



Community Health Inpatient Services

Mile End Hospital

Care Quality Commission Report published January 2017

Date of Inspection: 24th May 2016

Presenter: Helen Callaghan, Associate Director of Nursing



Ratings

The site was not formally rated

This was an unannounced, risk based inspection following two reports following concerns regarding patient care

The focus of the visit was on essential elements of patient care and safety

As this was not a comprehensive inspection there was not a pre inspection data request and as such the CQC state they did not have sufficient evidence to rate the five domains



The inspection

Unannounced on the 24th of May 2016

The team comprised of two CQC specialist advisers 'one expert by experience', one CQC inspection manager and one CQC hospital inspector

Inspected the 2 inpatient wards, Gerry Bennett and Jubilee



What people who use the provider say

'they look after me well. All nice, all talk to you'

'food is okay'

'its always clean. If you want something they get it for you. They do a lot for you'

'so far I've been treated well, with dignity and confidence'

'Physiotherapy is very nice. Staff have time to talk'

'I'm looked after very well, they treat me with respect'

'the food is okay and I can sleep well'



Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

The provider should ensure that patients' dignity is maintained with the clothing they wear.

The provider should ensure that wheelchairs have footplates.

Staff should always treat and speak to people with due dignity and respect.



Safe

The CQC found

Summary

Essential elements to keeping the service safe were being routinely collected and regularly monitored in areas such as infection, falls and pressure ulcers. Case notes regularly updated patient progress. Patient assessments to monitor specific areas of risk such as nutrition and hydration, continence and falls were being completed although subsequent action plans were not always being documented.

Gerry Bennett ward had experienced some performance issues that included recent blips in harm free care and a safeguarding concern. The trust had taken appropriate action on these that included seconding a matron to the service and acting on poor practice. This had impacted on staffing numbers for which the trust had also acted on by reducing the bed numbers on Gerry Bennett in order to continue safe staffing levels.

Staff acuity and dependency was measured and monitored on a daily basis through e-rostering, using the NICE endorsed Safer Nursing Care Tool. Acuity and dependency was coded for each bed number on each ward along with the number of escorts and discharges. This was submitted each month and pulled in to the e-roster.

The senior sister we spoke with told us that when she had raised safety concerns around staff and patient care she had been listened to and had not encountered resistance around agency/bank booking of staff.



Effective

The CQC found

Summary

People received timely pain relief and nutrition and hydration needs were being managed. Referrals were almost exclusively from the trust's local acute hospital and consultants worked across both sites for continuity of care. Consultant led multidisciplinary team meetings took place weekly on each ward.

Admission was for more complex rehabilitation and therapy teams worked with patients and their families towards more independent living. Community teams became involved in patient care prior to discharge although the service was hoping to improve upon discharge processes and had taken on a discharge coordinator.

We were told that the consultants were gatekeepers to the beds. Referrals to the hospital were almost exclusively from the Royal London Hospital (RLH), one of the trust's acute hospitals, located nearby. Consultants knew the patients as they worked across both sites, and we were told that the service did not take patients whose condition was not stable. Admission was for more complex rehabilitation and the commissioned length of stay was 42 days. The service was currently averaging 45 days although this was due to be brought in line.



Caring

The CQC found

Summary

We observed staff and patients interacting in a positive way and staff offered practical assistance to those who needed it. Patients told us they were treated with dignity and respect. All of the seven the patients we spoke with were positive about the friendliness of staff and their readiness to offer help and support.

A lack of access to appropriate clothing had led to people wearing open backed hospital gowns when leaving the ward for groups. These were closed to differing degrees and which did not observe their dignity.

We also came across examples where staff had not treated people with due dignity and respect. We reported back our observations to senior staff. They elaborated on action that had been taken recently on Gerry Bennett ward and generally because they wanted to raise standards of kindness and compassion.

Friends and family results for April 2016 showed there were twelve responses which represented 85% of all discharges. The average score for the five questions was 4.81 with 100% likely to recommend and 0% likely to not recommend. The hospital was 42nd out of 175 trust services, which was an improvement from 89th six months ago.



Responsive

The CQC found

Summary

A falls prevention programme was being implemented at the time of our visit. The length of stay reflected the more complex rehabilitation that patients were in need of and patients were assessed and involved in a number of rehab groups.

An extra matron had been recently seconded from within the trust to work at the hospital following requests for a site based person to support staff competency and practice. She had been working on the implementation of a falls prevention programme which was due to be formally launched the week after our inspection visit. Band 6 nurses had completed training on falls prevention and other staff were due to follow. There was a half day workshop that took place monthly for all staff to attend over the course of time. It covered assessment, post fall planning, manual handling following a fall and treating injury. Bedside competency assessment of staff and practice support was also planned as was audit. A pilot audit took place the week prior to our visit and were planned to continue on a weekly basis. Audits were to check on the timeliness of assessments and if patients found to be at risk had a care plan, whether a bed rail assessment had been completed, whether patient information had been sufficiently handed over and whether reassessment had taken place.



Well-led

The CQC found

Summary

There was a governance structure in place that enabled the hospital to monitor the quality of the service it provided. There was a clear leadership structure and the visibility of local leadership had recently been increased to meet the needs of the service.

There was some uncertainty among staff over planned future change to the service that had affected morale and placed recruitment on hold.



Since the inspection

- Reduction in length of stay and community rehabilitation activity has meant we have been able to close Gerry Bennett ward. This has enabled the movement of staff onto the other older adults ward on site and on the acute site.
- Recruitment to Jubilee ward has continued and recruitment turnaround times reduced as part of the wider activity on the Royal London Site
- At the time of the inspection the team were working with patients and carers to ensure they had their own clothes. This is being further enhanced to encourage patients to get dressed during the day
- Staff development activity undertaken including rotation of staff across sites and specific individual improvement programmes where appropriate
- Changes in leadership
- Confirmation of the next steps for the contract



Questions?

