Central London Community Healthcare NHS Trust

RYX

Community health inpatient services

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RYXZ2	Finchley Memorial Hospital	Intermediate Care Ward	N12 0JE
RYXY9	Edgware Community Hospital	Intermediate Care Ward	HA8 0AD
RYXW7	Charing Cross Hospital	Marjory Warren Ward	W6 8RF

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

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Good

We rated community in patient services as good. We saw that community inpatient services were safe, effective, caring, responsive and well-led. All care provided revolved around patient rehabilitation and reablement. Feedback from patients and relatives was very positive and we observed staff to be caring and compassionate in their approach. There had previously been a high rate of incidents. However, a new and robust management structure and improved quality processes had begun to tackle this effectively. There had been staff shortages and difficulties with recruitment, meaning that there was a heavy reliance on agency staff but senior management had been working to improve this and a new recruitment campaign was due to begin.

Staff told us there was a commitment to good rehabilitation care at all levels and we saw evidence of good multi-disciplinary working across nursing, therapy and medical teams. Medical cover was consistent and doctors were committed to providing good rehabilitation care. Medicines management was generally good but patients were not offered the chance to manage their own medication as a means to prepare for leaving the hospital environment. Patient records were generally well managed and national guidelines were followed for stroke, dietetics, falls and pressure ulcers. Staff felt involved in patient care, their competence was assessed, training was managed well and all staff had received appraisals.

Staff followed infection control procedures and all areas we inspected were clean and environments and equipment were well maintained and suitable for patients' needs. Food and fluids were within patients' reach and most patients told us they enjoyed the food provided and were supported if necessary. Patients felt safe and cared for during their stay and staff were sensitive, compassionate and maintained dignity and respect for their patients. They took time to understand patients' needs or to give explanations. Patients were given sufficient information about their environment and what to expect during their admission. Their opinions were sought and listened to.

Admissions and discharges were well managed although the ward teams sometimes felt under pressure to accept patients who did not meet the full admission criteria, particularly those with dementia or confusion.

Delayed discharges were mainly due to family choice, lack of nursing home places and waiting for packages of care to be put in place.

The trust received very few written complaints but the trust responded to concerns with a positive, problem-solving attitude.

Volunteers, and local community groups were welcomed and involved in patient activities. Staff told us that they would feel confident if a member of their family was being cared for by the teams.

Summary of findings

Background to the service

Central London Community Healthcare NHS Trust provided community inpatient services for the populations of Barnet, Hammersmith and Fulham, Kensington and Chelsea and Westminster boroughs. Patients were admitted from several Acute Hospitals and Trusts. There were 2 rehabilitation wards and a temporary winter pressures ward (Marjory Warren Ward). The Community In-patients wards provided a total of 74 beds for rehabilitation care and therapy for patients.

The Intermediate Care Ward at Finchley Memorial Hospital provided 34 beds for patients requiring rehabilitation following falls, infection, fractures, amputation or neurological conditions. Most patients were elderly but the ward occasionally cared for other adult patients. The average length of stay was 24 days. We spoke with 11 patients, 13 staff and reviewed 6 patient records.

Marjory Warren Ward located at Charing Cross Hospital, was an intermediate care unit opened on a temporary basis to provide rehabilitation for patients no longer requiring acute care. The unit was commissioned by Central London, West London and Hammersmith & Fulham Clinical Commissioning Groups (CCGs). The ward had been opened on 30 October 2014 and had been due to close at the end of March 2015 but had been kept open due to demand. It provided 20 beds and at the time of our inspection there were 16 patients. The expected length of stay was 14 days but this was flexed to suit individual needs of the patients. Most patients were elderly but the ward occasionally cared for other adult patients. We spoke with 6 patients, 10 staff and reviewed 8 patient records.

The Intermediate Care Ward at Edgware Community Hospital provided 20 beds for patients requiring rehabilitation. Most patients were elderly but the ward occasionally cared for other adult patients. The average length of stay was 2 – 4 weeks. We spoke with 14 patients, 8 staff and reviewed 8 patient records.

Our inspection team

Our inspection team was led by:

Chair: Paula Head, Chief Executive, Sussex Community NHS Trust.

Team Leader: Amanda Stanford, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Specialist Dental Adviser , Community Paediatrician, Palliative Care Consultant, General Practitioner, Community Matron, Intermediate Care Nurse, District Nurses, Health Visitors, Physiotherapists and Experts by Experience (people who had used a service or the carer of someone using a service).

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of findings

- Is it well-led?

Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the trust and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit from 7 to 10 April 2015.

What people who use the provider say

Patients and visitors told us that all staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being administered.

The Friends and Family Test was completed with all patients and comments and suggestions were welcomed by the team. Comment cards were displayed on the ward notice board and all were very positive.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The trust should:

- Carry out pressure area assessments consistently and with regular reviews on all wards.
- Enable patients to self-medicate to facilitate rehabilitation.
- Ensure that good practice, learning and improvements achieved in each ward is shared across all units.
- Continue to support new managers to lead ward teams with confidence and strive for continuing improvement.

Central London Community Healthcare NHS Trust

Community health inpatient services

Detailed findings from this inspection

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

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

Ward environments were clean, tidy and clutter free in all areas and all staff followed infection control principles. There was sufficient, clean and well maintained equipment. Patient records were mostly well laid out and completed regularly and consistently. Patient risk assessments were completed appropriately and regularly, and well documented and nursing handovers took place at every shift. Medicines management was generally good with appropriate pharmacist support for all wards.

A relatively new management structure including ward managers had begun to tackle the cause of incidents and there was a general reduction in patient falls and new pressure ulcers. One ward was already making excellent progress and another was in the early stages of improvement. Reporting and learning from incidents was well managed and staff received feedback on the outcomes of incidents and information was shared across locations. Staff were aware of safeguarding principles and able to follow the correct procedures and almost all staff had received the full range of mandatory training.

Nurse staffing levels met national requirements but there had been staff shortages for nurses and therapists and a high number of vacancies. Recruitment processes were well underway with new staff appointed but some not yet in post. However, trust management were aware that staff vacancies remained high and further recruitment was planned. Medical cover was provided on weekdays by a consultant, GP or an associate specialist in elderly medicine and they were supported by trust doctors. Out of hours medical cover was accessed from the local GP out of hours services.

Detailed findings

Safety performance

Good

Are services safe?

- The rate of harm free care for the previous 12 months ranged between 64.5% and 100% and patients free from new harm ranged between 85.8% and 100% for all community inpatient wards.
- The NHS safety thermometer was completed monthly on each ward. This measured the occurrence of pressure ulcers, patient falls, catheter acquired urinary tract infections and venous thromboembolism (VTE):
- A total of 11 new pressure ulcers was recorded in 2014 with an average of one per month but a peak of 2 was noted in December.
- There were minimal incidents of falls with harm and 5 incidents were recorded across the year.
- There had been a total of 11 incidents of catheters with new urinary tract infections (UTIs) recorded in 2014. However they had reduced significantly over the year and only 3 had been recorded between September and December.
- There had been no VTEs recorded.
- There had been no health care acquired infections in the previous 6 months.
- There had been no incidents of Never Events which are incidents determined by the Department of Health (DH) as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Incident reporting, learning and improvement

- Incidents were reported using the trust electronic recording system. Staff were trained how to identify an incident or a near miss and to use the system. We found that staff in all locations were confident to report incidents.
- Staff gave examples of incidents they had reported and their outcomes. They told us that teams and the organisation as a whole learned from incidents and there was evidence of clear action planning following reviews. Feedback to teams was discussed in team meetings and briefings and through the staff Newsletter.
- The NHS safety thermometer on the week of our inspection showed that there had been no new incidents recorded and all VTE assessments had been completed.
- The trust completed Root Cause Analysis (RCA) investigations on serious incidents, a raised number of patient falls or where trends were identified. Ward teams received feedback from Lead Meetings where information was shared across locations.
- All staff we met understood the term Duty of Candour and its meaning in practice. We were told at every location we inspected that the trust required all staff to display open, honest and transparent behaviour and to communicate with patients and families when incidents occur.
- The matron and Associate Director of Quality supported staff in dealing with incidents and completed root cause analysis where necessary and appropriate. They then provided feedback to all the community inpatient units via email.
- At Marjory Warren Ward the NHS safety thermometer showed the last pressure ulcer had occurred 101 days before our inspection. The ward team had organised an open meeting with the patient who had developed the pressure ulcer and their family to discuss the circumstances surrounding the incident and followed this up with a letter to the family. There had been a single fall in the month prior to our inspection.
- Staff who had worked on the Marjory Warren Ward the previous winter told us they could see that improvements had been made this year as a result of lessons learned.
- A total of 115 incidents had been recorded on the Intermediate Care Ward at Edgware Community Hospital since September 2014 including 9 slips, trips and falls, 4 discharge problems and 7 grade 3 or 4 pressure ulcers developed in patients while on the ward. A patient had fallen on the ward the weekend before our inspection and the incident had been reported via the electronic reporting system. Appropriate actions had been taken and it was clearly documented in the notes and on the white board above the bed that the patient required assistance of 2 staff and a walking frame when mobilising.
- We observed the ward team carrying out a root cause analysis regarding patient falls. Lessons learned included the use of crash mats if individual patient assessment warranted them and a long-handled “reacher” for patients’ use. Recommendations to be taken forward included comprehensive rehabilitation screening for patients being considered for rehabilitation.
- The Intermediate Care Ward at Finchley Memorial Hospital had appointed managers within the previous six months. There remained a vacancy for a matron and senior management provided support with root cause analysis and serious incident investigations.

Good

Are services safe?

- In the previous year at the Intermediate Care Ward at Finchley Memorial Hospital there had been 9 Grade 3 and 4 pressure ulcers and one serious fall recorded. Staff told us that the trust had formed a Pressure Ulcer Working Group. However, it was not evident that the good practice from other wards had been shared with staff on this ward and the numbers of new pressure ulcers had not yet begun to reduce.

Safeguarding

- Staff were able to identify the different types of abuse and circumstances appropriate to raising a concern. All staff we interviewed were aware of the safeguarding process and were up to date with mandatory training. As part of the induction process and updates all staff had attended Level 1 Adult safeguarding and Level 1 Children safeguarding for clerical staff, Level 2 for clinical staff.
- When grade 3 or 4 pressure ulcers were noted on admission of patients this was reported to the Safeguarding Team. This had happened recently and we were told the Safeguarding team would begin an investigation with the transferring acute hospital.

Medicines

- We found that medicines were stored securely on all sites we inspected and appropriate emergency medicines were available. A recent medicines security audit had highlighted areas for improvement and an action plan had been drawn up for each site with a completion date of 31 May 2015. We saw that many of these actions had already been taken and where more long-term solutions were needed, staff had reduced the risks by temporary measures.
- Refrigerators used to store medicines were checked daily to ensure that the temperatures were appropriate. We saw records of this and staff could describe the procedure if there was a failure in the cold chain.
- We looked at 12 prescriptions and medication administration records and we saw that medicines had been administered according to the prescribed instructions and any omissions were recorded with an explanation. Pharmacists visited the wards regularly and we saw that they were involved in medicines optimisation processes including medicines reconciliation and discharge planning.
- We looked at 12 prescription charts, spoke to 4 nurses, the pharmacist and 7 patients about their medication.
- Recent recording errors at Intermediate Care Ward, Finchley Memorial Hospital had been highlighted by the pharmacist and they had put new processes in place to reduce this. There had been one medication error in the week previous to our inspection. This had been caused by a nurse omitting to sign the drug administration record when giving medication to a patient. This had been proactively addressed by the ward team and they had changed the bedside nursing handover procedure to include checking every medication chart for omissions.
- An error had occurred the week previous to our inspection at the Intermediate Care Ward, Edgware Community Hospital when the pharmacist had completed medication documentation incorrectly. This had been noted by ward staff and the doctor had rewritten the medication entry. This was reported as an incident on the Datix system and escalated to the matron who spoke with the pharmacist. On another occasion, 16 medication errors had been found over a period of 2 days. These were all recorded as separate incidents then investigated and found to be due to one agency nurse omitting to sign against every drug administered. This was managed appropriately and immediately.

Environment and equipment

- Resuscitation trolleys and equipment were regularly checked, fully stocked and records on all wards were complete and up to date.
- Equipment stores were well organised, well-stocked and clean and dirty equipment was segregated appropriately.
- A wide range of appropriate therapy and mobility equipment was in use and was found to be clean and in good condition.
- At the Intermediate Care Ward, Finchley Memorial Hospital an internal review carried out in February by the 15 Steps Challenge team (part of the NHS Productive Care Quality Improvement Programme) had identified that equipment storage and stock management could be improved. It was evident that this had been addressed prior to our inspection. Storage rooms were well organised, equipment was clean and stock was labelled. No supplies were out of date.

Quality of records

Good

Are services safe?

- Patient records were stored securely in locked rooms on each ward and nursing notes were kept at each patient's bedside.
- Notes for discharged patients and archived records were stored in locked cupboards in locked rooms.
- Good and clear multidisciplinary team working was evident throughout patient notes. Therapists and nursing staff contributed to and shared information on patient care .
- Documentation was comprehensively reviewed and monitored by senior staff.
- Patient records were well laid out and completed regularly and consistently and regularly reviewed except at the Intermediate Care Ward, Finchley Memorial Hospital where patient records were difficult to follow and we had to request help from the ward team to understand how records were laid out. Because of this we were only able to comprehensively review 2 full sets of patients' notes on this ward.
- Therapy documentation had recently been reviewed at the Intermediate Care Ward, Edgware Community Hospital with more streamlined records ready to be implemented along with staff training on their use in practice.
- One patient had been transferred from the acute setting to the Intermediate Care Ward, Finchley Memorial Hospital and returned there twice, undergoing 4 hospital transfers in 24 hours with no reasons stated in the patient notes and at the time of the inspection the ward staff were unable to tell us why the patient had been transferred so many times.

Cleanliness, infection control and hygiene

- Staff followed infection control principles and were seen to wash their hands and use hand gel appropriately. All staff were bare below the elbow.
- Hand hygiene audits were completed weekly and results were consistent at 100% across all wards we inspected.
- All ward environments were clean, tidy and clutter free.
- Cleanliness and equipment decontamination checklists were completed and documentation was kept up to date.
- Monthly environmental audits had very high compliance with all wards achieving 100% compliance for most months. This had dropped to 99% on one ward on one occasion due to dust on top of a doorframe.
- A patient with MRSA had been transferred from an acute setting and we found that all appropriate checks and assessments and documentation had been completed prior to admission to the ward. This included an inter-healthcare infection control transfer form. A Tracker Nurse had coordinated the transfer and the admission criteria had been accepted and agreed. This was all fully documented in the patient notes.

Mandatory training

- Staff attended mandatory training as part of induction and regular, planned updates which included resuscitation, infection control, information governance, fire safety, equality and diversity, moving and handling, health and safety, conflict resolution and safeguarding adults and children.
- Mandatory training compliance ranged between 95 and 100% across the teams. Staff requiring updates were booked to attend training where it was available but in some cases dates of additional training courses were awaited.

Assessing and responding to patient risk

- Senior staff had introduced a bedside handover for every patient at every shift. Staff present from each shift included a registered nurse, healthcare assistant, therapist and the ward manager. This ensured that any changes in the patient's care or condition were relayed to new staff members.
- A wide range of risk assessments, screening tools and record charts were used appropriately and effectively and were well documented. Multifactorial risk assessments were completed and included; history of falls, medication and postural hypotension.
- Multidisciplinary team (MDT) handover sheets were used which included patient allergies, resuscitation status, moving and handling requirements, diet and fluids, nursing needs and MDT plan.
- At Marjory Warren Ward patients' skin condition was checked and documented at every shift. Assessment and screening tools including NEWS (national early warning score), and Braden scale (for pressure ulcer risk) were all clearly documented and reviewed effectively.
- At the Intermediate Care Ward, Edgware Community Hospital a dictation machine was used at nursing handover for every shift so that all staff could listen to the recording. A therapist joined every morning handover. The ward had introduced a National Early

Warning Score (NEWS) system to identify triggers of patient deterioration in the past few weeks and staff had commenced on-line training produced by the Royal College of Physicians. This documentation was completed consistently and regularly.
- Staff on all wards carried out CAPE (care, analgesia, patient safety and environment) assessments on every patient and at every hour.
- NEWS (National Early Warning Score) documentation had been recently introduced at the Intermediate Care Ward, Finchley Memorial Hospital but these were not yet fully embedded or reviewed in the records we viewed. One healthcare assistant told us that they needed help with scoring. On hearing this, the ward manager had gathered all the staff together to discuss the trigger system and how scoring was completed effectively.
- At the Intermediate Care Ward, Finchley Memorial Hospital Body maps were completed shortly after admission but not updated and pressure areas were not assessed consistently and were found to be infrequent on several occasions. Fluid balance charts were completed but there was no apparent review of why one particular patient's input was had been low at 400mls for a 24 hour period.

Staffing levels and caseload

- Agency staff were monitored by a temporary staffing team to ensure regular and suitable staff were employed and trust induction processes were carried out correctly.
- Nursing and therapy staff told us that previous staffing issues were being resolved but progress was slow. However, fewer agency staff and locums had been required more recently because more permanent staff were being recruited.
- All staff at Marjory Warren Ward had attended mandatory training as part of the induction process. Trust staff development records showed that 95% of ward staff from the Intermediate Care Wards had received mandatory training and those outstanding had sessions booked to attend or were waiting for new dates to be offered. This information was recorded by the Learning and Development Department on the Electronic staff Record (ESR).
- Staffing levels and medical cover were organised differently across the 3 main sites:

Marjory Warren Ward

- Medical cover was provided by 1 geriatrician who worked 2 sessions per week and a Resident Medical Officer (RMO) who provided cover 5 days per week, 10:00 to 16:00 and 2 hours over the weekend.
- Out of hours medical cover was provided by the acute trust and negotiation was undertaken with the acute unit to enable access to the on-site crash team for emergency needs.
- Staffing was planned by patient acuity. A nursing ratio of 1:7 (one trained nurse for every 7 patients) was consistently achieved as a minimum. On day shifts there were 3 registered nurses as well as the ward manager on duty and 3 healthcare assistants (HCA) with an additional HCA on an early shift.
- There were no staffing vacancies. Due to the temporary setting, staff had been employed on fixed term contracts from the Trust staff bank and agency staff.
- The therapy team were led by a lead physiotherapist. Therapists were a mix of substantive staff and locums.
- One patient was receiving full time, one to one nursing care. This had been agreed by the ward team , clinician and Best Interests Assessor and funding had been approved.

Intermediate Care Ward, Edgware Community Hospital

- Medical cover was provided by a medical consultant and a specialist registrar.
- Out of hours and weekend medical cover was provided by Barnet Doctors (BarnDoc), a local GP cooperative.
- There had been staffing shortages with several vacancies over the past year but recruitment processes had been followed and all except one post had been recruited into with start dates agreed. Hospital bank and regular agency staff were used to backfill and ensure sufficient staff on the ward for all shifts. However, the need for this was decreasing as more permanent staff joined the team.
- Patient dependency levels were reviewed on a weekly basis and if more staff were required they were requested by ward managers or on-call managers at weekends.
- The nurse staffing ratio for all shifts was 1:7 (one trained nurse to every 7 patients). This meant there were always 3 trained nurses and 3 healthcare assistants (HCAs) on

day shifts and 3 trained nurses and 2 HCAs on night shifts. In addition there was a team of 10 therapists and 1 or 2 rehabilitation support workers on the ward on weekdays.

Intermediate Care Ward, Finchley Memorial Hospital

- Medical cover was provided by a contracted SHO Doctor between 9am to 7pm, Monday to Friday, with consultant supervision. Out of hours medical cover was accessed from the local GP out of hours service.
- A new matron had been appointed but had not yet started in post.
- Nurse staffing ratio was usually 1:8 (1 registered nurse for 8 patients) across all shifts. There were sufficient staff at night with health care assistants who worked permanent night shifts and trained nurses who rotated around all shifts. However trained nurse numbers were often lower than optimum on day shifts due to a shortage of staff. Hospital bank staff and agency staff were employed on contracts in order to supply some continuity for the staff team. The team had numerous vacancies at the time of our inspection: 11 trained nurses, 2 health care assistants and 7 rehabilitation support workers.
- Ward managers have two supernumerary shifts per week and are counted in ward staffing for three shifts.
- Patients told us that the ward had been short of staff over the Easter weekend and there had been long waits for staff to attend to their needs. The ward manager told us that they had experienced difficulty in staffing the ward with registered nurses so had increased the numbers of healthcare assistants on duty. They told us there were the required numbers of staff present but the skill mix had not been correct at that particular time. There were only 2 registered nurses on duty for 32 patients.
- Therapy teams provided cover Monday to Friday every week, including bank holidays. The therapy lead told us of plans to expand cover in the future to 7 days a week.

Managing anticipated risks

- Patient falls were a concern trust-wide and the existing Falls Policy was under review. Staff were using appropriate tools including falls risk assessments and reporting patient falls. An MDT falls assessment was completed within 4 hours of admission and each patient's transfer status was displayed on the board above their bed. Patient falls and observed trends were investigated and feedback was shared at monthly management meetings.
- There were escalation policies and procedures in place for deteriorating patients and they were used effectively. Any urgent medical needs were accessed via the 999 service and patient transfers could be made to local acute hospitals as necessary.
- At Marjory Warren Ward pharmacy needs out of hours were accessed via a telephone helpline and there were emergency arrangements in place for urgent blood results and x-rays.
- At the Intermediate Care Ward, Finchley Memorial Hospital there had been a consistently high number or patient falls and the staff told us they believed this was due to the environment and shape of the ward. The building was two years old and all rooms were single occupancy and this made the footprint large and difficult to manage. The ward was due to be relocated the week after our inspection and the new environment had a linear layout. Staff expected that would help with visibility and efficiency and the ability to reach patients in need of help more quickly. In the meantime, a nursing station had been relocated to enable better visibility of patient areas and the ability to reach patients more quickly if they called for help.

Major incident awareness and training

- Major incident and fire escalation plans were in place and available on the wards. These were incorporated into local induction and orientation information for all new staff including agency staff.
- The Marjory Warren Ward was located within an acute hospital setting belonging to Imperial College Healthcare NHS Trust. The ward staff had attended local induction and had been trained in emergency and evacuation procedures in the case of a major incident on the premises. The staff from the neighbouring ward shared facilities and relationships were reported as being good.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

The service used National Institute of Health and Care Excellence (NICE) and Royal College of Nursing (RCN) best practice guidelines to support the care and treatment provided for patients.

A wide range of assessment and screening tools were employed and documented in patient notes and national guidelines were followed for stroke, dietetics, falls and pressure ulcers. Clinical audits were carried out with mostly good levels of compliance recorded. Evidence and outcomes of these audits was displayed for staff, patients and visitors to view. Staff felt involved and were encouraged to give feedback on patient care. Staff competencies were assessed and recorded by senior ward staff and ward managers and all staff had received appraisals.

Food and fluids were within patients' reach and most patients told us they enjoyed the food provided. Patients who required assistance with eating and drinking were well supported. Staff involved patients in their care and obtained verbal consent before carrying out any interventions. Access to therapy was a priority in all services we inspected and patients were encouraged to take part in regular therapy activities. Wards had identified link nurses for infection prevention and control and therapists led the teams in specialties such as falls and nutrition.

There were some inappropriate admissions to the community wards from the acute services and these were reported and investigated by senior managers. Discharge planning was integral to the care of patients and began from the first day of their admission. Delayed discharges were mainly due to family choice, lack of nursing home places and waiting for packages of care to be put in place.

Detailed findings

Evidence based care and treatment

- The service used National Institute of Health and Care Excellence (NICE) and Royal College of Nursing (RCN) best practice guidelines to support the care and treatment provided for patients.
- Documentation audits were carried out and the final published results from the November 2014 audit were awaited. However, staff had identified key issues from the data, taken actions for improvement and were progressing towards peer review.
- Following lessons learned from the previous year on the winter pressures ward, the ward manager at Marjory Warren Ward had set up care pathways in preparation for the opening.
- National guidelines were followed for falls and pressure ulcers and NICE guidance was followed for dietetics and stroke rehabilitation.
- Weekly surveillance data (including urinary tract infection (UTI)) is submitted to the Infection Prevention team from all bedded areas and the return rate is 100% compliance.
- Regular dietetic audits were carried out and changes were made in line with the results. For example when a patient's drink was found to have insufficient thickener added the dietician held a training session for nursing staff which had improved staff understanding and patient care.
- Patient led assessment of the care environment (PLACE) carried out in 2014 gave cleanliness ratings of 99 and 100%. Other scores varied but patients and visitors we spoke to on our inspection were very satisfied with the ward environments.
- A named nurse and key worker were identified for all patients. This had been a new initiative in February 2015 and guidance had been developed with leads identified on the wards.

Pain relief

- Patient records showed that pain assessments were completed regularly and effectively and analgesia was prescribed and administered appropriately.
- In all locations CAPE (care, analgesia, patient safety and environment) assessments were carried out regularly by the nursing teams.

Nutrition and hydration

Good

Are services effective?

- Nursing teams used MUST assessments. Patients were screened on admission for malnourishment and the dietician assessed all patients whose nutritional needs were highlighted.
- Patients were weighed on admission and weekly thereafter to ensure nutritional needs were met.
- Food and fluids were within patients' reach and a red tray system was used for patients who required assistance with eating and drinking.
- Most patients told us they enjoyed the food provided and the PLACE assessment score for food at the Intermediate Care Ward, Finchley Memorial Hospital was 100% and the trust overall achieved a score of 94%
- At Marjory Warren Ward all patients' food and drink portions were measured and recorded and staff liaised closely with the dietician for optimum nutrition and hydration for each patient
- Following a fluid intake audit at the Intermediate Care Ward, Edgware Community Hospital, staff had implemented a dehydration assessment tool (GULP: gauge, urine, look, plan) to monitor patient's fluid intake and output more effectively. This had been in place for 6 months. Water jugs with red lids were used for patients who required assistance in drinking and a therapy support worker spent time with each of these patients every hour to encourage them and help them to drink sufficient fluids.
- Families were encouraged to bring food for patients with complex nutritional or cultural food requirements. However this was carefully monitored and staff were able to take action if this was misused. For example a family member brought inappropriate food for a patient with specific nutritional needs and this had to be explained, monitored carefully and managed robustly.
- Patients who required a texture modified diet received a nutritional assessment.
- At the Intermediate Care Ward, Edgware Community Hospital a mealtime audit had highlighted that evening meals took place at the same time as the medication round so fewer staff were available to help patients with eating and drinking. The medication round time was adjusted to free up more staff.

Patient outcomes

- Patients were involved in their own rehabilitation, goal setting and discharge planning from their admission to the wards. Discharge dates were set and agreed as a goal and individual needs and rates of recovery were considered at multidisciplinary meetings.
- Local audits had been carried out with good levels of compliance recorded. These included audit of controlled drugs, omitted medicines, mealtime mantra, hand hygiene, urinary catheter care and record keeping.
- Outcomes of audits were displayed on the ward noticeboards for staff, patients and visitors to view , including changes that had been made to improve compliance and good practice. For example staff at Marjory Warren Ward had rearranged the evening drug round to follow the evening meal so the responsible nurse had more time and support available to carry out administration of medicines.
- Physiotherapy data collection had been initiated and was improving.
- Clinicians at Marjory Warren Ward acknowledged that due to the temporary nature of the ward there was a lack of clinical audit around patient outcomes.
- At the Intermediate Care Ward, Edgware Community Hospital a documentation audit had been completed in November 2014 and the final results were awaited. Key issues that had been raised were that DNA CPR (Do not attempt cardiopulmonary resuscitation) forms had not always been signed appropriately or times noted. Appropriate actions had been taken which were evident at our inspection and the teams were progressing the findings for peer review.
- At the Intermediate Care Ward, Edgware Community Hospital the multidisciplinary team used a goal attainment scale (GAS) to aim for an admission of between 2 and 3 weeks. We found that this was achieved with most patients.
- At the Intermediate Care Ward, Finchley Memorial Hospital patient records showed good annotation of assessment tools used by therapists and their outcomes in terms of rehabilitation goals and independent living.

Competent staff

- Wards had identified link nurses for infection prevention and control and therapists led the teams in specialties such as falls and nutrition.
- All ward staff had participated in appraisals in the last year.

Good

Are services effective?

- Clinical supervision for nursing staff varied in formality. Some staff received regular, supportive and effective formal supervision while others reported that although they did not have formal supervision, ward meetings did include learning opportunities. There was an open culture on the wards and both staff and managers stated that there were opportunities for individual staff discussions. Formal supervision was to be introduced across all areas.
- All staff had received full Trust induction and local induction, including information and emergency procedures from hospital management of the trust hosting the winter pressures ward.
- The clinical lead for therapies was responsible for 4 sites and carried out regular clinical supervision and staff appraisals. Team leads then cascaded supervision and appraisals for their teams. Therapy staff were able to access in-service training for qualified and non-qualified staff as well as 5 days per year for career development. This was recorded in staff appraisals and based on training needs of the individual and the team.
- At the Intermediate Care Ward, Edgware Community Hospital staff were completing mentorship training and had accessed the central budget to provide funding for a postgraduate leadership course.
- Staff told us that the trust were usually supportive of funding for staff requesting attendance at external courses.
- Medical staff had received annual appraisal and completed mandatory training. The associate clinical specialist at the Intermediate Care Ward, Edgware Community Hospital had also attended Best Interest Assessment training.
- Nursing staff had all been assessed with results recorded for competency in continence management; nutrition, hydration and enteral feeding; and slips trips and falls management.

Multi-disciplinary working and coordinated care pathways

- The Trust had developed new policies and care plans for early identification or pressure ulcers with the support of the Tissue Viability Service. There were plans to repeat a Pressure Ulcer Summit led by the Chief Nurse to investigate “What else could be done?”
- Ward teams included registered nurses and healthcare assistants, physiotherapists, occupational therapists and therapy assistants. Part time dieticians and speech and language therapists made regular visits to the wards.
- Multidisciplinary meetings took place once or twice a week and involved the matron, ward manager, lead therapist, clinicians, and social worker. MDT meetings were used to discuss patient progress, plan discharges and check care packages were in place. Occupational therapy, physiotherapy, speech and language therapy (SALT) and pharmacy staff were also encouraged to attend.
- We observed therapists and nurses working together with patients to support and encourage them to carry out therapy activities with confidence.
- A TVN (tissue viability nurse) visited the Marjory Warren Ward every week to review areas of concern raised by staff regarding patients’ compromised skin integrity in order to prevent pressure areas from forming, advise on wound management and arrange suitable pressure relieving equipment. The dietician produced a personal action plan for each patient and these were recorded in the patient records. A speech and language therapist was available for visits as necessary. The clinical lead for therapy told us that they felt that the MDT was “working well here”.
- Patient referrals were screened and discussed with the MDT.
- Most patients were seen on a daily basis by the therapy team either individually or in group settings.
- We observed coordinated multidisciplinary team-working in handovers, preparing for and carrying out therapy activities, at mealtimes and at meetings.

Referral, transfer, discharge and transition

- Discharge summaries were written and printed out on the day of discharge, to be delivered with the patient to the receiving community team or GP and copies were filed in patient notes.
- Staff reported that discharges were usually straight forward and problem free. The team worked closely with social workers who were regularly present and available on the ward. However, delayed discharges were due to a range of reasons including family choices

and necessary alterations being made in the home, continuing healthcare needs, waiting for the correct package of care to be in place and the availability of nursing home places.
- Where nursing home places were not available to patients from the Intermediate Care Ward, Edgware Community Hospital they used step down beds.
- At the Intermediate Care Ward, Finchley Memorial Hospital discharges were organised via email to the Intermediate Care Team and this relationship was strengthened by regular telephone contact. Staff reported good relationships between teams. Occasionally a face to face handover would take place on the ward.
- Clinicians felt that the ward teams as a whole worked well with patients who had challenging needs and pressure from the acute trusts.

Access to information

- Staff felt involved and were encouraged to give feedback on patient care both informally and at handovers. Therapy staff were included in patient handovers at shift changes and reported information back to the therapy teams.
- Each patient had a named nurse and key worker for therapy input. This information was displayed on a board above each bed along with key details such as the support they required to mobilise.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- DNA CPR (Do no attempt cardio-pulmonary resuscitation) forms, where used, were completed, signed and timed appropriately and in line with trust policy and guidelines. These forms were reviewed by medical staff and one had been withdrawn when a patient had recovered from an infection.
- Mental capacity was assessed when appropriate and the capacity to consent was recorded in MDT assessments and patient notes.
- Patients agreed to rehabilitation as part of the admission criteria and consent was sought and recorded in documentation.
- Written consent from patients was evident throughout patient records in care plans and recorded in therapy notes on the electronic records via SystmOne.
- Verbal consent was requested by staff before and during personal care and interventions.
- Nursing and medical staff undertook Mental Capacity Act training via e-learning as part of the mandatory training schedule.
- Where bed rail risk assessments and falls risk assessments were in place, they were clearly signed by the patient giving consent.
- Staff from the Intermediate Care Ward, Edgware Community Hospital had attended a neuroscience study day where Mental Capacity Act training was included. All staff completed an e-learning module on the Mental Capacity Act as part of mandatory training.

Good

Are services caring?

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

Summary

We spoke to 28 patients and 5 visitors who all told us that the care they received from staff was excellent and that patients felt safe and cared for during their stay. Patients and visitors told us that all staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being administered. We observed staff speaking to patients in a sensitive and compassionate manner. Staff knocked on doors before entering private areas and used privacy screens where available.

Patients were given an information leaflet on admission. This included details about each ward, what to expect during their stay, contact information and visiting times. One ward had begun to use the "This is me" tool universally to record every patient's needs, interests, preferences, likes and dislikes.

The wards issued friends and family test comment cards with a good response rate. Results were displayed on ward noticeboards. Patients were routinely asked for their feedback and actions were taken to solve issues raised.

One ward manager had organised for patients wishing to attend, to go to church on Easter Sunday and the trust had organised a Christmas carol service on the winter pressures ward which is located on an acute hospital site. Board members, senior managers, relatives and some of the staff and patients from the neighbouring ward had attended.

Detailed findings

Compassionate care

- We spoke to 28 patients and 5 visitors who all told us that the care they received from all staff was excellent and that patients felt safe and cared for during their stay. Staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being administered.
- We observed staff speaking to patients in a sensitive and compassionate manner. Staff knocked on doors before entering private areas and used privacy screens where available.
- There was extensive and proactive engagement between staff and patients to provide rehabilitation programmes. Patients told us that they were encouraged to be as independent as possible but staff provided appropriate assistance in a sensitive way.
- Patients and visitors told us that nursing and therapy staff were kind, caring and respectful.
- At the Intermediate Care Ward, Edgware Community Hospital the matron made weekly ward rounds to ask patients for their feedback and actions were taken to solve issues raised for example patients told staff that they had to wait longer for help at weekends. This was discussed in lead meetings and a review of staff roles and responsibilities took place. A rehabilitation support worker changed their shift from a Wednesday to a weekend day to provide more cover when it was most needed.

Understanding and involvement of patients and those close to them

- Patients confirmed that their care plans had been explained to them and that they understood and agreed with the content.
- The Friends and Family Test was completed with all patients by nurses and therapists and comments and suggestions were welcomed by the teams. Comment cards were displayed on the ward notice boards and all were very positive.
- Patients were seen to be at the centre of the action and involved in a very positive culture. Staff told us that they tried to ensure patients were involved in their care and events on the wards and patients had been asking at Marjory Warren Ward if the inspectors would be arriving that day.
- Staff at the Marjory Warren Ward used the "This is me" tool universally to record every patient's needs, interests, preferences, likes and dislikes. This had originally been introduced as a tool for use with patients with confusion or for those with a dementia diagnosis but staff and patients found it useful for everyone.
- Patients received a therapy discharge summary with information to take home when leaving the wards.

Emotional support

Good

Are services caring?

- Staff provided emotional support when patients displayed anxiety during rehabilitation activities.
- Therapists listened to patients' concerns and explained what they were hoping to achieve.
- The ward manager at Marjory Warren Ward had organised for patients wishing to attend to go to church on Easter Sunday.
- We found evidence of spiritual welfare via the Archdeacon of Chelmsford's business card that had been left for a patient.
- We saw a member of the nursing team displaying caring and compassionate care when a patient was upset that her hair was in her eyes. They reassured the patient with the use of touch and verbal encouragement while tending to her needs.
- A patient told us that they had been confused and upset, thinking that the ward staff wanted to discharge them. A nurse had reassured them and had arranged a meeting to involve the patient. This had impressed the patient and they told us they thought staff were "going above and beyond here".

Good

Are services responsive to people's needs?

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

Summary

Nursing and medical care and therapy all revolved around patient rehabilitation and reablement. Admission criteria were clear and patients were assessed in the acute settings before transfer to the community wards. A single point of referral was used and all requests were triaged by the lead therapist or matron who made the admission decision. Staffing levels could be flexed depending on patient need. For example patients with fully assessed complex care needs could have extra nursing care. The winter pressures ward had opened the previous year and processes and systems had been put in place quickly and effectively this year prior to patient admissions. It had been found that patients with a diagnosis of dementia or confusion had been inappropriately referred to the wards and staff struggled to manage their needs and behaviour. There were delays in transferring these patients to a more suitable setting due to their complex needs.

The wards displayed visiting times but would not turn away visitors who wanted to spend quality time with patients. Patients told us that staff were sensitive to personal and cultural issues. Special diets for patients with different cultural needs and preferences were adhered to and catered for and the dietician took all requirements into account when assessing patients' nutritional needs.

The trust received very few written complaints but where they were made, they were gratefully received with a positive problem-solving attitude. Appropriate action plans had been devised and lessons learned had been discussed at staff meetings and with the multidisciplinary teams.

Detailed findings

Planning and delivering services which meet people's needs

- Admission criteria was clear and patients were assessed in acute settings. The decision to admit a patient to the ward was made by Tracker nurses who were based in the acute hospitals. They completed a referral to the bed manager for the Community wards at Finchley and Edgware. Once the admission referrals were received they were triaged by the lead therapist who made the admission decision.
- Staffing levels could be flexed depending on patient need. For example patients with complex care needs had a nurse allocated to care for them on a full time one to one basis.
- The Marjory Warren Ward had opened for a 6-month period the previous year as a winter pressures ward and on reopening processes and systems were put in place quickly and effectively prior to patient admissions. Staff told us that the process had been fast and efficient, all equipment and IT was in place in preparation for staff arriving. Admissions were accepted in low numbers to begin with and management checked that systems worked on a practical basis before accepting further admissions.
- Potential patients were referred via a single point of referral and those referred from acute trusts were assessed by an in-reach team. Outside referrals were assessed by a senior nurse or therapist.
- Admission criteria was laid down and it was agreed that patients must be medically fit, stable and agree to rehabilitation. However, when the ward did receive inappropriate referrals where patients were not suitable for the environment and facilities available and nursing staff told us that in these cases the medical staff were supportive. An example of this occurred during the week of our inspection when the Accident and Emergency department referred a patient who was not medically fit but met other admission criteria. It was agreed that the patient may be admitted once they were medically fit and stable. Admission criteria for the Intermediate Care Ward, Edgware Community Hospital was under review at the time of our inspection. The MDT were working together on a decision screening tool. Referrals were assessed by the matron and OT (occupational therapy) lead who would make a joint decision if an admission would meet the criteria.
- Clinicians told us that the admissions paperwork process required simplification and that "more honesty from referring teams about patient conditions would help the MDT to manage patients and lead to better and quicker outcomes".
- Patients on the rehabilitation wards were not offered the chance to manage their own medicines. This could be important for people who would be returning to their

own homes without support. The pharmacist for these wards told us that a policy was available and a meeting with senior staff had been held about how this could work in practice. Patients were given an information leaflet on admission which included details about the wards, what to expect during their stay including their discharge, contact information, visiting times and how to feedback via the PALS (patient advice and liaison service) team.

- The ward displayed visiting times but would not turn away visitors who wanted to spend quality time with patients or those who came to help around meal times.
- The occupational therapy team encouraged patients to attend a Breakfast Club to encourage independent living. Patients could use a suite of rooms provided for assessment of daily living which included a kitchen, bedroom and bathroom.
- At Marjory Warren Ward patients were encouraged to use the day room where regular therapy activities took place. Puzzles and books were available and the ward manager told us "people like to sit and have a laugh, so we welcome that".
- Patients were encouraged to use the day room at the Intermediate Care Ward, Edgware Community Hospital to participate in physiotherapy exercise and wellbeing groups. Induction was given to patients on both activities on admission.
- A local mobile library service visited regularly.
- Activities for patients with dementia were organised; volunteers visited and a reading group was initiated.
- Every patient at the Intermediate Care Ward, Finchley Memorial Hospital was assessed by a physiotherapist within the first 24 hours of admission and an occupational therapist within 48 hours.

Equality and diversity

- Special diets for patients with different cultural needs and preferences were adhered to and catered for and the dieticians took all requirements into account when assessing patients' nutritional needs.
- Patients told us that staff were sensitive to personal and cultural issues and had imported specialist Kosher food for Passover.

Meeting the needs of people in vulnerable circumstances

- Patients with a diagnosis of dementia or confusion had been inappropriately referred to the wards and staff struggled to manage their needs and behaviour. However, in most cases this was managed well under the circumstances. There were delays in transferring these patients to a more suitable setting due to their complex needs and family wishes.
- A patient who had been homeless was admitted to the Marjory Warren Ward and the team had worked together to ensure a safe and appropriate discharge. They had involved the Red Cross and local authority housing officer to find a temporary placement until something more suitable could be found within a housing association.
- A patient was transferred from the acute setting to the Intermediate Care Ward, Finchley Memorial Hospital and they had waited from 2pm until 8:45pm in the acute hospital discharge lounge to be transferred to the ward. On arrival they were found to be incontinent and wet with total saturation of their incontinence pad. After caring for the patient and ensuring they were comfortable, the nursing staff who had received the patient informed senior management and the referring trust was informed.

Access to the right care at the right time

- A patient was admitted to the Intermediate Care Ward, Finchley Memorial Hospital who fitted the criteria for bariatric care but this information had not been included in the referral from the acute ward. Staff noted that the patient appeared to be uncomfortable in their bed so appropriate specialist equipment had to be ordered. This arrived from the supplier within 3 hours but staff told us that this could have been ordered in advance and any discomfort avoided if the correct information had been available prior to the transfer.

Learning from complaints and concerns

- The Marjory Warren Ward had received no written complaints or PALS (patient advice and liaison service) referrals since opening in November 2014.
- There had been 3 written complaints about the Intermediate Care Ward, Edgware Community Hospital during 2014 and 2 in the past 3 months. Appropriate action plans had been devised and lessons learned had been discussed at staff meetings and with the MDT as necessary. Information about complaints was available on the ward.

Good

Are services responsive to people's needs?

- There had been one formal complaint about the Intermediate Care Ward, Finchley Memorial Hospital in the previous year.

Good

Are services well-led?

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

Summary

The trust board were visible and individuals were well known to the team from face to face visits, emails and regular communication.

There were several new managers in post and different senior managers were responsible for each unit. Quality improvements were at different stages in each ward and staff confidence in management was improving slowly. Staff reported that there had been a positive change introduced with good leadership, robust processes and a positive, supportive attitude and culture. Although each ward worked towards continuous improvement and there was evidence of sharing information between hospital sites, there was still a need for putting learning into practice on all wards. The senior executive team and trust board members regularly visited the wards and individuals were well known to the team from regular communications. The wards displayed staff newsletters for all to read and understand topics being focused on, learning for the future and planned improvements to the service.

Volunteers, a reading group, mobile library and church representatives were welcomed and involved in patient activities. Staff told us that they would feel confident if a member of their family was being cared for by the teams.

Detailed findings

Service vision and strategy

- The trust mission to give adults greater independence was borne out by staff in their words and actions during our inspection. Nursing and medical care and therapy all revolved around patient rehabilitation and reablement.
- The board were visible and individuals were well known to the ward teams from face to face visits, emails and regular communication.
- The senior executive team visited the wards regularly and the Trust Chair had visited. Staff reported that there had been a positive change introduced with good leadership and robust processes.
- A "Compassion in Care" project was in progress at the Intermediate Care Ward, Edgware Community Hospital.

Governance, risk management and quality measurement

- A Board Strategic Risk Register was held centrally, recorded identified risks appropriately and rated them according to severity and impact. Risks were assessed and updated regularly and actions taken were recorded clearly, monitored and reviewed. However, it was not clear whether staff at ward level were able to contribute to or influence the risk register directly.
- The trust worked to support staff to learn from incidents and act to prevent recurrence and the quality committee completed Root Cause Analysis (RCA) investigations on serious incidents or where trends were identified for example a raised number of patient falls. Staff told us how they contributed to incident reviews and root cause analyses with either a matron or Associate Director of Quality and received information and feedback on themes or actions to be taken. Ward teams received feedback from Lead Meetings where information was shared across locations. Changes had been made following these and an example included moving a nurses' station to an area of the Intermediate Care Ward, Finchley Memorial Hospital to enable staff to be able to see and attend to patients' needs more quickly.
- Patient falls were a concern trust-wide due to the number of incidents recorded and the existing Falls Policy was under review. Staff were using appropriate tools and reporting patient falls. Patient falls and observed trends were investigated and feedback was shared at monthly management meetings.
- Senior managers were supportive regarding management of risks and incidents and issues were escalated to the Clinical Business Unit (CBU) and Divisional Director of Operations(DDO). CBU meetings took place every week with additional daily contact.
- Quality issues were managed by the Associate Director of Quality who undertook a weekly ward round and spoke to patients.

Leadership of this service

Good

Are services well-led?

- There was a new but robust and supportive management structure at ward level and Associate Director of Quality had been introduced to oversee this.
- There had previously been high support staff sickness rates but these had improved significantly with good management and through following human resources procedures.
- Sharing information and learning from practice, and incidents in particular, between hospital sites was taking place but practice had not yet changed at all sites.
- Good, strong ward leadership was evident throughout the Marjory Warren Ward with visibly happy staff and content patients. Locum therapists told us that they would like to come back to work on the ward if they were offered the chance and staff had returned to the ward from the previous year.
- Staff told us they felt there was new and strong local leadership of nurses and therapists and a good management structure on the wards. They felt their line managers were supportive and approachable. Therapy staff told us that they had noticed a reduction in inappropriate admissions to the wards due to stronger leadership.
- The matron managed the nursing team on the Intermediate Care Ward, Edgware Community Hospital and the Clinical OT lead managed the allied health professionals and together they managed the ward. The medical consultant chaired the MDT and ward staff reported good relationships with the clinicians and said medical staff were supportive. The matron completed a daily ward round and complete care audits to gain patient feedback. There was evidence of action plans and appropriate outcomes following feedback. The associate specialist doctor was supported and received clinical supervision from the medical consultant.
- At the Intermediate Care Ward, Finchley Memorial Hospital there were two new ward managers who had both been appointed within the six months prior to our inspection and a new matron had been appointed but was not yet in post. Staff described one new ward manager as a "quality nurse" and that they made themselves available to approach for guidance. However, staff felt that there was a lack of leadership training available. The ward team were supported in this interim period by the associate director of quality who was regularly present on the ward.
- The ward manager for Marjory Warren Ward described a "no tolerance" attitude towards ward acquired pressure ulcers. The last occurrence had been noted over 100 days prior to our inspection and they reported that the staff had been devastated by this and that lessons were learned to ensure the same circumstances were not repeated.
- The ward manager at Marjory Warren Ward reported attending a course on empowerment and had been invited to deliver a presentation to the board. They were proud to say that the director of nursing had stayed later than expected to listen to the presentation.
- At the Intermediate Care Ward, Edgware Community Hospital the latest (National Patient Safety Alert) NPSA was on display showing incidents that had occurred along with recent patient feedback, the response rate for the friends and family test. However, there was no evidence of actions taken on display.

Culture within this service

Ward staff told us that the culture was improving in terms of leading and supporting staff and morale was good. The ward therapy team were proud of the team building that had taken place and described themselves as a happy team. Staff told us regarding sharing information amongst the ward teams that "everybody is happy to help, inform and explain".

Public engagement

- Volunteers, a reading group, mobile library and church representatives were welcomed and involved in patient activities.
- We found no formal patient survey information or results but comment cards were displayed on ward noticeboards along with "You said, We did" actions noted. One example of this was where a patient had commented on the timing of drug rounds interfering with meals. The ward manager had rearranged staffing so that drug rounds took place after meals.
- The trust had organised a Christmas carol service at Marjory Warren Ward and board members, senior managers, relatives and some of the staff and patients from the neighbouring ward had attended.

Staff engagement

- The Trust produced a Staff Newsletter for the rehabilitation units which included information on preventing harm and providing effective care, staff

Good

Are services well-led?

education opportunities, learning from incidents, working in partnership with patients and staff awareness and considerations for working with people with learning disabilities.

- Staff told us that they had regular communication with senior managers and received information through emails and telephone calls and that the matron was a regular presence on the ward. Staff told us they received a newsletter or email bulletin almost every day and appropriate reminders included "Have you checked your fridge today?".
- The wards displayed staff newsletters for all to read and understand topics being focused on, learning for the future and planned improvements to the service.
- Nurses, therapists and medical staff told us they would feel confident if a member of their own family was being cared for by their teams.
- At the Intermediate Care Ward, Finchley Memorial Hospital staff used a Communication book to pass information between staff on one shift to another. It was used by the nursing staff for morning briefings following night shifts and to prompt staff to discuss incidents, concerns and day to day business.

Innovation, improvement and sustainability

- The "This is Me" tool had been devised by the Alzheimer's society for use with patients with confusion or dementia. The ward team on Marjory Warren Ward had put the tool in place for every patient to ensure good communication and understanding of every person's individual needs and preferences. Staff reported that it was working very well.