Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Homerton University Hospital

Trust Offices, Homerton Row, Hackney, London, E9 6SR

Tel: 02085105555

Date of Inspections: 10 January 2014
04 December 2013
03 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Homerton University Hospital NHS Foundation Trust
Overview of the service	Homerton University Hospital provides in-patient and out-patient care including accident and emergency, maternity, neo-natal and fertility services. The trust also provides NHS community services for people living in Hackney and the City of London.
Type of services	Acute services with overnight beds Community healthcare service Care home service with nursing Long term conditions services Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2013, 4 December 2013 and 10 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by local groups of people in the community or voluntary sector. We were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

This inspection took place over three days and focused on community health services for young people, adults and children living in Hackney and adjoining neighbourhoods in the City of London. The inspection team visited two health centres, a pulmonary rehabilitation group and CHYPS (City and Hackney Young People's Service Plus), which was a one stop shop for health information, health services and free advice for young people aged 11-19 years old. We spoke with a wide range of community based health professionals including midwives, therapists, community nurses and health visitors.

We met with people who use the service and their representatives throughout the inspection. We spoke with 41 people and 19 people completed our comment cards, which were available at the health centre and clinic on the days we visited these services. Most people told us they were pleased with the quality of the service. Comments from people using the service included, "the leg ulcer clinic is very good. They look after me and I'm very very happy with the service", "the health visitors always answer questions, they do listen to you and respond. The information has been good" and "I am treated with respect and they listen to me, but sometimes I can wait half an hour to an hour to be seen."

We found that people who use the services we inspected were treated in a respectful manner. They were provided with information about their care and treatment, and were supported to make choices. People told us they received individualised care and they felt safe with staff. Most people using the service told us that staffing levels were satisfactory, although three people said their district nurses were sometimes late. Records showed that staff had regular training. The trust had appropriate systems in place for monitoring the

quality of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service and their representatives told us they were treated in a respectful way. One person visiting a baby clinic told us, "I'm quite happy with the support. I've had all the information I wanted" and comments from young people using CHYPS Plus included, "they tell you it's confidential and they are trustable" and "it's very friendly and they've explained it's confidential."

People who use the service understood the care and treatment choices available to them. People told us that staff provided clear explanations about their treatment and care. A second person visiting a baby clinic told us, "the health visitor was professional and warm. She listened to my concerns and advised me what to do" and another person said, "the care that we have in this health centre is really good. All our questions are fully answered and we are happy to come here."

During our inspection we saw that staff respected people's privacy and dignity, for example, doors were shut when people were being seen and staff were aware of the need to speak as quietly as possible, so that conversations would not be overheard by other people visiting the premises. The receptionists we spoke with at two different locations told us they would offer to speak with a person in a private room if they appeared distressed or needed to discuss matters of a sensitive nature.

We looked at four care plans for people using the district nursing service, which were individualised and showed that people and their representatives if applicable, were consulted about their wishes. People using the district nursing service were provided with information in folders they kept at home. This included information about how the service worked, how district nurses liaised with other health and social care professionals, and information about how to make a complaint. The trust provided leaflets and other documents to inform people about their rights and in some cases, their care and treatment. We were provided with a range of leaflets when we visited a community programme for people with chronic obstructive pulmonary disease (COPD), which people using the

service described as "very useful and informative". All of the locations we visited during this inspection provided information about how to make a complaint and how to get support from the Patient Advice and Liaison Service (PALS) complaints service. The complaints guidance was written in several local community languages and there was also a pictorial complaints guide for people with a learning disability.

The premises we visited were accessible for people using wheelchairs and we saw that reception staff offered people support, for example, if a person had a physical or sensory disability. One person with young children told us the play area at one of the clinics made appointments a more welcoming experience.The staff we spoke with consistently told us they served a diverse group of patients and they showed awareness of particular local needs. Staff were able to book health advocates for people who did not speak English if they were aware of people's needs in advance or otherwise they could contact a telephone interpreting service. We were told that the use of family members as interpreters was avoided where possible, to ensure people using the service maintained their right to confidentiality.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection we visited several different clinics, which included a leg ulcer clinic, a baby clinic and a drop-in clinic for young people. The people we spoke with told us they were happy with the quality of their care and treatment, and many people described the staff as "friendly" and "helpful". Comments from people using the service included, "the way I was treated was 100% professional, it was fantastic. They [staff] are all top class" and "it's been great. My baby was premature, they [staff] helped me to breastfeed and checked how I'm coping. I got all the support and the service has been very good." One person told us that all aspects of the service were good apart from the length of time waiting to be seen.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We observed the handover process at one district nursing team, at which the nurses handed over their case load at the end of their shift. Each nurse gave a detailed presentation about their patients including their health problem(s) and the agreed treatment plan. They described the interventions and progress of treatment and discussed medicines management, the impact of existing health and social care issues and whether referrals to other services and professionals were required.
We observed a good exchange of information and discussion of potential issues that could or was affecting the success of the treatment.

We found that good communication was taking place between GPs and members of the district nursing team as well as joint working with other professionals, for example, tissue viability nurses. Staff also demonstrated an awareness of patients' lifestyle choices and how they affected their current health problems. They discussed how they provided people with information and supported them to engage with services that could help address issues, such as problems with alcohol and help to stop smoking.

The four care plans we looked at were detailed and specific, and described step by step instructions on interventions required. In addition to this there was best practice guidance available for staff to refer to, for example, symptoms and treatments for diabetes. The progress notes were of good quality. The provider might find it helpful to note that some staff told us there were occasions when important information was missing from the

referral forms they received from the Homerton University Hospital and other hospitals. This meant the service they had to spend time seeking the required information before they could follow-up the referral.

We were told that there had been several incidents relating to grade 3 and 4 pressure sores. Senior nurses had developed a pressure ulcer scrutiny group, which had conducted one meeting at the time of this inspection. We saw the minutes of the meeting, which showed the service was taking actions to improve upon people's clinical care.

The clinic that we visited were clean, tidy and well maintained. Most of the people we spoke with commented upon the hygienic environment. One person described the staff as being "very conscious of hygiene." As part of this inspection we visited a group for people with respiratory problems, held by nurses and physiotherapists at a local leisure centre. Staff told us that these premises were chosen as they were accessible to people using wheelchairs and the environment supported people to feel part of the wider healthy lifestyle initiatives within Hackney.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service told us they felt safe with staff. One person using the service told us, "I feel safe here as I have always had the same midwife, which means I can connect with them." People with young children told us how important it was for them to feel their children were appropriately protected when they used the service. None of them had ever experienced any concerns about the conduct of staff.

The trust had policies and procedures for safeguarding vulnerable adults and children, as well as a whistle blowing policy for staff. We were provided with copies of these policies and procedures, which were up-to-date and with appropriate details for contacting other organisations. The policies and procedures for safeguarding vulnerable adults and children contained the contact details for the local social services safeguarding teams and the whistle blowing policy advised staff of a number of external organisations they could contact, to either report a concern or seek advice before deciding upon their course of action. The trust had a central safeguarding team and the staff we spoke with were aware of it and knew how to contact the safeguarding lead.

The staff we spoke with demonstrated a good understanding of safeguarding issues and knew how to respond. We asked some members of staff how they would respond to safeguarding scenarios and they provided safe and appropriate answers. All but one of the staff members we spoke with were familiar with the provider's whistle blowing policy. The health visitors told us that a common issue of concern was the mobility of families. They described how a child might be brought in once and not come in again. Staff were very clear about their responsibilities and said they had a policy and procedure in place to track children in this position. Health visitors told us that the trust's electronic records system allowed them to see records of children's previous contacts with other parts of the trust, which also helped in relation to their safeguarding responsibilities.

The trust's training records showed that staff had attended safeguarding training, as well as training about mental capacity, consent to care and deprivation of liberty. Staff told us that senior staff spoke with them about safeguarding as part of their regular individual and group supervision meetings.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People using the service told us they thought staff were skilled and competent, and most people said there were sufficient numbers of staff. A few people told us they were not always seen at their appointment time and had to wait half an hour or longer and another person said they thought the clinic they attended regularly needed more reception staff. During this inspection we saw that there were sufficient staff to provide people with the care and treatment they needed, although a few people told us there appeared to be more staff on duty than usual.

The staff we spoke with told us they thought there were enough staff employed in their teams to provide a safe and effective service. The trust provided us with staffing rotas for a range of community services and information about how they calculated these staffing levels.

For example, we were told that the community midwifery service covered six geographic areas across City and Hackney and that resources were allocated in relation to birth rates in each of the geographic areas. There were six public health midwives across the geographic areas, one per area, working alongside between three and five band 6 midwives and a maternity support worker. We were told that in 2010 the provider undertook a table-top exercise using the Birthrate Plus tool to analyse and adjust staffing levels and skill mix for its maternity services based on local population need. The service calculated numbers for the community setting based on a midwife carrying a caseload of 96 women for antenatal and postnatal care. This meant the service had appropriate systems in place for calculating staffing levels.

Health visitors told us their work could often be challenging and rewarding. We spoke with senior nurses for the health visiting service who told us there had been a 26% increase in the nursing establishment. There were six health visiting teams, each with eight health visitors, one community staff nurse, three nursery nurses and three support workers. This meant health visitors could focus upon children and families with more complex, when necessary.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People using the service told us they thought staff were appropriately trained and experienced for their roles and responsibilities.

All the staff we spoke with were positive about the training and support they received from their managers and the trust. They told us they liked the visibility and openness of the executive team. One member of staff told us, "managers are very easy to talk with. We have meetings and if we have any concerns, we are able to discuss them. There are a lot of meetings with other professionals such as the specialist nurses and breastfeeding co-ordinators, which provides very relevant and interesting updates and training." Another member of staff told us, "I had very good support for professional development. I have done a masters degree and I am now studying for a doctorate, supported by the trust." Two support workers told us they received good support from the health visitors in their team and they felt well trained for their roles.

Staff told us they received regular training, supervision and an annual appraisal. One member of staff told us, "I had four weeks of induction and we have weekly team meetings. My supervision is every other month." Records showed that the trust closely monitored staff attendance at training, supervision meetings and appraisals, and the reasons for any non-attendance was recorded. The training records showed that staff attended mandatory training which included infection control, fire safety, conflict resolution, patient handling and basic life support.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Some people using the services for children and adults told us they had been asked for their views about the service. We were also told about the user involvement forum called 'Voices' for young people attending CHYPS. We were shown examples of the work that Voices had carried out, which included giving feedback about the design of the premises.

We were told by a senior nurse for adult community services that they spent time every week with each district nursing team, which included attending handover meetings and going out with district nurses to meet patients. Senior nurses from the health visiting service told us that there were monthly governance meetings.

We saw that the trust carried out a wide range of audits to continuously monitor and assess the service to enable patients to receive good quality, safe and individualised care. We were shown the audits carried out on four patient records for people using the district nursing service and other audits, for example, the cleanliness, safety and maintenance of sites in the community which included the health centre and clinic we visited during this inspection.

We looked at audits carried out for the health visiting service and CHYPS. These audits included evidence showing that people were pleased with the service. Areas for improvement had been identified and actions implemented as a result.There was evidence that learning from incidents/investigations took place. We were shown an analysis of accidents and incidents, which identified how to prevent or minimise future occurrences.

The trust published the minutes of its monthly Board of Directors and Council of Govenors meetings on its website and members of the public had been invited to attend both these meetings. This meant that the public had access to information about the performance and quality of the service, including community health services.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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