respected, supported and valued. The service did not have an open culture where staff could raise concerns without fear. Staff were not able to raise concerns without fear of reprisal. Staff raised concerns that there were not enough staff on shift. We received data for vacancies and sickness rates for midwives from March 2019 to August 2019. Data showed that there was a 13.5% average vacancy rate and 6.6% average sickness rate which were both higher than the trust target of 11% and 4% respectively.
- One CQC inspector also witnessed a senior member of staff using language that demonstrated a lack of patient empathy.

However:

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service had completed a staffing skills review however the trust indicated to us that this had resulted in some staff unhappiness.

Areas for improvement

- The service should ensure that maternity support workers and medical staff are meeting compliance for sepsis training.
- The service should ensure that staff are consistently conforming to hand hygiene practices.
- The service should ensure equipment servicing is maintained.
- The service should ensure women receive carbon monoxide monitoring.
- The service should ensure all guidelines are maintained and updated.
- The service should ensure all staff are fully knowledgeable about matters relating to MCA and DoLS.
- The service should ensure staff are supported and there is more of a leadership presence across the service.

Central Middlesex Hospital

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Key facts and figures

London North West University Healthcare NHS Trust is one of the largest integrated care trusts in the country, bringing together hospitals and community services across Brent, Ealing and Harrow. The trust employs more than 9,000 clinical and support staff and serves a diverse population of approximately one million people. The trust operates at three acute sites: Northwick Park Hospital, Ealing hospital and Central Middlesex hospital.

The trust has 1,260 beds including 66 children's beds and neonatal care cots, 68 maternity beds, 33 critical care beds.

Central Middlesex Hospital serves an ethnically diverse population mainly in the London Boroughs of Brent and Ealing.

Central Middlesex Hospital provides the following services:

- Medical care (including older peoples care)
- Surgery
- Outpatients and diagnostics
- End of life care
- Children and young people services

Summary of services at Central Middlesex Hospital

Requires improvement  

Our rating of services went down. We rated it them as requires improvement because:

- Staff had limited understanding of the practical application of care for patients with deprived liberties.
- There was limited interaction or stimulation for patients with dementia or cognitive impairment. The ward spaces were not dementia friendly.
- Children and young people services and medical care services did not have a clear vision or strategy.
- Flow out of the service was poor. There was a significant population of medically fit patients who could not be discharged due to difficulties in arranging care and support in the community.

Summary of findings

- The senior leadership team recognised the sometimes poor relationship between its staff and local authority staff, but there had been no action to address this.
- Some staff did not always formally report incidents and, in particular, near misses.
- Records of mandatory training for medical staff were poor and unreliable.
- Compliance rates for mandatory training and safeguarding training were below trust targets.
- Managers did not always effectively appraise all staff's work performance.
- Nurse vacancy rates were high in surgical services.
- Waiting times from referral to treatment were not always in line with national standards in surgical services.
- We did not see any evidence of improvement following the previous rating of requires improvement in children and young people services.
- The children and young people service did not control infection risk well. We found the Rainbow Unit untidy, we could not be assured that children's toys were regularly cleaned and there was of a lack of infection prevention information for children.
- There were facilities for disabled and baby changing in the Rainbow unit but staff told us they believed that the Rainbow unit was shut.
- Staff we spoke with in Recovery Stage One told us that children were cared for in a mixed four bedded recovery bay with adults
- Staff did not use a nationally recognised tool to identify deteriorating patients, such as Paediatric Early Warning Signs (PEWS) or a validated acuity score system to assess patients.
- We were not assured that the children and young people service was fully geared up to deal with a paediatric emergency. For example, there was no separate paediatric resuscitation trolley in pre-assessment Area One. The trust subsequently told us that there was a grab bag.
- We were told that not all medical staff had European Paediatric Life Support (EPLS) or Advanced Paediatric Life Support (APLS) training.
- There was no paediatrician available on-site at the hospital. Staff had to refer to the consultant of the day or week, who was based at a different hospital in the trust. Some staff were not aware of this arrangement.
- Records were clear, but sometimes children were seen with an incomplete set of records. Following the inspection, the trust told us, in the event that a child was seen with a temporary set of notes at pre-operative assessment (POA), the complete record was requested straight away from the clerks.
- Storage of medicines complied with national guidelines. However, fridge temperature monitoring in the recovery ward was not recorded and we could see no evidence that temperatures were being monitored. However, fridge monitoring in ACAD paediatrics was recorded.

Medical care (including older people's care)

Requires improvement  

Key facts and figures

Central Middlesex Hospital provides medical care for adult men and women across four wards. There are 90 inpatient beds. Patients were admitted to the service by transfer from the other hospitals within London North West NHS Trust or other hospitals by service level agreement.

The trust had 79,222 medical admissions from January to December 2018. Emergency admissions accounted for 29,492 (37.2%), 1,094 (1.4%) were elective, and the remaining 48,636 (61.4%) were day case.

We visited each of the medical care wards, Gladstone 1, 2, 3 and 4. We spoke with 30 staff of all grades and specialities. We checked the environment and equipment and spoke with patients and their relatives. We observed care and checked 20 patient records.

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Staff had limited understanding of the practical application of care for patients with deprived liberties.
- There was limited interaction or stimulation for patients with dementia or cognitive impairment.
- There was no clear vision or strategy for the service.
- Whilst risks were mitigated and managed, there had been limited action to address risks directly.
- The ward spaces were not dementia friendly.
- Flow out of the service was poor. There was a significant population of medically fit patients who could not be discharged due to difficulties in arranging care and support in the community.
- The senior leadership team recognised the sometimes poor relationship between its staff and local authority staff, but there had been no action to address this.
- Some staff told us they did not always formally report incidents and, in particular, near misses.
- Records of mandatory training for medical staff were poor and unreliable.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- There was a positive multidisciplinary working culture within the service.

Medical care (including older people's care)

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment generally kept people safe.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Some staff did not always report incidents and, in particular, near misses.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were generally competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Medical care (including older people's care)

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Some staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- There was limited training for staff as to the practical application of care for patients with deprived liberties.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement  

Our rating of responsive went down. We rated it as requires improvement because:

- Patients' personal preferences were not always recorded in their notes.
- The environment on the wards was not dementia friendly. There was limited interaction or stimulation for patients with dementia and cognitive impairment.
- There was poor flow out of the service. Numerous patients had complex needs which meant it was difficult to secure ongoing care for them. There were some difficulties in the discharge pathway between the service and the local authorities, which resulted in longer stays for patients.

However:

- Staff made some adjustments to help patients access services.
- The service provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Medical care (including older people's care)

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Staff described a disconnect between the service and the overall leadership of the trust.
- There was no vision or strategy for the service.
- Whilst the service leadership team recognised the difficulties facing the service, in particular, in respect of delayed discharge, there had been little concrete action to address these issues.

However:

- There was generally a positive culture within the service.
- Governance pathways were, overall, effective, meaning that the leadership had good insight into issues facing the service.

Areas for improvement

The provider should take the following action to address the concerns identified in our report:

- Ensure that mandatory training for medical staff is appropriately and accurately recorded;
- Ensure that staff supporting patients under DoLS are trained in how to do so;
- Encourage staff to report all incidents, including near misses;
- Ensure that ward spaces are dementia friendly;
- Address the difficulties in discharge and consequent length of stay;
- Formulate a vision and strategy for the service and share this with staff.

Surgery

Good   

Key facts and figures

During the 12-month period July 2018 to June 2019 there were a total of 8752 theatre surgical procedures to Central Middlesex Hospital, including paediatrics.

The surgical department has nine operating theatres at Central Middlesex Hospital with 24 surgical beds.

During the inspection we visited all clinical areas, including the surgical ward where mostly orthopaedic patients were cared for, theatres and recovery. Over the course of the inspection we spoke with 30 members of staff including senior managers, clinical nurse specialist, clinical educator, ODPs, health care assistants, consultants, junior doctors, physiotherapists, pharmacists and other allied health professionals.

We also spoke with 10 patients and their relatives. We observed care and treatment and looked at 11 medical records.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The ratings of safe, effective, caring, responsive and well-led have stayed the same.
- The service controlled infection risk well. Surgical site infection rates were low.
- The service provided care and treatment based on national guidance and monitored the effectiveness of care and treatment.
- Staff cared for patients with compassion and took account of patients' individual needs.
- The average length of stay for elective surgery was shorter than the England average.
- The service used a systematic approach to continually improving the quality of care by creating an environment in which excellence in clinical care would flourish.

However:

- Compliance rates for mandatory training and safeguarding training were below trust targets.
- Managers did not always effectively appraise all staff's work performance.
- Nurse vacancy rates were high.
- Waiting times from referral to treatment were not always in line with national standards.
- Not all formal complaints were responded to within the timeframe set by the trust.

Is the service safe?

Good   

Surgery

Our rating of safe stayed the same. We rated it as good because:

- The service controlled infection risk well. They kept equipment and the premises visibly clean.
- The service had suitable premises and equipment and maintained them well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service followed best practice when storing, prescribing, giving and recording medicines.
- The service managed patient safety incidents well.
- The service used safety monitoring results well.

However:

- The service provided mandatory training in key skills to all staff although not everyone had completed it.
- Staff understood how to protect patients from abuse but trust targets for completion of safeguarding training had not been met for medical staff.
- Nurse vacancy rates were above trust target.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

However:

- Managers did not always effectively appraise all staff's work performance.

Surgery

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, not all were responded to within the timeframe set by the trust.

However:

- People could not always access the service when they needed it. Waiting times from referral to treatment were not always in line with national standards. However, the average length of stay for elective surgery was shorter than the England average.

Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- The leaders of the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Managers were successfully promoting a positive culture that supported and valued staff.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Surgery

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The service did not monitor staff survey results at site level.

Areas for improvement

- The service should improve mandatory training rates for staff.
- The service should improve safeguarding training rates for medical staff.
- The service should improve nurse vacancy rates.
- The service should continue efforts to improve RTT rates.
- The service should improve staff appraisal rates.
- The service should improve responses to complaints within timeframe set by the trust.
- The service should monitor staff survey results at site level.

Services for children and young people

Inadequate ● ↓

Key facts and figures

Children services at Central Middlesex Hospital have reduced over the years and the main activity for children is day surgery in the Ambulatory care and diagnostics (ACAD) paediatric pre-assessment unit. Children were also seen in clinics in the Rainbows children's unit. The children's services are open from Monday to Friday 8am to 6pm.

The services for children and young people at Central Middlesex is mainly day surgery. This includes surgery for ear, nose, throat (ENT), dental, removal of lumps and maxillofacial surgery. There are no overnight beds on-site. Therefore, patients are only admitted to another hospital in the trust for unanticipated events which required an overnight stay. The child's expected recovery time is needed to be four hours or less post operation to have a pre-planned surgery at this hospital. Children are seen at the hospital either for surgery or for an outpatient appointment in the Rainbow Unit.

The children's ward, known as the Rainbow Unit operates two different clinics for paediatric patients on three different days. These clinics were for sickle cell anaemia and dietetics. The service sees children from the age of two till 15 years and 265 days. Any child over the age of 16 are seen in an adult setting.

Children attending the hospital for surgery would visit Area One, for a preassessment and the Recovery Ward was used for children waiting for their surgery and post-surgery. The Recovery, Stage One, area was used to remove any breathing apparatus immediately post-surgery.

During the inspection we spoke with six parents and patients, one matron, four band 6 nurses, one clinician, the lead paediatric clinical director, one healthcare assistant, one receptionist, three sisters, two pharmacists, the named nurse of safeguarding and the named doctor of safeguarding.

We checked four medical records in total, in a five bedded Recovery Ward.

Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- There was no clear evidence that areas from the last inspection had been addressed or necessary improvements made. The service did not control infection risk well. We found the Rainbow Unit untidy, we could not be assured that children's toys were regularly cleaned and there was of a lack of infection prevention information for children.
- Staff we spoke with in Recovery Stage One told us that children were cared for in a mixed four bedded recovery bay with adults
- Staff did not use a nationally recognised tool to identify deteriorating patients, such as Paediatric Early Warning Signs (PEWS) or a validated acuity score system to assess patients.
- We were not assured that the service was fully geared up to deal with a paediatric emergency. However, the trust subsequently informed us that there was a grab bag in this area. We found, however, that the resuscitation trolley in the Rainbow Unit had not been checked since 27 June 2019.

Services for children and young people

- We were told that not all medical staff had European Paediatric Life Support (EPLS) or Advanced Paediatric Life Support (APLS) training. There was no paediatrician available on-site at the hospital. Staff had to refer to the consultant of the day or week, who was based at a different hospital in the trust.
- Staff did not monitor the effectiveness of care and treatment and the service did not participate in relevant national clinical audits. They therefore did not have a baseline upon which to generate improvements to the service. We requested data on how long children waited for their operation, but this information was not collected or monitored by the service
- We looked at the policy file in the Recovery Ward and found 15 policies out of date. The out of date policies had not been disposed of. The risk register we were shown for recovery Stage One and the Recovery Ward was out of date.
- There were limited facilities available for parents and relatives, such as a quiet area for when a parents child is in surgery. There were no separate toilet facilities in the children's surgical unit for children, parents or carers who required the use of a wheelchair. There were also no baby changing facilities or areas where mothers could breastfeed with privacy.
- We found a lack of clarity over where the overall responsibility and accountability of children and young people services lies within Central Middlesex Hospital. We also found a lack of clarity for how and where this service fed into the trust. Governance in children and young people services at Central Middlesex Hospital was weak. The risk register for the recovery ward was out of date.

However:

- Staff recognised and reported incidents and near misses and reported them appropriately. The service had no never events in the last 12 months.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way.
- Managers ensured that children, young people and their families who did not attend appointments were contacted.
- Theatre lists were prioritised and carefully ordered taking into account age, procedure and special needs. This information was shared with parents via the parents information booklet.

Is the service safe?

Inadequate  

Our rating of safe went down. We rated it as inadequate because:

- We did not see any evidence of improvement following the previous rating of requires improvement.
- The service did not control infection risk well. We found the Rainbow Unit untidy, we could not be assured that children's toys were regularly cleaned and there was of a lack of infection prevention information for children.
- There were facilities for disabled and baby changing in the Rainbow Unit but staff told us they believed that the Rainbow Unit was shut.
- Staff we spoke with in Recovery Stage One told us that children were cared for in a mixed four bedded recovery bay with adults
- Staff did not use a nationally recognised tool to identify deteriorating patients, such as Paediatric Early Warning Signs (PEWS) or a validated acuity score system to assess patients.

Services for children and young people

- We were not assured that the service was fully geared up to deal with a paediatric emergency. However, the trust subsequently informed us that there was a grab bag in this area. We found, however, that the resuscitation trolley in the Rainbow Unit had not been checked since 27 June 2019.
- We were told that not all medical staff had European Paediatric Life Support (EPLS) or Advanced Paediatric Life Support (APLS) training.
- There was no paediatrician available on-site at the hospital. Staff had to refer to the consultant of the day or week, who was based at a different hospital in the trust. Some staff we spoke with were not aware of this arrangement.
- Records were clear, but sometimes children were seen with an incomplete set of records. Following the inspection, the trust told us, in the event that a child was seen with a temporary set of notes at pre-operative assessment (POA), the complete record was requested straight away from the clerks.
- Storage of medicines complied with national guidelines. However, fridge temperature monitoring in the recovery ward was not recorded and we could see no evidence that temperatures were being monitored. However, fridge monitoring in ACAD paediatrics was recorded.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to recognise and report abuse and they knew how to apply it.
- The service had enough staff with the right experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.
- Staff recognised and reported incidents and near misses and reported them appropriately. The service had no never events in the last 12 months.

Is the service effective?

Requires improvement ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- The service provided care and treatment based on national guidance and evidenced-based practice but had no evidence or audits to support this
- Staff did not monitor the effectiveness of care and treatment and the service did not participate in relevant national clinical audits. They therefore did not have a baseline upon which to generate improvements to the service.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. However, there were clinical educators for theatre and stage one recovery, but not on the recovery ward.
- We looked at the policy file in the Recovery Ward and found 15 policies out of date. The out of date policies had not been disposed of.
- There was no health promotion directed to children and young people in either the Rainbow Unit, pre-assessment area or in recovery areas.

However:

Services for children and young people

- Staff encouraged children, young people and their families to bring in food from home. This meant that the child had something familiar and something to look forward to post surgery.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- The service operated Monday to Friday, and there were provisions in place for surgeries taking place on a Friday.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- We saw that children were not left unsupervised, and always had a parent carer or nurse with them at all times.
- We saw that staff working with paediatric patients were well prepared to work with and communicate with children.
- Staff gave children, young people and their families help, emotional support and advice when they needed it.
- Staff made sure children, young people and their families understood their care and treatment.
- We saw parents carrying their child into the anaesthetic room in surgical gowns, which meant that the service was trying to minimise the time that separated a child and parent. This also meant that children were able to see their parents face right before being given the anaesthesia.

Is the service responsive?

Requires improvement ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- In recovery Stage One we saw that children were being cared for in the same bay as adults and curtains not drawn.
- There were limited facilities available for parents and relatives, such as a quiet area for when a parents child is in surgery.
- There were no separate toilet facilities in the children's surgical unit for children, parents or carers who required the use of a wheelchair. There were also no baby changing facilities or areas where mothers could breastfeed with privacy.
- Overall there was a lack of patient information leaflets designed for children and young people.
- We did not see a child friendly complaint process appropriate for children and young people of different age ranges to easily access and use.

Services for children and young people

- There was no play specialist input although children and parents had access to play preparation booklets for surgeries.
- Throughout the hospital there was poor signage to show members of the public where the paediatric surgical department was.
- We requested data on how long children waited for their operation, but this information was not collected or monitored by the service.

However:

- Managers ensured that children, young people and their families who did not attend appointments were contacted.
- There was clear physical and social criterion for admission to the paediatric surgical unit.
- Staff worked with local Clinical Commissioning Groups and had produced up to date transition protocols for young people aged between 16 to 18 years old for each speciality.
- We saw robust processes in paediatric surgery, demonstrated when a patient who cancelled their pre-assessment appointment subsequently had their surgery cancelled.
- Theatre lists were prioritised and carefully ordered taking into account age, procedure and special needs. This information was shared with parents via the parents information booklet.

Is the service well-led?

Inadequate ● ↓

Our rating of well-led went down. We rated it as inadequate because:

- We found a lack of clarity over where the overall responsibility and accountability of children and young people services lies within Central Middlesex Hospital. We also found a lack of clarity for how and where this service fed into the trust.
- The matron in charge was responsible for the paediatric surgical department and was well-regarded. The trust told us that the matron had a clear line of reporting for the surgical aspects of her role, reporting to the Head of Nursing and in turn to the Divisional Head of Nursing. However, the matron was not accountable to the leads under the women and services division of the trust.
- Leadership of this service from within the trust was remote above the level of matron.
- None of the staff spoken to seemed to know who was responsible for overseeing the Rainbow Unit.
- Governance was weak. There was a lack of up to date policies and associated audits demonstrating that the care being delivered was compliant national standards and best practice.
- We were not assured that the service was guided or supported via a paediatric surgical network.
- There was no clear evidence that areas from the last inspection had been addressed or necessary improvements made.
- There was little reference to the children and young people's services at Central Middlesex at the surgical board meeting.
- We saw documented evidence of staff meetings held, but there was no time period set for how often these meetings occurred.

Services for children and young people

- We asked senior staff at the hospital when they had last raised a safeguarding concern. The last concern raised was in May 2019. Senior staff within the children's division at a different hospital in the trust had not heard of this safeguarding concern and thought it was unnecessary to be in the loop of this this safeguarding referral.
- The risk register we were shown for recovery Stage One and the Recovery Ward was out of date.
- There had been no scenario testing or evidence to see if the paediatric resuscitation trolley was accessible in timely manner to all areas seeing children.
- There was no information or data captured to measure improvement. The lack of performance data from having no audits, plus a lack of direct medical presence and a remote senior leadership worked against innovation and improvement.
- Information technology systems were not used effectively to monitor and improve the quality of care.

However:

- Nurses we spoke with were proud of the Recovery Ward and said that they worked well together.
- Risk assessments were in date.
- There was a team email that staff could use to update one another, pre-assessment information that required chasing and provide handovers when necessary.
- There was a social text message group that staff had to communicate non-work-related agendas such as social gatherings.

Areas for improvement

- The service should ensure that all staff working with children have the appropriate safeguarding training.
- The service should ensure that all staff working with children are trained in immediate paediatric life support, including all medical staff and all nurses.
- The service should ensure that infection prevention control audits are undertaken to monitor infection control and improve outcomes.
- The service should ensure that all paediatric resuscitation equipment is available to all areas where children are being seen in a timely manner.
- The service should ensure that fridge temperatures for medicines are checked daily and acted upon when out of range.
- The service should provide assurance that the service is underpinned and working towards national standards of care.
- The service should ensure that audits are undertaken to measure or demonstrate assurance of evidence-based care.
- The service should ensure that all policies are up to date.
- The service should ensure that all issues raised in the last inspection report have been addressed.
- The service should ensure that all areas where children are being seen have the appropriate oversight by senior management at the hospital and within the trust.
- The service should ensure that there is an up to date risk register.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Our inspection team

Nicola Wise, Head of Hospital Inspections led the well-led inspection. Robert Throw CQC inspection manager was the lead inspection manager for the trust and conducted the well-led review.

The core service inspection team included two CQC inspection managers, the CQC relationship owner of the trust, CQC inspectors, specialist advisers and experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.