Mary Seacole Ward
Enter & View Report

Queen Mary's Hospital
Roehampton Lane, London SW15 5PN

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Healthwatch Richmond

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Introduction

Queen Mary's Hospital is part of St George's University Hospitals NHS Trust, Tooting and the Mary Seacole Ward is a specialist ward for elderly rehabilitation. Patients are looked after by a multi-disciplinary team (MDT) of nurses, therapists and doctors who are experienced in caring for patients with rehabilitation needs.

The Healthwatch Richmond Committee Meeting on the 30th of March 2016 considered the information that had been received about care on the wards at Queen Mary's Hospital, Roehampton, including some concerns related to the Mary Seacole Ward. The information received over the preceding 6 months from patients, relatives and community sources expressed concern about the quality of care on the ward. This included personal care, rehabilitation therapy, provision of general activities, staffing levels and discharge procedures. There was also concern about the appropriateness of referrals to the ward and the staffing levels required to cope with the patients admitted to the ward. After an extensive review there was little current patient experience data available and on this basis the Chair and Chief Officer decided to undertake an Enter & View visit as soon as possible.

The Mary Seacole Ward is part of the Inpatient Elderly Rehabilitation Service (IERS), which is a multidisciplinary in-patient rehabilitation service which aims to focus on maximising the functional/physical ability of the patient. In addition, IERS aims to provide medical interventions in order to diagnose, treat and prevent health problems on an individual patient basis alongside the rehabilitation process. The patient undergoes a full and comprehensive medical and inter-professional assessment on admission which identifies the individual needs of that patient. The rehabilitation programme and treatment plan is then designed around that assessment. The rehabilitation programme and treatment plan are reviewed at regular intervals by the MDT.

The Mary Seacole Ward has 42 beds (36 beds in 6 x 6 bedded single sex bays with shared en-suite toilet, shower and washbasin. There is also a Day Room. The service takes referrals from all local acute trusts and via GPs for the acute admission avoidance pathway. For further details see Appendix 1.

The last CQC Inspection of St George's NHS Trust, which includes Queen Mary's Hospital, was undertaken 2 years ago in 2014 and the next inspection is due in June 2016.

Overall the 2014 CQC Inspection found that the services at the Queen Mary's Hospital site met the needs of most of the patients attending. The atmosphere was warm and friendly and staff appeared to enjoy working in this hospital. Services were deemed well-led, safe, effective, responsive and caring. However, the CQC established that there was a poor general understanding and implementation of the principles of the Mental Capacity Act 2005 across some services at the hospital. They found that staff had access to training and support and that the service had systems to learn from incidents, accidents and complaints at a local level. For further details see Appendix 2.

Aim of project

The aim of the project was to gain a better understanding of the current patient experiences on the Mary Seacole Ward at Queen Mary's Hospital, Roehampton and explore the issues and concerns that had been raised with Healthwatch Richmond from a number of sources.

The findings of the visit will be used to report back on the quality of care and make recommendations on the appropriateness of the care being offered on the ward.

What we did

To understand the existing data on the services offered by the Mary Seacole Ward we reviewed the complaints, concerns and comments received over the last year. For further details see Appendix 3. We contacted Healthwatch Wandsworth and the Richmond Clinical Commissioning Group (CCG) for information on any reports that they might have received on the Mary Seacole Ward and we reviewed previous CQC Inspection reports. From this information we found that there was little current patient experience data and therefore we focused the visit on obtaining patients' views and experiences.

The questionnaires for the visit were developed from those used for previous hospital ward visits, in particular the Compassionate Care Audits at the West Middlesex Hospital in 2010/11 and 2014. Two questionnaires were structured: an Observational Audit to be completed by the Healthwatch Volunteers and a Qualitative Interview Audit for the Volunteers to undertake with the patients.

Methods

Healthwatch Richmond selected a team of six volunteers, four of whom had background experience in hospital and/or rehabilitation care. One of the volunteers was from Healthwatch Wandsworth. The team met for a planning meeting to review the background information we had to date, develop the questionnaires and plan the structure of the visit. We agreed to work in 3 teams of 2, a team per 2 ward bays, to be able to talk to as many patients as possible. There were 6 beds in each bay.

Healthwatch Richmond contacted senior nursing staff at St George's University Hospitals NHS Trust to inform them of our intention to undertake an Enter & View Visit and confirm the Senior Nursing Manager who would be our point of contact for the arrangements. The Enter & View Visit took place on the 20th of April, 2016, five working days after the planning meeting.

On the day of the visit we were welcomed by the Senior Nurse Manager and a range of staff from the rehabilitation service on the Mary Seacole and Gwynne Holford Wards (a Neuro Rehabilitation Ward). We introduced ourselves and outlined the concerns that had been raised with Healthwatch Richmond about care on the Mary Seacole Ward. The Senior Nurse Manager described the structure of the ward management and the service they offered patients and informed us of the changes that had taken place over the last 12-18 months to improve the running of the ward, patient satisfaction and staff recruitment and retention. This included re-structuring the management of the ward with clearer accountability by splitting the ward into two with a sister in charge of each section. They

informed us that they have reduced the high vacancy rates and the use of agency staff they had from 50% to 10% over the last year through improved recruitment procedures and better supporting of new staff. A Practice Educator is currently being recruited to work with and support new staff with the ward sisters. They have also been developing a more collaborative approach with the physiotherapists, occupational therapists and nurses working alongside each other with rehabilitation assistants, more of whom are being recruited.

The Nurse Manager did raise the possibility that some of the complaints might be related to the Gwynne Holford Ward and not the Mary Seacole Ward as this ward still has some recruitment problems. We were invited to visit this ward on a future occasion.

The Healthwatch Team were then given a tour of the ward and the gym facilities in the Brysson Whyte Centre which the patients use for rehabilitation and agreed to meet with the staff team again after lunchtime.

Following the tour of the ward the volunteers conducted the patient interviews and filled in the observation forms and stayed on the ward until we had observed lunch being served in all the bays.

All patients interviewed were given a full explanation of why we were there and all gave verbal consent.

The response from the patients to participating in the survey was very good. Most were interested to talk to the volunteers and were able to discuss the themes of the questionnaire to a greater or lesser extent.

The volunteers met after lunch to discuss the visit and decided no further interviews or observations were necessary.

Limitations

The Enter & View Visit was not designed and nor does it claim to provide a representative view of patients' experience at Queen Mary's Hospital, Roehampton, but to give a picture of the care we observed on the day of the visit through conducting:

- Broad semi-structured conversations with patients
- Collecting a range of patient experiences
- Identifying and reporting where patients have concerns
- Observing areas of practice on the ward
- Identifying from these experiences areas for future consideration if necessary

The Enter & View Visit gathered data from patients on the Mary Seacole Ward. Individual experiences will inevitably be different, based on their needs and expectations of care at the hospital.

The patients were all elderly and some had dementia which made completing some of the interviews challenging. In addition, the patient-led nature of the methodology allowed patients to focus on the issues that were more important to them and not respond to questions that were less important. The patient led methodology in conjunction with the nature of the patients meant that not all themes could be discussed with all patients.

Analysis

The qualitative data analysis of the patient interviews was carried out with an approach based on:

- Reviewing the individual volunteer reports from patient interviews by theme
- Summarising the data from all the volunteer interview reports under the different themes
- Analysing the data according to the themes
- Assigning the overall sentiment of comments (positive, neutral, negative, no data)
- Preparing a descriptive summary for the themes
- Reviewing the results
- Summarising the observational reports from the volunteers by themes.

During the analysis, data was considered in terms of frequency, specificity, emotion and extensiveness under each question. Responses were grouped by question.

While every attempt has been made to provide a sense of scale to the issues raised by patients throughout this report, the qualitative nature of the feedback does not allow for these to be robustly quantified. The findings presented identify positive and negative aspects of the patient experience and raise awareness of issues that may need to be considered for further examination.

A total of 30 patients were interviewed and 5 volunteer observational audits were completed. The report has broadly been structured by the questions asked.

On this day the patients in one of the bays were in the Day Room as the bay was being deep cleaned and in the Day Room most of the patients were engaged in a group activity and not available to talk to, other patients declined.

Overall Care and Treatment

The views were captured from 18 patients and the majority said that the care on the ward was good (some said excellent) and they felt their needs were being addressed. They found the nurses and staff very caring and kind. No patient said they had seen any poor treatment of other patients on the ward. Among the comments reported to Healthwatch Richmond were:

- “Very happy with care” - visitor also said family and neighbour happy”
- “Perfectly content”
- “They (the staff) are THE BEST!”
- “Everything is good”
- “Care is very good”
- “They couldn’t do any better”
- “Absolutely happy - as are friends and relatives who visit regularly “
- “Very happy here”
- “No complaints”
- “Too soon to tell”
- “Pleased with care and therapy she is receiving”

- “Very friendly and peaceful”
- “Staff very helpful”
- “Staff try hardest”
- “Very capable people in charge”

Positive Aspects of the Care and Rehabilitation Treatment

13 patients responded to this question and the majority of them said the communication from the staff was good and they felt they had made good progress and maintained their independence as much as possible.

A Healthwatch volunteer observed “all staff are friendly, caring and attentive and respond to patient requests.”

1 patient commented that the rehabilitation at the gym was very good and she now walks with support. The OTs were also helping her use a self-propelled wheelchair.

Two of the Healthwatch volunteers observed 2 attentive Occupational Therapists (OTs) getting a patient from wheelchair to bedside chair very carefully and they made sure the patient was comfortable and that water etc. was close by and encouraged them to drink.

One patient commented that sometimes the staff do not explain procedures very clearly. For example nobody had told them yet about the outcome of a procedure they had had.

Another patient did say they would like a more physiotherapy, but was a little confused about this.

Other comments included:

- One patient said she gets depressed by other patients’ conditions but feels better now she is getting well herself
- “Goes to gym with OTs”
- “The day room has the only TV - but it’s too cold to sit in there”.
- “There is a welcome League of Friends trolley service and daily newspapers. Relatives bring in cash etc.”
- Diabetic lady said she was monitored 4 times a day and through the night.

Provision of Activities on the Ward

There was a more mixed response to this question. In 2 of the bays of the 7 patients spoken to the majority said that activities take place in the day room but they did not like to attend them. Comments ranged from:

- They were not encouraged to join in.
- One woman gained comfort from some of the volunteers who visit the ward from a church and give her holy communion.
- Another patient said they sat in a chair for most of the day and it could be a little boring.
- A further patient said the TV dominated the day room (this was not observed during the visit)

In another 2 bays, the 6 patients spoken to during the visit said the day room was a nice room but they did not use it much. They mostly appeared to know there were activities available, but through their own choice, none spoken to seemed to want to join in but did not say why or if they were encouraged do to so. Some occasionally went to watch TV.

We understand that voluntary groups are involved with activities on the ward and that there are plans in place to develop a Sensory Room.

We asked the Trust for more information on the provision of activities on the ward, how these are decided on and how patients are encouraged to participate in activities. The Trust told us that there are Therapy Activities boards located on the ward which detail the groups that are offered for patients. The activities do vary depending on the patients on the ward and the patients' interests. The Therapists will discuss with the patients who would be interested in any of the following groups. They offer:

- Reminiscence group
- Anxiety management group
- Board games
- Afternoon Tea
- Volunteer visit with dog
- Singing and Music
- Hand massage

The Therapy Team also run a 'staying steady group' once a week. This is an advice group for all patients.

We were told that the Therapists and Nursing Staff always encourage the patients to attend groups and activities.

Where do the Rehabilitation Activities Take Place?

In 2 of the bays, 7 of the patients spoken to said that the rehabilitation took place in the gym and on average they attend sessions 2- 3 times a week. One patient who had been seriously ill said they had physiotherapy and rehabilitation daily.

A couple of these patients commented on how short staffed the therapists appeared to be and they felt this impacted on the number of number of sessions they had. They all said though that they felt they had made good progress. There were a number of therapy staff on the ward during our visit working with the patients but it was not possible to judge if more were needed.

In a further 3 bays the majority of the patients were also aware that the rehabilitation sessions took place mainly in the gym and some on the ward.

One patient commented that the physiotherapist was very good.

Communication

The majority of patients in 2 of the bays (7 patients) said communication was generally good and they felt fully informed of their progress and they were listened to. Most of

them said all nurses, doctors and staff introduced themselves clearly and explained any procedures or interventions clearly.

In another 3 bays (18 patients) the majority said the clinical team explained to them about their treatment and medication; the more alert knew about their care plan.

Other comments from patients included:

- "Every team is good and helpful - no matter what nationality (and they are usually quite a mixed team) they all work together as a team well and seem happy"
- "There's a lovely happy atmosphere"
- "Team marvellous"

Feedback was not entirely positive and there were some negative comments:

- One patient said they did not feel fully informed
- One patient said they felt that sometimes communication can be a little poor
- One patient commented that one particular nurse did not like them but would not expand why they felt this was the case
- One patient commented that there is occasionally a language barrier with some of the nurses
- A patient diagnosed with diabetes at Kingston Hospital said so far they were not aware of any information or conversation about treatment etc.

The areas of communication observed by the volunteers included: the wearing of name badges, seeking consent, staff introducing themselves, using appropriate names, ensuring they communicate clearly and patients' bedside information. The majority were rated positively by the volunteers between 3 and 5 times per area of practice.

Care and Treatment Plan

Do the Clinical Teams Work Well Together Caring for You?

In 2 bays all patients said the clinical teams are caring and they all worked well together. They said that the teams always ask if they have any questions and they all felt the ward staff had time for them.

In a further 3 bays all of the patients spoken to had been to the gym with the Physiotherapists and their comments included:

- "Everyone does as much as they can to help patients recover"
- They have solved a problem so that I can go home (problem was using a commode during the night). The OTs have identified a self-propelled commode that patient can easily use without help.

Care Plans

There was less discussion around this area generally and the majority of patients spoken to did not understand what a care plan was but once explained to them most said they felt fully involved in their care and any decisions made about them were with their

agreement. Where relevant patients knew when they expected to go home and they had had a discussion about their home situation.

Other patients were not really aware if they have been 'consulted' although one patient was clear about their 1 week programme.

We asked the Trust for more information on how they approach the concept of care plans with the patients and their families and they told us that when undertaking patient admissions and reviewing care plans all nursing staff are required to undertake this process in conjunction with the patients where possible. They also told us that they are currently reviewing care plan documentation and processes to make them more robust and inclusive.

Discharge Plan & Discharge Communication

Only 2 patients spoken to on the day said there were plans to send them home in the near future. Both those patients had been fully involved in the care arrangements to be put in place and felt confident about going home. One patient was returning to a care home but still felt the care home had been involved in planning their discharge back to them.

Where relevant patients knew when they expected to go home and they had been talked with about their home situation and any packages of care that would be put in place to support them to go home.

Some patients were obviously not at the stage of discussing discharge home so this was not pursued.

Other comments included:

- Their care plan was developed at Kingston Hospital. As yet no information / involvement but had only been in Queen Mary's for 2 days
- "Been told should go home next week"
- So far no conversation about getting carers in to help at home
- Not clear yet about discharge arrangements
- "Going home soon"
- "Too early yet"

We asked the Trust for more information on the procedures for discharge. They informed us that Dr Gerry, the Lead Consultant for Geriatrics on the Mary Seacole Ward and Dr Lo, Divisional Clinical Director and Medical Undergraduate and Education Lead discuss on-going plans with the patient during the multi-disciplinary team (MDT) ward rounds during which time plans for discharge are discussed.

Staff involve relatives and carers in any discharge planning either by liaising with them directly when they visit the patient on the ward or by contacting them via telephone. The MDT discuss plans with the patient, however the patient does not always remember these discussions due to identified medical issues relating to memory. Family meetings take place when there are more complex plans or decisions to be made.

Social Workers discuss with patients and their families' the packages of care required for when patients leave hospital. Home Visits are undertaken by the Therapy Team, where required, with the patient and they will involve the family wherever possible. All patients have an estimated discharge date that the Nursing and Therapy Team aims towards. There are weekly meetings between the Consultant and Senior Therapy and Nursing staff to discuss discharges and any delay in the discharges process.
One of the Occupation Therapists informed us that there was less contact with Richmond Social Services than Wandsworth Social Services regarding patient discharge.

Respect, Privacy, Dignity

In total twelve patients commented on this and the majority of comments were positive. In 2 of the bays all patients said they felt their privacy and dignity were respected and that of other patients too. They all commented that they are always spoken to with respect. Curtains on the ward are always closed properly and one patient commented that the nurses only use commodes at night if there is a need. Otherwise everyone is assisted to the bathroom as necessary (this was observed during the visit).

In a further 3 bays all patients spoken to said that they had been treated with dignity and respect and were being well looked after. Two said they wanted to stay rather than go home.

One Healthwatch Volunteer said: "I was aware of staff respecting patients' privacy and dignity whilst encouraging them to socialise etc. A good atmosphere throughout the visit."

We observed that the cover provided by the bedside curtains and their use when needed were positively rated 5 times and the curtains were all adequate in size and well kept.

Individual Needs

All those spoken to felt that their individual needs had been met and respected.
Comments included:

- One patient was vegetarian and said this had never been a problem.
- Another patient gained great comfort from receiving regular Holy Communion.
- They had been given hospital pyjamas - bottoms too big - waiting for appropriate size.
- Someone ensured a Catholic priest was informed of patient's needs
- Someone ensured correct food was available for a Muslim patient
- Daughter keeps patient well supplied with books
- There is a good relationships between patients on the ward - they have a good chat among themselves.
- Helpful staff
- Staff varies

Most beds had notices above describing special needs of the patient e.g. mobility aids, dementia symbol.

However one patient was hearing impaired and told the volunteer they lip read, but this was not indicated above their bed. They also said they didn't have their glasses for reading.

The volunteers were not able to observe if there was provision of information for patients who do not speak English and for those with other communication difficulties or disabilities.

We asked the Trust about the provision of information in different languages and communicating with patients where there is a language or communication barrier. The Trust told us that information is not provided in different languages and that the majority of patients or their relatives speak English. If there is a need for information in other languages or some other barrier to communication the Trust uses the facilities offered via Language Line to organise an interrupter.

Cleanliness

All patients asked commented positively on the cleanliness of the ward and some spoke about the deep clean that takes place once a week in each bay. Comments included:

- "Clean and tidy"
- "Plenty of fresh air"
- "Good"
- "Excellent"
- "It's a very clean and tidy ward"
- "Very clean" – patient was impressed with the daily linen change.

All volunteers positively observed 5 times the cleanliness of the ward and the patients' bedside area. Staff were observed hand cleaning 4 times. The patients and staff all looked clean and well presented.

Staffing Levels

Every patient interviewed about staffing levels during the visit said that their call bells were answered promptly. The majority said staff came in an acceptable time. One patient said if the nurses are busy they always answer the bell straight away and explained that they will be back as quickly as possible. Everyone also said that call bells are promptly answered.

A number of patients spoken to in one bay said that they felt the nurses are extremely busy and short staffed.

A few other negative comments were received including:

- They could be more responsive
- At times need more staff
- Enough staff mostly
- At night it takes a bit longer

We asked the Trust for more details about their staffing levels and they supplied us with information outlining the nursing and therapy staff currently in post, the posts being recruited for and any vacancies. These are detailed in Appendix 6.

Assisting the Patient & Staffing

In response to whether there appeared to be enough staff, if staff were actively promoting patients' independence (mental and physical), being attentive and responsive when spoken to by patients and if the patients' self-care equipment was within easy reach, the volunteers observed 5 positive observations for each.

Ad-hoc nursing rounds and assisting the patients with meals if necessary were observed 2 and 3 times respectively

There was only one opportunity to observe whether the staff responded to call bells promptly, but patients responded positively when asked.

Patients were observed being given the opportunity to wash hands or use a hand wipe before lunch 5 times by the volunteers.

On 2 occasions manual handling was observed being carried out appropriately.

Conversations with Staff

Some of the volunteers had the opportunity to speak with staff members on the ward, all of whom were positive about working there. The physiotherapy and occupation health staff explained how they worked with the patients and where treatment takes place. Patients usually have one physiotherapy session a week in the gym and further sessions on the ward.

All staff spoken to were very welcoming.

Medication and Medicines Management

A Medicine Round was not observed during the visit. There was less response to whether patients knew what medicines they were taking and if they were getting them at the right time and the correct ones. It was hard to get exact answers to these questions but we observed staff talking to patients about their drugs.

All the patients who were aware of their medication said they felt that they were getting their medication at the correct times and it was explained to them why they are taking the pills prescribed.

One patient commented that the "medication gives good pain relief"

Another patient who was on specialised cardiac drugs was very aware of their medication and 2 others showed awareness of what they were taking.

We asked the Trust how they discussed medication with patients to help them understand what they are taking. They informed us that the Pharmacist discusses medication with patients to ensure that patients are counselled with regards to their medicines. The Pharmacist discusses any changes, newly prescribed or ceased medicines and checks that patients are counselled again just prior to discharge.

The Pharmacist also aims to discuss medicines with patients' relatives to ensure they understand any changes and can provide support at home.

Food & Mealtimes

The volunteers observed that on each bay there was a central dining table set up for lunch, attractively laid out with a table cloth, flowers in a vase, coloured glasses and serviettes. The patients were encouraged to eat at the table together rather than on their own but no pressure was put on those who wanted to stay by their beds.

Social interaction was observed during the mealtime when the ward table was set up in the centre of the ward.

All patients are given anti-bacterial hand wipes prior to eating their meals.

In general the food was considered good, both in quality and choice. Amongst the comments made were:

- "Food better than at Kingston"
- "Food is OK"
- "Food is plain good and substantial"
- "Food ok"
- "Food not bad"
- "Could be more choice"
- One patient had no teeth so she was given a choice of soft food to eat
- Only one patient commented that she was not very keen on the food

Other Comments

Amongst the other comments from the volunteers on their observations were:

- Clear evidence of senior staff members in each bay and on the ward
- The staff were friendly and welcoming and it was clear that all the different groups of staff, e.g. nurses, physiotherapists, and occupational therapists, were all working as a team.
- The patients spoke well of the staff.
- The ward was clean, tidy and clutter free, with no smell and plenty of fresh air.
- The patients looked well cared for. The one visitor spoken to said the staff had been very welcoming.
- "I was impressed to hear about the 15 minute meeting each morning to exchange information and concerns".
- Overall the volunteers found the visit a pleasant experience and were pleased with what they observed.

Outcomes

The aim of the Enter & View Visit was to capture the views of the patients on the care they had received on the ward and to observe the care and communication taking place on the ward and the quality of the physical environment.

The results of the visit were shared with Queen Mary's Hospital and we asked the Trust for more information on the following areas of care below, which they provided. Their responses are contained within the relevant sections of the report:

1. The current staffing levels for nursing and therapy staff and plans for further recruitment in these areas.
2. The provision of information in different languages and communicating with patients where there is a language barrier or some other communication difficulties.
3. The provision of activities on the ward and how patients are encouraged to participate
4. How they approach the concept of care plans with the patients and their families.
5. The procedures they use for discharge arrangements.
6. How they discuss medication with patients to help them understand what they are taking.

The overall view of the volunteers was that the care they observed on the ward was of a high standard. The ward was clean and well-kept and the patients looked well cared for. There appeared to be enough staff on the wards to respond to the patients' needs, although some patients commented on the need for more therapy staff. Healthwatch Richmond had no concerns about the care provided on the Mary Seacole Ward.

Healthwatch Richmond has been invited to visit the Gwynne Holford Ward by the Trust as the Nurse Manager considered it a possibility that some of the complaints received by Healthwatch Richmond might be related to the Gwynne Holford Ward.

The Care Quality Commission (CQC) has been sent a copy of the Healthwatch Richmond report of this visit as they were interested to hear our views about care on the Mary Seacole Ward prior to their CQC Inspection in June 2016.

Recommendations

We would welcome follow up information on:

- **The progress of encouraging the uptake of activities by the patients and the development of the sensory room**
- **The success of the current staff recruitment programme and the initiatives to improve staff retention**

Acknowledgements

We would like to thank the staff at Queen Mary's Hospital, Roehampton, for their cooperation and assistance with our visit and the positive way in which they engaged with us and made us feel welcome. We would also like to thank the volunteers who have supported this project and undertaken the Enter & View Visit.

Appendices

Appendix 1: Background Information on the Mary Seacole Ward

The Mary Seacole Ward is a specialist ward for older people's rehabilitation; patients are looked after by a multi-disciplinary team (MDT) of nurses, therapists and doctors who are experienced in caring for patients with rehabilitation needs.

The Inpatient Elderly Rehabilitation Service (IERS) provides a multidisciplinary in-patient rehabilitation service which aims to focus on maximising the functional/physical ability of the patient. The IERS also aims to provide medical interventions in order to diagnose, treat and prevent health problems on an individual patient basis alongside the rehabilitation process. The patient undergoes a full and comprehensive medical and inter-professional assessment on admission which identifies the individual needs of that patient. The rehabilitation programme and treatment plan is then designed around that assessment. The rehabilitation programme and treatment plan are reviewed at regular intervals by the MDT.

The Mary Seacole Ward has 42 beds (36 beds are available in 6 x 6 bedded single sex bays with shared en-suite toilet, shower and wash basin and 6 beds are available in single rooms with en-suite toilet, shower and wash basin). There are also 2 Day/Dining rooms.

The service takes referrals from all local acute trusts and via GPs for the acute admission avoidance pathway.

The last CQC Inspection of St Georges NHS Trust, which included Queen Mary's Hospital, was undertaken 2 years ago and the next inspection is due in June 2016.

Overall the 2014 CQC Inspection found that the services on the Queen Mary's Hospital site met the needs of most of the patients attending. The atmosphere was warm and friendly and staff appeared to enjoy working in this hospital. Services were safe, effective, responsive and caring and locally well-led. The staff on some units reported feeling distant from the main trust site. When they discussed this with the trust senior team, they were informed that the trust had wanted the hospital to have its own identity. For further details see Appendix 2.

Appendix 2: Care Quality Commission Inspections

QUEEN MARY'S HOSPITAL, ROEHAMPTON - CQC INSPECTION – April 2014

OVERALL SUMMARY **GOOD**

Queen Mary's Hospital was originally a 200-bed hospital founded by Mary Eleanor Gywnne Holford in 1925 to provide rehabilitation services to injured military personnel. With a new purpose-built hospital opened in 2006, Queen Mary's Hospital provides specialist seating and limb replacement services to a wide community. The hospital has a number of organisations working together to provide services for the people of Roehampton and surrounding areas, as well as further afield for specialised services such as limb replacement and a special seating service which casts and makes wheelchairs for people who cannot use a standard wheelchair.

St George's Healthcare NHS Trust is one of the largest hospital and community health service providers in the UK. With nearly 8,000 staff and around 1,000 beds, the trust serves a population of 1.3 million across South West London. The trust provides healthcare services, including specialist and community services, at two hospitals – St George's Hospital in Tooting and Queen Mary's Hospital in Roehampton – therapy services at St John's Therapy Centre, healthcare at Wandsworth Prison and various health centres.

The services provided by St George's Healthcare NHS Trust at Queen Mary's Hospital include outpatient services, 60 inpatient community beds, a minor injuries unit and a day case surgery unit. While the hospital does not have a full accident and emergency (A&E) service, the minor injuries unit provides first-line care which is described in the A&E section of this report.

They found that the services at the Queen Mary's Hospital site met the needs of most of the patients attending. The minor injuries unit was described as a valued service to the local population. The outpatient services offered a variety of routine clinics as well as a number of specialised clinics. The hospital is famous for its specialised seating service which casts and makes wheelchairs for people who cannot use a standard wheelchair and its prosthetic limb-fitting service; the inspection team were impressed with the dedication and skills of the people working in these areas. The atmosphere was warm and friendly and staff appeared to enjoy working in this hospital.

Services were safe, effective, responsive and caring and locally well-led. The staff on some units reported feeling distant from the main trust site. When they discussed this with the trust senior team, they were informed that the trust had wanted the hospital to have its own identity.

SAFFING

While they noted some staffing vacancies at the hospital, there were systems in place to manage the risks associated with these. A bank of regular staff was maintained and used to cover any gaps in the staffing rotas. Agency nurses were also used as necessary. During the inspections they did not note any shortages of nursing which impacted on the care provided to patients.

Cleanliness and infection control

They found the hospital to be clean and well organised. While storage of equipment in some departments was a challenge, we noted that it been stored safely. They also noted that there were regular cleaning schedules in place including deep cleaning. These were followed and audited to ensure compliance with the schedule.

SAFE **REQUIRES IMPROVEMENT**

They found that the service provided by Queen Mary's Hospital was generally safe. However, they found that there was a poor general understanding and implementation of the principles of the Mental Capacity Act 2005 across some services at the hospital. They found that staff had access to training and support and that the service had systems to learn from incidents, accidents and complaints at a local level.

The data we obtained prior to our inspection showed that the number of serious incidents was low and that the clinical indicators, such as the number of infections, falls and pressure sores, were within acceptable limits. In most areas inspected, patients were treated as outpatients or day cases which reduced the likelihood of adverse effects of hospitalisation such as pressure sores and infection. However, there were some significant gaps in recording the intentional rounding carried out which could affect the safety of patients on Mary Seacole Ward, specifically regarding pressure ulcer management.

EFFECTIVE **GOOD**

They saw that the service at Queen Mary's Hospital was effective as there were systems in place such as incident reporting and complaints monitoring. Staff were able to describe how lessons were learnt from the investigation, and how the causes of the incident were fed back to them. Staff were able to give examples where systems had changed as a result of an incident.

The hospital monitored the effectiveness of initiatives to enhance the patients' recovery and experience through tools which were in line with best practice; an example of this is the monitoring of protected mealtimes. They saw examples of good practice in making sure that the care provided was effective. An example of this was the library of best practice and clinical guidance, available for staff to access in the minor injuries unit. These were discussed with the team and guidance implemented across the service.

CARING **GOOD**

Patients told them that they felt respected and well cared for. They observed care which ensured that patients were treated with dignity and most family members spoken with told them that they were happy with the care that was provided at Queen Mary's Hospital.

They observed that staff interacted positively with their own patients but also with relatives and with patients in corridors and other public areas. They saw that patients were attended to in a timely manner and patients informed us that staff "could not do more for them". Despite a number of issues raised at focus groups prior to the inspection (regarding the lack of care, dignity and respect) they observed, and patients reported, that staff were respectful and provided appropriate care.

RESPONSIVE **GOOD**

Services in Queen Mary's Hospital were responsive to the needs of the population it served. They saw evidence of clinics being identified and run to meet local needs, including being offered on a Saturday. The minor injuries unit was particularly aware of meeting the needs of the patients who used this service, discussing pertinent issues such as fostering and female genital mutilation so that staff had a greater awareness of the need of their patients. These were issues raised by people attending the service.

While waiting times were variable, they found that, on the whole, patients were able to access the service. Services which had a high number of children accessing them did not have the facilities to engage with children. Cancellation of appointments on the day in the surgery unit was low, as was the number of complaints about the hospital.

WELL-LED **GOOD**

Services at Queen Mary's Hospital were well-led. Staff reported feeling well supported by their line manager. They found that multidisciplinary teams worked effectively together and that they were able to ensure that people received care and treatment which was appropriate to meet their needs. We found that a specific acute admissions avoidance care pathway which allowed GPs to refer directly to Mary Seacole Ward was a useful community resource which improved the wellbeing of people who used the service.

Staff received appraisals, training and ad hoc support and felt that their local managers were very supportive. However, there was some concern that, while the chief executive was known throughout the hospital, other senior managers were less visible. This led to the staff at Queen Mary's Hospital feeling that the trust's managers did not always recognise their achievements.

COMMUNITY INPATIENT SERVICES **GOOD**

They found that the service provided by the inpatient community wards was generally safe. However, they found that there was a poor general understanding and implementation of the principles of the Mental Capacity Act 2005. We found that staff had access to some training and support. Services had systems to learn from incidents, accidents and complaints at a local level. However, there were some significant gaps in recording the intentional rounding activity which could affect the safety of patients on Mary Seacole Ward, specifically regarding pressure ulcer management.

They saw that the service was effective as there were systems in place such as incident reporting and complaints monitoring which ensured that lessons were learnt. They saw that tools to monitor the services provided and the impact of these for patients. There were designed in line with best practice guidance.

Patients told them that they felt respected and well cared for. We observed care which ensured that patients were treated with dignity. Most family members spoken with told them that they were happy with the care provided at Queen Mary's Hospital.

They found that multidisciplinary teams worked effectively together and were able to ensure that people received care and treatment which was appropriate to facilitate their

rehabilitation. They found that a specific acute admissions avoidance care pathway, which allowed GPs to refer directly to Mary Seacole Ward, was a useful community resource which improved the wellbeing of people who used the service.

The local leadership at Queen Mary's Hospital was responsive to the needs of staff and patients on the inpatient wards. They found that the leadership had an understanding of the challenges faced at the hospital and there was a plan and vision to move the services forward. However, some staff felt there was a detachment from the acute trust services based at St George's Hospital.

This area is not currently being rated as it is part of a pilot phase within CQC.

Queen Mary's Hospital, Roehampton, CQC Report 2014

Appendix 3: Complaints & Concerns

HEATHWATCH RICHMOND

Mary Seacole Ward & Queen Mary's Hospital, Roehampton Complaints

Summary

Number of Complaints: 7

It is not possible to link all these complaints to the Mary Seacole Ward as the person providing the information did not always specify the ward. However the nature of the conditions referred to suggest some of the others were also on the Mary Seacole Ward.

Type of Complaint

1. Stroke patient: poor care, lack of activities and rehabilitation
   (Mary Seacole Ward)

2. Post orthopaedic surgery: poor care, poor personal care, loss of dignity, pneumonia, organ failure, lack of stimulation, staff shortages, hostile staff, patients wandering from psychiatric wards, poor referral management
   (Mary Seacole Ward)

3. Part of a wider complaint: little physiotherapy support provided, relatives not informed of discharge, OT assessment of home inadequate, equipment not ordered.

4. Transfer from Kingston to QMR: transport problems, though LAS helpful, lack of information and co-ordination re discharge from QMR

5. Medicines: drug adverse reaction information not acted on, night staff lack of dispensing experience, over-use of Valium, poor information sharing of drug prescribing

6. Feeding restriction communication: Nil by Mouth restriction not removed patient lacked food & water, required emergency call for doctor.

7. Inappropriate patients on ward: large number of dementia sufferers, behaviour causing distress and not being well supported
   (Mary Seacole Ward)

Appendix 4: Interview Audit

Queen Mary's Hospital, Roehampton, Mary Seacole Ward - Interview Audit

Inpatient Elderly Rehabilitation Services

PATIENT STANDARD INTERVIEWS
WARD BASED ENTER & VIEW VISIT Date & Time Completed…… 2016

Auditor's name/ organisation…….

I am [*state your name*] from Richmond Healthwatch working in partnership with the Trust to speak with you about your experience of care and treatment during your stay here. Would it be OK if I ask you some questions about your experience of the hospital?

Please tick if patient agrees to this survey ☐

If you have already responded to this survey would you like to answer the questions again? – tick above if patient agrees to be surveyed again.

How would you describe your overall care and rehabilitation treatment on the ward?
What were the positive aspects of your care and rehabilitation treatment and what do you think needs improving?
Are there activities for you to do on the Ward? (As well as rehabilitation activities.)
Where do the rehabilitation activities take place? On the ward? Brysson Whyte Department?
How would you describe the overall communication between yourself and the clinical teams e.g. doctors, nurses, physiotherapists etc.? Positive and negative experiences
Do you feel that the clinical teams e.g. doctors, nurses, physiotherapy etc. have worked well together in caring for you and helping you re-gain independence?
Have you been involved in your care plans? Do you know what is happening next?
Are there any plans for you to go home? Do you know when you are going home? What arrangements are being made for you to cope when you get home?

How have you been treated well? Are you being well looked after? Privacy and dignity?
Have your individual needs been met? Religious, cultural, dietary needs etc.? What else could be done if not?
How would you describe the overall tidiness and cleanliness of the ward?
Are there enough staff on the ward? Ward rounds? Response to call for help?
Medication – do you know what you are taking? Do they get it right? At the right time?
What is the food like?
OTHER COMMENTS - Do you have any additional comments about your care? These comments are very helpful to us as we work to improve the quality of care we provide to patients.
Query the other patients on the ward, are they getting the care they need?

Appendix 5: Summary Observational Audit

Queen Mary's Hospital, Roehampton, Mary Seacole Ward - Observational Audit
Inpatient Elderly Rehabilitation Services
WARD BASED ENTER & VIEW VISIT Date & Time Completed 20/04/2016

AREA OF PRACTICE TO BE AUDITED	EVIDENCE PRESENT		
Communication	YES	NO	N/A
Are staff wearing name badges which are clearly displayed?	5 X		
Are nursing & therapy staff seeking consent from the patients prior to undertaking care?	3X		
Are the doctors and rehabilitation staff introducing themselves to patients prior to undertaking care?	3X		1 - Not observed
Are staff using patients' preferred and appropriate names in routine communication?	5X		
Is any ward information available for those with language difficulties or disabilities?		2 – Not observed 1 – Not sure	
Are staff clearly communicating with the patients?	5X		
Do the patients understand the staff?	5X		
Were the patient bedside information boards updated?	3X	As far as can tell Dementia symbol	
Assisting the Patient & Staffing			
Do there appear to be enough staff on the ward?	5X		
Did you observe staff actively promoting patients' independence (mental and physical)?	5X		
Is a patient's self-care equipment within easy reach i.e. locker, table, jug and glass, call-bell?	5X		
Is the call bell responded to within 5 minutes?	1X	Patients feedback +ve	
Did you observe any ad-hoc nursing rounds to check if patients are comfortable and able to do things for themselves? (intentional rounding)	2X	Not observed	
Did you observe the nursing team assisting patients when required with meals, i.e. help to sit up, help with cutting food, help with eating, offering patients more food?	3X	Yes – when appropriate	
Is manual handling being carried out appropriately?	2X	Not observed	

Are patients given the opportunity to wash hands/use hand wipes before meals?	5X		
Are nurses and other staff attentive and responsive when spoken to by the patient?	5X		
Did the nurses inform (by verbal and tactile communication) unconscious or severely ill patient of nursing interventions?		2X - not observed 1 – Not applicable	
Medicines Management			
Do patients know what medicines they are taking, are they getting them on time, right ones?	2X	To a degree 1 X very aware	
Privacy and Dignity			
Do all curtains and screens provide adequate cover and are they used when needed?	5X		
Is there a private area for discussion with patients and their relatives? (Ask staff)	2X	1 X not sure	
If YES, state where--			
Cleanliness			
Is the patient bedside table/area clean and tidy?	5X		
Is the ward clean and tidy?	5X		
Are patients clean?	5X		
Are staff hand cleansing?	4X		
Do staff look clean and tidy?	5X		

OTHER COMMENTS- include any good and poor practices observed
1. Clear evidence of senior staff members in each bay and on the ward 2. The staff were friendly and welcoming and it was clear that all the different groups of staff, e.g. Nurses, Physiotherapists, Occupational Therapists etc. were all working as a team 3. The patients spoke well of the staff. 4. The ward was clean, tidy and clutter free, with no smell and plenty of fresh air. 5. The patients looked well cared for. The one visitor I spoke to said that the staff had been very welcoming. 6. I was impressed to hear about the 15min meeting each morning to exchange information and concerns. 7. The only points I raised related to the same patient. She was hearing impaired and told me she was lip reading, there was nothing above her bed to tell me that. Also, she said she had been there for 3 -4 weeks, but couldn't read anything as she didn't have her

Appendix 6: Staffing Levels

Mary Seacole Ward A & B Staffing

The table below details current staff in post together with posts in the recruitment process including those at advertisement and those offered.

Job Titles	MSW A Actual WTE Staff in Post	MSW B Actual WTE Staff in Post	Total Actual WTE Staff in Post	Comments
Ward Manager	1	1 Acting	2	• 1wte in the advertisement process
Practice Educator	0.5	0.5	1	• 1wte post offered
Discharge Co-ordinator	0.5	0.5	1	• Posted filled 0.85WTE
Senior Staff Nurse	3	4	7	• 1wte available due to Band 6 acting up into role for 6 months
Staff Nurse	10.14	8.77	18.91	• 5wte posts have been offered and in the recruitment process • 2.41wte in advertisement process
Health Care Assistant (Band 2 & 3)	14	13.73	27.73	• 0.51wte unfilled across the 2 wards • 1wte on maternity leave
Housekeeper	0.5	0.5	1	• Post filled 1WTE
Ward Clerk	0.72	0.8	1.52	• Under review

Mary Seacole Ward Therapy Staffing

The table below details current staff in post together with posts in the recruitment process including those at advertisement.

Job Titles	MSW Actual WTE Staff in Post	Comments
Physiotherapist Band 7	0.76	
Physiotherapist Band 6	1.8	
Physiotherapist Band 5	1	
Occupational Therapist Band 7	1	
Occupational Therapist Band 6	2	
Occupational Therapist Band 5	1	
Speech & Language Therapist Band 7	1	• 1wte vacant – currently filled by Band 7 Agency.
Speech & Language Therapist Band 6	0.6	• 0.6wte covered via Agency staff. Recruitment in progress
Rehabilitation Assistant Band 3	1.5	• 1wte vacancy in the recruitment process
Rehabilitation Assistant Band 2	1	