

# Barts Health NHS Trust

# Mile End Hospital

## Quality report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Overall summary

Mile End Hospital is located within the London Borough of Tower Hamlets and provides a range of inpatient and outpatient services. These include mental health treatment, family planning, termination of pregnancy and rehabilitation services (illness and injury). Mile End Hospital is part of Barts Health NHS Trust.

CQC has inspected Mile End Hospital once since it became part of Barts Health on 1 April 2012. Our most recent inspection was in February 2013 when we visited the care of the elderly and rehabilitation service. We found that the trust was not meeting three of the 16 essential standards – under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the CQC (Registration) Regulations 2009. We issued three compliance actions and asked the trust to provide us with an action plan as to how they would become compliant. As part of this inspection, we were assessing whether the trust had addressed the shortfalls, as well as taking a broader look at the quality of care and treatment in a number of departments to see

if the hospital was safe, effective, caring, responsive to people's needs and well-led.

Our inspection team included CQC inspectors and analysts, doctors, nurses and patient 'experts by experience'. We spent one day visiting the Mile End Hospital. We spoke with patients and their relatives, carers and friends and staff. We observed care and inspected the hospital environment and equipment. Prior to the inspection we also spoke with local bodies, such as clinical commissioning groups, local councils and Healthwatch.

We found Mile End Hospital was providing services to older people that were safe and effective. Patients told us they felt safe and were treated with dignity and respect. There were sufficient staff with the appropriate skills to meet people's needs. We saw people's care needs were assessed and they received support to eat and drink. The wards were well-led and patient safety and quality monitoring and management were used to improve services to patients using the service.

# Summary of findings

## The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that staff promoted a culture of safety. Patients were protected from the risk of infection and the hospital was clean. There were sufficient staff available to meet patients' needs in a timely manner. There was a focus on patient safety and we saw staff assess, identify and take action to mitigate risks.

### **Are services effective?**

Professional guidance had been followed in setting staffing levels on the wards and staff had the necessary skills and training to provide care to older patients. Safety and quality audits were carried out to demonstrate that the service was operating effectively.

### **Are services caring?**

Patients and relatives all commented on the kindness of staff. We observed staff to be polite, caring and professional in their interactions with patients. They treated patients with respect and dignity.

### **Are services responsive to people's needs?**

Patients told us staff responded to their needs in a timely manner. There were support services in place to prepare patients for discharge and we saw there was a multidisciplinary team approach to ensure patients were discharged safely and effectively.

### **Are services well-led?**

The care of the elderly and rehabilitation services were well-led. There was a focus on making sure patients received good quality, safe services.

# Summary of findings

## What we found about each of the main services in the hospital

### **Medical care (including older people's care)**

We inspected medical care (including older people's care) at Mile End Hospital. Patient care was safe and effective. Staff were caring and responded to patients' needs. There were systems in place to monitor the safety and quality of the service. We found the service was well-led.

## What people who use the hospital say

Patients told us they were happy with their care and treatment. They said staff were kind and responsive to their needs. Comments included: "The staff are

kind to me" and "I have been here four weeks – there are enough staff to look after me".

# Hospital name

## Detailed findings

**Services we looked at:** Medical care (including older people's care)

### Our inspection team

**Our inspection team for Barts Health NHS Trust was led by:**

**Chair:** Dr Andy Mitchell, Medical Director (London Region) NHS England

**Team Leader:** Michele Golden, Compliance Manager, Care Quality Commission

**Our inspection team at Mile End Hospital was led by:**

**Team Leader:** Sue Walker, Compliance Inspector, Care Quality Commission

Our inspection team included CQC inspectors, doctors, nurses, student nurses and patient 'experts by experience'.

### Why we carried out this inspection

We chose to inspect Barts Health NHS Trust as one of the CQC's Chief Inspector of Hospitals' new in-depth inspections. We are testing our new approach to inspections at 18 NHS trusts. We are keen to visit a range of different types of hospital, from those considered to be high risk to those where the risk of poor care is likely to be lower. After analysing the information we held about Barts Health NHS Trust, using our 'intelligent monitoring' system – which looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations – we considered them to be 'high risk'.

# Detailed findings

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

The inspection team inspected the following core services at this hospital:

- Medical care (including older people's care)

Before visiting, we looked information we held about the trust and also asked other organisations to share

what they knew about it. The information was used to guide the work of the inspection team during the announced inspection on 7 November 2013.

During the announced inspection we:

- Held a drop-in session for staff.
- Looked at medical records.
- Observed how staff cared for people.
- Spoke with patients, family members and carers.
- Spoke with staff.
- Reviewed information provided by and requested from the trust.

The team would like to thank everyone who spoke with us and attended the drop-in session. We found everyone to be open and balanced when sharing their experiences and perceptions of the quality of care and treatment at the hospital.

# Are services safe?

## Summary of findings

We found that staff promoted a culture of safety. Patients were protected from the risk of infection and the hospital was clean. There were sufficient staff available to meet patients' needs in a timely manner. There was a focus on patient safety and we saw staff assess, identify and take action to mitigate risks.

## Our findings

### **Patient safety**

Patients told us they felt safe and staff responded to their needs with minimal delays.

### **Staffing**

Staff told us they could provide safer, more personal care to patients since their numbers had been increased.

### **Managing risks**

The service managed patient safety risks. Staff took appropriate action to mitigate and manage identified risks.

### **Cleanliness and hospital infections**

Patients were protected from the risks of infection. The medical wards were clean. Patients and visitors were provided with information on how to prevent infections and there was hand hygiene gel in all ward areas for patients, staff and visitors to use.

### **Safeguarding patients**

Staff had knowledge and understanding of how to protect patients from abuse and restrictive practices.

### **Medical equipment**

Equipment was serviced and maintained to ensure it was safe for use. Patients were provided with specialist equipment when required.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Professional guidance had been followed in setting staffing levels on the wards and staff had the necessary skills and training to provide care to older patients. Safety and quality audits were carried out to demonstrate the service was operating effectively.

## Our findings

### **Clinical management and guidelines**

Staffing and skill mix followed professional guidance and best practice. There was a programme of audits carried out regularly to monitor the quality and safety of patient care.

### **Staff levels and skills**

There were sufficient numbers of staff with the appropriate knowledge and skills available to care for patients. Staff had completed their mandatory training and the trust had invested in providing staff with a development programme specific to caring for older people.

# Are services caring?

## Summary of findings

Patients and relatives all commented on the kindness of staff. We observed staff to be polite, caring and professional in their interactions with patients. They treated patients with respect and dignity.

## Our findings

### **Patient feedback**

Patients and relatives we spoke with all commented on the kindness of staff. One patient told us, "The staff are kind to me". Another said, "I have been here four weeks – there are enough staff to look after me".

### **Patient treatment**

Staff were observed to treat patients with dignity and respect. Personal care and support was provided in private and in a discrete and dignified manner. Care records showed patients were involved in planning their care and were able to discuss their preferences on admission.

### **Food and drink**

Patients were given a choice of suitable food and drink to meet their nutritional, religious and cultural needs. We observed staff assisted patients to eat and drink and staff placed food and drink within patients' reach.

# Are services responsive to people's needs? (for example, to feedback)

## Summary of findings

Patients told us staff responded to their needs in a timely manner. There were support services in place to prepare patients for discharge and we saw there was a multidisciplinary team approach to ensure patients were discharged safely and effectively.

## Our findings

### **Patient feedback**

Patients told us they felt well cared for and that staff responded to their needs and requests in a timely manner.

Information on the NHS Choices website had a number of positive and negative comments about the services provided. However, only one related to the care of the elderly and rehabilitation service and noted the good feedback provided about the physiotherapy service for joint replacement operations.

### **Accessible information**

Information for patients was readily available. Patients and staff reported there was good access to translation and advocacy services or those patients whose first language was not English.

### **Discharge of patients**

Patients were discharged appropriately. We saw discharges were planned by the multidisciplinary team with family involvement. There was a discharge coordinator post to ensure complex patient discharges were appropriately managed.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Summary of findings

The care of the elderly and rehabilitation services were well-led. There was a focus on making sure patients received good quality, safe services.

## Our findings

### **Leadership**

The wards at Mile End were well-led. There had been a review of staffing and key appointments to the ward manager positions had been made. Staff told us they worked as a team and were supported by senior managers and colleagues.

### **Managing quality and performance**

Safety and quality of care was monitored and action was taken to respond to concerns. Staff were aware of their responsibilities to report incidents and they received feedback on issues and learning in regular ward meetings. We saw staff were engaged in the assessment of risks and monitoring processes and participated in regular safety audits.

# Medical care (including older people's care)

## Information about the service

We inspected medical care (including older people's care) for this trust at Mile End Hospital. We visited two wards where we spoke with eight patients and 12 members of staff. We checked that actions had been taken to ensure the hospital was now compliant after concerns had been identified around staffing, meeting patients' nutritional needs and records, at a previous inspection in February 2013.

## Summary of findings

Patient care was safe and effective. Staff were caring and responded to patients' needs. There were systems in place to monitor the safety and quality of the service. We found the service was well-led.

### Are medical care services safe?

#### Staffing

There were adequate numbers of appropriately skilled staff on duty to meet the needs of patients. One ward at Mile End Hospital had recently closed and staff had been transferred to the remaining two wards. This meant there was the correct ratio of qualified staff and healthcare support staff on duty on each of the wards. Staff told us that, since the staffing levels had been increased, they had much more time to spend with patients and could respond more quickly to their needs. This was confirmed by the patients we spoke with.

#### Managing risks

We saw that risks to patients had been identified. The care records showed that assessments had been completed to identify a range of risks. We saw that, where risks had been identified, measures had been put in place to reduce them. For example, where people had been assessed as at high risk of falling and from developing pressure ulcers, care plans had been put in place.

We saw in patients' care records if they had been assessed as at risk of malnutrition. We observed staff completed food and fluid charts so they could make sure patients were getting enough to eat and drink. We saw that

people's weights were regularly monitored if they were at risk of malnutrition, and staff could seek advice or refer concerns to the doctor or dietitian.

#### Safeguarding procedures

Staff had a good understanding of how to protect patients from abuse and restrictive practices. Staff understood the types of abuse and knew how to report any safeguarding concerns. Staff said they were confident that concerns would be appropriately dealt with to ensure patients were protected.

#### Medical equipment

We saw medical equipment was well maintained and had been regularly checked and serviced to ensure that it continued to be safe to use. Patients had been provided with the specialised equipment they needed. An example included the provision of air flow mattresses to reduce the risk of skin damage.

#### Hospital infections

Patients were protected from the risk of infection. Medical wards were clean and safe. Patients and visitors were provided with information on how to prevent infections and there was hand hygiene gel in all ward areas for patients, staff and visitors to use.

### Are medical care services effective?

#### Clinical management and guidelines

Nursing staff on each of the wards had recently been reorganised into two teams, and every patient had a named nurse and healthcare assistant responsible for their care. This meant there was more effective communication when relatives and other healthcare professionals needed information about a patient.

We saw there was a range of audits completed on a regular basis to check the quality of care being given. For example, we saw the results of records, cleanliness and infection control, safeguarding and hand hygiene audits. This meant there were systems in place to monitor the quality of care being given.

#### Staff skills

Staff had appropriate skills and training to provide care to patients and their competency was regularly monitored. On each of the wards we visited, staff were professional

# Medical care (including older people's care)

and competent in their interactions with patients. We saw that all staff had completed their mandatory training. We were told all staff from the wards had attended a week-long 'older people's service development training' and we saw an action plan had been developed from the training programme for each ward.

## Are medical care services caring?

### Patient feedback

All the patients and visitors we talked to commented on the kindness of all staff involved in their care. Comments included: "The staff are kind to me" and "I have been here four weeks – there are enough staff to look after me".

### Patient treatment

Staff treated patients with dignity and respect. We saw in their interactions with patients, staff were kind, professional and patient. Staff assisted patients in a discreet and dignified manner. Patients told us they were treated with respect and were never made to feel uncomfortable or embarrassed when assisted with personal care.

Care records contained evidence that patients had been involved in planning their care. Patients told us they had been able to discuss their care and preferences when they were admitted to the ward.

### Food and drink

Patients had adequate nutrition and hydration. Patients were supported to eat meals. We observed lunch times on two wards where care was provided to older patients and patients with dementia. Patients could choose their meals from a menu and special requests could be catered for – for example, halal food was available if required. We saw there were regular drinks rounds, and patients confirmed they had enough to drink. We saw staff put refreshments within patients' reach.

## Are medical care services responsive to people's needs?

### Patient feedback

Patients told us they felt well cared for and that staff responded to their needs and requests in a timely manner. For example, patients told us that when they rang their call bells they did not have to wait long before someone came to help them.

### Access to appropriate services

Patients were able to access appropriate services which had met their needs. For example, each ward had a full-time physiotherapist and occupational therapist who spent time with patients preparing them for discharge. The physiotherapist ran a falls group in the gym, which was used to encourage socialisation while increasing patients' strength and balance.

For patients whose first language was not English, there was an advocacy service which provided interpreters. Staff told us they could easily access this service but often members of staff were used, as frequently they were fluent in another language.

### Discharge arrangements

We looked at the discharge planning process. We were told the average length of stay on the wards was between six to eight weeks and discharges were planned at the weekly multidisciplinary team meeting. We were told that relatives were invited to the meetings so they could be fully involved and informed about the arrangements. Each patient had a predicted date of discharge and the wards had a discharge coordinator to manage the process.

# Medical care (including older people's care)

## Are medical care services well-led?

### **Leadership**

A number of staff said they thought the leadership of their ward was improving since there had been permanent appointments made to the senior and junior sister's role on the ward they worked on.

Staff on the wards showed a high level of enthusiasm for their work and the service was clearly developed around the needs of the elderly. Staff worked together as a team and told us the ward sisters were very supportive. Staff confirmed they were up to date with mandatory training and they had completed their annual appraisals.

### **Managing quality and performance**

Safety and quality of care was monitored and action taken to respond to concerns. This included reporting on performance indicators via patient safety metrics which included incidents, falls, pressure ulcers and infection control. The information was displayed in the wards by a simple safety cross system which indicated if there had been any falls or if the ward was fully staffed.

Staff were aware of how to report any incidents on the trust information system and told us any complaints were discussed at monthly staff meetings.