



Community and Wellbeing Scrutiny Committee

Thursday 13 December 2018 at 6.00 pm
Conference Hall, 3rd Floor, Brent Civic Centre

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Afzal
Conneely
Hector
Knight
Shahzad
Thakkar

Substitute Members

Councillors:

S Butt, Gbajumo, Gill, Kabir, Kelcher, Mashari and Nerva

Councillors:

Kansagra and Maurice

Co-opted Members

Helen Askwith, Church of England Schools
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools
Iram Yaqub, Parent Governor Representative (Primary)
Alloysius Frederick, Roman Catholic Diocese Schools

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Brent Youth Parliament, Brent Youth Parliament

For further information contact: Bryony Gibbs, Governance Officer
Tel: 020 8937 1355; Email: bryony.gibbs@brent.gov.uk

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The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences** - Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

- | Item | Page |
|--|------------------|
| 1 Apologies for absence and clarification of alternate members | |
| Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64. | |
| 2 Declarations of interests | |
| Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda. | |
| 3 Deputations (if any) | |
| To hear any deputations received from members of the public in accordance with Standing Order 67. | |
| 4 Minutes of the special meeting of the committee held on 21 November 2018 | To follow |
| To consider the minutes of the special meeting of the committee held on 21 November 2018. | |
| 5 Care Quality Commission Inspection Report: London North West Healthcare NHS Trust | 1 - 124 |
| To update members about the inspection report by the Care Quality Commission (CQC) which was published this year and which examined services provided by the London North West Healthcare NHS Trust. | |
| 6 Any other urgent business | |
| Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 60. | |

Date of the next meeting: Wednesday 30 January 2019



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

	Community and Wellbeing Scrutiny Committee 13 December 2018
	Report from London North West Healthcare NHS Trust
Care Quality Commission Inspection Report: London North West Healthcare NHS Trust	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	3
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	James Diamond, Scrutiny Officer, james.diamond@brent.gov.uk 020 8937 1068

1.0 Purpose of the Report

- 1.1 To update members about the inspection report by the Care Quality Commission (CQC) which was published this year and which examined services provided by the London North West Healthcare NHS Trust.

2.0 Recommendation(s)

- 2.1 Members of the committee are asked to note the contents of the Trust's report as set out in the appendices.

3.0 Detail

- 3.1 On 31 August 2018 the Care Quality Commission published a report following its inspection of services provided by London North West Healthcare NHS Trust. The overall rating for the Trust was requires improvement.
- 3.2 In response, the Community and Wellbeing Scrutiny Committee decided it would like the Trust to discuss with the committee the overall rating for the Trust and the findings of the inspection report by the CQC. A special committee meeting was organised for 13 December 2018 to consider the CQC report.

3.3 The report to committee by the Trust setting out the CQC inspection outcomes, action being undertaken and next steps, is set out in Appendix A. The report provided by the Trust also includes details of the pledges and outcomes from the Quality Summit which the Trust organised on 6 November 2018 in response to the CQC report. The Quality Summit document is set out in Appendix B.

3.4 The full inspection report by the Care Quality Commission, which was published on 31 August 2018, is attached as Appendix C. The CQC report details the services at the Trust which were inspected.

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 Ward members who are members of the committee have been involved in requesting the report.

Report sign off:

Peter Gadsdon

Strategic Director of Policy,
Performance and Partnerships

LNWUHT BRENT OSC BRIEFING

Date of Meeting: 13th December 2018

☐ **Overview and
Scrutiny Committee**

Item No.

Xx

Board Report No.

Xx

- ☐ Approval
☐ Endorsement/Decision
☐ Discussion
☐ Information

Subject: LNWUHT CQC Inspection Report.

Director Responsible:

Barbara Beal, Interim Chief Nurse

Author:

Ted Nyatanga, CQC Quality Assurance Lead
 Barbara Beal Interim Chief Nurse

Summary:

The Care Quality Commission (CQC) undertook an announced inspection of London North West University Healthcare NHS Trust for 3 days from 5 to 7 June 2018. Scheduled inspections took place across 4 of our sites: Northwick Park, Ealing, Community Inpatients-Willesden and Claypounds and Community Dental. The CQC also undertook a 'Well-Led' specific inspection of the entire service from the 3 to 6 July 2018 through tours and scheduled interviews with senior managers, service leads and the Executive team.

Follow up unannounced inspection visits took place between 8 to 18 July 2018.

As part of the inspection, the CQC spoke to patients, visitors, carers and staff (in the hospitals, in focus groups and formal interviews) to gain a view of London North West University Healthcare NHS Trust's 8 core services; Surgery, Critical care, Maternity/Gynaecology, Services for Children and Young People, Medical care, Urgent & Emergency Care, Community and Community Dental Services.

The CQC methodology seeks to rate each of these in relation to five domains:

- Were services safe?
- Were services effective?
- Were services caring?
- Were services responsive to people's needs?
- Were services well led?

In the period prior to the inspection, the Trust provided large amounts of documentation to the CQC via a process called the Provider Information Return (PIR). This was followed by further

Data Requests (DR) during and after inspection. A total of approximately 700 DRs were received and responded to. The CQC use this information to provide focus during their inspection and triangulate their inspection results. All responses were provided within the required deadline and the inspection ran smoothly as a result of the robust preparation and engagement with staff at all levels and the CQC commented very positively on how the Trust hosted them.

The CQC issued six potential breaches of legal requirements that the Trust had to put right in advance of the reports publication. The report was published at the end of August and the overall Trust rating remained unchanged as 'Requires Improvement' from the previous CQC 2015 inspection. In North West London the other acute Trust ratings are:

- Imperial Health Care NHS Trust –Requires Improvement
- Chelsea and Westminster NHS FT – Good
- Hillingdon Hospital NHS FT – Requires Improvement

The detail of the LNWUHT's ratings are in the summary table below;

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Northwick Park Hospital	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018
Ealing Hospital	Inadequate ↓ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018
Central Middlesex Hospital	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Requires improvement Aug 2014	Good Aug 2014
Community Services	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Overall trust	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018

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.

Main highlights from the report include overall ratings as follows;

- Good for the 'Caring' domain with outstanding practice identified within Surgery and Community Inpatients services
- Good for Inpatient Community Service
- Inadequate for the 'Safe' domain at the Ealing site
- Inadequate for the Maternity service at Northwick Park site

Within the final report the CQC identified 39 'MUST DOs and 72 SHOULD DOs that the Trust needs to address to comply with breaches that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. The Trust has developed an action plan in response to all of these that was submitted to the CQC by the 30th September.

Below is detailed the Trust response to the **6 Warning Notices**:

1. Ealing Emergency Department

- Children treated in A&E department, but should have been stabilised and transferred to Northwick Park (notice now withdrawn)
 - confirmed only 0.05% of children did not follow the planned pathway
 - repeated 'stabilise and transfer' guidance to staff
 - ongoing checks to confirm paediatric pathway is followed
- Resuscitaire not plugged in
 - new signage to prompt equipment check
 - more regular audits (100% compliance in August)
- New location of grab bag medications not known by all staff
 - verbal communication in meetings
 - written reminders out to staff

2. Critical care (Northwick Park)

- More space needed in HDU area for staff to move around easily
 - removed two beds in the HDU unit
 - moved remaining furniture to provide more space
 - developed business case to further expand unit to meet ongoing demand
- More hand-washing facilities needed
 - introduced additional hand-washing facilities

3. Maternity (Northwick Park)

- Neonatal bleep did not work
 - identified cause of technical error
 - reviewed entire bleep system
 - reinstated twice daily bleep tests
 - exception reports escalated appropriately by Switchboard
 - updated bleep contact list
- Public 'tailgating' by following staff into staff lift
 - upgraded staff lift to require swipe access
 - upgraded Delivery Suite doors from theatres to secure access only
 - signage to discourage 'tailgating'
 - Upgrades needed to maternity entrance doors
 - immediate security presence in maternity waiting area
 - security presence out of hours 7 pm – 7 am
 - installed new software to strengthen doors
 - weekly security reports for maternity
 - no public access to maternity from main hospital 7 pm – 7 am

4. Ealing medical services

- **Improvements needed to the way we assess patients and take their observations:**
 - established Ealing Intensive Support Programme:
 - a steering group for Ealing to provide assurance
 - chaired by Chief Nurse or Divisional Head of Nursing for Medicine
 - Quality and Patient Safety Assurance Task and Finish Groups report into the steering group
 - Professional Standards Workshops on documentation with full MDT
 - re-launching documentation booklet in November 2018
 - introduced NEWS 2 on all bedded units in October 2018
 - further improving care quality and experience dashboards

5. Ealing medical services

- **Improvements needed to the way we manage medicines**
 - introduced Omnicell software in 10 areas at Ealing: reducing need for drug trolleys and allowing medicines to be delivered on time
 - delivered medicines management training to more than 250 nurses at Ealing – plan to roll out to whole Trust
 - developed a standardised safety checklist for drug trolleys
 - reintroduced monthly medicines management audits with real time feedback
 - monthly spot checks on all stock items
 - purchasing medication storage lockers to improve storage of patients' own medicines
 - standardised process for returning medication from wards to pharmacy.

6. Ealing Medical Services

- **Improvements needed to medical and nursing staffing levels**
 - developed Standard Operating Procedure to enhance staffing levels for Level 2 care when required
 - reviewed staffing levels on Ward 4 South (Ealing) – these have improved, especially at night
 - training on effective e-Rostering completed at Ealing
 - revised rota for junior doctors in place to ensure consistent junior medical cover (Core Medical Trainee satisfaction results for Ealing now best in north west London)
 - improving international recruitment using innovative methods, such as Skype
 - introducing 'recruitment clinics' to engage with candidates and reduce delays

CQC Quality Summit 6th November 2018

In response to the report a Quality Summit was held at Ealing Hospital on 6th November 2018 to discuss the findings from the report. The event was attended by LNWUHT Executive team, Non Executives, staff members, and representatives from the CQC, NHS Improvement, local councils, Healthwatch and other health and social care partners across North West London.

Following a welcome from chairman Peter Worthington, Robert Throw, who led the CQC inspection in June, presented a summary of the findings of their report. Chief executive Dame Jacqueline Docherty followed up with the Trusts response and the actions taken since the inspection to make the necessary improvements.

The attendees were then split into five groups where they discussed how improvements could be made in the following key areas:

- Leadership, Culture, Patient Experience and Staff Engagement
- Maternity
- Ealing Hospital
- Continuous Quality Improvement and Transformation
- Patient flow and Pathways.

Pledges (see Appendix B) were made to consolidate and progress further the current CQC Action plan.

Divisional CQC Action Plans' Update

The Executive team met with the divisional teams to monitor progress against the CQC improvement journey action plans on the 14th November 18. Each Triumvirate provided the ETM with the status of their Improvement Plans, highlighting assurances with evidence, exceptions and any areas requiring support as well outlining their Divisional Reporting, Monitoring and Governance Arrangements for the CQC Action plans.

In terms of the areas where the CQC gave an Inadequate Rating at Ealing and within Maternity services at NWP the following actions have been taken:

Ealing: Ealing Hospital was rated inadequate for the Safe domain overall with inadequate overall rating for the ED and another inadequate rating for the Safe domain in Medical care.

Significant work has been undertaken including immediate actions to address the Warning Notices. Treatment of children in the Ealing ED has been stopped; this has been communicated and reiterated to all staff. The Paediatric care environment including transfers is being improved and monitored. **65% of the MUST DO actions are currently RAG rated Green** with the outstanding Amber actions projected to be completed by end of 2018 and a few due for completion in Quarter 4. Further review is in progress to develop trajectories for maintaining and monitoring sustainable improvements of the completed actions. NHSI led work is in place to support all ongoing work and to provide line of sight and assurance to the Trust Board, regulators, staff and the patients and population we serve.

Maternity: The Northwick Park Maternity service was overall rated inadequate with the Well-Led and Safe domains also rated inadequate.

Immediate actions were put in place to address the security issues and bleep system concerns raised by the CQC. **80% of the MUST DO actions have been completed** while the outstanding actions are expected to be completed by end of Quarter 4. The unit is working

with the NHSI Maternity Advisor through the Maternity Safety Support Programme who has now completed the diagnostic phase and plans are in progress to implement a comprehensive Improvement programme.

Next Steps include:

- Intensify work with external partners and our new NHSI Improvement Directors to:
 - implement our action plans
 - identify any areas for further improvement
 - design sustainable solutions
- Outputs arising from the Quality Pledges are due to be reviewed and actioned by respective Executive Team Leads including identification of specific outcomes and how they will be progressed, measured and agreed.
- Transformation programme has started to embed quality improvement methodology across all our services, supported by:
 - critical mass of 30 trained Improvement Fellows to deliver sustainable local change and act as quality improvement champions
 - 3 QI managers have been appointed to support and implement sustainable changes within the divisions and across the Trust
- Mandatory training compliance is being accelerated through various initiatives including more face to face and online sessions and introduction of a new system by HR
- With the support of NHSI the Trust has secured the services of Sheila Adam on a 0.5 WTE basis as its Quality Improvement Director (shared with Hillingdon Hospitals NHSFT)
- An NHSI approved Maternity Advisor Barbara Kuypers has commenced support to the Trusts maternity services work stream
- Monthly Board critical review of delivery of CQC action plan, supported by robust evidence, audit, data or sight of changes
- Monthly Board review of Trust progress in improving its CQC insight report ratings, and agreement on ongoing remedial action required to improve outcomes
- Participate in and prepare for CQC revisit in 2019 and/or external review to assure Trust progress against action plans
- Continue to seek support for capital investment (public and private)
- Ambition to move from Requires Improvement to Outstanding in next 2 years.

Recommendations

The Oversight and Scrutiny Committee is asked to note the CQC inspection outcomes, action being undertaken and next steps

Quality Summit 6th November 2018

Summary of pledges and outcomes agreed for the five themes

Theme 1: Leadership, Culture, Patient Experience and Staff Engagement

SRO: Claire Gore, Director of Human Resources & Organisational Development

Pledge 1

HENWL to support the development of a diverse workforce

- Development of different workforce models by sharing best practice and successes across specialities and staff groups to enable creation of new roles such as Physician associates
- Treating our staff grade doctors as though on training programme; making ward managers supernumerary
- Enabling transfers into speciality roles then back into the organisation

Pledge 2

NHSI to support the implementation of the patient experience framework

- Board leadership to ensure patient experience is a priority
- Empowering staff and leaders at all levels of the organisation to do more; by providing protected time to managers ('head space')
- Valuing staff
- Highlighting the strong link between staff experience and patient care – unlocking the culture that blocks communication, staff experience clinics and valuing staff
- Linking objective setting to professional development
- Refocus/labelling – emphasis on a culture of safety
- Resolving systems issues

Pledge 3

Trust to review and consider the implementation of the work of the Compassionate Mind Foundation to inform its OD strategy & Leadership Development plans

- Compassionate therapy approach to culture and values (Living the HEART Values)
- Relying on a strong evidence base to create a learning organisation through compassionate leadership, culture of safety and freedom to speak up
- Eliminating a culture of fear
- Unlocking the culture that blocks communication
- Undertaking staff experience clinics

Theme 2: Maternity

SRO: Barbara Beal, Chief Nurse

Pledge 1

NHSI National Maternity Team offer to support the Trust in engaging with Epsom and St Helier Maternity Unit – Cultural work programme ‘Every Voice Heard’. Maternity to then consider and potentially build this into the wider Cultural programme

Pledge 2

NHSI and Local [NWL] Maternity System to support the Trust with an external peer review of maternity SIs

Pledge 3

NHSI and Commissioners to engage in a workshop/s with the maternity service/Trust to understand further the actions and support required to assist the Maternity services/Trust with their improvement journey

Pledge 4

NHSI/Commissioners to support the Trust with implementing, evaluating and learning from recording Cultural Issues on Datix

Additional points

Commissioners require the establishment of an additional group to provide constant dialogue, assurance and oversight of evidence/progress/learning. TOR to be jointly agreed and aligned with NHSI-related oversight and assurance to avoid duplication and diverting resources in maternity services from the delivering and sustaining of improvement.

All agreed on the need for the maternity services and the Trust to reclaim pride in areas of best practice with and through their staff and clinicians, especially to external parties.

Theme 3: Ealing Hospital

SRO: Simon Crawford, Director of Strategy & Deputy CEO

Pledge 1

Produce a new plan for Ealing Hospital with partners from the health economy based on a fresh evaluation of data on patient activity demand and capacity, noting:

- That NWL commissioners’ intention to refresh activity modelling based on current levels and future forecasts of demographics and new models of care [to be procured commercially, with ambition to produce outputs in c3 months]
- The plan must set out both the need to continue to maintain safe services at Ealing Hospital for the next 5-7 years, including A&E as well as the potential for a new end state for Ealing Hospital

Pledge 2

To work with system stakeholders to maintain safe services at Ealing Hospital [recognising the need to retain acute services including A&E on site for at least 5-7 years], with a specific recognition that short- and medium-term solutions and investment are required for the following critical services:

- HDU
- Ambulatory care unit
- Frailty unit
- JAG accredited endoscopy unit

Pledge 3

Establish a working group to oversee the development of the future plans for Ealing Hospital with representation from local stakeholders including:

- Ealing clinicians / staff
- Commissioners (Ealing & NWL)
- Ealing LA [observers]
- Patient Groups

Communicate the plan once developed for Ealing Hospital to staff and the local community to address uncertainty over the future of the hospital which is a barrier to recruitment and major factor public issue for staff local people and the Council.

Theme 4: Continuous Quality improvement and Transformation

SRO: Martin Kuper, Medical Director & Deputy CEO Transformation

Pledge 1

To carry out regular 'pulse checks' with staff, external stakeholders and patients, to keep us grounded, by testing that our quality improvements linked to transformation themes are felt to be on the right track.

Pledge 2

To involve patients in our programme and in particular to work with Brent CCG to explore using their Partners Forum as a route for patient engagement.

Pledge 3

To work together with NHSI on Board Development in relation to Quality Improvement, and specifically for NHSI to provide a session for the Trust Board on Measurement for Improvement.

Pledge 4

To explore developing live patient tracking visible both within the hospital and to both patients and their GPs as an aspirational but potentially extremely useful pledge.

Theme 5: Patient flow

SRO: Arshiya Khan, COO

Pledge 1

Reduce LOS – in particular for emergency admissions, with measures including:

- Changes to weekend working across the health and social care system including senior clinical decision-making
- Reaching a shared view with commissioners of the services and capacity required on each site and the best use of the Trust's assets / sites

Pledge 2

Continue to harness the relationship and engagement between clinicians and management for pathway redesign

Pledge 3

Use the Trust's estate as effectively as possible and be single-minded about those changes that we can make within our existing resources that we believe will have the greatest benefits for patients through enabling pathway changes

Overarching issues

1. Taking ownership of our [LNWUHT staff] responsibility for improvement
2. Ambition to achieve demonstrable progress against all pledges before CQC visit expected in Sep. 2019 – especially in those areas where improvements are entirely within the gift of the Trust
3. Staff have to be engaged in change and empowered to make changes – we need to find ways to help all staff groups do this, with particular emphasis on the large cohort of middle management and bands 7-8a/b
4. Data needs to be deployed much more effectively both to support improvement and to inform discussions with external parties
5. Real commitment is needed from our external partners – in particular the three local CCGs – if we are to successfully tackle the biggest transformation and improvement challenges, like frailty, which are system-wide issues
6. We must set ourselves the ambition to achieve a rating of Outstanding, but to do this we have to hold ourselves to account and we need the ability to measure progress

London North West Healthcare NHS Trust

Inspection report

Watford Road
Harrow
Middlesex
HA1 3UJ
Tel: 02088643232
www.lnwh.nhs.uk

Date of inspection visit: 5th June to 7th June 2018
Date of publication: This is auto-populated when the report is published

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 

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.

Summary of findings

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 and has three community hospitals; Clayponds Rehabilitation Hospital, Meadow House Hospital and Willesden Community Rehabilitation Hospital.

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

The trust was last inspected in 2015 and was rating 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
- 90 community hospital beds.

Overall summary

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



What this trust does

The trust runs services at Northwick Park Hospital, Ealing Hospital and Central Middlesex Hospital.

The trust provides, urgent and emergency care, medical care, surgery, critical care, maternity, gynaecology, children's 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, Community In-Patient services and Community Dental services.

Summary of findings

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 inspection based on everything we know about services, including whether they appear to be getting better or worse.

Between 5-7 June 2018, we inspected six core services at Northwick Park Hospital and four core services at Ealing hospital. We also inspected two community services.

We inspected urgent and emergency care because we rated the service at both sites as required improvement during our last inspection.

We inspected medical care because we rated the service at both sites as required improvement during our last inspection.

We inspected surgery because we rated the service at both sites as required improvement during our last inspection.

We inspected children and young people's services because we rated the service at both sites as required improvement during our last inspection.

We inspected maternity because we rated the service as required improvement during our last inspection however, we only inspected at Northwick Park Hospital as the maternity unit has now closed at Ealing hospital.

We inspected critical care because we rated the service as required improvement during our last inspection. However, we only inspected critical care at Northwick Park as the information we reviewed about the service indicated an improvement in the safety and quality of this service at Ealing Hospital.

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

We inspected community dental services because we rated the services as required improvement during our last inspection.

We inspected community inpatient services because we rated the services as required improvement during our last inspection.

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

What we found

Overall trust

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

Summary of findings

- We rated safe, effective, caring and well-led as requires improvement, and caring as good. We rated three of the trust's services as requires improvement, one service as good and two of the services as inadequate. In rating the trust, we took into account the current ratings of the other services not inspected this time.
- We rated well-led at the trust as requires improvement.

Are services safe?

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

- Mandatory training completion rates for nursing and medical staff were not meeting the trust target. There had been insufficient improvement since the previous inspection.
- Processes and systems were not reliably in place to protect children from abuse and harm. Children on the child protection register were not always identified, and arrangements for vulnerable patients between 16 and 18 years were not robust.
- Nutrition and hydration assessments were not always completed. We found gaps in feeding charts and the frequency of patient assessment reviews.
- The trust did not always provide a smooth and timely transition for patients moving between children and adult services. The trust did not have a transition policy and staff felt that guidelines required clarity.
- The last inspection report included a requirement for the trust to ensure Control of Substances Hazardous to Health (COSHH) assessments were up to date and maintained. We found COSHH assessments on medical wards which were significantly out of date, and ward managers unaware if the assessment had been completed or not.
- Incidents of mixed sex accommodation breaches in critical care were only recently recorded and investigated appropriately.
- The service continued to face significant issues with ambulance turnaround which led to high numbers of black breaches.
- There was a lack of supervision for lower grade doctors and out of hours medical support to the wards in community services.

Are services effective?

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

- The unplanned readmission to critical care within 48 hours of discharge was worse when compared with results for similar units and nationally.
- From March 2017 to February 2018, the trust's unplanned re-attendance rate to accident and emergency within seven days was worse than the national standard of 5% and also consistently worse than the England average.
- The trust did not comply with the principles outlined in the National Enquiry into Patient Outcome and Death (NCEPOD) classifications around access to emergency theatres.
- The National Hip Fracture Database audit showed the crude proportion of patients having surgery on the day of or day after an admission was in the worst of 25% of hospitals. The crude overall hospital length of stay fell in the worst 25% of hospitals
- The trust completion rate for appraisals was 62%, significantly below the trust target of 85%.

Summary of findings

- Staff understanding of patients need for Mental Capacity Act (MCA) and deprivation of liberty (DoL) assessments was variable. Some staff were not able to demonstrate awareness of when MCA and DoL's assessments would be necessary.

Are services caring?

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

- Results from the Friends and Family Test responses exceeded the trust standard and 100% of respondents reported they would recommend the service in critical care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- 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.
- Patients and relatives told us staff were respectful and helpful and gave them regular updates.
- Observations of care showed staff maintained patients' privacy and dignity on most wards visited, and patients and their families were involved in their care.

Are services responsive?

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

- Bed occupancy between March 2017 and February 2018 averaged 80% which was not in line with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) recommendation of 70% critical care occupancy.
- Similar to what we found at the previous inspection, there were issues with patient flow in the urgent and emergency care department. Patients were waiting for long periods of time in the department and experienced delays accessing beds within the hospital.
- There were six patients at the emergency department who waited more than 12 hours from decision to admit until being admitted
- Referral to treatment times were not being met for some surgical specialities such as general surgery, colorectal surgery, oral surgery and ear nose and throat.
- The trust performance for cancelled operations was worse than the England average.
- Patient records we viewed for people living with dementia did not have the care pathway document completed, or only partially completed. This meant that the individual needs of patients were not being adequately recorded, which may have impacted on the availability of enhanced care.
- Medical wards at Ealing Hospital followed the trust "+1" escalation policy. This stated that at times of high activity, an additional patient could be cared for in the corridor of the ward. Most staff we spoke with stated that this policy did not provide patients with sufficient privacy or dignity. We reached the same conclusion. Patients were spending long periods in corridors before being provided with a bed in a bay or being discharged.

Are services well-led?

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

- Patient flow out of critical care was still a significant issue and the unit was an outlier for delayed discharges.
- Some staff raised concerns about the culture in the urgent and emergency care department. Some staff felt they were not listened to by the trust, especially when it came to decisions about service development.

Summary of findings

- Staff and managers were clear about the challenges their department faced. They explain the risks to the department and the plans to deal with them. However, the risk register did not contain all risks we found within a department.
- There were no joint governance meetings between the emergency department and the urgent care centre. This meant learning from serious incidents was not shared with the urgent care centre.
- Staff we spoke on medical wards stated there were not opportunities for engagement at Ealing Hospital, and they did not feel represented or consulted on the future direction of the hospital. Staff from medical wards consistently stated that the lack of engagement was impacting on morale for staff.
- Staff we spoke with across medical wards were unsure of the future development plans or the vision for the division at Ealing Hospital. Staff stated that the communication from the trust regarding future plans was somewhat unclear, and that this created some anxiety for the staff. Staff we spoke with also stated they did not feel they had been consulted on the direction of the clinical strategy.
- Medical staff stated that patient pathways and the delivery of services were redesigned without consulting the medical workforce, which meant that changes did not always include local knowledge on what worked well and what could be improved.

Outstanding practice

We found areas of outstanding practice in Surgery and Community Inpatients detailed below.

Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found 74 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We issued requirement notices to the trust and took five enforcement actions. Our action related to breaches of zero legal requirements at a trust-wide level and six in a number of core services and locations.

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 surgery:

- Staff demonstrated a focus on improvement and dedication to adapting national pilot schemes and new strategies to their patient group.
- The specialist palliative care team undertaking developments to facilitate more supervision and support for surgical inpatients.
- A matron had supported surgical staff in the implementation of a “make a difference” project to improve quality standards and opportunities for joint working.

Summary of findings

In community inpatient services:

- Relatives and patients all told us that staff were caring and compassionate. They gave us clear examples of how staff had made patient admissions a good experience which included for those who were more vulnerable or who had extra need.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. These actions are related to six core services: Medical care, urgent and emergency care, maternity, children and young people services, surgery and critical care.

Medical Care at Ealing hospital- Warning notice

The trust must:

- Assess the risks to the health of service users on medical wards.
- Have staff following policies and procedures about managing medicines on medical wards.
- Have the sufficient numbers of suitably qualified, competent skilled and experienced persons deployed within the medical wards.

Urgent and Emergency Care at Ealing hospital – Warning notice

The trust must:

- Ensure that in the accident and emergency (A&E) department at Ealing hospital the trust must have the arrangements in terms of the environment and the equipment to treat children.
- Support the provision of safe care and treatment and must demonstrate that there is proper and safe management of paediatric medicines.

Maternity at Northwick Park Hospital – Warning Notice

The trust must:

- Ensure robust systems are in place to ensure that the correct staff are bleeped on an ongoing basis including a system of regular checks of the bleep system to ensure that the correct staff are bleeped at all times.
- Ensure robust systems are in place to ensure unauthorised persons cannot gain access to theatres via use of the staff/theatre lift.
- Ensure the doors to the delivery suite from theatres are by secure access only.
- Ensure the main doors to the maternity unit cannot be forced open at any time of the day or night.

Urgent and Emergency Care at Ealing hospital –Notice of Decision

The trust must:

Summary of findings

- Stop treating children (individual aged under 16) in the Ealing Urgent and Emergency Department which is an emergency department for adults only except for clinically stabilising the child before transferring to an appropriate facility.
- Develop a clear policy on the management of children who present to or are brought to the Ealing Urgent and Emergency Department stating in clear terms the extent to which staff in the Urgent and Emergency Department stating can be involved in the management and care of children.
- Place visible signs in the Ealing Urgent and Emergency Department informing members of the public that the department is not a paediatric emergency department.
- Following actions taken by the trust and the submission of an ongoing action plan, CQC notified the trust that it had discontinued the notice of decision subject to the improvements set out by the trust's actions and action plans being sustained.

Urgent and Emergency care- at Northwick Park Hospital Requirement notice

The trust must:

- Review the processes, implementation and recording of observations of mental health patients in the ED department.
- Ensure that there are effective systems in place for learning from incidents.

Critical Care at Northwick Park Hospital- Warning Notice

The trust must:

- Have beds appropriately located within critical care to perform emergency lifesaving care and treatment.
- Have sufficient handwashing facilities to mitigate the risk of cross-contamination.

Children and Young People Services at Ealing hospital – Requirement Notice

The trust must:

- Improve compliance with mandatory training especially for medical staff.
- Provide nursing staff with training in the recognition and management of children with sepsis.
- Provide nursing staff with clinical and safeguarding supervision.
- Ensure a protocol is easily accessible and available for staff to follow if a child or young person became unwell on the unit.
- Have clear oversight of young people admitted to adult wards.
- Improve staffing levels including staffing establishment on the children's outpatients and day care unit.
- Ensure there are effective systems in place for sharing the learning from incidents.

Children and Young People Services at Northwick Park Hospital– Requirement Notice

The trust must:

- Ensure robust safeguarding systems and procedures are put in to place to ensure children are protected from harm and abuse.
- Ensure that nutrition and hydration assessments are routinely carried out and consistently reviewed.

Surgery at Northwick Park Hospital – Requirement Notice

Summary of findings

The trust must:

- Improve medicines management to include regular, documented checks of the temperature in storage areas including refrigerators.
- Address the low levels of compliance with mandatory training amongst the medical team. We identified this as an area for the trust to improve in our last inspection in October 2015.
- Ensure sufficient nursing staff have up to date training in basic and immediate life support.
- Implement a system to ensure all equipment is regularly inspected, safe and fit for purpose.

Surgery at Ealing Hospital – Requirement Notice

The trust must:

- Ensure patients are cared for in areas that are appropriate, meet all of their needs and have sufficient space to accommodate the potential number of people using the service at any one time.
- Ensure proper and safe management of medicines. This includes avoiding practices that compromise safe medicines management including the use of pre-prepared medication in theatres.
- Ensure there are sufficient staffing levels on orthopaedic wards.
- Work to improve access and flow within surgical services.
- Work to improve mandatory training completion rates for medical staff.
- Ensure staff on the Ealing site are engaged in planning and delivery of services.
- Improve theatre utilisation and efficiencies related to start and finish times.
- Improve referral to treatment times in surgery.

Action the service **SHOULD** take to improve

Community Dental

The trust should:

- The provider should ensure that learning from incidents is always shared with the wider team.
- The provider should ensure there is oversight of risk assessment action plans and all outstanding actions are completed.
- The provider should ensure mandatory training is completed in line with the trust mandatory requirements.
- The provider should ensure the service had effective systems for identifying risks, planning to eliminate or reduce them.
- The provider should ensure radiography audits were completed annually to improve the quality of the service.

Community Inpatients

The trust should:

- The trust should review how it measures nursing staffing need so that it adequately reflects the needs of a rehabilitation service.
- The trust should review its practice of reliance on a small number of bank staff and ensure that where healthcare assistants are filling nursing shifts, that this is properly assessed.

Summary of findings

- The trust should review medical cover to account for gaps in supervision of junior grade doctors and out of hours support to the community hospitals.
- The trust should adequately ensure that risks posed by lack of security presence at Willesden are minimised/ lack of security presence at Willesden is resolved to keep patients safe.
- The trust should ensure the supervision for lower grade doctors.
- The trust should consider increasing the skill mix of nurses at the Willesden Community Rehabilitation Hospital in order to support patients when there was no medical cover on the wards, where there were no nurses trained as advanced nurse practitioners or trained to carry out physical assessments.

Urgent and emergency Care at Northwick Park Hospital

The trust should:

- Ensure that patient records detail the care and treatment provided including a record of drink and food provided.
- Make sure the mental health assessment room provides a therapeutic environment.
- Improve compliance with mandatory training especially for medical staff.
- Improve on pain assessments and timely administration of pain relieving medicines in paediatric emergency department.
- Improve the recording of pain scores in the paediatric emergency department
- Improve appraisal rates.
- The trust should continue to work towards improving flow and capacity within the ED to improve performance against the national target.
- Reduce the number of black breaches
- The trust should continue to proactively manage recruitment and retention of nursing staff.
- The trust should consider how to improve IT systems across the department to enable easier sharing of information.
- Ensure the departments risk register incorporates all risks to the department and each risk is monitored robustly.

Urgent and emergency Care at Ealing Hospital

The trust should:

- Ensure there is a clear policy on the location of emergency paediatric medicines in the emergency department.
- Ensure staff meet the trust targets for mandatory training.
- Ensure that the service meets the target for staff appraisals.
- Ensure that medical staff complete mental capacity training.
- Review the arrangements for patients being admitted into the chest pain area in the clinical decision unit (CDU).
- Address nursing and medical vacancies in the emergency department.

Medicine at Northwick Park Hospital

The trust should:

- The service should ensure safe levels of staff to ensure the provision of safe care and treatment.

Summary of findings

- The service should ensure there is consistency in relation to document completion across the wards in particular fluid balance charts and malnutrition universal screening tool assessments.
- The service should ensure medical staff understand their roles and responsibilities in relation to the Mental Capacity Act 2005.
- The service should ensure mandatory training for medical and nursing staff meets the trust target of 85%.
- The service should take action to reduce patients' length of stay on medical wards.

Medicine at Ealing Hospital

The trust should:

- Ensure that medical patients admitted on other wards receive a consultant ward round in line with the trust's policies for medical patients.
- Ensure that high dependency patients are provided with appropriate staff in line with national guidance.
- Ensure that staff are adequately trained in the appropriate completion of the patient records booklet.
- Ensure that clinical governance processes are applied consistently across wards.
- Ensure that staff receive an appraisal at least annually.
- Ensure that medical consultants are provided with clear job plans which are reviewed annually.

Surgery at Northwick Park Hospital

The trust should:

- Review how staff access policies and procedures to reduce the likelihood of serious incidents resulting from a failure to follow accepted practice.
- Ensure healthcare assistants have access to incident-reporting systems and understand how to use them.
- Ensure infection control practices are consistent and protect patients and staff from the risks associated with bacteria growth and cross-infection.
- Ensure trust doctors who carry the on-call bleep out of hours are fully aware of the need to respond to calls from staff working in the Sainsbury Wing.
- Ensure staff understand fire safety procedures, including the purpose and use of fire doors.
- Ensure patients and those close to them remain up to date with care and treatment plans from the medical team.

Surgery at Ealing Hospital

The trust should:

- Work to improve hand hygiene compliance on Ward 7 North.

Critical Care at Northwick Park Hospital

The trust should:

- Work to improve compliance with mandatory training for medical and nursing staff.
- Work to improve patient flow through the critical care unit.
- Work to reduce mixed sex breaches on the ward.

Summary of findings

- Improve trust wide sharing and learning from incidents.

Children and young person's services at Northwick Park Hospital

The trust should:

- Ensure that nursing and medical staff are compliant with mandatory training.
- Update the safeguarding training strategy and ensure that delivery of children's safeguarding level 3 is compliant with the intercollegiate document.
- Ensure that all risk assessments including pain scores and pressure ulcer assessments are completed and reviewed in a timely manner.
- Take steps to improve communication throughout the children's and young people's service, particularly feedback regarding incidents and lessons learnt.
- Review the provision for children with a learning disability and mental health concern to ensure that timely support is available at all times.
- Ensure robust processes are in place for the transition between children and adult services.

Children and young person's services at Ealing Hospital

The trust should:

- Ensure all clinical guidelines and policies for children's services have been reviewed in line with trust timescales.
- Ensure that adult outpatient areas where children were seen are child friendly.
- Improve facilities for adolescents on the children's outpatients and day care unit.
- Provide information leaflets in languages other than English.
- Increase health promotion information available on the children's outpatients and day care unit for was limited.
- Increase engagement with the public in improvement and design of the service.
- Ensure management dedicate adequate time to the Ealing Hospital site.

Maternity at Northwick Park Hospital

The trust should:

- Ensure staff mandatory training meets trust standards.
- Ensure there is an abduction policy for maternity and ensure staff know how to respond in the event of an infant or child abduction or suspected abduction.
- Ensure there are tail gating notices on all wards and departments.
- Ensure the floor covering in the antenatal clinic toilet does not pose an infection control risk.
- Ensure there is an alert system in place for community midwifery staff working off-site.
- Ensure emergency guidelines clarify which teams will attend emergency calls and disseminate this to staff.
- Ensure all patient complaints are investigated and closed within the trust's published policy timescales.
- Ensure there is increase visibility of divisional and local leads.
- Take steps to improve working relationships within the trust.

Summary of findings

- Prioritise cultural improvements within the maternity team.
- Ensure identified risks on the risk register are actioned in a timely way or at the earliest opportunity.

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.
- Shaping a Heathier Future, the wider plan for health and social services in North West London, which affected the services at this trust, was the subject of ongoing debate with the local population. Progress on this had slowed and the pace of strategic change at the trust had also slowed as a result. The trust leadership appeared either slow or unable to bring about a reconfiguration of services outside of that inertia. We observed that this had led to a paralysis in organisational change and lack of ambitious vision.
- At our last inspection we noted considerable uncertainty and anxiety particularly at Ealing over the future of the hospital. This anxiety was also evident at our latest inspection. Communication with staff at Ealing was not considered desirable by the trust leadership until firm plans had been enacted to move services there. This was prolonging that uncertainty.
- Fit and proper persons checks were in place. However, we found some deficiencies in the trust's processes and records.
- All board meetings started with a patient story presented. However, there was little evidence of regular visits by senior executives and board members to ward and other areas of the trust.
- There was currently no development programme for the board or executive team, having been unsuccessful in the past. We saw no advanced plans to reinstate a board development programme.
- We did not see evidence that staff, patients and carers had plenty of opportunity to contribute to discussions about the strategy, especially where there were plans to change services.
- 54% of staff at the trust would recommend the trust as a place to work against a national average of 59%. The level of satisfaction towards the organisation and management interest in health and wellbeing was slightly below the national average.
- Relationships between the recognised trade unions and the trust did not appear to be harmonious or based on trust.
- There was no description of how the trust would handle staff concerns in its annual report and accounts. The Freedom to Speak up Guardian was not mentioned in that document. Staff in different parts of the trust told us that they had little opportunity to directly raise concerns with senior managers within the trust.

Summary of findings

- Staff did not always feel able to raise concerns without fear of retribution. In the latest NHS Staff survey (2017) for the trust, staff confidence and security in reporting unsafe clinical practice was below (worse than) the national average. Similarly, staff confidence in the fairness and effectiveness of procedures for reporting errors, near misses and incidents was below (worse than) the national average.
- Duty of candour processes were generally followed. However, the quality of duty of candour letters was generally poor. There was no evidence of engagement with patient relatives or carers during the investigation process or in determining terms of reference for the investigation.
- Staff did not always feel that equality and diversity were promoted in their day to day work and when looking at opportunities for career progression. The percentage of staff experiencing discrimination at work was higher than the national average. The percentage of staff believing that the organisation provided equal opportunities for career progression was lower than the national average.
- There were two BAME networks operating – one at Ealing and one at Northwick Park. Information from focus groups which CQC held indicated that BAME staff felt that they were discouraged from advancing beyond a certain level in the trust to senior posts even though many were highly qualified in comparison to their non-BAME colleagues. There were claims of higher levels of disciplinary action being taken against BAME staff.
- At our inspection three years previously, we detected a lack of team working and spirit particularly between staff at Ealing and Northwick Park and we detected little improvement during our latest inspection, particularly in the light of ongoing uncertainty felt by Ealing staff about the future of the hospital. Staff at Ealing still complained about non-communication from the trust leadership about the future of the hospital and there remained a perception of lack of support from the board and executive team as a result.
- The present board and governance committee structure had been introduced just prior to the last inspection in 2015. However, it was now too complex and cumbersome to facilitate efficient conduct of governance and board assurance. There were too many committees with seeming overlap of responsibility.
- We were not assured that the trust's governance framework was sufficiently detailed to address the need to meet people's mental health needs and those with learning difficulties. We did not see one cohesive document in relation to this but many piecemeal documents and references.
- Staff had access to the risk register either at a team or division level and could effectively escalate concerns as needed. In most cases staff concerns matched those on the risk register. However, in our core service inspections we came across several examples of concerns that were not on local risk registers at all locations. We were not assured that robust arrangements were in place in all departments for identifying, recording and managing risks, issues and mitigating actions.
- 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.
- In reviewing trust documentation on risk, serious incident investigation, review of deaths, duty of candour, complaints etc. and action plans arising, we noted a common theme of a lack of certification of completion of improvement or sign from actions identified.
- The Board Assurance Framework (BAF) as an assurance framework needed further development. The document we saw was more of a summary document than a full BAF but the trust confirmed that this document was its full BAF. As a purported full document, it was not fit for purpose. Executive leads were not always identified and the board committee ownership was not always clear between for example the integrated governance committee and the audit committee. It was not always clear what were the sources of assurance for the relevant risks and there were gaps in assurance.

Summary of findings

- 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 relation to ED at Northwick Park, Medical wards at Northwick Park, maternity at Northwick Park, Surgery at both Northwick Park and Ealing and services for children and young people at Ealing.
- Despite concerns being escalated to the board, for example in relation to security in the maternity department and lack of space around beds and bed spacing in critical care there had been a lack of action to mitigate those risks.
- The internal auditors had provided an in-depth review checking that policies, reporting and quality checks were in place. Despite this we found a number of policies to be out of date or subject to review. There were five audit recommendations to improve data quality on RTT- two of which were high priority.
- We were not assured that staff were always fully involved in decision making about changes to the trust services. A theme emerged during our inspections that some staff members perceived that they had not been fully consulted about some changes including those to the ED and in critical care at Northwick Park. In addition, we were told by different groups of staff on different occasions that they did not feel listened to. We observed a contrast in the perception of issues between senior management and front-line staff, particularly at the Ealing site.
- We noted that there was no formally identified executive/board level lead for children contained in trust documentation that we saw, nor in information on its website nor in its annual report and accounts document.
- Although, patients, staff and carers could meet with members of the trust's leadership team and governors to give feedback at public board meetings, we were told that, other than this, the executive and non-executive board were not highly visible.
- However, we did find areas of good practice:
 - The trust board had the appropriate range of skills, knowledge and experience to perform its role.
 - The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience.
 - Staff members below board level had access to a course in effective leadership led by a local university.
 - The trust had a lead for child and adolescent mental health, learning disability and autism.
 - The trust board and senior leadership team displayed integrity on an ongoing basis.
 - The trust board had a clear vision and set of values with quality and sustainability as the top priorities.
 - The trust worked with staff, patients and local stakeholders to develop a new set of values and behaviours based on HEART – honesty, equality, accountability, respect and teamwork.
 - There was a strategy for achieving the priorities and developing good quality, sustainable care across all sectors of the trust – acute and community.
 - Staff motivation at work was higher than the national average.
 - Managers addressed poor staff performance where needed. The Director of HR said that a number of staff were currently being performance managed. However, we did not see a clear and completed Performance Management and Accountability Framework which would ensure consistency of approach.
 - The trust also had control over sickness absence resulting in much lower than average sickness absence levels by comparison with other NHS trusts.
 - The trust Freedom to Speak up Guardian had been in post for about a year and reported directly to the chief executive. A second part time guardian, senior in the trust had recently been appointed to assist. They felt that they were supported by the trust though it was a challenge to coordinate across three acute sites and in community services.

Summary of findings

- Most staff had the opportunity to discuss their learning and career development needs at appraisal. The trust stated in its latest annual report (2016/17) that 85% of its staff had received an appraisal. However, the percentage of staff reporting that they had received an appraisal in the previous twelve months was lower than the national average as reported in the 2017 NHS Staff Survey. The percentage of staff praising the quality of their appraisal was higher than the national average.
- 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 late due to the complexity and number of committees in the governance structure.
- There were plans in place for emergencies. For example, adverse weather, a flu outbreak or a disruption to business continuity. The trust stated that it had in place plans that were compliant with the requirements of the NHS England Emergency Planning Resilience and Response Framework 2015 and associated guidance.
- The trust was actively participating in clinical research studies. Research and education made up approximately five per cent of the trust's income.

Use of resources

NHSi conducted a use of resources inspection at the same time as the CQC inspection. NHSi 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.

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 ↓ Aug 2018	Requires improvement →← Aug 2018	Good →← Aug 2018	Requires improvement →← Aug 2018	Requires improvement →← Aug 2018	Requires improvement →← Aug 2018

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 →← Aug 2018	Requires improvement ↓ Aug 2018	Good →← Aug 2018	Requires improvement →← Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018
Ealing Hospital	Inadequate ↓ Aug 2018	Requires improvement →← Aug 2018	Good →← Aug 2018	Requires improvement →← Aug 2018	Requires improvement →← Aug 2018	Requires improvement →← Aug 2018
Central Middlesex Hospital	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Requires improvement Aug 2014	Good Aug 2014
Community Services	Good ↑ Aug 2018	Requires improvement →← Aug 2018	Good →← Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Overall trust	Requires improvement →← Aug 2018	Requires improvement →← Aug 2018	Good →← Aug 2018	Requires improvement →← Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018

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	Requires improvement ↔ Aug 2018	Requires improvement ↑ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018
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	Requires improvement ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug	Requires improvement ↑ Aug 2018
Critical care	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Maternity	Inadequate Aug 2018	Good Aug 2018	Good Aug 2018	Good Sept 2018	Inadequate Aug 2018	Inadequate Aug 2018
Services for children and young people	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 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 ↓ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↑ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018

*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	Inadequate ↓ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Inadequate ↓ Aug 2018	Inadequate ↓ Aug 2018
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*	Inadequate ↑ Jun 2018	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018

*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
Urgent and emergency services	Good Aug 2014	N/A	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Medical care (including older people's care)	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Surgery	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Critical care	Good Aug 2014	Requires improvement Aug 2014	Good Aug 2014	Good Jun 2014	Requires improvement Aug 2014	Requires improvement Aug 2014
Services for children and young people	Requires improvement Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Requires improvement Aug 2014	Requires improvement Aug 2014
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 Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Requires improvement Aug 2014	Good Aug 2014

*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.

Northwick Park 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.

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:

- We rated caring at Northwick Park hospital as good. We rated safe, effective, responsive and well-led as requires improvement.
- Critical care improved from requires improvement to good.
- Maternity went down from requires improvement to **requires improvement**.

Summary of findings

- Urgent and emergency services, medical care, surgery and children and young people's services remained as requires improvement.
- We rated well-led as inadequate in medical care and maternity.
- We rated safe as inadequate in maternity services.

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.

Between January 2017 and December 2017, the trust had 189,861 attendances, an average of 520 patients a day. In the same reporting period, 18.5% of attendees were admitted to hospital, which was lower than the national average of 18.7%.

The department includes a paediatric emergency department dealing with all emergency attendances under the age of 17 years. Attendances of children under 17 in the last 12 months was 36,962

Patients present to the department either by walking into the reception area or arrive 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.

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 31 sets of patient records. We spoke with 52 members of staff, including nurses, doctors, allied health professionals, managers and support staff. We also spoke with 11 patients and 10 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.

Summary of this service

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

- Mandatory training compliance was still poor for medical staffing and did not meet the trust target. This included safeguarding training.
- The department still faced significant issues with ambulance turnaround which led to high numbers of black breaches.
- There was evidence that the department reported incidents. However, similar to the previous inspection we were not always assured lessons learnt were embedded into practice. Some staff reported they did not receive feedback from incidents they reported.
- Effective risk management arrangements were not in place for mental health patients and this placed patients at risk of unsafe care and treatment. The process for ensuring emergency department staff completed one to one observations of patients was not robust.
- The band 5 nursing vacancy rate was high.
- Some guidelines on the trust intranet had not been reviewed and were out of date.

Urgent and emergency services

- Pain scores were not always documented in the paediatric emergency department. We found sometimes there was no evidence of pain scores or pain relief for children with painful conditions.
- The department were performing below the national average in many of the Royal College of Emergency Medicine (RCEM) audits. We were told there were plans to re-audit a number of them but this had not yet taken place.
- Appraisals rates were poor and below the trust target for nursing staff.
- We did not see much health promotion information around the department.
- The department did not meet the target to admit, discharge, or transfer 95% of patients within four hours between in any of the 12 months preceding or inspection.
- Patients were still waiting for long periods before staff moved them to an appropriate ward or department once a decision to admit and been made. Access to services and patient flow continued to be a significant problem for the department and patients experienced long waits. The clinical decisions unit was often being used inappropriately for patients waiting for beds within the hospital.
- Some staff raised concerns about the culture in the department. Some staff felt they were not listened to by the trust, especially when it came to decisions about service development.
- There were no joint governance meetings between the emergency department and the urgent care centre. This meant learning from serious incidents was not shared with the urgent care centre.
- There was now clinical governance at a departmental level. However, we were not assured this was as effective as it could be because things such as risk, incidents and complaints were not standing agenda items.

However:

- 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.
- Staff monitored patients who were at risk of deteriorating appropriately. Early warning scores were in use in both adult and paediatric areas.
- Multidisciplinary working was evident in most areas of the department.
- Staff were professional and care for patients in a caring and compassionate manner. Feedback from patients and relatives was positive.
- The department had a frailty pathway, supported by specialists, to safely reduce admissions and length of stay for elderly patients and ambulatory care pathways.

Is the service safe?

Requires improvement   

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

- At the last inspection we found staff recognised incidents and knew how to report them. Managers investigated incidents quickly. However, we were not assured lessons and actions were shared in the department. We found this was still the case and were not assured learning from incidents was embedded within the culture of the department.

Urgent and emergency services

- Mandatory training compliance was still poor for medical staffing and did not meet the trust target. This included safeguarding training compliance.
- The department still faced significant issues with ambulance turnaround which led to high numbers of black breaches. However, the department had introduced a number of measures to reduce ambulance delays which had improved turnover times.
- Effective risk management arrangements were not in place for mental health patients and this placed patients at risk of unsafe care and treatment. The process for ensuring emergency department staff completed one to one observations of patients was not robust.
- The mental health room was based in the middle of the clinical decisions unit (CDU). It was reported that when patients were aggressive or distressed this could be overheard by patient on CDU.
- The band 5 nursing vacancy rate was high. Staff reported at times the department did not feel safe due to staffing levels.

However:

- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- The department was clean and equipment well maintained. Staff followed infection control policies that managers monitored to improve practice.
- At the last inspection we found there was no information displayed to advise patients on what to do if their condition deteriorated. We saw information in the waiting room advising patients to contact staff if they felt more unwell as they waited.
- Medicines were stored securely and staff followed appropriate procedures for controlled drugs.

Is the service effective?

Requires improvement   

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

- Managers monitored the effectiveness of care and treatment through continuous local and national audits. However, the hospital's performance in some of the national audits were in the lower quartile of trusts. The hospital failed to meet standards in a number of audits including acute severe asthma, consultant sign off and procedural sedation in adults. Clinical leaders told us there were actions to address this.
- From March 2017 to February 2018, the trust's unplanned re-attendance rate to accident and emergency within seven days was worse than the national standard of 5% and also consistently worse than the England average. However, between March 2018 and June 2018 this had been improving.
- Pain scores were not always documented for children attending the department with painful conditions.
- Appraisal rates for nursing staff in the emergency department were lower than the trust target of 85%
- Mental capacity training and deprivation of liberty training compliance for medical staff was poor. However, doctors said there was good access to training and support for professional development.

However:

Urgent and emergency services

- Staff provided care and treatment based on national guidance and evidence and used this to develop new policies and procedures. There were a number of care bundles in department for patients with specific conditions such as sepsis.
- Staff displayed good knowledge of the treatment of patients presenting with sepsis. On two occasions during the inspection we saw staff appropriately following the sepsis six protocol.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- We saw examples of good multidisciplinary working. Doctors, nurses and other healthcare professionals supported each other to provide care. The involvement of other teams such as the on-site psychiatric liaison team and frailty team helped to improve the patient experience.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their 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.

Is the service responsive?

Requires improvement   

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

- The departments performance for Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival was poor. From April 2017 to March 2018 the trust consistently failed to meet the standard, and performed worse than the England average in all but one month.
- 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. Similar to the last inspection the trust consistently failed to meet the standard, and consistently performed worse than the England average, from March 2017 to February 2018.
- From April 2017 to March 2018 the trust's monthly median total time in A&E for all patients was consistently worse than the England average.

Urgent and emergency services

- There were five patients at the emergency department who waited more than 12 hours from decision to admit until being admitted
- 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 service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The department had a frailty pathway, supported by specialists, to safely reduce admissions and length of stay for elderly patients and ambulatory care pathways.

Is the service well-led?

Requires improvement   

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

- Whilst staff told us they were encouraged to report incidents we were not assured learning from incidents was embedded within the culture of the department. Some staff said they did not receive feedback from incidents and we were found some incident of patients absconding had not been reported as incidents.
- The department had still persistently been unable to deliver the national four hour target for patients to be seen, treated, admitted and discharged. Whilst some improvements had been made performance was consistently below the England average.
- The service did not have a clear strategy that all staff understood and put into practice.
- 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. However, the risk register did not contain all risks we found in the department.
- Some staff highlighted issues with the culture of the department. Issues with bullying was mentioned by some staff and a lack of support from band 7 nurses.
- Effective risk management arrangements for mental health patients were not in place and this placed patients at risk of unsafe care and treatment. The process for ensuring emergency department staff completed one to one observations of patients was not robust.

However;

- The emergency department had a clear management structure at both divisional and departmental level. The managers knew about the quality issues, priorities and challenges.
- At the last inspection governance arrangements were at a trust wide level. We found they were now more departmentally focused, but needing some further development.

Areas for improvement

Actions the provider MUST take to improve

- Must review the processes, implementation and recording of observations of mental health patients in the ED department.

Urgent and emergency services

- Ensure that there are effective systems in place for learning from incidents.

Actions the provider SHOULD take to improve

- Ensure that patient records detail the care and treatment provided including a record of drink and food provided.
- Make sure the mental health assessment room provides a therapeutic environment.
- Improve compliance with mandatory training especially for medical staff.
- Improve on pain assessments and timely administration of pain relieving medicines in paediatric emergency department.
- Improve the recording of pain scores in the paediatric emergency department
- Improve appraisal rates.
- The trust should continue to work towards improving flow and capacity within the ED to improve performance against the national target.
- Reduce the number of black breaches
- The trust should continue to proactively manage recruitment and retention of nursing staff.
- The trust should consider how to improve IT systems across the department to enable easier sharing of information.
- Ensure the departments risk register incorporates all risks to the department and each risk is monitored robustly.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The inpatient medical and older people's inpatient services at Northwick Park Hospital includes acute medicine, respiratory, gastroenterology, neurology and stroke, care of the elderly, cardiology, endocrinology, rheumatology, and haematology. The Dryden high dependency unit (HDU) came under both integrated and emergency medicine.

The endoscopy department at St Marks Hospital undertakes diagnostic and major therapeutic gastroscopy (OGD), colonoscopy, flexible sigmoidoscopy, endoscopic retrograde cholangio pancreatogram (ERCP), bronchoscopy & double balloon enteroscopy (DBE).

The trust also has a regional hyper acute rehabilitation unit which is a level 1 complex specialist rehabilitation service commissioned by NHS England. The unit admits patients from major trauma centres, hyper-acute stroke units, neurosciences centres as well as district general hospitals in London, Eastern (Bedfordshire, Hertfordshire and Essex) and Southern (Berkshire) regions.

Northwick Park Hospital has 511 medical inpatient beds located across 22 wards and units.

Ward/unit	Specialty	Inpatient beds
Carroll Ward	Urgent medicine	22
Catheterisation laboratory	Cardiology	8
Coronary care unit	Cardiology	8
Clarke Ward	Escalation ward	16
Crick Ward	Medical assessment unit	26
Darwin Ward	Medical assessment unit	26
Defoe Ward	Infectious diseases	10
Dickens Ward	Medical assessment unit	34
Dryden Ward	Urgent medicine	21
Elgar Ward	Infectious diseases	15
Endoscopy	Diagnostic pathology	29
Fielding Ward	Care of the elderly	38
Fletcher Ward	Gastroenterology medicine	30
Gaskell Ward	Respiratory medicine	28
Haldane Ward	Stroke medicine	34
Hardy Ward	Care of the elderly	34

Medical care (including older people's care)

Herrick Ward	Stroke rehab medicine	25
James Ward	Endocrinology and rheumatology	34
Jenner Day Care	Cardiology	0
Jenner Ward	Cardiology	35
Kingsley Ward	Clinical haematology	14
Fleming Ward (Regional Hyper Acute Rehabilitation Unit)	Rehabilitation	24

(Source: Routine Provider Information Request - Acute-Sites)

The trust had 74,005 medical admissions from January to December 2017. Emergency admissions accounted for 26,423 (35.7%), 1,175 (1.6%) were elective, and the remaining 46,407 (62.7%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 27,345 admissions
- Gastroenterology: 26,799 admissions
- Clinical haematology: 6,118 admissions

Northwick Park Hospital had 33,620 medical admissions from January to December 2017. Emergency admissions accounted for 19,732 (58.7%), 475 (1.4%) were elective, and the remaining 13,413 (39.9%) were day case.

Admissions for the top three specialties were:

- General Medicine: 19,532 admissions
- Medical Oncology: 4,680 admissions
- Clinical Haematology: 3,743 admissions

(Source: Hospital Episode Statistics)

During the inspection we visited Carroll ward, Catheterisation laboratory, Clarke ward, Crick ward, Darwin ward, Defoe ward, Dickens ward, Dryden ward, Dryden HDU, Elgar ward, Endoscopy, Fielding ward, Fletcher ward, Haldane ward, Hardy ward, Herrick ward, Jenner ward, Kingsley ward and the regional hyper acute rehabilitation unit

During this inspection we spoke with 63 staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. We also spoke with the directorate leadership team. We spoke with 17 patients and 11 relatives. We reviewed 17 patient records and 27 medication administration records. We made observations and looked at documentary information accessible within the department and provided by the trust.

Summary of this service

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

Medical care (including older people's care)

- Leaders had failed to manage the high demand for the service and high bed occupancy, the service was still struggling to cope. Leaders had failed to address the length of stay for elective patients at Northwick Park Hospital.
- Four risks identified on the risk register in 2017 and 2016 concerned the environment none of which related to the aging estate which did not always provide the best environment for providing care. Following the previous inspection we reported the environment of the stroke wards needed improving. During this inspection we found the stroke wards environment still needed improving.
- The risk register did not include some of the concerns we found during the inspection including staff levels across the wards, mandatory training compliance and the movement of patients at night.
- Most staff in the medical services knew the trust values. However most staff we spoke with were unaware of the integrated medicines divisional strategy. This was similar to what we found at the last inspection.
- Although the service had taken action to address staff shortages, those actions had to date not resulted in improvements in permanent staff numbers.
- Although the trust had systems for identifying risks and plans to mitigate risks, this did not always translate to improvements within the service. For example, there were inconsistencies in relation to document completion across the wards, kitchens, sluices and clean utility rooms were locked or unlocked, out of date medicines.
- A total of 7,138 patients were moved at night between 11.00pm and 8.00am during the period 1st January 2017 to 31st December 2017. This means the trust was not focussed on getting patients a bed on a ward for their speciality.
- The trust informed did not have data for the last year (2017) showing whether ward moves were due to non-clinical reasons.
- From January 2017 to December 2017 the average length of stay for medical elective patients at Northwick Park Hospital was 13.5 days, which was longer than England average of 5.8 days.
- The trust took an average of 43.1 working days (mean) to investigate and close these complaints. The trust responded to 45.4% of complaints within the target period of 40 working days. This is not in line with their complaints policy, which states that 80% of complaints should be responded to within 40 working days
- The service did not have enough permanent nursing staff to ensure the provision of safe care and treatment. However, the service used bank and agency staff to cover gaps in the staffing provision.
- Mandatory training in key skills for nursing staff was below the trust targets of 85% in three of the 10 core training areas. The overall completion rate was 80%. This was similar to what we found at the last inspection.
- Mandatory training in key skills for medical staff was below the trust targets of 85% in none of the nine core training areas. The overall completion rate was 38%. This was similar to what we found at the last inspection.
- Safeguarding adults level 2 training for medical staff was below the trust target of 85%. The completion rate was 58%.
- Hand hygiene compliance was variable across the medical wards was monitored across the wards. Compliance varied from between 100% to 50%.
- Care records were not being completed consistently. Some staff did not understand how to use all parts of the care record and were adding signatures to care plans without highlighting the specific aspects of the plan that were relevant.
- Out of date medicines including a controlled drug (CD) which was a liquid medicine was found. This had a four-week expiry after opening. There was no opening date or expiry date on the bottle.

Medical care (including older people's care)

- The temperature of ward fridges were consistently being recorded at more than eight degrees which meant that fridge temperatures were out of range and medicines were not being stored at the correct temperature.
- There was not a systematic approach to keeping trust policies and guidelines up to date, which meant the trust could not be assured that staff were working with the latest guidance. We found this was similar during the previous inspection.
- Fluid balance charts and malnutrition universal screening tool MUST assessments were not being completed consistently. We found this was similar in during the previous inspection.
- The number of qualified nursing staff who had an appraisal in the period was 72.3% which was below the trust target of 85%.
- The number of medical staff who completed the training was 57.5% which was below the trust target of 85%. However there had been an improvement since the last inspection in the number of nursing staff (92.7%) completing Mental Capacity Act training in the period April 2017 to January 2018,
- We observed that patients on beds were sometimes transported in public lifts which meant visitors waiting for lifts saw these patients, which unnecessarily compromised their privacy and dignity.
- We observed phones were unanswered on some wards. We did not know who calls were from but two relatives said it was difficult to get an answer when they rang the ward.
- Signage to wards was sometimes misleading, and had not been updated to reflect where wards had been relocated. There was no sign to Kingsley ward (the haematology ward) in the lifts or on the list of wards beside the map. There were no signs on lifts that were meant for staff use only.

However:

- There was a clear governance structure. The integrated medical division was responsible for all medical services across the three hospital sites within the trust and was led by a divisional clinical director, divisional general manager and divisional head of nursing, who worked across all three of the trusts sites.
- Patients were being continually being assessed using the National Early Warning System (NEWS). Staff were knowledgeable in responding to any changes in the observations which necessitated the need to escalate the patient to be seen by medical staff or the critical care outreach team.
- Serious incidents (SIs) were discussed as part of the monthly medicine clinical divisional quality and risk meetings clinical governance. SIs were investigated, had an action plan and lesson learnt identified.
- Northwick Park Hospital consistently achieved grade A for overall performance for the Sentinel Stroke National Audit programme (SSNAP) over the six audit periods from October 2015 to July 2017. On a scale of A-E, where A is best.
- Patients prescribed pain relief to be given 'when required' were able to request this when they needed it. Patient notes recorded whether patients had been asked about pain.
- There was effective multidisciplinary team (MDT) working in the ward areas. Relevant professionals were involved in the assessment, planning and delivery of patient care. We found this had improved since the last inspection.
- We saw clinical staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. Most of the patients we spoke with were positive about the staff that provided their care and treatment.
- From March 2017 to February 2018 the Friends and Family Test (FFT) response rate for medical care at Northwick Park Hospital was 41%. This was based on 6,737 responses. This was higher than the England average of 25%.

Medical care (including older people's care)

- Most of the wards had day rooms or visitors room which staff could use to break bad news or have confidential conversations with relative. We saw staff providing emotional support to patients and relatives.
- Most patients we spoke with said they felt involved in their care. Relatives we spoke to were mostly happy with the care their relatives received and felt they had been kept involved with their loved ones' treatment.
- The service took account of the needs of different people. Staff had received training in dementia and there was a mental health specialist nurse who provided advice relating to patients with mental health needs and an activities co-ordinator. Patients had access to translation services and relatives of elderly patients stay overnight.
- The care of the elderly wards Fielding and Hardy had been made more dementia friendly using the Kings Fund environmental assessment tool.
- Dickens ward had recently been restructured when the ward became a frailty medical assessment unit where elderly patients would be discharged after a short stay. The ward was aiming for a high daily discharge rate
- Staff felt valued, supported and spoke highly of their jobs despite the pressures; Staff told us there was good team work and peer support and it was better when fully staffed, but when short staff it could be very stressful and it made their job much harder.
- There was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities
- Staff felt valued, supported and spoke highly of their jobs despite the pressures; Staff told us there was good team work and peer support and it was better when fully staffed, but when short staff it could be very stressful and it made their job much harder.
- There was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities.

Is the service safe?

Requires improvement   

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

- The service did not have enough permanent nursing staff to ensure the provision of safe care and treatment. However, the service used bank and agency staff to cover gaps in the staffing provision.
- Mandatory training in key skills for nursing staff was below the trust targets of 85% in three of the 10 core training areas. The overall completion rate was 80%. This was similar to what we found at the last inspection.
- Mandatory training in key skills for medical staff was below the trust targets of 85% in none of the nine core training areas. The overall completion rate was 38%. This was similar to what we found at the last inspection.
- Safeguarding adults level 2 training for medical staff was below the trust target of 85%. The completion rate was 58%.
- Hand hygiene compliance was variable across the medical wards was monitored across the wards. Compliance varied from between 100% to 50%.
- Care records were not being completed consistently. Some staff did not understand how to use all parts of the care record and were adding signatures to care plans without highlighting the specific aspects of the plan that were relevant.

Medical care (including older people's care)

- Out of date medicines including a controlled drug (CD) which was a liquid medicine was found. This had a four-week expiry after opening. There was no opening date or expiry date on the bottle.
- The temperature of ward fridges were consistently being recorded at more than eight degrees which meant that fridge temperatures were out of range and medicines were not being stored at the correct temperature.

However

- Patients were being continually being assessed using the National Early Warning System (NEWS). Staff were knowledgeable in responding to any changes in the observations which necessitated the need to escalate the patient to be seen by medical staff or the critical care outreach team.
- Serious incidents (SIs) were discussed as part of the monthly medicine clinical divisional quality and risk meetings clinical governance. SIs were investigated, had an action plan and lesson learnt identified.

Is the service effective?

Requires improvement   

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

- The number of medical staff who completed the training was 57.5% which was below the trust target of 85%. However there had been an improvement since the last inspection in the number of nursing staff (92.7%) completing Mental Capacity Act training in the period April 2017 to January 2018.
- There no a systematic approach to keeping trust policies and guidelines up to date, which meant the trust could not be assured that staff were working with the latest guidance. We found this was similar during the previous inspection.
- Fluid balance charts and malnutrition universal screening tool MUST assessments were not being completed consistently. We found this was similar in during the previous inspection.
- The number of qualified nursing staff who had an appraisal in the period was 72.3% which was below the trust target of 85%.

However:

- Northwick Park Hospital consistently achieved grade A for overall performance for the Sentinel Stroke National Audit programme (SSNAP) over the six audit periods from October 2015 to July 2017. On a scale of A-E, where A is best.
- Patients prescribed pain relief to be given 'when required' were able to request this when they needed it. Patient notes recorded whether patients had been asked about pain.
- There was effective multidisciplinary team (MDT) working in the ward areas. Relevant professionals were involved in the assessment, planning and delivery of patient care. We found this had improved since the last inspection.

Is the service caring?

Good   

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

Medical care (including older people's care)

- We saw clinical staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. Most of the patients we spoke with were positive about the staff that provided their care and treatment.
- From March 2017 to February 2018 the Friends and Family Test (FFT) response rate for medical care at Northwick Park Hospital was 41%. This was based on 6,737 responses. This was higher than the England average of 25%.
- Most of the wards had day rooms or visitors room which staff could use to break bad news or have confidential conversations with relative. We saw staff providing emotional support to patients and relatives.
- Most patients we spoke with said they felt involved in their care. Relatives we spoke to were mostly happy with the care their relatives received and felt they had been kept involved with their loved ones' treatment.

However:

- We observed that patients on beds were sometimes transported in public lifts, which meant visitors waiting for lifts saw these patients, which unnecessarily compromised their privacy and dignity.
- We observed phones were unanswered on some wards. We did not know who calls were from but two relatives said it was difficult to get an answer when they rang the ward.

Is the service responsive?

Requires improvement   

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

- A total of 7,138 patients were moved at night between 11.00pm and 8.00am during the period 1st January 2017 to 31st December 2017. This means the trust was not focussed on getting patients a bed on a ward for their speciality.
- From January 2017 to December 2017 the average length of stay for medical elective patients at Northwick Park Hospital was 13.5 days, which was longer than England average of 5.8 days.
- The trust took an average of 43.1 working days (mean) to investigate and close these complaints. The trust responded to 45.4% of complaints within the target period of 40 working days. This is not in line with their complaints policy, which states that 80% of complaints should be responded to within 40 working days.
- Signage to wards was sometimes misleading, and had not been updated to reflect where wards had been relocated. There was no sign to Kingsley ward (the haematology ward) in the lifts or on the list of wards beside the map. There were no signs on lifts that were meant for staff use only.

However

- The service took account of the needs of different people. Staff had received training in dementia and there was a mental health specialist nurse who provided advice relating to patients with mental health needs and an activities co-ordinator. Patients had access to translation services and relatives of elderly patients stay overnight.
- The care of the elderly wards Fielding and Hardy had been made more dementia friendly using the Kings Fund environmental assessment tool.
- Dickens ward had recently been restructured when the ward became a frailty medical assessment unit where elderly patients would be discharged after a short stay. The ward was aiming for a high daily discharge rate.

Medical care (including older people's care)

Is the service well-led?

Requires improvement   

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

- Leaders had failed to manage the high demand for the service and high bed occupancy, the service was still struggling to cope. Leaders had failed to address the length of stay for elective patients at Northwick Park Hospital.
- Four risks identified on the risk register in 2017 and 2016 concerned the environment none of which related to the aging estate which did not always provide the best environment for providing care. Following the previous inspection we reported the environment of the stroke wards needed improving. During this inspection we found the stroke wards environment still needed improving.
- The risk register did not include some of the concerns we found during the inspection including staff levels across the wards, mandatory training compliance and the movement of patients at night.
- Most staff in the medical services knew the trust values. However most staff we spoke with were unaware of the integrated medicines divisional strategy. This was similar to what we found at the last inspection.
- Although the service had taken action to address staff shortages, those actions had to date not resulted in improvements in permanent staff numbers.
- Although the trust had systems for identifying risks and plans to mitigate risks, this did not always translate to improvements within the service. For example, there were inconsistencies in relation to document completion across the wards, kitchens, sluices and clean utility rooms were locked or unlocked, out of date medicines.

However:

- There was a clear governance structure. The integrated medical division was responsible for all medical services across the three hospital sites within the trust and was led by a divisional clinical director, divisional general manager and divisional head of nursing, who worked across all three of the trusts sites.
- Staff felt valued, supported and spoke highly of their jobs despite the pressures; Staff told us there was good team work and peer support and it was better when fully staffed, but when short staff it could be very stressful and it made their job much harder.
- There was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities.

Areas for improvement

Actions the provider **SHOULD** take to improve

- The service should ensure safe levels of staff to ensure the provision of safe care and treatment.
- The service should ensure there is consistency in relation to document completion across the wards in particular fluid balance charts and malnutrition universal screening tool assessments.
- The service should ensure medical staff understand their roles and responsibilities in relation to the Mental Capacity Act 2005.
- The service should ensure mandatory training for medical and nursing staff meets the trust target of 85%.

Medical care (including older people's care)

- The service should take action to reduce patients' length of stay on medical wards.

Surgery

Requires improvement  

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 stayed the same. We rated it as requires improvement because:

- Completion of mandatory training was variable and medical staff did not meet the trust's target in any subject with some significantly below the standard.
- Although there was evidence of learning from incidents and mistakes, outcomes did not always ensure practice was fully in line with national guidance or fully mitigate future risks of recurrence.
- Staff knowledge and understanding of trust policies, or where to find them, was inconsistent and five serious incidents had been reported because of a failure to follow standards.
- Theatre safety processes were audited and found between January 2018 and May 2018 the lead surgeon did not stay in the theatre for the final count of swabs and other items in 51% of the audit sample.
- From December 2016 to November 2017 patients at Northwick Park Hospital had a higher than expected risk of readmission for elective admissions compared to the national average. However, the risk of readmission for non-elective patients was better than the national average.
- Patients and relatives told us communication with doctors could be improved, particularly at weekends and when they were concerned about mental health needs.
- There was a lack of clinical governance and leadership oversight in theatres that had led to lapses in electrical safety and medicines management.

However:

- Risk management tools and procedures were embedded in practice and contributed to patient safety. This included tools to assess patient suitability for surgery and use of international standards, such as the World Health Organisation safer surgery checklist.

Surgery

- The trust had restructured areas in which we previously found concern and improved medical staffing cover to ensure specialist clinical needs were met.
- There was a clear drive to deliver care in a culture that valued safety, openness and honesty. This included learning from incidents and good standards of dissemination of investigation outcomes.
- Clinical staff demonstrated a drive to improve data quality for audits to ensure benchmarking and audit processes were accurate and vigorous. This included through internal exercises and external peer review.
- Multidisciplinary working was extensive and was part of day-to-day care and treatment as well as governance and risk management.
- We observed consistently friendly, kind and compassionate care delivered by staff who understood how to facilitate privacy and dignity.
- The hospital performed better than the national average for surgical referral to treatment times in 18 week specialty care pathways.

At our last inspection in October 2015 we told the trust they must:

- Ensure staff, including consultants, always reported incidents.
- Improve consultant radiologist cover at weekends.
- Improve rates of mandatory training, including in the Mental Capacity Act (2005).
- Improve the recording of nutrition and hydration.
- Improve data completeness for bowel cancer surgery.
- Ensure final checks of swab counts and instruments are undertaken with verbal confirmation before the surgeon de-scrubs.
- Develop appropriate surgical care pathways.
- Develop and communicate the vision and strategic aims of the surgical directorate to all staff.

At this inspection the trust provided evidence incident reporting had increased steadily over the previous three years and evidence that consultant radiologist cover had been improved at weekends. In addition, we saw consistently good standards of documentation for nutrition and hydration and processes to improve data management in cancer care. Specialist teams had also developed new evidence-based surgical care pathways. However, rates of mandatory training were variable and were very low for doctors in some subjects. In addition, surgical safety audits indicated the lead surgeon did not always remain in theatres for the final verbal count of swabs.

Is the service safe?

Requires improvement  

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

- Nurse training in resuscitation and basic life support was significantly lower than the 85% minimum trust standard, with an overall average of 76% completion.
- Mandatory training rates for doctors were very low and the team did not meet the trust's 85% target in any training area.

Surgery

- Infection control in relation to the environment was not always consistently managed, including in relation to the disposal of curtains.
- There was not a system in place to ensure electrical equipment was always checked and maintained for safety.
- Staff demonstrated variable knowledge of fire safety and we found low levels of compliance with basic fire safety management in some areas.
- Nurse vacancy, sickness and turnover rates were higher than the trust target.
- Medicines management in theatres was not in line with trust policies or national best practice guidance and some practices placed patients at increased risk.
- Although we found improved standards of incident reporting, it was not evident senior staff always included healthcare assistants in incident-reporting. There was sometimes limited evidence of learning from serious incidents and five had occurred in a 16-month period as a result of a failure to follow policies and procedures.
- Although staff had implemented new processes as learning from a never event, practice did not follow guidance from the Royal College of Anaesthetists with regards to documentation for throat packs.

However:

- At our last inspection in 2015 we found staff did not always submit incident reports, which meant the service could not track themes or identify areas of risk. At this inspection we found incident-reporting had improved and was more embedded in practice.
- Doctor vacancy, sickness and turnover rates were better than the trust target and the trust had implemented weekend cover by a consultant radiologist.
- We observed generally good infection control and hand hygiene practices by staff, including in the use of the aseptic non-touch technique.
- Staff consistently used established risk management tools to contribute to good patient safety.
- Senior teams were responsive to updates to national guidance and standards and managed their teams accordingly to maintain a safe service.
- Two guardians for safe working hours were in post and used annual reports to highlight the need for junior doctors to more consistently record excessive, unsafe working hours.
- Staff in multiple teams and roles demonstrated an understanding of never events and serious incidents and knew about the changes to practice that resulted from learning outcomes.

Is the service effective?

Good   

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

- The senior team continually reviewed existing policies against national standards and engaged in benchmarking, including through peer review.
- There was a proactive approach to developing care pathways and practices through new evidence-based initiatives, such as through the creation of a 'sepsis squad' and participation in a national older people's surgery programme.

Surgery

- Theatre teams audited the use of the World Health Organisation surgical safety checklist on a weekly basis as a benchmarking tool to establish minimum standards in each team.
- Between March 2017 and February 2018, the surgical specialties performed consistently better than the national average and the trust average in the referral to treatment time within 18 weeks. In this period four out of seven specialties performed better than the national target of 90%.
- Surgical safety audits between January 2018 and May 2018 indicated consistently good practice in line with trust standards, except for the role of the lead surgeon.
- Staff had access to ongoing professional development through trust and external training courses. Nurses were encouraged to develop clinical competencies and specialist skills and junior doctors had regular protected teaching time led by consultants.
- The specialist palliative care team had increased training and development opportunities for all staff to help them recognise when patients were coming to their end of their life and provide appropriate care.
- Surgical teams implemented a range of improvements in evidence-based practice following the results from a 'getting it right first time' (GIRFT) peer review.
- We found consistently good standards of nutrition and hydration in relation to documentation, monitoring and patient care.

However:

- There was no pre-operative fasting policy in place and the process of scheduling elective procedures meant patients sometimes fasted for significantly longer than necessary.
- Although evidence indicated a focus on maintain up to date policies and procedures we found staff did not always have access to these and were unaware of them in some cases. In addition, five serious incidents had been reported in a 16-month period that involved a failure to follow trust policies.
- The hospital performed worse than national averages and did not meet aspirational standards in the 2017 national hip fracture database.
- Patients in colorectal surgery had a higher than expected risk of readmission for elective admissions when compared to the national average.
- Medical staff demonstrated low levels of completion of Mental Capacity Act (2005) training and did not meet the trust target of 85%.

Is the service caring?

Good   

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

- Between March 2017 to February 2018 the Friends and Family Test response rate for surgery was 48%; significantly better than the national average.
- During this period all surgical wards performed consistently well and received a recommendation rate of over 90%.
- During our observations we saw staff treated patients and their relatives with kindness and compassion and maintained their dignity and privacy.

Surgery

- All of the patients and relatives we spoke with said they were happy with the care and compassion shown by staff.
- Patients told us staff referred them for formal psychological assessment and support on request or if their mental health declined.
- A multi-faith chaplaincy service was available 24-hours, seven days a week.
- During our observations of ward rounds we saw doctors introduced themselves to patients and explained what they were doing and why.

However:

- Some patients said they felt communication could be improved in wards, including with regards to the compassion of some individual staff.
- Three relatives we spoke with said they did not feel that staff always understood the mental health needs of patients or the impact of treatment on their mental wellbeing. We also received variable feedback about the involvement of patients by doctors or more broadly at the weekend.

Is the service responsive?

Good  

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

- At our last inspection in 2015 we found targets for referral to treatment times (RTTs) were not being met. At this inspection we found between March 2017 to February 2018 the hospital's referral to treatment time (RTT) for admitted pathways for surgery was 88%, which was better than the national average and compared with the rest of the trust. The RTT for all seven specialities was better than the national average.
- Resources for patients living with dementia on inpatient wards had improved since our last inspection.
- The average length of stay for elective and non-elective patients in 2017 was similar to the national average overall.
- The emergency surgery team provided a 24-hour, seven-day dedicated service led by nurse practitioners and a medical team.
- Services and resources had been restructured to more closely meet the needs of the local population, including out of hours radiology, improved care in the intensive recovery unit and a 'fast track' day surgery area.
- The specialist palliative care team provided specialised on-demand care and treatment for patients and worked with community teams and Macmillan nurses to ensure a seamless service.
- Staff on Sainsbury Wing, a private ward, provided care and treatment that did not compromise safety based on patients' level of insurance cover.
- Discharge planning was structured and multidisciplinary.
- Adapted equipment was available on each ward to help people at mealtimes such as colour-contrasting crockery for patients living with dementia and menus printed in Braille and 11 different languages.
- Staff were supported to use their broader skills to make patients more comfortable in addition to their clinical role.
- In the previous year the hospital treated all patients whose procedure had been cancelled within 28 days of the original date, which is significantly better than the national average.

Surgery

However:

- Serious incident reports indicated the hospital could not always meet individual patient needs, including due to a lack of capacity in the tissue viability team and barriers to communicating with patients living with a living disability.
- Nurses in some surgical wards felt they did not have the training or resources to meet the needs of medical patients cared for as outliers, such as when patients required specialist respiratory support.
- Average lengths of stay for elective patients in maxillo-facial surgery and colorectal surgery were longer than the national averages.

Is the service well-led?

Requires improvement   

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

- Staff demonstrated an understanding of the main risks to their services, practice and patients and said they felt listened to when they raised these with the senior team. However, they said they did not feel action was often taken nor that risks to patients were always effectively mitigated.
- Risks staff experienced on wards were not always reflected in the risk register. This was also the case in risks such as low levels of mandatory compliance by the medical team.
- Senior teams could not demonstrate consistent safety oversight in relation to equipment. This included equipment with expired or missing electrical safety certificates.
- Managers failed to monitor and challenge consultant decisions to cancel operations.
- There were gaps in communication between the ward team on Sainsbury Wing and senior staff at divisional level, which meant problems obtaining medical review out of hours had not been resolved.
- There was a lack of senior-level oversight of fire safety and environmental risk management.
- Medicine management in theatres did not always demonstrate safe practice and governance systems had not addressed this.

However:

- Staff had developed governance and risk management processes that included detailed patient case reviews as part of morbidity and mortality reviews. Reviews considered the influence of human, system and patient factors.
- All of the staff we spoke with felt positively about their leadership team and said they received continuous support.
- At our last inspection in 2015 we found staff did not know about the trust vision and strategy. At this inspection staff said they felt part of the trust's vision and strategy and were able to explain how it applied to their work and career goals.
- Staff in all areas and teams described the working culture as positive and conducive to learning, development and establishing good working relationships.
- The senior team facilitated monthly divisional clinical governance days as part of their overall strategy of improving governance, incident reporting and quality assurance.

Surgery

- Clinical nurse managers and matrons carried out a red, amber, green (RAG)-based quality assurance assessment for each ward to benchmark standards in five areas, which they rated on a sliding scale as part of a broader quality assurance programme.

Outstanding practice

- Staff demonstrated a focus on opportunities for improvement and dedication to adapting national pilots and new strategies to their patient group. For example, the theatre assess/admit unit matron had completed a study event on the proactive older person surgery (POPS), a national multidisciplinary strategy to improve the experience and clinical outcomes of older patients. The matron had established a working relationship with cardiology and planned to replicate this with the geriatrician team. In another example the emergency surgery team were participating in the national fluid management in emergency laparotomy trial, which we saw was discussed at each multidisciplinary meeting.
- As part of their significant increase in training and development opportunities for ward-based teams, the specialist palliative care team was developing a link ward to facilitate more supervision and support for surgical inpatient wards.
- The matron responsible for Edison, Eliot and Dowland wards and the SAU had supported their teams in the implementation of an innovative 'make a difference' project to improve quality standards and opportunities for joint working. As part of this, clinical nurse managers had shadowed each other to gain insight into their respective areas of work and band six nurses had worked collaboratively on a development programme.

Areas for improvement

The trust MUST:

- Improve medicines management to include regular, documented checks of the temperature in storage areas including refrigerators.
- Address the low levels of compliance with mandatory training amongst the medical team. We identified this as an area for the trust to improve in our last inspection in October 2015.
- Ensure sufficient nursing staff have up to date training in basic and immediate life support.
- Implement a system to ensure all equipment is regularly inspected, safe and fit for purpose.

The trust SHOULD:

- Review how staff access policies and procedures to reduce the likelihood of serious incidents resulting from a failure to follow accepted practice.
- Ensure healthcare assistants have access to incident-reporting systems and understand how to use them.
- Ensure infection control practices are consistent and protect patients and staff from the risks associated with bacteria growth and cross-infection.
- Ensure trust doctors who carry the on-call bleep out of hours are fully aware of the need to respond to calls from staff working in the Sainsbury Wing.
- Ensure monitoring and challenge to consultant decisions to cancel operations.
- Ensure staff understand fire safety procedures, including the purpose and use of fire doors.
- Ensure patients and those close to them remain up to date with care and treatment plans from the medical team.

Critical care

Good  

Key facts and figures

The critical care service sits in the surgery division and is managed by a clinical lead, a lead nurse and a matron. There were 884 admissions to the critical care unit (CCU) between May 2017 and April 2018. Critical care encompasses intensive care and high dependency levels of support. Northwick Park Hospital critical care unit provides a total of 24 adult inpatient beds across the two intensive care units. Floor level three with 11 intensive care beds and floor level five with five intensive care beds as well as a six bedded high dependency unit (HDU) and two side rooms. There are six beds in the Dryden unit HDU which came under both integrated and emergency medicine.

A critical care outreach team is available 24 hours a day, seven days a week to assess and support the care of deteriorating patients prior to their transfer to critical care and also to follow up patients discharged from the unit.

We inspected the service over three announced inspection days, 05 to 07 June 2018.

During our inspection, we spoke with 35 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with the clinical lead and matron for the service. We reviewed 11 patient records and spoke with three patients and nine relatives.

Summary of this service

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

- Since the last inspection, there was improvement in certain aspects of flow. The proportion of out of hours discharges had significantly reduced from 14% at that time to the current 2.0%.
- There was also significant improvement in non-clinical transfers out to another critical care unit. Intensive Care National Audit Research Centre (ICNARC) data between April 2017 and 31 December 2017 showed this was 0.2%, when it was reported as 10 times the national average at the last inspection. The recent data compared favourably with similar units which was 0.4% and nationally which was 0.3%.
- There was evidence of improved multidisciplinary working across the service.
- One hundred per cent of patients were reviewed by a consultant within 12 hours of admission to the CCU in accordance with the faculty of intensive care medicine (FICM) recommendations.
- Managers shared learning from incidents with staff and staff had an opportunity to reflect on how they could improve.
- The critical care outreach team provided a 24 hour a day seven days a week service to patients. They followed up 95% patients within 24 hours when they moved to a ward.
- There was a positive and friendly culture on the unit. We observed good team working amongst staff of all levels. Staff told us that they were proud to work for the hospital and were well supported by their colleagues.
- Staff treated patients with kindness and compassion. Feedback from patients was consistently positive about the care they had received on the unit.

However:

Critical care

- Patient flow through critical care was still a significant issue. 13% of patients were delayed for more than the recommended four hours and 38% of patients waited over 24 hours before being discharged to a ward. This was attributed to lack of bed capacity in the rest of the hospital.
- Incidents of mixed sex accommodation breaches were only recently being recorded and investigated appropriately.
- The CCU was an outlier for delayed discharges; the number of patients who waited more than 24 hours from decision to discharge for transfer to a bed on a ward was higher than the national average.
- The unit's risk register did not reflect all the risks we identified during our inspection. For example, we found that the restricted bed space in the high dependency unit was not included.

Is the service safe?

Requires improvement   

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

- Limited availability of hand basins in wards on level 5 and the proximity of beds in the high dependency unit (HDU) meant there was an increased risk of cross-contamination.
- The reduced space between beds in the HDU meant there were restrictions on the types of equipment which could be used at the bedside.
- The most recent data available from the Intensive Care National Audit Research Centre (ICNARC) showed there was an upward trend in unit acquired infections in the blood; 3.3 compared with 0.8 in the previous reporting period.
- Not all staff had completed their mandatory training. The trust's 85% target for staff completion of mandatory training was not met for several training modules including, safeguarding children level 2, conflict resolution and resuscitation. Compliance was particularly low for medical staff.
- Incidents of mixed sex accommodation breaches were only recently recorded and investigated appropriately.
- There was no recognised system in place to share learning from incidents across the trust.

However:

- 100% of patients were reviewed by a consultant within 12 hours of admission to the CCU in accordance with the faculty of intensive care medicine (FICM) recommendations.
- The critical care outreach team provided a 24 hour a day seven days a week service to patients. They followed up 95% patients within 24 hours when they moved to a ward.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. There was good documentation of safety monitoring results to detect patient deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Is the service effective?

Good  

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

Page 60

Critical care

- Multidisciplinary (MDT) working across the service had improved and was embedded in the day to day operation of the unit. We observed daily ward rounds were attended by doctors, nurses and allied healthcare professionals. We also observed the weekly MDT meeting which included representatives from other specialties in addition to CCU staff.
- There was improved evidence of consistent usage of appropriate risk assessments and care bundles to reduce the risk of patient harm. Compliance with care bundles including ventilator associated pneumonia, central venous catheters and visual infusion phlebitis score was between 90% and 100%.
- Staff followed national professional standards and guidelines to achieve the best possible outcomes for patients receiving care and treatment on the unit.
- The critical care service participated in national and local benchmarking to measure performance and identify areas for improvement.
- Policies and procedures were updated at regular intervals to reflect current best practice and guidance and were accessible on the trust intranet.
- The CCU used planned sedation holds, which controlled the use of sedation whilst maintaining the optimal level of patient comfort.
- Nursing staff were compliant with MCA and DoLS training.

However:

- The unplanned readmission to critical care within 48 hours of discharge was worse when compared with results for similar units and nationally.
- There was no facility to provide patients with parenteral nutrition (the delivery of calories and nutrients into a vein) over the weekend since the aseptic unit, which made up the nutrition did not cover weekends.
- There was an increase in the risk adjusted hospital mortality ratio from 1.0 to 1.7 between the most recent two reporting periods.
- There was low compliance with MCA and DoLS training for medical staff.

Is the service caring?

Good   

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

- Results from the Friends and Family Test responses exceeded the trust standard and 100% of respondents reported they would recommend the service.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- Staff communicated clearly and frequently with patients and relatives.

However:

- Patient privacy and dignity was sometimes compromised since beds were in such close proximity to each other.

Critical care

Is the service responsive?

Good  

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

- Since the last inspection, there was improvement in certain aspects of flow. The proportion of out of hours discharges at that time was 14% at that time compared with the current 2.0%.
- The proportion of out of hours discharges for non-clinical reasons was 10 times the national average at the time of the last inspection. The current rate was 0.4% and which compared favourably with the national figure of 0.3%.
- Ninety five per cent of patients were admitted to the CCU within four hours of making the decision to admit.
- There was a dedicated critical care outreach team which supported the unit 24 hours a day seven days a week.
- The CCU ran follow-up clinics which provided support and guidance on any physical or psychological impact to patients of their time spent on the unit.

However:

- The CCU was an outlier for delayed discharges; 38% of patients waited more than 24 hours from decision to discharge for transfer to a bed on a ward compared with the national average which was 19%. We were told that patients were held on the ward due to lack of bed capacity in the rest of the hospital.
- We were told there were multiple occurrences of mixed sex breaches as a result of delayed charges. Collection of data just began in May 2018 and we saw there were 16 reported breaches.
- Bed occupancy between March 2017 and February 2018 averaged 80% which was not in line with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) recommendation of 70% critical care occupancy.

Is the service well-led?

Good  

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

- There was improved flow in areas which were identified as significant issues at the last inspection. This included out of hours discharges and transfer out to other critical care units for non-clinical reasons.
- Ninety three percent of patients were admitted to the CCU within four hours. The faculty of intensive care medicine (FICM) recommends that admission to critical care should occur within four hours of making the decision to admit as it is associated with better outcomes.
- There was improved bed capacity in the critical care unit since the last inspection.
- Staff we spoke with told us that local managers were visible, approachable, supportive and proactive.
- There was a positive and friendly culture on the unit. We observed good team working amongst staff of all levels. Staff told us that they were proud to work for the hospital and were well supported by their colleagues.
- We saw evidence of learning and continuous improvement on the unit. Staff were encouraged to take time out to reflect on what went well, learn from errors, and work together to resolve problems.

Critical care

- There was a robust governance structure with evident multidisciplinary team engagement.

However:

- Patient flow out of critical care was still a significant issue and the unit was an outlier for delayed discharges.
- We were not assured that there was a robust process in place to maintain oversight of delayed discharges and mixed-sex accommodation breaches.
- There was no recognised system for trust wide sharing and learning from incidents.

Areas for improvement

Actions the provider **MUST** take to improve:

- Address the environmental issues in the high dependency unit to ensure they are fit for purpose in line with statutory requirements and should take account of national best practice.

Actions the provider **SHOULD** take to improve:

- Work to improve compliance with mandatory training for medical and nursing staff.
- Work to improve patient flow through the critical care unit.
- Work to reduce mixed sex breaches on the ward.
- Improve trust wide sharing and learning from incidents.

Maternity

Inadequate ● ↓

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 foetal medicine unit, day assessment unit, maternity theatres and recovery and an obstetric observation bay.

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

(Source: Trust Provider Information Request – Acute sites)

From January 2017 to December 2017 there were 4,789 deliveries at the trust.

A comparison of the number of deliveries at the trust to all other trusts in England during this period is shown below.

Number of babies delivered at London North West Healthcare NHS Trust – Comparison with other trusts in England

A profile of all deliveries and gestation periods from October 2016 to September 2017 can be seen in the tables below.

Profile of all deliveries (January 2017 to December 2017)

	LONDON NORTH WEST HEALTHCARE NHS TRUST		England
	Deliveries (n)	Deliveries (%)	Deliveries (%)
Single or multiple births			
Single	4,722	98.6%	98.5%
Multiple	67	1.4%	1.5%
Mother's age			
Under 20	102	2.1%	3.0%
20-34	3,605	75.3%	74.8%
35-39	858	17.9%	18.1%
40+	224	4.7%	4.1%

Maternity

Total number of deliveries		
Total	4,789	593,637

Notes: A single birth includes any delivery where there is no indication of a multiple birth.

(Source: Hospital Episodes Statistics (HES) – Provided by CQC Outliers team)

Gestation periods (January 2017 to December 2017)			
	LONDON NORTH WEST HEALTHCARE NHS TRUST		England
	Deliveries (n)	Deliveries (%)	Deliveries (%)
Gestation period			
Under 24 weeks	*	*	0.1%
Pre term 24-36 weeks	139	3.8%	7.9%
Term 37-42 weeks	3,497	96.1%	91.8%
Post Term >42 weeks	*	*	0.2%
Total number of deliveries with a valid gestation period recorded			
Total	3,639		492,201

(Source: Hospital Episodes Statistics (HES) – Provided by CQC Outliers team)

The number of deliveries at the trust by quarter for the last two years can be seen in the graph below.

Number of deliveries at London North West Healthcare NHS Trust by quarter.

SOURCE: HES - Deliveries (January 2017 - December 2017)

There was no overall trend in the quarterly number of deliveries over this period.

We last inspected London Northwest Hospitals NHS Trust maternity services in October 2015. We found maternity services required improvement 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.

The previous inspection included maternity services at Ealing Hospital and gynaecology services. It should be noted that this report relates to maternity services at Northwick Park Hospital only.

Maternity

Summary of this service

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

- We found systems, policies and procedures in the response to emergency paediatric crash calls via 2222 were not disseminated appropriately to all staff within the hospital and were not operated effectively.
- Robust systems were not in place to ensure the security of the maternity unit. There was a risk that unauthorised people could gain access to theatres and the delivery suite via the theatre lift. Electronic doors on the main entrance could be pulled open at night by force and used by members of the public. During our unannounced inspection 14 June 2018, we were informed that security would be present at night at the entrance of the maternity to ensure that people do not enter the department. This was only an interim arrangement as permanent security solutions had not been decided or actioned.
- There was no security on the doors between the delivery suite and theatres. This meant there was a risk of unauthorised access to both areas.
- During our previous inspection in October 2015 we reported that mandatory training compliance was below the trust's required standards. During this inspection we found mandatory training targets were still not being met by all maternity staff.
- The flooring in the toilets in the antenatal clinic was also loose in places and posed an infection control risk.
- We saw that straps on the cardiotocography (CTG) machine were not changed between patients, this posed a risk of cross infection from one patient to another.
- There were no 'tailgating' notices on maternity wards. This created the risk of unauthorised people gaining access to the maternity wards.
- The trust did not have an abduction policy for maternity. This meant staff may not know how to respond in the event of an infant or child abduction or suspected abduction.
- There was no alert system in place for staff working in the community who may require support whilst working off-site.
- The trust's 'shoulder dystocia guideline' did not clarify which teams would attend an obstetric crash call.
- Between February 2017 and January 2018 there were 39 complaints about maternity. The trust took an average of 46 working days to investigate and close complaints, this was not in accordance with their complaints policy.
- The service did not have an open culture that welcomed review, where staff felt able to challenge each other in a friendly environment. Managers told us cultural considerations had been secondary to ensuring clinical governance systems were developed and embedded within the service.
- Some staff said they felt there was a lack of consultation and communication by the divisional leadership and new working practices had been imposed on staff.
- Managers and senior staff told us there had been tensions between some band 7 maternity staff and managers. Some senior midwifery staff told us they felt unable to challenge staff or take ownership of their department.
- Risks on the risk register were not actioned in a timely way or at the earliest opportunity.

However:

Maternity

- During our previous inspection in October 2015 we reported 'fresh eye' checks were not always being carried out for women in labour. During this inspection we found the checks had been completed in accordance with best practice recommendations.
- During our previous inspection we reported that staff did not always get feedback when the reported incidents. However, during this inspection we found improvements as incidents were widely reported and openly discussed with staff.
- During our previous inspection in we found women's pain scores were not recorded in their care records. During this inspection we found improvements in the recording of pain scores.
- During our previous inspection we reported that the trust's 85% standard for staff appraisals was not met. During this inspection we found this had improved and the trust's standard was being met across maternity services.
- During our previous inspection we reported the area used for triaging patients was not big enough to accommodate patient flow. However, during this inspection we found the triage area had recently been developed to facilitate women's journey through maternity.
- During our previous inspection we reported that antenatal clinics frequently ran over two hours late. During this inspection we found improvements with women waiting between 15 and 45 minutes for their appointment.
- The trust had achieved UNICEF Baby Friendly accreditation and was working towards the gold award.
- As of April 2018, the trust had no active maternity outliers.
- In response to the 'Better Births' national maternity review (NHS England 2016). The birth centre had introduced caseloading.
- Work was in progress on a bereavement room that would be completed in June 2018 and available to parents who had suffered the loss of a baby.

Is the service safe?

Inadequate ● ↓

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

- We found staff in maternity and the trust's switchboard team, who were responsible for dispatching staff in the event of an emergency, had inconsistent knowledge of responding to an obstetric or paediatric crash call. Following our inspection, the trust took action to address some of our concerns. However, we were not assured that there was a robust system in place to ensure that the correct staff were bleeped in response to an emergency on an ongoing basis.
- We had security concerns in regards to the environment at the maternity department. For example, the main doors to the maternity department were electronically operated and could be forced open. Following our unannounced inspection on 14 June 2018 the trust had a security guard in place between the hours of 7.00pm and 7.00am. The security guard would remain in place until a long-term solution to the doors security had been agreed. However, following our inspection the trust informed us the doors were being replaced on 31 July 2017.
- There were three lifts in the maternity building. One of the lifts was a theatre lift and could only be called by staff with a swipe card. However, we saw members of the public get into the lift on three occasions. Following our inspection, the trust assured us that 'no public access' notices had been displayed on the theatre lift and staff had been emailed a reminder to direct the public to other public lifts with immediate effect.

Maternity

- There was no security on the doors between the delivery suite and theatres. This meant there was a risk of unauthorised people gaining access to these areas via the theatre lift.
- There was no security system to ensure only authorised staff could gain access from the delivery suite to theatres.
- During our previous inspection in October 2015, we reported 'fresh eye' checks were not consistently being carried out for women in labour. During this inspection, we found women's records we reviewed had these checks completed in accordance with best practice recommendations.
- During our previous inspection we reported that staff did not always get feedback when the reported incidents. However, during this inspection we found improvements as incidents were widely reported and openly discussed with staff.
- There was no improvement in relation to mandatory training. We found the same evidence as at the previous inspection that mandatory training targets were not being met. For example, from April 2017 to January 2018 the trust's 85% compliance standard was met for two of the nine mandatory training modules for which midwives were eligible. However, the 85% compliance standard was not met for any of the seven mandatory training modules for which medical staff in maternity were eligible.
- The trust did not have an abduction policy for maternity. This meant staff may not know how to respond in the event of an infant or child abduction or suspected abduction.
- There was a lack of tail gating notices on all wards and departments. These are notices at the entrance to wards and departments that remind staff and the public not to allow other people access to the ward by entering when the doors are opened.
- The floor covering in the antenatal clinic toilet was loose due to wear and tear and posed an infection control risk.
- There was no alert system in place for community midwifery staff whilst working off-site.

However:

- A team of specialist safeguarding midwives worked across both Northwick Park and Ealing hospitals. Level three safeguarding children training had been completed by 95% of clinical staff against a requirement of 85%. Safeguarding adults level two training had been completed by 92% of staff.
- Staff completed risk assessments to help women choose their preferred place of delivery, recommend further investigations and inform a plan of care. This included whether a patient should have midwife or consultant led care or be referred to other professionals within the multidisciplinary team.
- All women had a named consultant (for high-risk pregnancies) or a named midwife (for low risk pregnancies).
- Overall, the maternity service managed medicines appropriately. The pharmacist visited daily and checked drugs and charts. However, we found a few fluids where the date had expired in May 2018 on the delivery suite. We also found a medicine used in the induction of labour being disposed of incorrectly by staff pouring it down the sink and not using yellow clinical waste bins.
- Incidents were widely reported and openly discussed. Staff discussed incidents at handovers and morning meetings.
- All staff we spoke to were aware of their responsibilities relating to Duty of Candour (DoC) under the Health and Social Care Act (Regulated Activities Regulations) 2014.

Maternity

Is the service effective?

Good  

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

- During our previous inspection in October 2015, we found pain scores were not consistently recorded in the care records we looked at. During this inspection, we found improvements in the recording of patients' pain scores.
- During our previous inspection we reported that the trust's 85% standard for staff appraisals was not met. During this inspection we found this had improved and the trust's standard was being met across maternity services.
- Overall, staff provided care in line with the National Institute for Health and Care Excellence (NICE) quality standard 22. This standard covers the care of all women up to 42 weeks of pregnancy. The standard covers all areas of antenatal care including community and hospital settings.
- The service adhered to The Abortion Act 1967 and the Abortion Regulations 1991. We saw the correct completion of HSA1 form, which were signed by two doctors before admission. The correct procedure was also followed for the HAS4 form which was sent to the Department of Health after completion. The service did not carry out termination of pregnancy on women where there was indication a fetus was over 21 weeks.
- The trust had achieved United Nations Children's Fund (UNICEF) 'Baby Friendly' accreditation and was working towards the gold award. The Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization (WHO). It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care.
- In the 2017 National Neonatal Audit programme (NNAP) 91.3% of all mothers were given a complete or incomplete course of antenatal steroids. This was better than expected when compared to the national aggregate of 86.1%.
- From October 2016 to September 2017, the total number of caesarean sections (CS) was similar to the 12% expected rate for both elective and emergency caesareans.
- Mothers who deliver babies below 30 weeks gestation being given magnesium sulphate in the 24 hours prior to delivery was higher than the national aggregate of 43.5% The trust results of 57.1% put the hospital in the top 25% of all units.
- As of April 2018, the trust had no active maternity outliers.
- The trust took part in the 2017 Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE) audit and their stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) was 4.67. This was more than 10% lower than the average rate of 5.19 for the comparator group. This was much better than expected.
- There were comprehensive training and education opportunities available to staff. The trust employed two dedicated maternity education lead midwives. New midwives joining the trust completed a comprehensive preceptorship programme.
- Maternity services had introduced a new model of midwifery supervision. All supervisors of midwives were transferring to the professional maternity advocate (PMA) role. PMA are experienced practising midwives trained to support and guide midwives to deliver care developed nationally and locally
- Staff demonstrated awareness of what actions to take in the event of a patient lacking the capacity to consent. Staff understood the use of 'Gillick competencies' in relation to young people.

However:

Maternity

- The trust's 'shoulder dystocia guideline' did not clarify which teams would attend an obstetric crash call. The switchboard team told us they would only dispatch the paediatric crash team upon specific request. Staff said this was because paediatrics were not required for all obstetric emergencies, as sometimes the call was for the mother and did not involve the baby. However, maternity staff were unaware that they had to make a specific request for the paediatric crash team. This meant the guideline did not clarify to all staff which teams should be dispatched to a crash call and which teams needed to be specifically requested.
- During our previous inspection we reported the service was not meeting the trust's 1.5% home births standard. We found that from April 2017 to May 2018 the trust's standard was still not being met.

Is the service caring?

Good   

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

- 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 15 questions of the 19 questions in the CQC maternity survey 2017. The trust scored worse than other trusts for the remaining four questions.
- Midwives told us they could signpost women or their partners to 'talking therapies' with 'Mind', the 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 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 improved. We rated it as good because:

- During our previous inspection in October 2015 we reported the area used for triaging patients was not big enough to accommodate patient flow. However, during this inspection we found the triage area had recently been developed to facilitate women's journey through maternity.
- During our previous inspection we reported that antenatal clinics frequently ran over two hours late. During this inspection we found improvements with women waiting between 15 and 45 minutes for their appointment.
- The birth centre provided care for women with a low risk pregnancies and natural birth. The birth centre was led by a team of midwives that specialised in natural birth. The birth centre offered 1:1 midwifery care with access to medical assistance if needed.

Maternity

- In response to the 'Better Births' national maternity review (NHS England 2016). The birth centre had introduced case loading. This is a model of care where midwives carry their own caseload of women to form trusting relationships and provide care throughout the woman's experience of pregnancy and childbirth up to 28 days' following the birth of their baby.
- Work was in progress on a bereavement room which would be completed and available to parents who had suffered the loss of a baby in June 2018.
- The department had pathways of care for women with learning disabilities. Women were identified at the booking stage and offered advice and extra support where required.
- Patients with mental health issues were placed on a care pathway and had regular contact with the perinatal mental health team. An alert was placed on the system so anytime the patient contacted the department staff were aware of their extra needs and care could be planned.

However:

- Community midwifery services had been restricted from nine midwives in GP surgeries to five midwives in Children's Centres. Managers told us there had been some opposition from staff to the change. Although there had not been any impact on patients.
- From July 2016 to December 2017, the bed occupancy levels for maternity at the trust were consistently higher than the England average. Over quarter three of 2017/18 the trust's bed occupancy rate was 62.7% compared to the England average of 58.9%.
- Between February 2017 and January 2018 there were 39 complaints about maternity. The trust took an average of 46 working days to investigate and close complaints, this is not in accordance with their complaints policy, which states complaints should be responded to and closed in less than 40 days. However, we also found 41% of complaints were responded to and closed in less than 40 working days.

Is the service well-led?

Inadequate ● ↓

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

- Managers were aware of the security issues in relation to the maternity unit but no action had been taken to resolve those issues.
- The lack of clarity and the confusion in the crash call incident that we witnessed demonstrated that not enough attention to essential processes had been given by the leadership of the service.
- We were concerned at the lack of visibility of the service leadership within the department and the lack of visibility of the senior trust leadership.
- Risks on the risk register were not actioned in a timely way or at the earliest opportunity.
- Managers told us maternity services were in transition. There had been several changes to the governance structure in recent times.
- Staff told us that members of the directorate and local leadership teams were not visible. There had been a change in the structure of maternity management from a model where there was a Head of Midwifery (HoM), to a model where there was a maternity operations director supported by a deputy divisional lead.

Maternity

- The division had some historical cultural issues dating back to the merger of Ealing Hospital and Northwick Park Hospital. Senior managers told us there had been a culture clash for some staff resulting from the merger.
- Managers told us cultural considerations had been secondary to ensuring clinical governance systems, process and procedures were developed and embedded within the service.
- The service did not have an open culture that welcomed review, where staff felt able to challenge each other. Some staff said they felt there was a lack of consultation and communication by the divisional leadership and new working practices were imposed on staff.
- We were concerned that no measures had been taken to successfully resolve tensions and poor relationships within the service particularly in relation to potential impact on patient safety and patient experience.
- Managers and senior staff told us there had been tensions between some band 7 maternity staff and managers. Some senior midwifery staff told us they felt unable to challenge staff or take ownership of their department.

However:

- Managers told us work was in progress on designing a maternity services 'philosophy of care.' Managers said it was a priority that the service formed a collective identity.
- The trust had introduced a new set of values. These were known to staff as 'heart' values. The values, "putting patients as the HEART of everything we do." All the staff we spoke with were aware of the new values. Although a few members of the midwifery staff told us they had not been invited to attend the 'heart' values and customer care training.
- The trust had governance frameworks across all the clinical divisions.
- The service had an obstetric improvement plan in place.
- The consultant midwife had conducted a strengths, weaknesses, opportunities, threats (SWOT) analysis. As a result, the service had introduced fortnightly staff engagement meetings for: preceptors, students, band 7, and general midwives.
- The trust had introduced a 'behaviour framework' and this set out the behaviour expected of all staff at the trust.

Outstanding practice

The trust was engaged in 'Wave 2' of the 'Maternal and Neonatal Health Safety Collaborative'. This was a National Health Service Improvement (NHSI) initiative. The three-year programme aimed to support improvement in the quality and safety of maternity and neonatal units across England.

Areas for improvement

Actions the provider MUST take to improve

- Ensure robust systems are in place to ensure that the correct staff are bleeped on an ongoing basis including a system of regular checks of the bleep system to ensure that the correct staff are bleeped at all times.
- Ensure robust systems are in place to ensure unauthorised persons cannot gain access to theatres via use of the staff/theatre lift.
- Ensure the doors to the delivery suite from theatres are by secure access only.
- Ensure the main doors to the maternity unit cannot be forced open at any time of the day or night.

Maternity

Actions the provider SHOULD take to improve

- Ensure staff mandatory training meets trust standards.
- Ensure there is an abduction policy for maternity and ensure staff know how to respond in the event of an infant or child abduction or suspected abduction.
- Ensure there are tail gating notices on all wards and departments.
- Ensure the floor covering in the antenatal clinic toilet does not pose an infection control risk.
- Ensure there is an alert system in place for community midwifery staff working off-site.
- Ensure emergency guidelines clarify which teams will attend emergency calls and disseminate this to staff.
- Ensure all patient complaints are investigated and closed within the trust's published policy timescales.
- Ensure there is increase visibility of divisional and local leads.
- Take steps to improve working relationships within the service.
- Prioritise cultural improvements within the maternity team.
- Ensure identified risks on the risk register are actioned in a timely way or at the earliest opportunity.

Services for children and young people

Requires improvement   

Key facts and figures

Northwick Park Hospital is part of the London North West Healthcare NHS Trust, established on 1 October 2014 from the merger of North West London NHS Trust and Ealing Hospitals NHS Trust. The trust employ more than 8,000 staff it serves a diverse population of approximately 850,000 across the boroughs of Brent, Ealing and Harrow.

Between January and December 2017, the trust had 10,138 spells in the children and young people's services, 8,569 of which were at Northwick Park Hospital. Following the closure of the Accident and Emergency department and children's inpatient ward at Ealing Hospital in 2016 there was an expansion in the services provided at Northwick Park Hospital, with an increase in children's inpatient beds and the provision of a paediatric assessment unit.

Children and young people's services at Northwick Park Hospital (NPH) consist of a children's ward for inpatient care called 'Jack's Place', a 27-bedded medical/surgical ward with 12 side rooms. A paediatric assessment unit was located within the children's accident and emergency department contained four beds and cared for children for up to 24 hours.

The children's day care unit and outpatient area (Chaucer) at this hospital is a nine-bedded area with outpatient facilities to provide surgical and medical day care to children and young people from birth to 16 years of age. The unit is open Monday to Friday between the hours of 8am and 6pm.

The neonatal intensive care unit (NICU) is a level two unit, for babies born prematurely or for newborn babies that have difficulties or are unwell. NICU has capacity to take up to 28 babies, with eight cots for intensive care and high dependency care and the remainder cots for special care. The ward hosted a new transitional care unit with three beds and cots.

We visited the children and young people's service over three days during our announced inspection between 5 and 7 June 2018 and during an unannounced inspection on 20 June 2018. We looked at all areas of the department and we observed care and treatment. We looked at 15 sets of patient records. We spoke with 28 members of staff, including consultants, doctors, nurses, allied health professionals, managers and domestic and administrative staff. We also spoke with 15 patients and 10 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.

Summary of this service

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

- Mandatory training completion rates for nursing and medical staff were not meeting the trust target.
- Processes and systems could not always be relied upon to protect children from abuse and harm. Children on the child protection register were not always identified, and arrangements for vulnerable patients between 16 and 18 years were not robust.
- There was a lack of appropriate assessment for children with mental health concerns during nights and weekends, which meant they may stay in hospital longer than necessary.
- Nursing vacancies were high across all areas of the service, with a high turnover rate between January and December 2017. This led to a high proportion of bank and agency staff being used to fill shifts.

Services for children and young people

- Nutrition and hydration assessments were not always completed. We found gaps in feeding charts and the frequency of patient assessment reviews.
- The pain tool, used by the service to assess and manage pain, was not consistently completed and reviewed.
- The children and young people's service did not have a nursing lead for patients with a learning disability or mental health concern. Advice was sought from the Children and Adolescent Mental Health Service Monday to Friday, but there was no support at night or weekends.
- The service did not always provide a smooth and timely transition for patients moving between children and adult services. The trust did not have a transition policy and staff felt that guidelines required clarity.
- Bed space capacity during the winter months was not meeting the increasing demand, particularly for patients with higher and more complex needs. The inpatient ward was providing high dependency care although this was not yet funded and there was no designated area.
- Senior leaders of the trust were rarely seen on the children and young people's wards. Medical staff told us there was no forum for them to raise ideas or concerns with the senior leadership team.
- Audits were regularly undertaken within the service to check that guidelines were being followed. However, robust action plans were not always put in to place when gaps were identified.
- The service did not have a forum for children and young people, and their carers, to provide feedback about the care and treatment received at the hospital.
- Most staff within the children and young people's service said that communication could be improved. In particular, staff said ward meetings did not always go ahead. Emails with a brief summary were sent out to staff who missed meetings.

However:

- All areas within the children and young people's service were visibly clean, and we found infection control protocols were adhered to.
- Paediatric early warning scores were routinely recorded to identify patients that may be deteriorating.
- We saw evidence of good multidisciplinary working throughout all areas of the children and young people's service. Psychosocial and complex case meetings discussed the social and psychological wellbeing of patients.
- We observed compassionate care being provided across all areas of the children and young people's service by nursing and medical staff.
- Children and their carers felt fully involved in their care and treatment. Doctors and nurses explained procedures in a relaxed and child friendly manner.
- Transitional care was provided on the neonatal ward, enabling mothers to stay with their baby whilst receiving hospital care, and preparing for discharge.
- The service had won a national patient experience network award for its' use of technology and actively engaging with adolescent users of the diabetes services. This had led to a reduction in patient non-attendance at the diabetes clinics.

Is the service safe?

Requires improvement   

Page 75

Services for children and young people

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

- Mandatory training completion rates for nursing and medical staff were not meeting the trust target.
- Processes and systems could not always be relied upon to protect children from abuse and harm. Children on the child protection register were not always identified, and arrangements for vulnerable patients between 16 and 18 years were not robust.
- Safeguarding mandatory training rates for medical staff were below the trust target. The safeguarding training strategy was not in date.
- There was a lack of appropriate assessment for children with mental health concerns during nights and weekends, which meant they may stay in hospital longer than necessary.
- Nursing vacancies were high across all areas of the service, with a high turnover rate between January and December 2017. This led to a high proportion of bank and agency staff being used to fill shifts.
- The service had difficulty filling vacancies for middle grade doctors. Consultant cover was low on the neonatal unit, leading to undue pressure at times of consultant absence. The trust were recruiting to a further post through the medical training initiative at the time of our inspection.
- Risk assessments on patient records were not always fully completed or reviewed routinely.
- Key messages from incidents were discussed during handovers and ward meetings. However, some staff said that communication regarding incidents was not always relayed in a formal manner.

However:

- All areas within the children and young people's service were visibly clean, and we found infection control protocols were adhered to.
- Equipment on the wards was clean and up to date, with appropriate checks carried out in the majority of cases.
- Paediatric early warning scores were routinely recorded to identify patients that may be deteriorating.
- Medicines were stored securely. Actions were being taken to reduce medication errors. However, training rates for medicine management were still not meeting the trust target.

Is the service effective?

Requires improvement   

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

- Nutrition and hydration assessments were not always completed. We found gaps in feeding charts and the frequency of patient assessment reviews.
- The pain tool, used by the service to assess and manage pain, was not consistently completed and reviewed.
- Staff did not receive regular clinical supervision.
- The service were not meeting the trust target of 85% for completion of staff appraisals.
- Medical staff were not compliant with the trust target for mandatory training in Deprivation of Liberty Safeguards.

However:

Services for children and young people

- The neonatal unit held a weekly term admissions meeting to consider any changes that could be implemented to avoid future admissions.
- We saw evidence of good multidisciplinary working throughout all areas of the children and young people's service. Psychosocial and complex case meetings discussed the social and psychological wellbeing of patients.
- Staff were meeting the trust target for mandatory training in Mental Capacity Act level 1 and 2.

Is the service caring?

Good ● → ←

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

- We observed compassionate care being provided across all areas of the children and young people's service by nursing and medical staff.
- All children and their carers said that staff were kind and friendly, making the hospital a welcoming place.
- Children and their carers felt fully involved in their care and treatment. Doctors and nurses explained procedures in a relaxed and child friendly manner.
- A play worker spent time with children, and helped to reduce their anxieties before and during procedures.
- Staff provided a sensitive and compassionate service to patients receiving palliative care and at the end of life.

Is the service responsive?

Requires improvement ● ↓

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

- During the last inspection, we found that improvements were needed in the children's post-operative environment. During this inspection, we found that some improvements had been made. However, children were still able to see adults being received in to the theatre recovery area. Due to the central location of the recovery bay, children would be subjected to hostile sights and sounds. Managers told us they minimised the time children spent within the area by scheduling them for surgery first.
- The children and young people's service did not have a nursing lead for inpatients with a learning disability or mental health concerns at Northwick Park. Advice was sought from the Children and Adolescent Mental Health Services Monday to Friday, with on call support provided at night or weekend.
- A generic care plan was used for children on Jack's Place, and we saw limited examples of individual needs being recorded on patient records.
- The service did not always provide a smooth and timely transition for patients moving between children and adult services. The trust did not have a transition policy and staff felt that guidelines required clarity.
- Bed space capacity during the winter months was not meeting the increasing demand, particularly for patients with higher and more complex needs. The inpatient ward was providing high dependency care, although this was not yet funded and there was no designated area.

Services for children and young people

- A breakdown in communication with some surgical divisions had led to patients arriving on the day, without surgical beds being available.
- The service were not always responding to complaints within the trust target timeframe.

However:

- The facilities to stay overnight and make refreshments met the needs of parents and carers.
- The inpatient ward and outpatient's department had been refurbished to encourage a child friendly environment, with a large variety of play equipment available on Jack's Place.
- Transitional care was provided on the neonatal ward, enabling mothers to stay with their baby whilst receiving hospital care, and preparing for discharge.
- The service had responded to feedback in relation to the food offered. Patients and carers told us that the food options were good, with arrangements made for specific dietary requirements.
- Interpreting services were arranged for patients whose first language was not English.

Is the service well-led?

Requires improvement ● ↓

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

- At the time of inspection the service did not have its own board, although we were told this was in the developmental stages.
- Senior leaders of the trust were rarely seen on the children and young people's wards. Medical staff told us there was no forum for them to raise ideas or concerns with the senior leadership team.
- Audits were regularly undertaken within the service to check that guidelines were being followed. However, robust action plans were not always put in to place when gaps were identified.
- The service was developing the strategy to enable an integrated service between the acute and community setting. However, at the time of our inspection all patient records were paper based, and therefore did not enable staff to access information recorded within the community setting.
- The electronic system upon which mandatory training was recorded was not always accurate and up to date.
- The service did not have a forum for children and young people, and their carers, to provide feedback about the care and treatment received at the hospital.
- Most staff within the children and young people's service said that communication could be improved. In particular, staff said ward meetings did not always go ahead. Emails with a brief summary were sent out to staff who missed meetings.

However:

- Localised managers were visible on the wards on a daily basis. Staff spoke highly of the matrons and ward managers, saying they were approachable and had an open door policy.
- Staff spoke of a friendly working environment, where staff worked together to reach the same goal, despite sometimes challenging circumstances.

Services for children and young people

- The service had won a national patient experience network award for its' use of technology and actively engaging with adolescent users of the diabetes services. This had led to a reduction in patient non-attendance at the diabetes clinics.

Areas for improvement

Actions the provider **MUST** take to improve:

- The trust must ensure robust safeguarding systems and procedures are put in to place to ensure children are protected from harm and abuse.
- The trust must ensure that nutrition and hydration assessments are routinely carried out and consistently reviewed.

Actions the provider **SHOULD** take to improve:

- The trust should ensure that nursing and medical staff are compliant with mandatory training.
- The trust should update the safeguarding training strategy and ensure that delivery of children's safeguarding level 3 is compliant with the intercollegiate document.
- The trust should ensure that all risk assessments including pain scores and pressure ulcer assessments are completed and reviewed in a timely manner.
- The trust should take steps to improve communication throughout the children's and young people's service, particularly feedback regarding incidents and lessons learnt.
- The trust should review the provision for children with a learning disability and mental health concern to ensure that timely support is available at all times.
- The trust should ensure robust processes are in place for the transition between children and adult services.

Ealing 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.

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:

- Overall, we rated caring as good. Effective, responsive and well-led were rated as requires improvement. Safe was rated as inadequate.
- Urgent and emergency services went down from requires improvement to inadequate.
- We rated well-led in urgent and emergency care as inadequate.
- Safe was rated as inadequate in urgent and emergency services and medical care.

Summary of findings

- Caring was rated as requires improvement in medical care.

Urgent and emergency services

Inadequate ● ↓

Key facts and figures

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.

The emergency department at Ealing is made up of separate areas including majors, resuscitation, and the clinical decision unit. The majors area is referred to as the 'trolleys' area and the terms are used interchangeably.

When we inspected the service in 2015, the emergency department had a separate paediatric area where children were seen. However, at the time of this inspection Ealing emergency department no longer had a paediatric section.

We also inspected the Older People Rapid Assessment Clinic (OPRAC) which is located on the hospital site but separate from the emergency department.

We carried out our announced inspection at Ealing emergency department from 5 to 7 June 2018. We spoke with 56 Members of staff including nurses, consultants, junior doctors, allied health professionals, support staff and senior management. We also spoke with 10 patients and six relatives and reviewed 30 sets of patient records. We observed patient care and treatment and used information provided by the organisation prior to, during, and after the inspection in making a decision about the emergency service at Ealing hospital.

Summary of this service

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

- Although this emergency department became an adult only emergency department with no paediatric section in 2016, staff were still treating children as opposed to stabilising them and transferring to a paediatric emergency department.
- Following the inspection, the trust gave us different sets of figures for the number of children who had been treated in the department. Eventually we were given a total of 61 children out of 181 under the age of 16. In the case of six of these (one in ten of the total) the correct treatment pathway had not been followed. Following the inspection the trust completed a root cause analysis relating to these cases.
- Though most were trained in immediate life support (ILS), only one nurse in the emergency department was trained in advanced life support (ALS).
- Staff treated level two patients in the chest pain area of the clinical decision unit (CDU) without an assessment of the appropriate nurse to patient ratio. Level two patients are patients requiring higher levels of nursing care and detailed observation or intervention.
- Mandatory training completion rates were low. The trust's 85% target was not met by medical staff in all nine mandatory modules and met by nursing staff in only three of the nine mandatory training modules.
- The department still faced significant issues with ambulance turnaround which led to high numbers of black breaches. A "black breach" occurs when a patient waits over an hour from ambulance arrival at the emergency department until they are handed over to the emergency department staff.

Urgent and emergency services

- The emergency department did not have an observations policy in relation to patients awaiting assessment under the Mental Health Act 1983.
- The emergency department had two dedicated mental health assessment rooms. At our last inspection we identified some ligature points. At this inspection we found that improvements had been made and both rooms were anti-ligature. However, we found that the new anti-ligature handles could make the doors difficult to open from the inside. We raised this issue with the trust during the inspection and the trust addressed it.
- There were high medical and nursing vacancy rates with no real improvement from the time of our previous inspection in 2015.
- The emergency department performed poorly in most of the Royal College of Emergency Medicine (RCEM) audits.
- From April 2017 to January 2018, 60% of required staff within the emergency department received an appraisal compared to the trust target of 85%.
- There was poor mental capacity training in relation to medical staff. Only 27% of medical staff had completed this training.
- The RCEM recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust consistently failed to meet the standard, and consistently performed worse than the England average from March 2017 to February 2018.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The trust consistently failed to meet this standard, and performed worse than the England average in all but one month between April 2017 to March 2018.
- The trust responded to only 46% of complaints within the target period of 40 working days. The trust's target is that 80% of complaints should be responded to within 40 working days.
- The emergency department experienced a lack of capacity which affected patients' access to and flow within the department. We found that some patients were moved from the emergency department and nursed in corridors while waiting for a bed to become available on the inpatient wards.
- There was no clear strategy for the department and staff were still unclear about the future of the department.
- Staff reported that there was a lack of divisional and senior trust leadership presence and leadership in relation to the emergency department.
- The local and divisional leadership had not identified the risk relating to children attending this emergency department which did not have a paediatric provision.
- There was a lack of oversight and a lack of clear processes and procedures in relation to the management of children presenting to this emergency department. Frontline staff were unable to articulate the correct treatment pathway for children who presented at the emergency department.
- Most staff expressed that the views of Ealing emergency department and the views of the emergency and ambulatory care division at Ealing were not listened to or prioritised with those of the Northwick Park being prioritised.
- Staff described the relationship between the local leadership team in the emergency department and the site management team as 'difficult'. This was particularly related to the management of capacity in the department.

However:

Urgent and emergency services

- The service had systems and processes to keep people safe and safeguard them from abuse and staff understood these processes. Staff had training on safeguarding patients and worked well with external agencies.
- We found there was an embedded culture of incident reporting and learning from incidents.
- The service had continued to provide care and treatment based on national guidance and evidence of its effectiveness.
- There had been an improvement in relation to nursing staff training in mental capacity.
- There was an improvement in relation to how the service ensured staff competencies. A practice development nurse (PDN) in the department worked effectively with staff in relation to their competencies.
- Similar to the previous inspection we found effective multidisciplinary working amongst staff including with the psychiatric liaison team.
- Patients and relatives spoke positively about their experience of care in the emergency department. Patients and those close to them reported they had been involved in decisions about their care and treatment.
- Staff cared for patients with compassion and treated patients and their families/carers with dignity, kindness and respect.
- The values of the trust were embedded and staff at all levels were able to tell us what the trust values were and how they applied to their roles.
- Staff said they were supported, valued and respected by the local leadership within the emergency department.

Is the service safe?

Inadequate ● ↓

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

- In 2016, this emergency department at Ealing became an adult only emergency department with no paediatric section. However, we found that staff were still treating children as opposed to stabilising them and transferring to a paediatric emergency department.
- Following the inspection, the trust gave us different sets of figures for the number of children who had been treated in the department. Eventually we were given a total of 61 children out of 181 under the age of 16. In the case of six of these (one in ten of the total) the correct treatment pathway had not been followed. The trust is yet to complete the root cause analysis in relation to these six children.
- Only one nurse in the emergency department was trained in advanced life support (ALS).
- Staff treated level two patients in the chest pain area of the clinical decision unit (CDU) without an assessment of the appropriate nurse to patient ratio. Level two patients are patients requiring higher levels of nursing care and detailed observation or intervention.
- The two mental health assessment rooms in the emergency department could be locked from the inside and could not be opened from the outside once locked. This meant there was a risk that a patient awaiting a mental health assessment could potentially lock themselves in the assessment room. We raised this issue with the trust during the inspection and the trust addressed it.

Urgent and emergency services

- Since our previous inspection in 2015 there had been an increase in the number of monitoring equipment in the department. However, staff reported that monitoring equipment was still insufficient because it was almost always in use by level two patients in the chest pain area of the CDU.
- The department still faced significant issues with ambulance turnaround which led to high numbers of black breaches. A “black breach” occurs when a patient waits over an hour from ambulance arrival at the emergency department until they are handed over to the emergency department staff.
- Not all staff in the emergency department knew where the emergency paediatric medicines were stored. Some said it was in a locked cupboard and others said it was in a grab bag. This meant there was a risk of staff not accessing these medicines quickly enough in an emergency.
- Mandatory training completion rates were low. The trust’s 85% target was not met by medical staff in all nine mandatory modules and met by nursing staff in only three of the nine mandatory training modules by nursing staff.
- There had been no improvement in relation to nursing and medical vacancies in the emergency department and staffing was still a significant concern. The department had a 59% vacancy rate for newly qualified or the lowest nursing band (band five) as at June 2018 and a 28% medical vacancy rate from January 2017 to December 2017.

However:

- The service had systems and processes to keep people safe and safeguard them from abuse and staff understood these processes. Staff had training on safeguarding patients and worked well with external agencies.
- Since our previous inspection in 2015, there had been an improvement in relation to the completion of patient records, for example, in relation to the recording of pressure ulcer assessments.
- There had been an improvement in relation to a culture of learning from incidents. At our previous inspection we found that learning from incidents was not embedded. This time we found a culture of incident reporting and learning from incidents.

Is the service effective?

Requires improvement ● ➡ ➡

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

- Appraisal rates for staff in the emergency department were lower than the trust target of 85% and lower compared to the time of our previous inspection. From April 2017 to January 2018 only 60% of required staff had received an appraisal.
- Although the emergency department was in the best 25% of UK emergency departments for six of the seven standards in the 2016/17 moderate and acute severe asthma report, it failed to meet any of the standards.
- As was the case at the previous inspection, the department failed to meet any of the standards relating to the consultant sign-off audit, and was in the worst 25% of UK emergency departments for two standards and in the middle 50% of UK emergency departments for the remaining two standards for the 2016/17 audit.
- The emergency department performed poorly in relation to the 2015/16 and 2016/17 procedural sedation in adults audits and the 2015/16 venous thrombo-embolism risk in lower limb immobilisation in plaster cast audit where it failed to meet any of the standards.
- For the 2015/16 procedural sedation in adults audit the department was in the worst 25% of emergency departments in England in three standards. The remaining four standards were all between the upper and lower England quartiles.

Urgent and emergency services

- In the 2015/16 venous thrombo-embolism risk in lower limb immobilisation in plaster cast audit the department was in the bottom 25% of emergency departments in England quartile for both standards.
- There had been no improvement in relation to mental capacity training for medical staff. Following our previous inspection in 2015 we reported that staff in the emergency department had not received this training. During this inspection we found that only 27% of medical staff had completed mental capacity training.
- Although staff recorded patients' pain scores consistently and provided pain relief they did not always go back to reassess pain or check if the patients' pain had been relieved following pain medication.
- As was the case at the previous inspection, the emergency department did not have a dedicated kitchen and meals were provided from other wards/departments within the hospital.

However:

- The service had continued to provide care and treatment based on national guidance and evidence of its effectiveness.
- There had been an improvement in relation to nursing staff mental capacity training. At our previous inspection we reported that staff had not received this training. During this inspection 91% of nursing staff had been trained.
- There had been an improvement in relation to the unplanned re-attendance rate within seven days. Following our previous inspection in 2015 we reported that the rate was consistently higher than the national target of 5%. At the time the department's rate was 13%. In the 12 months prior to our inspection the rate was 0.7%.
- There had been an improvement in relation to how the service ensured staff competencies. A practice development nurse based in the department worked effectively with staff in relation to their competencies and we saw evidence of the training they provided to staff.
- Similar to the previous inspection, we found effective multidisciplinary working amongst staff including with the psychiatric liaison team.

Is the service caring?

Good   

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

- As was the case at the previous inspection in 2015, patients and relatives spoke positively about their experience of care in the emergency department. Patients and those close to them also reported that they had been involved in decisions about their care and treatment.
- Staff cared for patients with compassion and treated patients and their families/carers with dignity, kindness and respect. We observed positive and compassionate interactions between staff and patients.
- The Friends and Family Test is a measure of patient satisfaction with a service. Data received as part of this inspection showed that most patients would recommend the service to others.
- Patients told us that staff provided them with emotional support to when they felt distressed. We saw examples of staff reassuring patients and their relatives who were concerned about their treatment.

However:

- In the majors and trolleys section of the emergency department, cubicles were divided using curtains which meant that conversations between health professionals and patients could be heard by others.

Urgent and emergency services

Is the service responsive?

Requires improvement   

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

- 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 trust consistently failed to meet the standard, and consistently performed worse than the England average, from March 2017 to February 2018. However there was some improvement shown from April 2018 to June 2018 where the trust met the standard.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. There had been no improvement in this standard from the time of the last inspection in 2015. From April 2017 to March 2018 the trust consistently failed to meet the standard, and performed worse than the England average in all but one month.
- The trust took an average of 41.1 working days (mean) to investigate and close complaints and responded to only 46% of complaints within the target period of 40 working days. This is not in line with their complaints policy, which states that 80% of complaints should be responded to within 40 working days. The Emergency & Ambulatory Care division response rate was better than the trust average at 64% for April, 81% for May and 78% for June.
- The emergency department inappropriately used the clinical decision unit (CDU) for the admission of patients who should have been inpatients on medical wards and this meant there was a lack of beds for patients coming in to the emergency department.
- The vending machines in the reception area were empty which meant patients coming into the emergency department could not easily access food and drink.
- The emergency department experienced a lack of capacity which affected patients' access to and flow within the department. We found that staff patients were moved from the emergency department and nursed in corridors while waiting for a bed to become available on the inpatient wards.

However:

- Overall, the service was coordinated to take account of the needs of different people. Staff had received training in relation to mental health, dementia and learning disabilities.
- Staff had access to translators when needed giving patients the opportunity to make decisions about their care, and day-to-day tasks.
- There were two rooms in the emergency department which were specifically used to assess patients under the Mental Health Act 1983.

Is the service well-led?

Inadequate  

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

- At the previous inspection there was no clear strategy for the emergency department. At this inspection, we found there was still no clear strategy for the department and staff were still unclear about the future of the department. The strategy document presented following the inspection was in draft form.

Urgent and emergency services

- Staff had not been consulted in relation to the future plans for the emergency department which had been set out in the draft strategy mentioned above.
- Although we received consistent feedback from staff that leadership within the department was supportive, visible and approachable there was also consistent feedback that there was a lack of divisional and senior trust leadership presence and leadership in relation to the emergency department.
- There was a lack of oversight and a lack of clear processes and procedures in relation to the management of children presenting to this emergency department.
- There was confusion over the provision of treatment for children in the emergency department even though it was clear that the Clinical Commissioning Group (CCG) had decommissioned the treatment of children except for stabilisation. During our inspection, frontline staff were unable to articulate the correct treatment pathway for children who presented at the emergency department.
- Most staff, including staff in senior roles within the emergency department (both nursing and medical) expressed that the views of Ealing emergency department and the views of the emergency and ambulatory care division at Ealing were not listened to or prioritised with those of the Northwick park being prioritised.
- Staff described the relationship between the local leadership team in the emergency department and the site management team as 'difficult'. This was particularly related to the management of capacity in the department.

However:

- The values of the trust were embedded and staff at all levels were able to tell us what the trust values were and how they applied to their roles.
- There was alignment between what the local leadership and divisional leadership said the risks within the emergency department were.
- Quality and safety received sufficient coverage in board meetings, and in other relevant meetings below board level as evidenced by the meeting minutes we saw during and following the inspection.
- Staff said they were supported, valued and respected by the local leadership within the emergency department.

Areas for improvement

Action the trust **MUST** take to improve:

- The trust must have a clear policy on the management of children presenting to the Ealing emergency department.

Action the trust **SHOULD** take to improve:

- Ensure there is a clear policy on the location of emergency paediatric medicines in the emergency department.
- Ensure staff meet the trust targets for mandatory training.
- Ensure that the service meets the target for staff appraisals.
- Ensure that medical staff complete mental capacity training.
- Review the arrangements for patients being admitted into the chest pain area in the clinical decision unit (CDU).
- Address nursing and medical vacancies in the emergency department.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

Medical services involve assessment, diagnosis and treatment of adults by means of medical interventions rather than surgery.

The medical care service at Ealing Hospital provides care and treatment for care of the elderly, cardiology, respiratory medicine, gastroenterology, infectious diseases, clinical oncology, and general medicine. There are 320 medical inpatient beds located across the wards.

Ealing Hospital has 304 medical inpatient beds located across 13 wards and units. The trust had 74,005 medical admissions from January to December 2017. Emergency admissions accounted for 26,423 (35.7%), 1,175 (1.6%) were elective, and the remaining 46,407 (62.7%) were day case.

Admissions for the top three medical specialties were General medicine (27,345 admissions), gastroenterology (26,799 admissions), and clinical haematology (6,118 admissions)

Medical care at Ealing Hospital was last inspected in October and November 2015 when it was rated good for caring, and requires improvement for safe, effective, responsive, and well led. Medical care was rated as requires improvement overall. Areas for improvement that were found during the last inspection included completing and recording assessments for nutrition and hydration, improve mandatory training levels, improve IPC practices and hand hygiene, develop individualised care plans, and ensure staff are aware of Mental Capacity and Deprivation of Liberty safeguards.

We carried out our inspection at Ealing Hospital medical wards from 5 to 7 June 2018. During our inspection we visited seven wards: 4 South (Cardiology), 5 North and South (Care of the Elderly), 6 North (Gastroenterology and endocrinology), 6 South (Respiratory), 8 South (Infectious Diseases), and the Acute Medical Unit (AMU). We also visited the endoscopy unit, the ambulatory care unit, and the discharge lounge.

We spoke with 10 patients and two relatives, and reviewed 20 sets of patient records. We also spoke with 78 members of staff, including qualified and student nurses, matrons, consultants, doctors, senior managers, and support staff.

Summary of this service

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

- Medical staff at Ealing Hospital were not meeting the trust target of 85% for any of the nine mandatory training modules. Training rates for many of the courses, including basic life support, information governance, and infection control, were between 22 and 19%.
- There were high levels of nursing vacancies across some medical wards, particularly in the Acute Medical Unit. Medical wards relied on bank and agency staff to fill shifts, and staff we spoke with stated this had an impact on the consistent delivery of care.
- Medical wards often did not have the staff to meet the recommended levels for managing patients with higher acuity, particularly high dependency patients in the cardiology coronary care unit.
- Of the 20 admissions booklet we looked at we found risk assessments were inconsistently completed or not completed at all. This was most significant for risk assessments for VTE, skin integrity, and MUST scores. We also found NEWS to be inconsistently completed, or not completed when a NEWS score was above the threshold.

Medical care (including older people's care)

- The last inspection report included a requirement for the trust to ensure Control of Substances Hazardous to Health (COSHH) assessments were up to date and maintained. We found COSHH assessments on medical wards which were significantly out of date, and ward managers unaware if the assessment had been completed or not.
- There was a lack of adequate out of hours cover for medical wards. Junior medical staff we spoke with stated that did not feel there was sufficient support available from the on-site registrar due to their workload, particularly on nights.
- Medical staff and patients we spoke with stated that medical outliers on other wards and in other departments did not always receive a consultant ward round to the same level as patients admitted on to the appropriate medical ward. Staff stated that outliers may often be seen by junior doctors.
- Medical staff we spoke with stated that there were significant gaps in the registrars rota, which often required consultants to act down to fill. The trust fill rate for shifts as of December 2017 was 80%.
- Fridge temperature records were recorded inconsistently, and when recorded outside of normal range was not escalated.
- We found examples of medications out of date across medical wards, including CDs. There was no date checking process for medicines which were not stored in the wards' medication vending systems. Staff were routinely not recording the dates medication had been opened or expiry dates, often by several months.
- The previous report included a requirement for patients' nutrition and hydration to be monitored and fully recorded. However, in the patient admissions booklets we viewed on medical wards, we found MUST scores were completed inconsistently or not completed at all. The division carried out monthly audits on recording of nutritional screening in patient records.
- The previous report included a requirement to improve record keeping with respect to fluid balance charts. However, we fluid balance charts which were kept by the patients bed on medical wards and found they were still inconsistently completed and not updated in line with the trust policy.
- Some staff we spoke stated they did not receive training in the use of the patient admissions booklet. Senior staff we spoke with stated training had been delivered and that PDNs were available to provide support and advice in the use of the new patient record, however staff (including bank and agency) we spoke with stated the new record had been introduced without staff receiving sufficient training.
- Staff understanding of patients need for MCA and DoLS assessments was variable. Some staff were not able to demonstrate awareness of when MCA and DoLS assessments would be necessary. We also found that recording of capacity assessments and decisions on deprivation of liberty were not consistently documented appropriately.
- Most patients we spoke with stated that staff respected their privacy. However on some wards we observed patients being cared for in corridors on trolleys or on chairs, within view of the nursing stations, which may have impacted on privacy.
- On inspection we found a significant number of patients being cared for as outliers both on other medical wards, and in other areas of the hospital, particularly in surgery. Staff we spoke with stated that patients were consistently being cared for as medical outliers, and this presented challenges in providing oversight for those patients, unnecessary patient transfers between wards, and blocking beds for patients in other wards.
- Medical wards at Ealing Hospital followed the trust "+1" escalation policy. This stated that at times of high activity, an additional patient could be cared for in the corridor of the ward. Most staff we spoke with stated that this policy did not provide patients with much privacy or dignity, and patients in practice could spend long periods in corridors before being provided with a bay or receiving a discharge.

Medical care (including older people's care)

- Patient records we viewed for patients who had been identified with dementia did not have the care pathway document completed, or only partially completed. This meant that the individual needs of patients were not being adequately recorded, which may have impacted on the availability of enhanced care.
- Staff we spoke with across medical wards were unsure of the future development plans or the vision for the division at Ealing Hospital. Staff stated that the communication from the trust regarding future plans was somewhat unclear, and that this created some anxiety for the staff. Staff we spoke with also stated they did not feel they had been consulted on the direction of the clinical strategy.
- We found clinical governance at a ward level was inconsistent, meaning some risks we found were not being picked up and reporting them (such as inconsistent record keeping) and staff were not always informed of how issues were being addressed.
- Although medical wards had a risk register in place, the register did not reflect some of the concerns we identified on inspection. This included inconsistent completion of patient risk assessments, management of medical outliers on non-medical wards, and medical staffing mix.
- Staff we spoke on medical wards stated there were not opportunities for engagement at Ealing Hospital, and they did not feel represented or consulted on the future direction of the hospital. Staff from medical wards consistently stated that the lack of engagement was impacting on morale for staff.

However

- Incidents were reported on and discussed through the divisional governance structure, and from this actions will be identified to minimise the risk of repeat occurrences. Staff stated there was a positive culture in relation to reporting and learning from incidents.
- Trainee doctors were positive about the level of training they had access to. Junior doctors stated there was good access to training opportunities, and were particularly positive about the availability of consultants to provide advice and support.
- Staff on the wards we visited demonstrated an awareness of the trust's safeguarding processes, and could explain what signs they may need to look for to identify potential safeguarding concerns. Staff also knew how to contact the safeguarding team for advice and guidance when required.
- The last inspection report included a requirement for medical wards to improve cleanliness of equipment and fixtures at Ealing Hospital. On this inspection, the environment on the medical wards and areas we visited was generally clean and organised.
- We observed care on medical wards during our visit and found it was delivered in line with evidence-based guidance, and was supported by local guidelines and standard operating procedures.
- Throughout our inspection we saw consistent evidence of multidisciplinary team (MDT) working across all disciplines and wards. Staff we spoke with were positive about the relationship between different disciplines on medical wards, and stated they were supported by colleagues when they needed specialist support and advice.
- The trust had three Practice Development Nurses (PDNs) who were available to provide advice and support on available courses and education opportunities, as well as deliver training. Staff we spoke with stated the PDNs were easy to access and supportive.
- Policies and procedures we viewed were reviewed regularly. Any of the policies we reviewed on inspection were in date, available through the staff intranet, and easy to read for staff. Divisional and speciality leads reviewed policies and updated ones that required review or needed to reflect new guidance or legislation.

Medical care (including older people's care)

- Across medical wards we observed generally positive interactions between patients and medical staff. Staff were supportive to patients when available, and treated them with dignity and respect. Interactions between staff and patients were friendly, and staff made time to ask if patients needed anything.
- We spoke with 10 patients during the inspection across a number of medical wards, who were generally positive about the care they received and the staff they had met.
- Most patients and relatives we spoke with felt they had been well involved in their care and their relative's care. Patients stated that with care planning included a number of clinicians input but also was patient centred and included the views of their family.
- Staff on medical wards stated they could access translation services for patients who could not speak English, and were familiar with the process of how to do so.
- Medical wards provided additional support for patients with complex needs, including those diagnosed with dementia or a learning disability.
- We saw posters and leaflets advertising the Patient Advice and Liaison Service (PALS) throughout the wards. Staff we spoke with stated they were aware of how to direct patients or visitors to the PALS team, and also stated that PALS would regularly provide advice and support to the ward.
- Staff we spoke with were positive about the divisional leadership, stating they were visible and generally accessible.
- The trust had a number of leadership development opportunities to support staff to become managers, and staff we spoke with felt encouraged by their managers to apply for promotion. The trust ran an annual leadership programme in collaboration with a connected university, as well as an aspiring ward managers programme to develop nursing staff into management.
- Medical staff we spoke with, including junior doctors, were positive about medical leadership within the division on-site, and felt the consultant body worked well together.
- The trust values (HEART) were clearly displayed on wards we visited and staff we spoke with were generally aware what HEART stood for.

Is the service safe?

Inadequate ● ↓

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

- Medical staff at Ealing Hospital were not meeting the trust target of 85% for any of the nine mandatory training modules. Training rates for many of the courses, including basic life support, information governance, and infection control, were between 22 and 19%.
- Isolation rooms did not have negative or positive air flow to control the risk of infection from patients with potentially contagious illnesses. This presented a particular risk for patients on the infectious diseases wards, where there was a possibility of cross-contamination.
- The last inspection report included a requirement for the trust to ensure Control of Substances Hazardous to Health (COSHH) assessments were up to date and maintained. We found COSHH assessments on medical wards which were significantly out of date, and ward managers unaware if the assessment had been completed or not.

Medical care (including older people's care)

- Of the 20 admissions booklet we looked at we found risk assessments were inconsistently completed or not completed at all. This was most significant for risk assessments for VTE, skin integrity, and MUST scores. We also found NEWS to be inconsistently completed, or not escalated when a NEWS score was above the threshold.
- There were high levels of nursing vacancies across some medical wards, particularly in the Acute Medical Unit. Medical wards relied on bank and agency staff to fill shifts, and staff we spoke with stated this had an impact on the consistent delivery of care.
- Medical wards often did not have the staff to meet the recommended levels for managing patients with higher acuity, particularly high dependency patients in the cardiology coronary care unit.
- There was a lack of adequate out of hours cover for medical wards. Junior medical staff we spoke with stated that did not feel there was sufficient support available from the on-site registrar due to their workload, particularly on nights.
- Medical staff and patients we spoke with stated that medical outliers on other wards and in other departments did not always receive a consultant ward round to the same level as patients admitted on to the appropriate medical ward. Staff stated that outliers may often be seen by junior doctors.
- Medical staff we spoke with stated that there were significant gaps in the registrars rota, which often required consultants to act down to fill. The trust fill rate for shifts as of December 2017 was 80%.
- The previous report identified a requirement for patient records to be secured at all service locations. However throughout medical wards we found patient records trolleys unsecured and unattended in corridors, as well computer terminals with access to discharge summaries unlocked.
- Fridge temperature records were recorded inconsistently, and when recorded outside of normal range was not escalated.
- We found examples of medications out of date across medical wards, including CDs. There was no date checking process for medicines which were not stored in the wards' medication vending systems. Staff were routinely not recording the dates medication had been opened or expiry dates, often by several months.
- We found examples of medications left unattended across medical wards. On some medical wards we found current or expired medications in drug trolleys which had not be disposed of or reported to the pharmacy team. We also found examples of saline bags and IVs left unattended in the ambulatory medical unit.

However

- Incidents were reported on and discussed through the divisional governance structure, and from this actions will be identified to minimise the risk of repeat occurrences. Staff stated there was a positive culture in relation to reporting and learning from incidents
- Trainee doctors were positive about the level of training they had access to. Junior doctors stated there was good access to training opportunities, and were particularly positive about the availability of consultants to provide advice and support.
- Staff on the wards we visited demonstrated an awareness of the trust's safeguarding processes, and could explain what signs they may need to look for to identify potential safeguarding concerns. Staff also knew how to contact the safeguarding team for advice and guidance when required.
- The last inspection report included a requirement for medical wards to improve cleanliness of equipment and fixtures at Ealing Hospital. On this inspection, the environment on the medical wards and areas we visited was generally clean and organised.

Medical care (including older people's care)

- Staff we spoke with were positive about the Critical Care Outreach Team, which was available 24 hours a day seven days a week, with two nurses on duty day and night.

Is the service effective?

Requires improvement   

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

- The previous report included a requirement for patients' nutrition and hydration to be monitored and fully recorded. However, in the patient admissions booklets we viewed on medical wards, we found MUST scores was completed inconsistently or not completed at all. The division carried out monthly audits on recording of nutritional screening in patient records.
- The previous report included a requirement to improve record keeping with respect to fluid balance charts. However, we fluid balance charts which were kept by the patients bed on medical wards and found they were still inconsistently completed and not updated in line with the trust policy.
- The patient admissions booklet contained a section for completion on pain and comfort. In the records we viewed we found this to be inconsistently completed or not completed. The admissions booklet suggested assessing pain by verbal and non-verbal communication, however there the scoring criteria was not clear, and what actions should be taken for each level of scoring.
- The trust completion rate for appraisals was 62%, significantly below the trust target of 85%.
- Some staff we spoke stated they did not receive training in the use of the patient admissions booklet. Senior staff we spoke with stated training had been delivered and that PDNs were available to provide support and advice in the use of the new patient record, however staff (including bank and agency) we spoke with stated the new record had been introduced without staff receiving sufficient training.
- Staff understanding of patients need for MCA and DoLS assessments was variable. Some staff were not able to demonstrate awareness of when MCA and DoLS assessments would be necessary.
- We found that recording of capacity assessments and decisions on deprivation of liberty were not consistently documented appropriately in the patient admissions booklet, and there appeared to be no area for recording consent to treatment.

However

- We observed care on medical wards during our visit and found it was delivered in line with evidence-based guidance, and was supported by local guidelines and standard operating procedures.
- Throughout our inspection we saw consistent evidence of multidisciplinary team (MDT) working across all disciplines and wards. Staff we spoke with were positive about the relationship between different disciplines on medical wards, and stated they were supported by colleagues when they needed specialist support and advice.
- The trust had three Practice Development Nurses (PDNs) who were available to provide advice and support on available courses and education opportunities, as well as deliver training. PDNs also provided tailored support for nurses revalidating, student nurses and return to practice nurses. Staff we spoke with stated the PDNs were easy to access and supportive.

Medical care (including older people's care)

- Speech and language therapists (SALTs) and dieticians worked closely with nursing and medical staff in assessing and supporting patients with eating, drinking and swallowing needs. In medical records we reviewed we identified input from SALTs and dieticians. The hospital also had diabetes specialist nurses who could provide advice and support to staff and patients.
- Policies and procedures we viewed were reviewed regularly. Any of the policies we reviewed on inspection were in date, available through the staff intranet, and easy to read for staff. Divisional and speciality leads reviewed policies and updated ones that required review or needed to reflect new guidance or legislation.

Is the service caring?

Requires improvement  

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

- Most patients we spoke with stated that staff respected their privacy. However, on some wards we observed patients being cared for in corridors on trolleys or on chairs, within view of the nursing stations, which may have impacted on privacy.
- We observed patients being cared for on the “+1” escalation policy being referred to as “the Plus one” when their care or needs were being discussed by staff, rather than using the patient’s name. This included when patients could hear the staff discussing them, which did not respect the patient’s dignity. For example, on one ward were overheard a member of staff stating “The Plus one needs a cup of tea”.

However:

- Across medical wards we observed generally positive interactions between patients and medical staff. Staff were supportive to patients when available, and treated them with dignity and respect. We also spoke with 10 patients during the inspection across a number of medical wards, who were generally positive about the care they received and the staff they had met.
- Most patients and relatives we spoke with felt they had been well involved in their care and their relative’s care. Some medical wards ran or offered access to support groups for patients and their family members to cope with illness.

Is the service responsive?

Requires improvement   

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

- On inspection we found a significant number of patients being cared for as outliers both on other medical wards, and in other areas of the hospital, particularly in surgery. Staff we spoke with stated that patients were consistently being cared for as medical outliers, and this presented challenges in providing oversight for those patients, unnecessary patient transfers between wards, and blocking beds for patients in other wards.
- Medical wards at Ealing Hospital followed the trust “+1” escalation policy. This stated that at times of high activity, an additional patient could be cared for in the corridor of the ward. Most staff we spoke with stated that this policy did not provide patients with much privacy or dignity, and patients in practice could spend long periods in corridors before being provided with a bay or receiving a discharge.

Medical care (including older people's care)

- Patient records we viewed for patients who had been identified with dementia did not have the care pathway document completed, or only partially completed. This meant that the individual needs of patients were not being adequately recorded, which may have impacted on the availability of enhanced care.

However

- Staff on medical wards stated they could access translation services for patients who could not speak English, and were familiar with the process of how to do so. Translation services could be arranged by telephone or in person. Some staff also spoke other languages and could provide initial support to patients in translation if needed.
- Medical wards provided additional support for patients with complex needs, including those diagnosed with dementia or a learning disability.
- We saw posters and leaflets advertising the Patient Advice and Liaison Service (PALS) throughout the wards. Staff we spoke with stated they were aware of how to direct patients or visitors to the PALS team, and also stated that PALS would regularly provide advice and support to the ward.

Is the service well-led?

Requires improvement   

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

- Staff we spoke with across medical wards were unsure of the future development plans or the vision for the division at Ealing Hospital. Staff stated that the communication from the trust regarding future plans was somewhat unclear, and that this created some anxiety for the staff. Staff we spoke with also stated they did not feel they had been consulted on the direction of the clinical strategy.
- Staff we spoke with were unsure about future of medical wards at Ealing Hospital, and felt that this was having an impact on morale at the trust. Many staff they did not feel valued by the trust and that Ealing Hospital was “the poorer relation” compared to Northwick Park Hospital. Staff also stated they did not have much engagement with the other hospital sites that were part of the trust.
- Some staff we spoke with felt that trust-wide leadership was not visible on the Ealing site, and they felt they were not understanding of the concerns of staff regarding the future of the hospital site. Staff we spoke to were not always capable of naming the executive leadership.
- We found clinical governance at a ward level was inconsistent, meaning some risks we found were not being picked up and reporting them (such as inconsistent record keeping) and staff were not always informed of how issues were being addressed.
- Although medical wards had a risk register in place, the register did not reflect some of the concerns we identified on inspection. This included inconsistent completion of patient risk assessments, management of medical outliers on non-medical wards, and medical staffing mix.
- Staff we spoke on medical wards stated there were not opportunities for engagement at Ealing Hospital, and they did not feel represented or consulted on the future direction of the hospital. Staff from medical wards consistently stated that the lack of engagement was impacting on morale for staff.
- Medical staff stated that patient pathways and the delivery of services were redesigned without consulting the medical workforce, which meant that changes did not always include local knowledge on what worked well and what could be improved.

Medical care (including older people's care)

However

- Staff we spoke with were positive about the divisional leadership, stating they were visible and generally accessible.
- The trust had a number of leadership development opportunities to support staff to become managers, and staff we spoke with felt encouraged by their managers to apply for promotion. The trust ran an annual leadership programme in collaboration with a connected university, as well as an aspiring ward managers programme to develop nursing staff into management.
- Medical staff we spoke with, including junior doctors, were positive about medical leadership within the division on-site, and felt the consultant body worked well together.
- The trust values (HEART) were clearly displayed on wards we visited and staff we spoke with were generally aware what HEART stood for.

Areas for improvement

Action the trust **MUST** take to improve:

- The service must ensure safe levels of staff to ensure the provision of safe care and treatment, including out of hours arrangements for medical staff.
- The service must ensure there is consistency in relation to document completion across the wards in particular, risk assessments, fluid balance charts, and nutrition and hydration assessments.
- The trust must ensure that medicines management on medical wards is improved.
- The service must ensure the secure storage of all patient records at all service locations.
- The service must ensure mandatory training for medical and nursing staff meets the trust target of 85%.
- The service must ensure medical staff understand their roles and responsibilities in relation to the Mental Capacity Act 2005, and that MCA and DoLS assessments are appropriately completed and recorded.
- The service must ensure COSHH assessments and arrangements are up to date and maintained.
- The service must improve ventilation in the decontamination area of the endoscopy department at Ealing Hospital.

Action the trust **SHOULD** take to improve:

- The service should ensure that medical patients admitted on other wards receive a consultant ward round in line with the trust's policies for medical patients.
- The service should ensure that high dependency patients are provided with appropriate staff in line with national guidance.
- The service should ensure that staff are adequately trained in the appropriate completion of the patient records booklet.
- The service should ensure that clinical governance processes are applied consistently across wards.
- The service should ensure that staff receive an appraisal at least annually.
- The service should ensure that medical consultants are provided with clear job plans which are reviewed annually.

Surgery

Requires improvement   

Key facts and figures

The surgery department at Ealing Hospital provides elective and emergency surgery to the local population. Surgical specialties at the hospital include breast, ear nose and throat (ENT), maxillofacial and oral surgery, general surgery, urology, vascular surgery and trauma and orthopaedics.

The hospital had 7039 surgical admissions between June 2017 and May 2018. Emergency admissions accounted for 46.13%, 44.92% were day cases and 8.65% were elective.

The service consists of three wards, including; Ward 7 South, a 34 bedded trauma and orthopaedic ward; Ward 7 North, a 30 bedded general surgery ward; and Brunel day surgery ward (or Ward 3 North) which has 22 beds. There are five operating theatres and a six-bedded recovery unit.

We visited all wards, theatres and pre-assessment unit during our inspection from 5 June 2018 to 7 June 2018. We spoke to 46 staff including doctors across various grades, nurses, operating department practitioners, healthcare assistants and allied professionals. We reviewed 11 patient records and medication charts, and spoke to nine patients and their relatives. We made observations of the environment, staff interactions and checked various items of

Summary of this service

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

- Many problems we found during previous inspections still existed. The recovery area was not able to cope with the level of activity. Referral to treatment times were not being met for some surgical specialities. Theatres were not always effectively utilised and operating sessions started and finished later than planned.
- There was a high vacancy rate for orthopaedic staff and low night shift fill rate on the orthopaedic ward. There was high reliance on agency staff to cover overnight shifts on the recovery unit and day surgery ward.
- The service did not comply with the principles outlined in the National Enquiry into Patient Outcome and Death (NCEPOD) requiring a dedicated theatre list for emergencies.
- Audit results reflected mixed patient outcomes for hip fracture patients and those having an emergency laparotomy.
- The trust performance for cancelled operations was worse than the England average.
- There was no clear vision or strategy for surgical services and staff did not feel supported by the divisional leadership team.
- The management team had oversight of the risks within the service and mitigating plans were in place. However, controls in place were insufficient to manage capacity and flow within surgical services.

However:

- The results of investigations into incidents were discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.
- NEWS scores were used to safely monitor deteriorating patients.

Surgery

- Feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients.

Is the service safe?

Requires improvement  

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

- There was low mandatory training completion rates for medical staff as they failed to meet the trust target for any of 11 training modules. There was less than 40% compliance in half of the modules with 29% compliance rate for resuscitation training.
- We witnessed three occasions where medication was pre-prepared in anaesthetic rooms.
- There was a high vacancy rate for orthopaedics and consultants reported difficulty with filling posts for anaesthetics. In addition, there was a high turnover rate for medical staff at Ealing Hospital.
- There had been an acute shortage of staff on orthopaedic wards with a vacancy rate of 21% and night shift fill rate of 69% in the last one year.
- There was high reliance on agency staff to cover overnight shifts on the recovery unit and day surgery ward.

However:

- Patient records were comprehensive and appropriate risk assessments were completed.
- The environment was visible clean and we observed staff complied with infection prevention and control guidelines.
- Staff followed protocols for the five steps to safer surgery.
- Staff used NEWS scores to safely monitor deteriorating patients.
- Staff knew how to report incidents and confirmed learning from incidents were shared across the service.

Is the service effective?

Requires improvement   

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

- The service did not comply with the principles outlined in the National Enquiry into Patient Outcome and Death (NCEPOD) classifications around access to emergency theatres.
- The service participated in national audits, which meant its services could be benchmarked against other trusts. Patient outcome results were mixed when compared with England averages. The hospital performed worse than national averages and did not meet aspirational standards in the 2017 national hip fracture database.
- The National Emergency Laparotomy Audit result indicated there were insufficient cases submitted to calculate outcomes for some of the metrics. The hospital received a red rating for case ascertainment.
- Medical staff demonstrated low levels of completion of Mental Capacity Act (2005) training and did not meet the trust target of 85%.

Surgery

- Although policies and procedures were up to date and in line with best practice, staff did not always access the most up to date policies. Most of the printed-paper copies we found on the day surgery ward were out of date.

However:

- Patients were cared for by appropriately qualified staff. Nurses had gone through an induction and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- Patients' pain were well managed with pain relief provided when necessary. Nutrition assessments were generally completed.
- The surgical team provided a seven day service and patients were empowered to manage their own health.

Is the service caring?

Good   

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

- Staff provided a caring, kind and compassionate service, which involved patients in their care and we received numerous positive comments from children and their families.
- Observations of care showed staff maintained patients' privacy and dignity on most wards visited, and patients and their families were involved in their care.
- Staff provided emotional support to patients and patients were able to access the hospital multi-faith chaplaincy services, when required.

However:

- Patients were often cared for in escalation areas, which had the potential to compromise the privacy of patients.

Is the service responsive?

Requires improvement   

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

- Medical outliers on surgical wards impacted on patient flow within surgical services. Patients stayed overnight on the recovery unit and inpatients were cared for on the day surgery ward due to lack of beds.
- There were several incidents of mixed sex breaches reported on the recovery unit.
- Referral to treatment times were not being met for some surgical specialities such as general surgery, colorectal surgery, oral surgery and ear nose and throat.
- Theatres were not always effectively utilised and operating sessions started and finished later than planned
- The trust performance for cancelled operations was worse than the England average.

However:

- Staff had access to translators when needed giving patients the opportunity to make decisions about their care, and day-to-day tasks.

Surgery

- Individual care needs of patients were fully considered and acted on by staff. Arrangements were provided to support people with disabilities and cognitive impairments, such as dementia.
- The average length of stay was better than the England average.

Is the service well-led?

Requires improvement   

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

- At the previous inspection, we found there was no clear strategy for the service. At this inspection, we found there was still no overall strategy for the service.
- We received mixed feedback about the leadership of the unit. Whilst it was clear that staff felt supported by senior staff on site, senior surgical staff expressed lack of support from divisional leadership.
- Senior staff were not involved in the trusts' redesign of services at Ealing Hospital and these impacted on the morale of consultants in the hospital.
- The management team had oversight of most risks within the service and mitigating plans were in place. However, low completion rates for mandatory training for medical staff was not highlighted as a risk on the risk register. In addition, controls in place were insufficient to manage capacity and flow within surgical services.

However:

- There was a robust governance structure in place and feedback from governance meetings were disseminated to staff.
- The service engaged patients through surveys and feedback forms.

Areas for improvement

Action the trust **MUST** take to improve:

- Ensure patients are cared for in areas that are appropriate, meet all of their needs and have sufficient space to accommodate the potential number of people using the service at any one time.
- Ensure proper and safe management of medicines. This includes avoiding practices that compromise safe medicines management including the use of pre-prepared medication in theatres.
- Ensure there are sufficient staffing levels on orthopaedic wards.
- Work to improve access and flow within surgical services
- Work to improve mandatory training completion rates for medical staff
- Ensure staff on the Ealing site are engaged in planning and delivery of services
- Improve theatre utilisation and efficiencies related to start and finish times
- Improve referral to treatment times in surgery

Action the trust **SHOULD** take to improve:

- Work to improve hand hygiene compliance on Ward 7 North.

Services for children and young people

Requires improvement   

Key facts and figures

Children and young people's services are located on the 10th floor of Ealing Hospital. The children's outpatients unit and nurse led day care unit are both located in the former inpatients ward which was reconfigured in 2016 to accommodate a change in service provision. The service provides care for children 0-16 years of age but also delivers transition clinics to young people aged 16 -18 moving into adult services. The service cares for children and young people primarily in the borough of Ealing. The community children's nursing team and continuing care team are also based on the same floor.

The day care and outpatients unit at Ealing Hospital delivers a limited range of children's services and is open from 8.30am to 5.30pm Monday to Friday. The children's outpatients service provides a range of clinics including transition clinics which are clinics to support young people moving into the care of adult services, haematology, diabetes, epilepsy, general paediatrics, allergy, infectious diseases, endocrinology and urology.

The day care service consists of four bed/cot spaces and provides procedures such as blood tests, blood transfusions, intravenous infusion such as antibiotics, MRI scans under oral sedation and allergy testing.

Data provided by the trust indicated that from April 2017 to March 2018, there were a total of 16,535 outpatient attendances by children and young people under the age of 17 years at Ealing Hospital. Of these, 9,378 attendances were in paediatric specialties and the remaining 7,157 were in other specialties. In the same period there were 932 paediatric day cases at Ealing Hospital.

We visited children and young people's services over three days during our announced inspection on the 5 – 7 June 2018. We visited the paediatric outpatients unit, paediatric day care and inspected areas of adult outpatients where children would be seen.

We reviewed 10 patient care records and observed care provided. We spoke with nine parents and 17 members of staff including nurses, nurse specialists, paediatricians, a healthcare assistant and administrative staff. We also reviewed the trust's performance data and looked at trust policies for paediatrics.

Summary of this service

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

- Mandatory training rates for medical staff were low including for safeguarding level 3 training.
- Staffing remained a challenge for the service. There were significant vacancies in the community children's nursing team and the staffing establishment was not sufficient for the level of staffing required on the children's outpatients and day care unit.
- There was no protocol or standard operating procedure available for staff to follow if a child or young person became unwell on the outpatients and day care unit.
- The Women and Children's division still did not have oversight of young people admitted to adult wards at Ealing Hospital. There was still no flagging system to identify young people who had been admitted to adult wards.
- Staff we spoke with felt learning was not shared effectively however the trust told us there were cross site governance meetings where staff could attend where learning was shared.

Services for children and young people

- Not all of the risks we identified at the Ealing Hospital site were on the risk register.
- Staff on the children's outpatients and day care unit did not receive clinical or safeguarding supervision.
- Nursing staff had not received training in the recognition and management of children with sepsis.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. However, some clinical guidelines had not been reviewed in line with trust timescales.
- There was no longer a play specialist team at the hospital. A play specialist was being recruited but the post was to be shared with the other hospital site.
- The amount of time managers dedicated to the children's services at Ealing Hospital remained very limited.
- Staff still felt unsettled and uncertain about the future provision of children's services at Ealing hospital.

However:

- The trust planned and provided services in a way that met the needs of local people.
- There had been significant improvements in referral to treatment times since our last inspection, with consistently good overall compliance of over 95%.
- The service took account of the individual needs of children and young people including those with learning disabilities. The unit had a learning disability champion and encouraged the use of learning disability passports to help inform decision making.
- The community children's nursing team and continuing care team supported transitional care needs and children with long term conditions. The team promoted bringing care closer to home and worked with children and young people to prevent and reduce hospital admissions.
- Staff were passionate about their work toward children and their families and focused on delivering patient centred care.

Is the service safe?

Requires improvement ● ➡ ➡

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

- Mandatory training rates for medical staff were low including for safeguarding level 3 training.
- Staffing remained a challenge for the service. There were significant vacancies in the community children's nursing team however the trust was advertising to the vacant posts at the time of our inspection.
- It was difficult to provide the levels of staffing required with the staffing establishment on the children's outpatients and day care unit.
- There was no protocol or standard operating procedure for staff to follow if a child or young person became unwell on the outpatients and day care unit.
- The named nurse for safeguarding children and young people covered three hospital sites however we were not assured that this was sufficient cover for all three hospital sites.
- The service still did not have a flagging system to identify young people aged 16 – 18 who had been admitted to adult wards.

Services for children and young people

- Staff we spoke with felt learning was not shared effectively however the trust told us there were cross site governance meetings where staff could attend where learning was shared.

However:

- COSHH assessments were now all fully completed and up to date.
- All nursing staff were trained in Paediatric Immediate Life Support.
- The service now had comprehensive cleaning schedules with compliance audits.
- Rooms which stored chemicals now had a keypad lock.
- The safeguarding children and young people policy was now in date.

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 evidence of its effectiveness. However, a number of trust clinical guidelines and policies had not been reviewed in line with trust timescales.
- Staff on the children's outpatients and day care unit did not receive clinical or safeguarding supervision.
- Nursing staff had not received training in the recognition and management of children with sepsis.
- Children's weights were not always recorded on prescription charts.
- Similarly to the last inspection, the service continued to perform worse than the England average for the National Paediatric Diabetes audit.
- There was no longer a play specialist team at the hospital. A play specialist was being recruited but the post was to be shared with the other hospital site.
- The unit assessed patients' pain using a standardised tool which was child friendly however there was no tool available to help assess the level of pain for patients with communication difficulties.
- Children's services at Ealing Hospital was not a seven day service and ran from 8:30am to 5:30pm Monday to Friday.
- Health promotion information on the children's outpatients and day care unit for patients and their families was limited.

However:

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Consent was sought and clearly recorded in the patients' notes.
- There was evidence of effective multidisciplinary partnership working with external agencies and professionals.

Is the service caring?

Good   

Services for children and young people

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff were passionate about their work toward children and their families and focused on delivering patient centred care.
- There was a high level of emotional support provided by staff in the children's outpatients unit and day care unit to help minimise distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Friends and Family test results were consistently very good for the children's outpatients unit, day care unit and community services at Ealing Hospital.

Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people. There had been significant improvement in referral to treatment times since our last inspection with consistently good overall compliance of over 95%.
- The service provided a one-stop allergy clinic where children received a range of allergy tests where appropriate all on one day to avoid the need for another appointment.
- The service took account of the individual needs of children and young people including those with learning disabilities. The unit had a learning disability champion and encouraged the use of learning disability passports to help inform decision making.
- The children's outpatients and day care unit was very flexible with appointment times to suit the needs of children and their families.
- The community children's nursing team and continuing care team supported transitional care needs and children with long term conditions. The team had strong links with the community including schools and school nurses and promoted bringing care closer to home.
- The service had specialist nurses in specialities such as diabetes, asthma, sickle cell and thalassemia who worked with children and young people in the community to prevent and reduce hospital admissions.
- The hospital provided hot food and snacks for children and young people on the day care unit. The menus included options for specific cultures and needs.

However:

- The new centralised appointment booking system did not always send patients cancellation letters and staff at Ealing Hospital were unable to access the system.
- Adult outpatient areas where children were seen were not child friendly.
- There was no longer an area for adolescents on the unit. Young people had access to Wi-Fi however other facilities for young people were limited.

Services for children and young people

Is the service well-led?

Requires improvement  

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

- The amount of time managers dedicated to the children's services at Ealing Hospital remained very limited.
- The Women and Children's division did not have oversight of young people admitted to adult wards at Ealing Hospital.
- We were not assured that there was sufficient oversight of the children's services at Ealing Hospital. The risk register did not reflect concerns around monitoring of young people admitted to adult wards, the lack of clinical supervision for nursing staff and staffing levels on the outpatients and day care unit.
- Staff still felt unsettled and uncertain about the future provision of children's services at the hospital and felt communication from the trust lacked clarity.
- Consultant paediatricians felt the flow of information from the paediatric senior management team to the consultant body was not effective.
- The closure of the Rapid Access Clinic service had not been made clear on the trust's website.
- While staff felt comfortable escalating issues to management, it often took a long time to resolve because approval had to come from Northwick Park Hospital.

However:

- There was a positive local culture on the children's outpatients and day care unit which valued staff and was based on shared values. Staff described a supportive local team and a child-focused environment.
- Staff were passionate about their work on the unit and there was an open and honest culture within the local team at Ealing Hospital.
- Staff awareness of the trust values had improved.

Areas for improvement

The trust **MUST**:

- Improve compliance with mandatory training especially for medical staff.
- Provide nursing staff with training in the recognition and management of children with sepsis.
- Provide nursing staff with clinical and safeguarding supervision.
- Ensure a protocol is easily accessible and available for staff to follow if a child or young person became unwell on the unit.
- Have clear oversight of young people admitted to adult wards.
- Improve staffing levels including staffing establishment on the children's outpatients and day care unit.

The trust **SHOULD**:

- Ensure all clinical guidelines and policies for children's services have been reviewed in line with trust timescales.

Services for children and young people

- Ensure that adult outpatient areas where children were seen are child friendly.
- Improve facilities for adolescents on the children's outpatients and day care unit.
- Provide information leaflets in languages other than English.
- Increase health promotion information available on the children's outpatients and day care unit for was limited.
- Increase engagement with the public in improvement and design of the service.
- Ensure management dedicate adequate time to the Ealing Hospital site.

Community dental services

Good  

Key facts and figures

Trust provides dentistry services from three health centres. The service provides specialist services in periodontology, endodontics and prosthodontics for all age groups who require a specialised approach to their dental care and are unable to receive this in a General Dental Practice. As of April 2017 the service ceased providing special care dental services. These services were provided by another trust who share facilities with the community dental services.

Community dental services are provided at the following locations:

- Acton Health Centre on Monday, Wednesday and Thursday. The services provided are periodontics, prosthodontics and dental hygiene.
- Heart of Hounslow Centre for Health on Monday, Wednesday, Thursday and Friday. The service provided is endodontics.
- Wembley Centre for Health on Monday, Wednesday, Thursday and Friday. The services provided are periodontics, endodontics and dental hygiene.

Data provided by the trust showed that between April 2017 and June 2018 there was a total of 715 first appointment visits. This consisted of 446 first appointments for endodontics, 250 for periodontics and 19 for prosthodontics.

We spoke with three patients and eight members of staff during our visit. We observed care and treatment and looked at a small sample of dental care records. We also interviewed key members of the management team.

Summary of this service

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

- Staff reported incidents appropriately and they were investigated.
- Staff understood their safeguarding responsibilities and were aware of the safeguarding policies and procedures. Staff had up to date safeguarding training at the appropriate level.
- Medicines were stored, handled and administered safely.
- Risk assessments such as Legionella and fire safety had been completed and there were action plans in place.
- Appropriate systems were in place to respond to medical emergencies.
- Equipment was well maintained and fit for purpose.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' individual care records were comprehensively written in a way that kept people safe. Relevant information was recorded appropriately and staff had access to relevant details before providing care.
- Standards of cleanliness and hygiene were generally well maintained. Systems were in place to prevent and protect people from a healthcare associated infection.
- Staff had the necessary qualifications and skills they needed to carry out their roles effectively. Further training and development opportunities were available for staff.

Community dental services

- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- The service followed effective evidence based care and treatment policies which were based on national guidance.
- There was evidence of good multidisciplinary working with staff. Teams and services worked together to deliver effective care and treatment.
- During the inspection, we saw and were told by patients, that all staff working in the service were kind, caring and compassionate at every stage of their treatment.
- People were treated respectfully and their privacy was maintained in person and through the actions of staff to maintain confidentiality and dignity.
- Staff involved patients in aspects of their care and treatment. Information about treatment plans was provided to meet the needs of patients.
- There was an effective system to record concerns and complaints about the service.
- Staff told us that they felt supported by their immediate line managers and that the senior management team were visible within the department.
- There was a very positive and forward looking attitude and culture apparent among the staff we spoke with.

However, we found that:

- Mandatory training was provided for staff. The service did not meet the trust's target of 85% completion for mandatory training in manual handling - level 2 (face to face), information governance and Resuscitation (basic life support).
- The service had not completed X-ray audits in the last 12 months.
- The service did not have a comprehensive risk register. The risk register did not include the need to update the information technology including the software for the electronic dental care records. The service had not considered the risk of the clinical director managing the service on one day per week employment. The waiting list for endodontic treatment was 14 months at the Heart of Hounslow Centre for Health and there were 360 patients on the waiting list.

Is the service safe?

Good  

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The dental service used the trust's electronic incident reporting system to identify and investigate safety incidents.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. The clinical environment was clean, clutter free and bright. Standards of cleanliness and hygiene were generally well maintained.
- Generally the service had suitable premises and equipment and looked after them well. Equipment was well maintained and fit for purpose.
- Radiography equipment was maintained by specialised technicians to ensure it was safe to use and X-ray equipment was maintained according to recognised safety guidelines.

Community dental services

- The service stored medicines well. Equipment and medicines required for medical emergencies were maintained in accordance with Resuscitation Council and British National Formulary guidelines.
- The service planned for emergencies and staff understood their roles if one should happen. Appropriate equipment and processes were available to respond to medical emergencies.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Patients' individual care records were written in a way that kept people safe. Staff had access to patient information prior to providing patient care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Dental service staff received adult safeguarding and children protection training and were confident in their knowledge of how to escalate concerns.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staffing levels were adequate to meet patient need at the time of our inspection. There was a good staff skill mix across the service.

However, we found that:

- We found the learning from incidents was not always shared with the wider team.
- Risk assessments such as Legionella and fire safety had been completed and there were action plans in place. The service did not have oversight of these action plans to ensure all outstanding actions were completed.
- Mandatory training was provided for staff. The service did not meet the trust's target of 85% completion for mandatory training in manual handling - level 2 (face to face), information governance and Resuscitation (basic life support).

Is the service effective?

Good  

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

- The service had completed an audit which compared the results of the basic periodontal examination of the referring general dental practitioner with those of the specialist at the first appointment visit. The service also audited the number of patients seen for the first appointment visit and those who completed the course of treatment.
- The specialist had participated peer reviews. The most recent peer review was discussing endodontic treatment cases and reviewing the draft specification for procurement of the services.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers had systems in place to make sure staff followed guidance.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients.

Community dental services

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to paper based records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However, we found that:

- The service had not participated in national audits to improve patient outcomes.

Is the service caring?

Good  

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- Staff recognised the different requirements of each patient and treated them as individuals.
- During the inspection, we saw that all staff working in the service were kind, gentle and caring to patients throughout their treatment.
- People were treated respectfully and had their privacy and dignity maintained at all times.
- Patients we spoke with during our inspection were very positive about the way they were treated. The Friends and Family Test results showed a very high level of satisfaction with the service.
- Staff we spoke with were very dedicated to providing the best possible care for all of their patients.

Is the service responsive?

Good  

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

- During our last inspection we were concerned patients did not always have access to care and treatment needed in a timely manner due to waiting times for specialist services (endodontics and periodontics). We found the waiting list had improved at Wembley Centre for Health and Acton Health Centre.
- The service implemented a new triage procedure where the dentists would review the patient referral to determine whether the patient met the referral criteria. The waiting list had also been revalidated.
- The waiting list had been reduced at Wembley Centre for Health. In April 2017 the waiting list for periodontics was six months, with 50 patients on the waiting list, and endodontics 20 months, with 160 patients on the waiting list. In June 2018 the waiting list was reduced to four months for periodontics, with 25 patients on the waiting list, and five months for endodontics with 55 patients on the waiting list.

Community dental services

- The waiting list had been reduced at Acton Health Centre. In April 2017 the waiting list for periodontics was five months, with 56 patients waiting for treatment, and prosthodontics eight months with 20 patients on the waiting list. In June 2018 the waiting list was reduced to four months for periodontics, with 30 patients on the waiting list, and prosthodontics six months with 16 patients on the waiting list
- The trust planned and provided services in a way that met the needs of local people.
- General dental practitioners referred patients to the service for short-term specialised treatment. The service developed a set of acceptance and discharge criteria so that only the most appropriate patients were seen by the service.
- There were systems to ensure that services were able to meet the individual needs, for example, for nervous patients.
- Generally, the service planned to take account of the needs of different people reflecting the diversity of the local community. Patients from all communities could access treatment in the service if they met the service's criteria.
- There were systems and processes in place to identify and plan for patient safety issues. This included potential staffing and clinic capacity issues.
- There was easy access for patients with physical disabilities and wheel chairs could be accommodated.

However, we found that:

- The waiting list at Heart of Hounslow Centre for Health had not been significantly reduced. In April 2017 the waiting list for endodontics was 15 months with 340 patients on the waiting list. In June 2018 the waiting list had reduced to 14 months. However, the number of patients on the waiting list increased to 360.

Is the service well-led?

Good  

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

- During the last inspection we found staff did not know the trust's vision and strategy and it was not visible at the local level. Staff felt the service was stand alone and there was little involvement with the trust. Trust-level management was not visible. Managers within the service were based at a location separate to where the services were located. Their time was split between there and the service locations. Some staff felt that the absence of managers was an issue at some locations.
- Upon reinspection we found this had improved by the service employing a nurse matron and lead dental nurse who were responsible for the day to day running of the service. Staff knew the trust's vision and strategy and attended clinical governance meetings. There was a higher level of engagement and communication from the trust through a newsletter and regular emails. The chief executive of the trust visited the service to speak with staff. The clinical director, nurse matron and lead dental nurse visited each location frequently and staff told us these visits were beneficial
- The trust had managers at all levels with 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 workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The service had effective assurance systems and performance measures to monitor its quality.

Community dental services

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The clinical director maintained overall responsibility and accountability for the running of the service.
- A nurse matron and lead dental nurse were responsible for the day to day running of the service and provided support to the clinical director.
- The local management team was visible and accessible to staff and the culture was open and transparent.
- Staff members we spoke with told us the service was a good place to work and that they would recommend it to family members or friends.
- The staff we spoke with said they felt well supported by the management team. Staff told us they could raise any concerns and they were confident these would be addressed and dealt with in a timely manner.
- The culture of the service was one of continuous learning and there was a drive to improve services.

However, we found that:

- The service had not completed X-ray audits in the last 12 months.
- The service did not have a comprehensive risk register. The risk register did not include the need to update the information technology including the software for the electronic dental care records. The service had not considered the risk of the clinical director managing the service on one day per week employment. The waiting list for endodontic treatment was 14 months at the Heart of Hounslow Centre for Health and there were 360 patients on the waiting list.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should ensure there is oversight of risk assessment action plans and all outstanding actions are completed.
- The provider should ensure mandatory training is completed in line with the trust mandatory requirements.
- The provider should ensure radiography audits are completed annually to improve the quality of the service.

Community health inpatient services

Good  

Key facts and figures

Community inpatient services were provided from two community hospitals. Clayponds Hospital is a community hospital for rehabilitation based in south Ealing. It has two wards: Jasmine ward, for general rehabilitation, and Rosemary ward for general and neurological rehabilitation. Both have 25 beds. The Willesden Community Rehabilitation Hospital is based within the Willesden Centre for Health and Care, which also hosts a number of other services such as GP services and outpatient clinics. It provides general and specialist neurological rehabilitation. The hospital consists of three twenty bed wards; Fifoot, Robertson and Furness.

Each ward has single sex bays and some single side rooms used according to clinical need. Admissions mainly come from the acute hospitals of London North West Healthcare NHS Trust but also from neighbouring trusts where patients are registered with a GP in Ealing, Brent or Harrow. People are cared for by multidisciplinary teams that include nurses, therapies staff and medical staff. Length of stay is for four to six weeks with many admissions being less.

This inspection was announced. We spoke with 15 patients and five relatives. We spoke with 30 members of staff that included nurses, healthcare assistants, therapies staff and medical staff. We spoke with senior nurses and all three directorate leads.

We visited all areas of both of the community hospitals. We reviewed 15 patient records and checked equipment in all areas we visited.

Summary of this service

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

- Patient risk was effectively monitored through a multidisciplinary team approach. There was a clear process for identifying and responding to deteriorating patients, who were transferred to the acute hospital if necessary. Incidents were consistently and properly investigated and the outcomes fed back to staff.
- The community hospitals were clean. Cleaning schedules were followed and staff observed infection prevention protocols.
- Clinical staff were following NICE and other clinical guidance. Therapy teams effectively monitored patient outcomes.
- There was good and effective multidisciplinary team working, who provided one joined up service and provided patients with good outcomes.
- Health promotion was seen as an important part of preparing people to go home and to meeting patient need.
- Relatives and patients all told us that staff were compassionate. We were given clear examples of this, which included for patients who were more vulnerable or who had extra need.
- Senior staff told us of the professional expectation they had of staff and we witnessed staff working compassionately against the backdrop of staffing pressures.
- Community hospitals were aware of their integral role in trust pathways and worked well with both acute and community teams. Multidisciplinary staffing teams were meeting patient need, many of whom were in vulnerable circumstances.

Community health inpatient services

- There was a service wide admissions criteria and the assessment process was reasonably proficient in identifying inappropriate referrals. The services worked towards discharge from day one.
- There were a low number of formal complaints. The service promoted swift resolution of any issues brought to them by patients and relatives.
- At the last inspection the trust, community leadership team and inpatient hospitals all worked in isolation. At this inspection community hospitals were working as one team, with unified protocols and a shared culture.
- At the last inspection there was no single clear process of management and clinical governance across the community hospitals. At this inspection there was one community hospital leadership group and the meetings structure was a shared one, across community hospital services.
- Meetings were taking place within community inpatient settings to assure themselves of quality monitoring. Audits were routinely occurring within community inpatient services.

However

- We found pockets of large vacancy rates for nurses and a reliance on a low number of bank staff. In some instances, healthcare assistants were being used to fill nurse shifts.
- The use of a safer staffing model for acute settings was being used. It did not adequately measure staffing need in rehabilitation settings and placed further pressure on staff to provide a quality service.
- There was a lack of psychiatry input for neurological patients, which was on the risk register. It meant that assessment of deteriorating mental health conditions, receiving advice on treatment and which medications worked best alongside neurological treatments was lacking.
- There was a lack of on-site security where the Willesden Community Rehabilitation Hospital was located. This raised a number of potential risks and was on the trust risk register. There were measures in place to keep wards secure. However, incidents that involved neurological patients becoming agitated or self harming had to be supported by ward staff only and remained a risk.
- There was a lack of supervision for lower grade doctors and out of hours medical support to the wards.
- The average length of stay on Robertson ward was stated as six to eight weeks, but many were going beyond this due to unmet social needs such as appropriate housing options.
- Community hospital staff experienced poor, time consuming access to essential online information systems.
- The divisional performance reports did not provide a complete picture of how community hospitals were performing. It was therefore not clear how the board were assured on how community hospitals were performing.
- A new trust medical director had reviewed medical cover and agreed that the current level of input would remain and the duty of care remained consultant led. However, there were gaps in supervision of junior grade doctors and out of hours support to the wards.

Is the service safe?

Requires improvement   

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

Community health inpatient services

- At the last inspection we found high vacancy rates for nurses at all of the community hospitals and that too many agency nurses with less knowledge of the patients and the unit were being used. This was not the case at this inspection. However, we found pockets of large vacancy rates for nurses and a reliance on a low number of bank staff. In some instances, healthcare assistants were being used to fill nurse shifts.
- The use of a safer staffing model for acute settings was being used. It did not adequately measure staffing need in the community hospitals, which were rehabilitation settings, and placed further pressure on staff to provide a quality service.
- Information contained in divisional performance reports that related to community hospitals was limited. However, executive summaries contained information about two issues requiring improvement that were affecting performance. Junior medical cover was one and the vacant clinical neurological psychology post for Robertson and Rosemary wards was the other.
- Psychiatry input on Robertson ward at the Willesden Community Rehabilitation Hospital had been withdrawn in December 2017. Psychologist support helped with supporting mental health needs and multidisciplinary team work monitored risk through ongoing assessment of patient need. However, lack of psychiatric input meant that assessment of deteriorating mental health conditions, advising on treatment and which medications worked best alongside neurological treatments were still lacking.
- A ligature risk was identified in patient bedrooms on Robertson ward. Immediate action was being taken to minimise this risk.
- There was a lack of on-site security at the centre, where the Willesden Community Rehabilitation Hospital was located. This raised a number of potential risks and was on the trust risk register. The ward doors of the community hospital wards remained locked. Any incidents that involved neurological patients becoming agitated or self harming would have to be supported by ward staff only and was a risk.
- At the Willesden Community Rehabilitation Hospital, we found out of date equipment on the resuscitation trolleys, despite staff signing to state that they had been regularly checked. This was rectified while we were on site.
- There was a lack of supervision for lower grade doctors and out of hours medical support to the wards.

However:

- At the last inspection we found that incidents were consistently and properly investigated and the outcomes fed back to staff. On this inspection we found this was also the case.
- At the last inspection we found that the community hospitals were effective at making sure only suitable low risk patients were admitted. At this inspection we found a similar picture supported by one admissions criteria for community hospitals.
- The hospitals had a clear process for identifying and responding to deteriorating patients, who were transferred to the acute hospital if necessary. Patient risk was being effectively monitored through a nursing and multidisciplinary team approach.
- Appropriate equipment was available and had been suitably maintained.
- Staff had been trained in safeguarding to appropriate levels and were aware of referral and escalation protocols.
- The community hospitals were clean. Cleaning schedules were followed and staff observed infection prevention protocols.
- The completion of patient records supported the positive team approach to care.

Community health inpatient services

Is the service effective?

Good  → ←

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

- At the last inspection we found that clinical staff were following NICE and other clinical guidance. At this inspection we found this was still the case. Therapy teams effectively monitored patient outcomes.
- Patient outcomes were being appropriately measured within community inpatient services and compared favourably with national averages.
- At the last inspection we found multidisciplinary teams worked well together to provide patients with good outcomes. At this inspection we found this was still the case. Throughout our visit we encountered good and effective multidisciplinary team working between the nursing team, medical team and therapies team, who provided one joined up service.
- There was good communication between the two community hospitals, with the therapies team led by the same team leader and the nursing team meeting up at regular intervals to discuss service issues.
- At the last inspection we found staff understood their responsibilities regarding consent for patients who may lack mental capacity. At this inspection we found this was still the case.
- Patient nutrition, hydration and pain were being effectively managed.
- Health promotion was seen as an important part of preparing people to go home and to meeting patient need.

However:

- Staff were trained to identify deteriorating patients. At Clayponds Community Hospital, there were two nurses trained as advanced nurse practitioners (ANPs) and two nurses trained to carry out physical assessments with another in training. This supported patients when there was no medical cover on the wards including out of hours. However, at the Willesden Community Rehabilitation Hospital there were no ANPs and no nurses who were trained to carry out physical assessment.

Is the service caring?

Good  → ←

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

- At the last inspection we found that all the patients and families we spoke with were very positive about the care they had received in the community hospitals. At this inspection relatives and patients all told us that staff were caring and compassionate. They gave us clear examples of how staff had made patient admissions a good experience because of caring staff, which included for those who were more vulnerable or who had extra need.
- All of the staff we observed and spoke with were aware of the need to be caring and compassionate in their work.
- Senior staff told us of the professional expectation they had of staff and we witnessed staff working compassionately against the backdrop of staffing pressures.
- We observed patient privacy and dignity being protected in interaction with staff and while receiving care.

Community health inpatient services

- Patient choice was respected.
- Patients were involved in the care and treatment they received and relatives felt involved in the care too.

Is the service responsive?

Good   

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

- Community inpatient services were aware of their integral role in trust pathways and worked well with both acute and community teams.
- The service was aware of its changing demographic and the changing patient need.
- Changes had been made to wards to make them more dementia friendly.
- Therapies staff led groups on a variety of activities and worked with patients individually, which was tailored around need.
- Multidisciplinary staffing teams at both community hospitals were meeting patient need, many of whom were in vulnerable circumstances.
- There was a service wide admissions criteria and the assessment process was reasonably proficient in identifying inappropriate referrals. The services worked towards discharge from day one.
- There were a low number of formal complaints. The service promoted swift resolution of any issues brought to them by patients and relatives.

However:

- Psychology support was limited. However, a business case had been approved for two full time clinical psychology posts to cover both community hospital sites.
- The average length of stay on Robertson ward was stated as six to eight weeks, but many were going beyond this due to unmet social needs such as appropriate housing options.

Is the service well-led?

Good  

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

- At the last inspection the trust, community leadership team and inpatient hospitals all worked in isolation. At this inspection community hospitals were working as one team, with unified protocols and a shared culture.
- At the last inspection there was no single clear process of management and clinical governance across the community hospitals. At this inspection there was one community hospital leadership group and the meetings structure was a shared one, across community hospital services.
- The leadership team had taken positive steps to ensure that staff felt included in the bigger trust picture and did not feel cut off, especially post trust merger.
- The service had wide ranging activity that covered the management of risk, issues and performance.

Community health inpatient services

- The local risk register for Willesden and Clayponds demonstrated that risks were being identified and acted on.
- Meetings were taking place within community inpatient settings to assure themselves of risk and quality monitoring.
- Audits were routinely occurring within community inpatient services.

However:

- A new trust medical director had reviewed medical cover and agreed that the current level of input would remain and the duty of care remained consultant led. However, there were gaps in supervision of junior grade doctors and out of hours support to the wards.
- Community hospital staff experienced poor, time consuming access to essential online information systems.
- The divisional performance reports did not provide a complete picture of how community hospitals were performing. It was therefore not clear how the board were assured on how community hospitals were performing.
- We identified a risk to individual patients posed by the physical environment, namely ligature points in patient bedrooms, which had not been identified by the service through their own risk processes.

Outstanding practice

- Relatives and patients all told us that staff were caring and compassionate. They gave us clear examples of how staff had made patient admissions a good experience which included for those who were more vulnerable or who had extra need. All of the staff we observed and spoke with were aware of the need to be caring and compassionate in their work and we witnessed staff working compassionately against the backdrop of staffing pressures.

Areas for improvement

We found areas for improvement in this service.

Action the trust **MUST** take to improve

Lack of psychiatric input on Robertson ward meant that assessment of deteriorating mental health conditions, advising on treatment and which medications worked best alongside neurological treatments were unmet patient need. The lack of security presence on the premises meant that the ward had been vulnerable when supporting agitated patients. Ward staff did what they were able to minimise risks, but without psychiatric input or security presence, they remained vulnerable to future incidents. The trust must ensure that mental health needs of its patients are met.

Action the trust **SHOULD** take to improve

The trust should review how it measures nursing staffing need so that it adequately reflects the needs of a rehabilitation service.

The trust should review its practice of reliance on a small number of bank staff and ensure that where healthcare assistants are filling nursing shifts, that this is properly risk assessed.

The trust should reviewed medical cover to account for gaps in supervision of junior grade doctors and out of hours support to the community hospitals.

The trust should adequately ensure that risks posed by lack of security presence at Willesden are minimised/ lack of security presence at Willesden is resolved to keep patients safe.

The trust should ensure the supervision for lower grade doctors.

Community health inpatient services

The trust should consider increasing the skill mix of nurses at the Willesden Community Rehabilitation Hospital in order to support patients when there was no medical cover on the wards, where there were no nurses trained as advanced nurse practitioners or trained to carry out physical assessments.

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Maternity and midwifery services

Regulation

Section 29A HSCA Warning notice: quality of health care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Section 29A HSCA Warning notice: quality of health care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Section 29A HSCA Warning notice: quality of health care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Section 29A HSCA Warning notice: quality of health care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Section 31 HSCA Urgent procedure for suspension, variation etc.

Our inspection team

Monisha Parmar CQC inspector led, organised and managed both inspections at the trust.

Nicola Wise, Head of North London 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.

An executive reviewer, David Rogers, supported our well-led inspection. Specialist advisers and experts also supported this inspection.

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

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. 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.