

West London NHS Trust

Community health services for adults

Inspection report

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Ratings

Overall rating for this service

Not inspected

Are services safe?

Requires Improvement ●

Our findings

Community health services for adults

Not inspected

This was a focused announced inspection of the trust's district nursing services in the London Borough of Ealing.

During this inspection we looked at the safe domain only. We did not inspect the other domains or collect evidence to rate these areas. The rating for safe is requires improvement. The effective, caring, responsive and well-led domains are not rated.

The service does not have an overall rating.

The service consists of 4 teams covering the Ealing, Acton, Southall and Greenford localities. During this inspection we visited the Southall and Greenford district nursing teams.

We carried out an inspection of this service because we knew of the pressures that all district nursing teams in London are under. This is due to the need to treat people at home whenever possible combined with district nursing staff shortages. We also received concerns about management of pressure ulcers in the district nursing team. We did not inspect all areas of all key questions and the core service was not given an overall rating. This was the first inspection of this service.

West London District Nursing service is part of Ealing Community Partners. This is a group of NHS, local authority and voluntary organisations working together to deliver community health and care services for people in Ealing.

We rated Safe as Requires improvement because:

- Not all staff completed monthly pressure ulcer risk assessments for patients with pressure ulcers or a malnutrition universal assessment screening tool (MUST) for patients at risk of malnourishment.
- Staff did not use a standardised tool to assess patients who were at risk of physical deterioration, such as the National Early Warning Score tool (NEWS2) tool.
- Although staff completed detailed assessments and care plans for patients, records we looked at were not consistently updated after each patient visit.
- Although actions from environmental audits were carried out in a timely way, this was not reflected in the recording of updated action plan documents

However:

- The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. Staff told us that staffing had improved within the last 2 years.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff assessed and managed risk and followed good practice with respect to safeguarding.

Our findings

- Staff completed standardised risk assessments for all new patients. Staff considered patients' needs holistically in daily handover meetings. We saw evidence of good interagency work, for example liaison with GPs, tissue viability nurses and the palliative care team.
- Managers investigated incidents and shared lessons learned with the whole team. The service used systems and processes to safely administer, record and store medicines.
- Managers assessed staff competency to care and treat patients. The service had an experienced nurse practitioner to support staff with induction, sign off on competencies, identify training gaps and liaise within the training department about staff training needs.
- Infection prevention and control measures protected people and minimised the risk of infection. Staff could obtain specialist equipment for patients when they needed to.
- The service had developed a wound care application in partnership with an external provider. Staff were able to use an application on their mobile phones to scan a wound. The application was able to identify certain information about the wound, such as the type, width and depth of the wound. Staff were then able to upload the photo onto the patient's electronic records.

Is the service safe?

Requires Improvement



Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The service provided mandatory training in key skills, including the highest level of life support training for relevant staff, and made sure everyone completed it. Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff training included pressure ulcer management, compression bandaging, use of a Doppler ultrasound and catheter care. At the time of the inspection, mandatory training completion rates trust-wide for district nursing teams was 76%. Staff in the Southall team had completed 80% of their mandatory training and the Greenford team had completed 75% as of October 2022. Managers monitored mandatory training in the monthly senior management team meetings and reminded staff when they needed to update it. Managers looked at each nurse's competency and ability to care and treat a patient. For example, if they were trained in delivering catheter care and care for leg ulcers.

New staff joining the teams received an induction. Staff had a comprehensive standardised induction across the teams. The trust had an experienced practice development nurse to support staff with induction, sign off on competencies, identify training gaps and speak to the training department about staff training needs. Student nurses learnt about the role by shadowing experienced nurses.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Our findings

Staff had training on how to recognise and report abuse and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had received adult and child safeguarding training at an appropriate level for the service.

Staff told us that they could discuss safeguarding concerns with the safeguarding lead within the service. Safeguarding incidents were reviewed in the monthly senior management team meetings and discussed in the daily handover meetings. Staff were able to give us examples of where they had raised a safeguarding referral to the local authority to protect a vulnerable patient.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Cleanliness, infection control and hygiene

The trust controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.

We observed 3 home visits. Staff followed infection control principles, including the use of personal protective equipment and regular hand washing and delivered care with their arms bare below the elbows. Staff also had access to face masks to reduce the risk of transmission of COVID-19. Staff frequently changed their gloves and cleaned equipment after each patient contact.

The leg ulcer clinic room in Southall was visibly clean, there was appropriate equipment in place and appropriate infection control was maintained. The clinic room was cleaned daily, and staff cleaned the couch in between each patient use. Staff could access handwashing facilities and appropriate waste disposal bins were in place. Cupboards that stored medical supplies were clean, uncluttered and well organised.

Managers and staff carried out a programme of audits to check compliance with trust policies and improvement over time, such as a hand hygiene audit, records audit and environmental audit.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. When providing care in patients' homes staff took precautions and actions to protect themselves and patients. Staff managed clinical waste safely.

The service had suitable facilities to meet the needs of patients and their families. Staff carried out safety checks of specialist equipment. The service had enough specialist equipment to help staff to safely care for patients. Staff kept some stock in patients' homes to reduce the need to carry equipment to each visit, such as bandages. Each building we visited had an automated external defibrillator, with pads in place and checklists in place to monitor them. However, the Greenford site had additional defibrillator pads next to the defibrillator case, which had passed their expiry date and needed to be removed. The first aid kits at both sites had out-of-date bandages and the first aid kit at the Greenford clinic was visibly dusty. We highlighted this with managers who immediately removed the expired equipment.

Our findings

Staff could obtain specialist equipment for patients when they needed to, by ordering this through a third-party organisation. Staff we spoke with reported that equipment was usually delivered in 2-4 weeks depending on the type of equipment ordered. Dressings were delivered within 1-2 days. We looked at the equipment available for each team, all relevant items had been calibrated appropriately.

Staff in each site carried out fire drills once a year. There were trained fire wardens at each location.

Staff carried out an annual environmental audit for both sites, which identified a list of actions to improve the environment. We saw that recommended improvements had been made to the environment, such as ensuring that noticeboards were laminated but this was not reflected in the audit. Although actions had been carried out, the audit document had not been updated for the Southall site since June 2022 and the Greenford site since September 2022.

Staff ensured they followed the provider's lone working policy whilst working alone in the community. Staff we spoke with gave consistent responses when asked about the lone working procedures and the procedure was discussed in the daily planning meeting. Staff shared what visits they were going to complete each day in the daily planning meeting, managers attended this meeting and had access to staff diaries to locate their planned visits for each day.

Assessing and responding to patient risk

Staff completed risk assessments for each new patient to identify, remove or minimize risks. However, not all ongoing risk assessments were completed regularly enough or in line with the patient care plan or trust policy.

For patients who had a pressure ulcer, staff did not always update pressure ulcer risk assessments monthly in patient records, which they should have done. In 8 records we looked at, the pressure ulcer risk assessments were not updated within the last month.

Staff did not use a standardised tool to assess and escalate patients who were at risk of physical deterioration in the patient records we examined, such as the National Early Warning Score tool (NEWS2) tool. This was not in line with trust policy.

Staff completed a malnutrition universal screening tool (MUST) to assess the risk of the patient suffering from malnutrition or malnourishment. In 4 of the 13 records we reviewed, the MUST tool was not completed as frequently as the care plan advised. For example, one care plan specified that the MUST should be completed monthly to record any progress or deterioration, but the last MUST was recorded three months previously.

Where patients required wound care, staff were required to carry out a comprehensive wound assessment and detailed wound care plan. In 2 patient records we looked at where the patient had a wound, there were no wound care plans in place. Managers were aware that this was an area of improvement and had reminded staff to complete care plans in a recent team meeting. Staff had requested care plan refresher training.

Staff took photographs of patients' wounds and were expected to upload these weekly on to the patients' records. The service had developed a wound care application in partnership with an external provider. Staff were able to use an application on their mobile phones to scan a wound, the application was able to identify certain information about the wound, such as the type and width of the wound. Staff were helping to develop the application further by uploading different types of wounds. We observed staff asking patients for their consent each time they took a photo of their wound. However, we noted that staff had not consistently uploaded wound photographs on 2 patient records and 1 record had noted that a wound had improved but a photograph had not been uploaded to demonstrate this.

Our findings

We observed 2 handover meetings and noted that staff updated the team to all pertinent information from each patient visit, including risks and any deterioration or improvements to wounds and further actions required such as requesting a visit with a senior nurse for a second opinion. Staff explained that they assessed the holistic needs when visiting patients, such as assessing their environment, emotions, and checking to see if patients with diabetes who used insulin had enough food within their homes.

Staff informed us that they had joint multidisciplinary meetings twice a month which involved other professionals, such as GPs and dietitians. We saw evidence in patient records of good interagency work, such as working with GPs, the tissue viability nurses, the diabetic team and the palliative care team. Where staff identified additional needs, they referred patients on to other services. For example, we saw evidence that a patient was referred for dementia screen.

The tissue viability nurses provided a clinic two days a week from the Southall site, ambulant patients were seen there, and transport provided for patients that required this. The tissue viability team provided training to new staff in leg ulcer management, wound care, compression bandaging and Doppler assessments.

Staff informed us that visits to patients who were diabetic and needed support to administer insulin were allocated by senior staff and discussed in the morning daily planning meeting to ensure that they were not missed. Patients were given a phone number to contact in the event of a delayed visit by staff.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction. The Greenford district nursing team had an establishment of 16 staff and the Southall team had a total of 26 staff.

Staff told us that the staffing had significantly improved compared to the previous year, but this could improve further, such as having a clinical administrator to reduce the burden of administration on clinical staff.

Managers reviewed the working hours and shift pattern in consultation with staff and adjusted this accordingly to what they felt worked for them whilst ensuring that a safe service was delivered. Staff told us that managers supported flexible working where possible.

Managers accurately calculated and reviewed the number and grade of registered and non-registered nurses needed for each shift and adjusted their staffing accordingly.

Senior managers had worked with an external company to calculate the time taken for the nurses to complete each visit, including face to face patient contact, administrative hours and travelling hours. This helped managers determine the time each patient would require from each nurse and if they needed to acquire additional staff depending on the complexity of the current patient group.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers explained that they used regular bank and agency staff, most of whom had worked within the service before retiring or moving on to other commitments. All bank and agency staff had access to training and to the electronic patient record system.

Our findings

The vacancy rate for Southall district nurses was 19% and the vacancy rate for Greenford district nurses was 18%. The trust had an ongoing recruitment programme, which included recruiting international nurses to address the shortage of district nurses nationally. Non-registered nurses were supported to train as nurses through the trusts' nursing associate programme. Staff were expected to meet a set of competencies before they were able to carry out any practice safely, this included shadowing experienced nurses.

Staff received clinical and management supervision every 4 weeks in line with the trust target. The completion rate for the Southall team was 77% and the Greenford team was 100%. The appraisal completion rate was 95%.

All staff from the four teams attended a morning safety huddle, to discuss visits planned for the day and to discuss staffing and sickness and any patients that need to be covered that day. Any urgent visits were prioritised for that day, such as a blocked catheter. Staff worked together to cover any of the other teams which had a shortage of staff that day.

Managers ensured that any missed patient visits were recorded as an incident. The Southall team had 18 missed visits and the Greenford team had 3 missed visits between June 2022 and October 2022. Managers had introduced additional checks to daily allocated visits to reduce the incidents of missed visits. Missed visits in the Southall teams had reduced from 9 in June 2022 to 2 in October 2022.

Deferred visits were low for the district nursing teams. Staff escalated any deferred visits from the day to the rapid response hub to carry out the visit that same day and updated this on the electronic system for staff to review the next morning. The rapid response hub operated from 8.00pm- 8.00am and was covered by nurses from each district team on a duty rota system to meet patients' needs within that time.

Managers had introduced 'walkers', which were staff that preferred to walk, cycle or use public transport to visit patients. Managers ensured that staff were allocated visits in the same proximity to make best use of their time each day.

Records

Staff did not always keep detailed and updated records of patients' care and treatment.

Records were stored securely and easily available to all staff providing care including agency staff.

Although staff were meant to update the records the same day after visiting each patient, some staff told us that they do not always get the time to update patient records within that timeframe. This meant that there was a risk that records did not reflect the care given. Managers told us that if staff were having difficulty in recording their visits, this should be escalated to their line manager.

Staff confirmed that they had individual laptops that they could take on home visits. However, staff said it was often impractical to type on laptops within patient's homes and they would wait until they went back to the office or their homes to type up their notes. We saw that initial assessments were completed for each patient to assess the level of care each patient required, this included information about the patient's mental capacity.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Our findings

Staff followed systems and processes to work safely with medicines. Medicines were prescribed by patients' GPs and collected by their families or carers.

Staff updated medicine administration records with the medicine that had been collected. Records showed that staff completed medicines records accurately and kept them up-to-date.

Staff told us that they arranged all syringe driver appointments to be undertaken by experienced nursing staff who were proficient in administering a syringe driver. A syringe driver uses a syringe to help deliver medication to patients to manage symptoms such as pain, nausea, vomiting and seizures. In the event of absence of experienced staff, staff from the other district nursing teams covered visits to ensure that syringe driver visits were not deferred.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

Managers investigated incidents and shared lessons learned with the whole team in a local team review. Managers reviewed incidents in the monthly senior management team meetings, including any actions overdue and any trends or themes, such as the highest type of incident. There had been 223 incidents for the Greenford team and 281 incidents for the Southall team within the last 12 months, the highest incidents by type were pressure ulcers, most of which were identified on admission to the service. Managers reviewed all pressure ulcer incidents in the monthly senior management meetings, this included reviewing the grading and type and following up any outstanding actions specified within local treatment reviews. There had been no serious incidents in the past 12 months.

Staff were able to give us examples of learning from incidents, such as learning from a missed visit. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff were able to provide examples of when they would offer support and apologise, for example staff followed the duty of candour in apologising to a carer for an excessive delay in obtaining some equipment.

Our findings

Outstanding practice

We found the following outstanding practice:

- The service had developed a wound care application in partnership with an external provider. Staff were able to use an application on their mobile phones to scan a wound, the app was able to identify certain information about the wound, such as the type, width and depth of the wound. Staff were then able to upload the photo onto the patient's electronic records. Staff were helping to develop the app further by uploading different types of wounds.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust Must take to improve:

- The trust must ensure that staff use a standard tool to assess patients who were at risk of physical deterioration (Regulation 12(2)(a)).
- The trust must ensure that staff regularly complete and update documentation as required. Including pressure ulcer risk assessments, wound care plans and malnutrition universal screening tools (Regulation 12(2)(a)).

Action the trust Should take to improve:

- The trust should ensure that actions are updated and on the environmental audit.

Our inspection team

Our inspection Team

The team that inspected the service comprised a CQC lead inspector, 1 CQC inspector and one specialist nurse advisor with a background in district nursing.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment