

The Royal Marsden NHS Foundation Trust

Inspection report

Fulham Road
London
SW3 6JJ
Tel: 02073528171
www.royalmarsden.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

The Royal Marsden was the first hospital in the world dedicated to the study and treatment of cancer. The trust has a total of 219 inpatient beds, 70 day case beds and 18 inpatient wards, as well as approximately 513 outpatient clinics and 698 community clinics per week, across two main hospital sites and a range of community sites. The trust employs approximately 4220 staff.

In 2017/18, The Royal Marsden saw 55,997 patients – more than in any previous year

As a specialist trust, the Royal Marsden takes referrals from all over the country and does not have a local population in the traditional sense, as such. The four largest ethnic minority groups served are: White Other, Indian, Pakistani and African.

The trust has four locations registered with the CQC:

- The Royal Marsden – London
- The Royal Marsden – Sutton
- The Royal Marsden Community Services
- Cedar Lodge

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Outstanding  

What this trust does

In 2017/18 the trust provided a broad range of services in both its acute locations and community services.

The trust provides the following services:

- Accommodation for persons who require nursing or personal care
- Diagnostic and screening procedures
- Management of supply of blood and blood derived products
- Nursing care
- Surgical procedures
- Treatment of disease, disorder or injury

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Summary of findings

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 8 May and 10 May 2018 we inspected four core services provided by the trust.

We inspected all core services provided by The Royal Marsden Community Services. These were Community health services for adults, Community health services for children and young people and Community end of life care.

We inspected these services as they were registered with us as new legal entities since the last inspection. Our last inspection of The Royal Marsden Community Services was undertaken in April 2016 and published in January 2017 when the service was provided by The Royal Marsden NHS Foundation Trust under the name of Sutton Community Health Services.

The Royal Marsden NHS Foundation Trust have continued to provide the service, but re-registered the community services with us on 13 January 2017 as The Royal Marsden Community Services.

This means that although The Royal Marsden NHS Foundation Trust have had continuous responsibility for the provision of the community services since acquiring them in 2011, The Royal Marsden Community Services is a new legal entity for the purpose of CQC registration.

Any references to 'the last inspection' in this report relate to our inspection of The Royal Marsden Community Services and Sutton Community Health Services provided by The Royal Marsden NHS Foundation Trust, undertaken in April 2016 and published in January 2017.

We inspected the Outpatients service at The Royal Marsden (Sutton) as we rated the service as 'Requires Improvement' at our inspection in January 2017. We did not inspect the Outpatients service at The Royal Marsden (London) as this service was inspected in January 2017, and we had no new concerns about the safety and quality of the service.

We did not inspect End of life care as this service was inspected in April 2016, and we had no new concerns about the safety and quality of the service.

We did not inspect Chemotherapy care as this service was inspected in April 2016, and we had no new concerns about the safety and quality of the service.

We did not inspect Radiotherapy as this service was inspected in April 2016, and we had no new concerns about the safety and quality of the service.

We did not inspect Adult solid tumours as this service was inspected in April 2016, and we had no new concerns about the safety and quality of the service.

We did not inspect Haematology as this service was inspected in April 2016, and we had no new concerns about the safety and quality of the service.

We did not inspect Services for Children and Young People as this service was inspected in April 2016 and we had no new concerns about the safety and quality of the service.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. We undertook a well-led inspection of the trust between 10 and 12 July 2018.

Summary of findings

As part of the well-led inspection process, we interviewed the entire executive, some non-executive directors, and a range of senior staff across the hospital. We looked at performance and quality reports, minutes of meetings, audits and action plans. We attended a board meeting, looked at previous board meeting minutes and papers to the board.

We looked at how the trust manages their policies, investigations of deaths, serious incidents, complaints and the trust's compliance with Fit and Proper Persons Requirement (FPPR).

What we found is summarised in the section headed 'Is this organisation well-led?'

What we found

Overall trust

Our rating of the trust improved. We rated it as outstanding because:

- We rated safe and effective and as good and we rated caring, responsive and well-led as outstanding.

The Royal Marsden (London)

- Our rating of the trust's location The Royal Marsden (London) remained the same. We rated it as outstanding because safe and effective were good and caring, responsive and well-led were outstanding.
- We did not inspect any of the core services at this location as they were inspected in April 2016 and we had no new concerns about the safety and quality of the services.

The Royal Marsden (Sutton)

- Our rating of the trust's location The Royal Marsden (Sutton) improved. We rated it as outstanding because safe, effective and responsive were good and caring and well-led were outstanding. The rating for well-led improved and the rating for safe, effective, caring and responsive remained the same
- We inspected Outpatients during this inspection to check if improvements had been made. Our rating of the service improved. We rated it as good because safe, effective, caring and responsive were all rated as good. The rating of safe and well-led improved since the last inspection and caring and responsive remained the same. We do not rate effective in Outpatients.

The Royal Marsden Community Services

- Our rating of the trust's location The Royal Marsden Community Services improved. We rated it as good because safe, effective, caring, responsive and well-led were good. The rating for safe, effective responsive and well-led improved and the rating for caring remained the same
- We inspected Community health services for adults during this inspection because it had been registered as a 'new' service since the last inspection. We rated it as good because safe, effective, caring responsive and well-led were all rated as good.
- We inspected Community health services for children and young people during this inspection because it had been registered as a 'new' service since the last inspection. We rated it as good because safe, effective, caring responsive and well-led were all rated as good.
- We inspected Community end of life care during this inspection because it had been registered as a 'new' service since the last inspection. We rated it as good because safe, effective, caring responsive and well-led were all rated as good.

Summary of findings

Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust managed safety patient incidents well.
- The trust used safety monitoring results well.
- The trust controlled infection risk well.
- The trust had suitable premises and equipment and looked after them well.
- The trust prescribed, gave recorded and stored medicines well.
- Staff kept appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.
- The trust had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust planned for emergencies and staff understood their roles if one should happen.

Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improved their health.
- The trust monitored the effectiveness of care and treatment and used the findings to improve them.
- The trust made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as outstanding because:

- Staff cared for patients with compassion. We saw examples of staff going above and beyond for their patients.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

Summary of findings

- The trust planned and provided services in a way that met the needs of local people.
- People could access the services when they needed it.
- The trust took account of patients' individual needs.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Are services well-led?

Our rating of well-led improved. We rated it as outstanding because the leadership, governance and culture of the trust are used to drive and improve the delivery of high-quality person-centred care. Further information is in the section headed 'Is this organisation well-led?'

Outpatients

Our rating of this service improved. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The ratings of safe and well led improved. The ratings for effective, caring and responsive remained the same.
- We found that there had been improvements to the outpatient service to make services safer and to strengthen the service's leadership. This has been reflected in change of rating from requires improvement to good.
- The service had improved the security of medicines. Access to the treatment room was controlled by the use of smartcards.
- A clinical assessment unit was opened in August 2016. A pathway had been developed to support patients who became unwell in outpatients. Patients assessed on the clinical assessment unit returned home, were admitted to a bed on the Sutton site or transferred to the Chelsea site or to another suitable hospital.
- The number of nurse staffing vacancies had reduced.
- The service had introduced surgical checklists for procedures carried out in outpatients.
- Clinic utilisation was being monitored to improve the effectiveness of clinics and reduce patient waiting times.
- A transformation project was underway. Follow up care after treatment for some cancers was planned according to the risk of disease recurrence. Follow up consultations over the phone or using skype were being introduced. A new building for outpatients and research was planned which was due to open in 2021. Staff and patients' views were taken into account during the planning stage.
- As part of the trust's closer to home strategy, a mobile chemotherapy unit was providing services for patients in their local community, reducing the number of times patients had to travel to hospital.

However:

- Patients often waited for blood tests. The waiting area and blood taking areas were both small and staff wrote test requests and test tube labels by hand which led to delays if these were difficult to read or information was missing.
- Phlebotomy staff were not always following best practice on infection control standards. Staff used one cuff and did not use single use tourniquets. When we brought this to the attention of the sister staff were reminded they should use single use tourniquets.

Summary of findings

- Staff told us the availability of the electronic records system had improved. When we last inspected staff told us the system was often unavailable. We saw three incident reports relating to problems with the system, the most recent incident was reported in March 2018.

Community health services for adults:

Our rating of this service improved. We rated it as good because:

- We rated safe, effective, caring, responsive and well led as good.
- The safe and well-led domains improved since our last inspection; effective, caring and responsive stayed the same.
- The service underwent appropriate changes after the last inspection and managers had implemented required improvements.
- Record keeping and documentation had been much improved and the service undertook audits to check quality and compliance.
- Staff had training on Mental Capacity Act and Deprivation of liberty safeguards and knew how to apply them in practice.
- The service had processes in place to ensure there were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff were competent and had access to training to enhance skills and support to progress in their personal career development.
- We saw good multidisciplinary team working in different areas of adult community services.
- The trust took an active approach to deliver services, that met the needs of the local population and to reduce waiting times.
- The trust actively sought regular patient and staff feedback and took actions in response to results.

However:

- We found facilities and equipment were not always kept clean and tidy.
- Vacancy rates were above trust target.
- There was long referral to treatment time for community neuro therapy.
- Staff felt disconnected to the trust and trust leadership and did not find good communication between senior management and staff.
- Staff survey results demonstrated majority of staff working extra hours.

Community health services for children, young people and families

Our rating of this service stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The responsive domain improved since our last inspection; safe, effective, caring and well-led stayed the same.
- The service managed patient safety incidents well.
- The service controlled infection risk well.
- Staff kept appropriate records of patients' care and treatment.

Summary of findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Health visitors, school nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups representing the local community.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Community end of life care

Our rating of this service stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The ratings of safe, effective, caring and responsive remained the same. The rating for well-led improved.
- Since our last inspection there had been a focus on the trust wide understanding and development of end of life care. There was now a strategy and governance programme in end of life care with a clear structure of leadership and accountability.
- There had been a focus on continuous improvement across the service since our last inspection. There are now clear audits and key performance indicators structures for delivering end of life care.

Summary of findings

- Appropriate measures were in place to keep patients safe from avoidable harm. Incidents and safety monitoring results were collated and shared to improve the service.
- Policies, procedures and ways of working had been brought into line with local and national guidance. Advanced care planning for patients at the end of life had improved since the last inspection.
- Patients were provided with compassionate and person centred care, which took account of their individual differences and needs. Relatives and friends were involved in care planning wherever appropriate and recognised as part of the caring team.
- Staff across the service worked effectively with external agencies and attended Gold Standard Framework meetings with others in the borough to coordinate care for patients and improve pathways.

However:

- The community staff did not have rights to prescribe medication or verify patient death so were reliant on others in the community, more often than not, GPs.
- The service provided mandatory training in key skills to all staff but some completion rates were below the Trust target.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. This was particularly the case with regards to the non-transferable DNACPRs from some of the local trusts.

Ratings tables

The ratings table in our full report shows the ratings overall for each key question, for each service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in Outpatients and Community end of life care.

We also found outstanding practice in the trust-wide inspection of the well-led question.

For more information, see the Outstanding practice section in this report.

Areas for improvement

We did not find any breaches of regulations that the trust must put right.

We found a number of things that the trust should improve. For more information, see the Areas for improvement section of this report.

Action we have taken

We have not taken any regulatory action following this inspection.

What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

Trust-wide

- The trust was actively participating in clinical research studies and is a leading research centre. There is a culture of innovation and learning throughout the trust. The trust benchmarks its performance against other specialist cancer centres, both in the UK and globally, and demonstrates a commitment to identifying and sharing best practice.
- The trust was committed to the training and development of staff. We saw examples of targeted, individualised programmes for staff such as the provision of 12 months executive coaching for members of the executive.
- Staff well-being was a priority. The trust had introduced several initiatives to ensure teams enjoyed positive relationships and worked well together.
- The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. Royal Marsden Partners, England's first accountable cancer organisation, is an impressive example of managing complex system relationships to effectively deliver transformation and improve operational performance across organisational boundaries.
- The trust takes a leading role in setting the national cancer agenda, and is proactive in its approach to working with external partners including regulators, research partners, local system partners and national specialist peers.

Outpatients

- A mobile chemotherapy unit provide patients with a service closer to home, reducing the frequency of hospital visits.
- Patient pathways were being re-designed to enable follow up care to be organised according to individual risk. Telephone consultations were being introduced. A new outpatient and research building was planned which incorporated plans for new ways of delivering improved services.
- A telephone helpline was available 24 hours a day for patients to call for advice and information. The helpline was staffed by experienced healthcare professionals who could access patients 'records on line and provide advice.

Community end of life care

- The work of the supportive care home team has provided increased empowerment to the staff in the community. All staff we talked to spoke very highly of the support they received from the team and were happy with their personal development with regards to end of life care. The team had worked hard to reduce unnecessary admissions to the trust through their education programme with the care homes.
- Since our last inspection the supportive care home team had launched the learning disability pilot for 11 care homes in the borough looking to improve end of life care for its learning disability residents. The pilot included tailored training sessions delivered into the community and further engagement with other healthcare professionals. It had proved very successful and the team were in the process of rolling it out amongst the other care homes in the borough.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust **MUST** take to improve

Summary of findings

We did not find any breaches of regulations that the trust must put right.

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

In Well-led:

- The trust should review the appointment of the workforce director as the Freedom to Speak Up Guardian as this conflicts with guidance from the National Guardian's office.
- The trust should consider implementing a system using telephone or email for staff to raise whistleblowing concerns anonymously
- The trust should consider the provision of a private space where staff side representatives can meet with staff.

In Outpatients at The Royal Marsden (Sutton):

- The trust should make improvements to the process for requesting blood tests to reduce waiting times and delays.
- The trust should ensure phlebotomy staff use single use tourniquets.
- The trust should ensure staff can access the electronic patient records system as required.
- The trust should ensure that waiting areas are adequate for patients and sufficient chairs for patients waiting for their consultation.

In Community health services for adults:

- The service should endeavour to improve mandatory training completion rates.
- The service should continue efforts to improve record keeping and documentation.
- The service should review use of falls screening risk assessment.
- The service should ensure facilities and equipment are kept clean and tidy.
- The service should continue recruitment initiatives to address high vacancy rates.
- The service should ensure medication storage temperatures are checked and documented regularly according to the trust standard operating procedure.
- The service should ensure allergy status was documented in patients' records.
- The service should complete root cause analysis for serious incidents as per trust policy.
- The trust should improve communication between senior management and community staff.
- The trust should continue to address themes from staff survey results.

In Community health services for children and young people:

- The trust should improve the caseload number per health visitor to meet national standards.
- The trust should ensure all staff understand their local policy and responsibilities regarding deteriorating patients.

In Community end of life care:

- The service should consider training staff to be able to prescribe medication in the community.
- The service should consider training community staff in being able to verify patient death.

Summary of findings

- The trust should ensure that all members of staff within the community receive mandatory training on an annual basis or as required.
- The trust should ensure that it is monitoring the safety incidents of end of life care patients in the community.
- The trust should ensure that it mitigates the risk of the non-transferable DNACPRs.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as outstanding because the leadership, governance and culture of the trust are used to drive and improve the delivery of high-quality person-centred care.

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- The trust's strategy, supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.
- Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff and a strong, organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Governance arrangements were proactively reviewed and reflect best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- There were consistently high levels of constructive engagement with staff and people who use services. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account. The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally, nationally and internationally.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
The Royal Marsden (London)	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
The Royal Marsden (Sutton)	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018
The Royal Marsden Community Services	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Overall trust	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for The Royal Marsden (Sutton)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
End of life care	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Outpatients	Good ↑ Oct 2018	N/A	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Chemotherapy	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Radiotherapy	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Adult solid tumours	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Haematology	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Overall*	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for The Royal Marsden - London

	Safe	Effective	Caring	Responsive	Well-led	Overall
Critical care	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
End of life care	Good Jan 2017	Requires improvement Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Outpatients & Diagnostic Imaging	Good Jan 2017	N/A	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Adult solid tumours	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Radiotherapy	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Chemotherapy	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Overall*	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Community health services for children and young people	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Community end of life care	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018
Overall*	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

The Royal Marsden - Sutton

Downs Road
Sutton
Surrey
SM2 5PT
Tel: 02086426011
www.royalmarsden.nhs.uk

Key facts and figures

The Royal Marsden - Sutton has a total of 106 inpatient beds and each week the outpatient clinics see just under 1500 patients.

As a specialist trust, the Royal Marsden takes referrals from all over the country and does not have a local population in the traditional sense, as such.

The service has four locations registered with the CQC, they are: The Royal Marsden – London, The Royal Marsden – Sutton, The Royal Marsden Community Services and Cedar Lodge.

We inspected Outpatients at The Royal Marsden – Sutton and the Royal Marsden Community Services between 8 and 10 May 2018. Over the course of our inspection we spoke with 103 members of staff, 78 patients and their relatives and checked 34 records. We also accompanied staff on visits in patients homes, attended multi-disciplinary team meetings and spoke with carers.

Summary of services at The Royal Marsden - Sutton

Outstanding  

Our rating of services improved. We rated it them as outstanding because:

- We rated safe, effective and responsive as good.
- We rated caring and well-led as outstanding.

A summary of services at this hospital appears in the Overall Summary section.

Outpatients

Good  

Key facts and figures

The outpatient department (OPD) at Sutton Hospital is located on the ground floor of the East wing close to the main entrance of the hospital. The rapid diagnostic assessment centre is situated on the first floor of the East wing.

There are 27 clinic rooms for consultations. There were 152 clinics per week held at Sutton Hospital. There were 88,000 outpatient attendances at the Sutton site between January 2017 to December 2017.

Outpatient clinics were provided for consultations and treatments including multi-disciplinary chemotherapy planning.

The majority of patients seen at the Sutton site live locally although some travelled some distance to access services.

We previously inspected the service in April 2016. Concerns identified during this inspection included medicines not being stored securely in the treatment room in the outpatient department. Staff were carrying out procedures but surgical checklists were not being carried out.

Our inspection was unannounced. We wanted to check that improvements made following our last inspection were in place.

We completed an unannounced inspection of outpatient services on 8, 9 and 10 May 2018. We spoke with 13 patients and four carers whilst they waited to be seen or following their consultations. We also spoke with 15 medical, nursing and administration staff. We reviewed eight patients' records.

Summary of this service

Our rating of this service improved. We rated it as good because:

We rated safe, effective, caring, responsive and well-led as good.

The ratings of safe and well led improved.

The ratings for effective, caring and responsive remained the same.

- We found that there had been improvements to the outpatient service to make services safer and to strengthen the service's leadership. This has been reflected in change of rating from requires improvement to good.
- The service had improved the security of medicines. Access to the treatment room was controlled by the use of smartcards.
- A clinical assessment unit was opened in August 2016. A pathway had been developed to support patients who became unwell in outpatients. Patients assessed on the clinical assessment unit returned home, were admitted to a bed on the Sutton site or transferred to the Chelsea site or to another suitable hospital.
- The number of nurse staffing vacancies had reduced.
- The service had introduced surgical checklists for procedures carried out in outpatients.
- Clinic utilisation was being monitored to improve the effectiveness of clinics and reduce patient waiting times.

Outpatients

- A transformation project was underway. Follow up care after treatment for some cancers was planned according to the risk of disease recurrence. Follow up consultations over the phone or using skype were being introduced. A new building for outpatients and research was planned which was due to open in 2021. Staff and patients' views were taken into account during the planning stage.
- As part of the trust's closer to home strategy, a mobile chemotherapy unit was providing services for patients in their local community, reducing the number of times patients had to travel to hospital.

However,

- Patients often waited for blood tests. The waiting area and blood taking areas were both small and staff wrote test requests and test tube labels by hand which led to delays if these were difficult to read or information was missing.
- Phlebotomy staff were not always following best practice on infection control standards. Staff used one cuff and did not use single use tourniquets. When we brought this to the attention of the sister staff were reminded they should use single use tourniquets.
- Staff told us the availability of the electronic records system had improved. When we last inspected staff told us the system was often unavailable. We saw three incident reports relating to problems with the system, the most recent incident was reported in March 2018.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. The service had introduced surgical checklists for procedures carried out in the outpatient department which were audited for compliance.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. However, we found phlebotomy staff were not always following best practice on infection control standards. Staff were not using single use tourniquets. When we brought this to the attention of the sister staff were reminded they should use single use tourniquets.
- The service had suitable premises and equipment and looked after them well.
- The service had made improvements to the management of medicines since our last inspection. The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. At our previous inspection we found medicines were not stored securely. At this inspection we found the service had acted to restrict access to the room where medicines were stored. Staff accessed the room using a smart card.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. The availability of the electronic patient records system had improved since our last inspection. However, we saw there were three incident reports relating to the system being unavailable.

Outpatients

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The number of vacancies in the department had reduced since our last inspection. The care provided for patients attending the outpatient department had improved since our last inspection. A new clinical assessment service staffed by medical and nursing staff with specialist expertise in acute oncology provided care for patients.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

- Our rating of effective stayed the same. We rated it as good because:
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Outpatients

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- However, we found patients often waited for blood tests. The waiting area and blood taking areas were both small and staff wrote test requests and test tube labels by hand which led to delays if these were difficult to read or information was missing.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all

However,

- Patients sometimes had to wait too long for a blood test.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Since our last inspection, follow up pathways had been reviewed based on clinical risk to identify which patients could be reviewed over the telephone. Other plans for improving pathways for patients were being developed. Staff and patients had been involved in the reviewing pathways and developing plans for a new outpatient department.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Outpatients

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Outstanding practice

- A mobile chemotherapy unit provide patients with a service closer to home, reducing the frequency of hospital visits.
- Patient pathways were being re-designed to enable follow up care to be organised according to individual risk. Telephone consultations were being introduced. A new outpatient and research building was planned which incorporated plans for new ways of delivering improved services.
- A telephone helpline was available 24 hours a day for patients to call for advice and information. The helpline was staffed by experienced healthcare professionals who could access patients 'records on line and provide advice.

Areas for improvement

- The trust should make improvements to the process for requesting blood tests to reduce waiting times and delays.
- The trust should ensure phlebotomy staff use single use tourniquets.
- The trust should ensure staff can access the electronic patient records system as required.
- The trust should ensure that waiting areas are adequate for patients and sufficient chairs for patients waiting for their consultation.

Community health services for adults

Good Up one rating

Key facts and figures

Our last inspection of The Royal Marsden Community Services was undertaken in April 2016 and published in January 2017 when the service was provided by The Royal Marsden NHS Foundation Trust under the name of Sutton Community Health Services.

The Royal Marsden NHS Foundation Trust have continued to provide the service, but re-registered the community services with us on 13 January 2017 as The Royal Marsden Community Services.

This means that although The Royal Marsden NHS Foundation Trust have had continuous responsibility for the provision of the community services since acquiring them in 2011, The Royal Marsden Community Services is a new legal entity for the purpose of CQC registration.

Any references to 'the last inspection' in this report relate to our inspection of The Royal Marsden Community Services and Sutton Community Health Services provided by The Royal Marsden NHS Foundation Trust, undertaken in April 2016 and published in January 2017.

The community adult district nursing service is aligned to the three GP localities Carshalton, Wallington and Sutton & Cheam. District nursing services were delivered by integrated locality teams and were mainly provided within the patient's home environment, including care homes and supported living accommodation.

Specialist services were offered in clinics in various health or community centres, often shared with GPs.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Out of the seven locations where community services were provided, we visited Green Wrythe Lane Health Centre, Jubilee Health Centre, Robin Hood Lane Health Centre and Roundshaw Health Centre.

We spoke with 45 community nurses, allied health care professionals, managers and administrative staff and spoke with 35 patients and relatives. We reviewed following services: integrated locality teams which included community district nurses, crisis teams, specialist nurses, occupational therapy and physiotherapy.

During inspection, we looked at patient care documentation and observed care in clinics and provided in patients' homes. We reviewed meeting minutes, operational policies and staff records.

The team that inspected the service was led by CQC inspection manager, Michelle Gibney and two CQC inspectors, three specialist advisors of various backgrounds and an expert by experience. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.

Summary of this service

Our rating of this service improved. We rated it as good because:

- We rated safe, effective, caring, responsive and well led as good.
- The safe and well-led domains improved since our last inspection; effective, caring and responsive stayed the same.

Community health services for adults

- The service underwent appropriate changes after the last inspection and managers had implemented required improvements.
- Record keeping and documentation had been much improved and the service undertook audits to check quality and compliance.
- Staff had training on Mental Capacity Act and Deprivation of liberty safeguards and knew how to apply them in practice.
- The service had processes in place to ensure there were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff were competent and had access to training to enhance skills and support to progress in their personal career development.
- We saw good multidisciplinary team working in different areas of adult community services.
- The trust took an active approach to deliver services, that met the needs of the local population and to reduce waiting times.
- The trust actively sought regular patient and staff feedback and took actions in response to results.

However:

- Mandatory training completion rates were below trust target.
- We found facilities and equipment were not always kept clean and tidy.
- Vacancy rates were above trust target.
- There was long referral to treatment time for community neuro therapy.
- Staff felt disconnected to the trust and trust leadership and did not find good communication between senior management and staff.
- Staff survey results demonstrated majority of staff working extra hours.

Is the service safe?

Good Up one rating

Our rating of safe improved. We rated it as good because:

- Since the last inspection, the service had implemented improvements in records keeping and documentation. The trust introduced audits to check quality and completion of patient records. However, we found gaps in record keeping and documentation, reflected in audit results.
- The service had improved shared learning from incidents across teams. Staff recognised incidents and reported them appropriately. Managers shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff assessed patients' risks to health and safety during care and treatment using nationally recognised tools.
- The service had processes in place to ensure there were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Community health services for adults

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

However:

- Mandatory training completion rates were below trust target.
- We found facilities and equipment were not always kept clean and tidy.
- Vacancy rates were above trust target.
- Community neuro therapy staff did not routinely complete falls risk assessments.
- Medication storage temperatures were not checked and documented regularly according to the trust standard operating procedure.

Is the service effective?

Good Up one rating

Our rating of effective improved. We rated it as good because:

- The service had made efforts to improve understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service had improved the quality standard for nutrition support, identifying patients at risk of malnutrition and providing support if needed.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- The service performed worse than the standard in the Sentinel Stroke National Audit Programme.
- The audit programme had recently been upgraded and most results were not available at the time of inspection.

Is the service caring?

Good Same rating

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.

Community health services for adults

- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good Same rating

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were mostly in line with good practice.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- There was long referral to treatment time for community neuro therapy.

Is the service well-led?

Good Up one rating

Our rating of well-led improved. We rated it as good because:

- New governance structures had been implemented to improve the service. There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Since the last inspection, managers had taken an active approach to improvement of the service and monitoring performance and the impact on the quality of care for patients.
- Local leaders had the right skills and abilities to run a service providing good quality sustainable care.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.

However:

- Some staff felt disconnected to the trust and trust leadership and did not find good communication between senior management and staff.
- Staff survey results demonstrated majority of staff working extra hours.

Areas for improvement

We found areas for improvement in this service:

- The service should improve mandatory training completion rates.
- The service should continue efforts to improve record keeping and documentation.

Community health services for adults

- The service should review use of falls screening risk assessment for the community neuro therapy service.
- The service should ensure facilities and equipment are kept clean and tidy
- The service should continue recruitment initiatives to address high vacancy rates
- The service should ensure medication storage temperatures are checked and documented regularly according to the trust standard operating procedure.
- The trust should improve communication between senior management and community staff
- The trust should continue to address themes from staff survey results.

Community health services for children and young people

Good   

Key facts and figures

The Royal Marsden Community Services formed Sutton Community Services in 2016.

The community children and young people service was delivered by the health visiting team, school nursing team, allied health professionals team and children's safeguarding team. The service operated 13 locations. Services were provided via home visits, school nursing, clinics, workshops and therapy sessions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Out of the 13 locations where community services were provided, we visited Green Wrythe Lane Health Centre, Robin Hood Lane Health Centre, Cedar Lodge, Muschamp Children's Centre, Victor Seymour Children's Development Centre and Stanley Park Children's Centre. We also visited the divisional headquarters and various home visits.

We spoke with a total of 30 staff including health visitors, school nurses, allied health care professionals, managers and administrative staff and spoke with 20 service users including children, parents and caregivers. We also reviewed 12 patient records.

The community children and young person's inspection team consisted of two inspectors, three specialist advisors and one expert by experience. Collectively the team consisted of a mix of professionals including; doctor, senior health visitor, community children's nurse, speech and language therapist and others.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

We rated safe, effective, caring responsive and well-led as good.

The rating for responsive improved since the last inspection. The ratings for safe, effective, caring and well-led remain the same as at the last inspection.

- The service managed patient safety incidents well.
- The service controlled infection risk well.
- Staff kept appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Health visitors, school nurses and other healthcare professionals supported each other to provide good care.

Community health services for children and young people

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups representing the local community.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However;

- Health visiting staff caseloads exceeded best practices recommended case load level of 300 families per health visitor.

Community health services for children and young people

- Half of staff we spoke with across the inspection were unable to confidently tell us their local procedure in relation to deteriorating patients.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Health visitors, school nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.

Community health services for children and young people

- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

The trust SHOULD take the following actions to improve;

- The trust should improve the caseload number per health visitor to meet national standards.
- The trust should ensure all staff understand their local policy and responsibilities regarding deteriorating patients.

Community end of life care

Good   

Key facts and figures

Our last inspection of The Royal Marsden Community Services was undertaken in April 2016 and published in January 2017 when the service was provided by The Royal Marsden NHS Foundation Trust under the name of Sutton Community Health Services.

The Royal Marsden NHS Foundation Trust have continued to provide the service, but re-registered the community services with us on 13 January 2017 as The Royal Marsden Community Services.

This means that although The Royal Marsden NHS Foundation Trust have had continuous responsibility for the provision of the community services since acquiring them in 2011, The Royal Marsden Community Services is a new legal entity for the purpose of CQC registration.

Any references to 'the last inspection' in this report relate to our inspection of The Royal Marsden Community Services and Sutton Community Health Services provided by The Royal Marsden NHS Foundation Trust, undertaken in April 2016 and published in January 2017.

The Royal Marsden NHS Foundation Trust provides community end of life care in the borough of Sutton.

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust and also in the community. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

Palliative care is a multidisciplinary approach to specialised medical care for people with serious illnesses, both cancer and other illnesses. It focuses on providing patients with relief from the symptoms, pain, physical stress and mental stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

The service has a multidisciplinary supportive care home team that consists of 4 whole time equivalent (WTE) clinical nurse specialists and is managed by the symptom control team based at the Royal Marsden. At the time of our previous inspection this team was a vanguard but has since been made substantive. The borough of Sutton is split into three localities, each with a separate manager. The adult nurses deliver end of life care in the community. The service had an integrated approach to working with patients at the end of their life, therefore there were no allocated community beds or wards for end of life patients. Instead, patients were cared for in nursing and residential homes, hospices and in their own homes. The supportive care home team supports staff in the care homes to deliver care to patients at the end of their life.

The supportive care home team delivers face-to-face clinical nurse specialist support in the borough Monday to Friday, 9am to 5pm. The service did not operate on weekends. The community nurses worked on a 24 hour rotation. Out of hours, advice is also provided by a local hospice via telephone.

We previously inspected the service in April 2016. Concerns identified during this inspection included a lack of clarity around what guidance was being used to deliver end of life care in patient's homes, a lack of monitoring of patient outcomes, staffing shortages in the community, no end of life care strategy and a lack of quality measurement.

Our inspection was conducted by short announcement (with 48 working hour' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

Community end of life care

We completed an unannounced inspection of the community end of life care services on 8, 9 and 10 May 2018. We shadowed on three home visits, spoke with ten patients and their relatives and visited the locality team bases in the community. We spoke with three members of the SCHT and their managers and over ten members of the community team and their managers. We reviewed four patient care records and two Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms.

The inspection team consisted of two CQC inspectors, one assistant inspector, two specialist advisors and one expert by experience.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The ratings of safe, effective, caring and responsive remained the same. The rating for well-led improved.
- Since our last inspection there had been a focus on the trust wide understanding and development of end of life care. There was now a strategy and governance programme in end of life care with a clear structure of leadership and accountability.
- There had been a focus on continuous improvement across the service since our last inspection. There are now clear audits and key performance indicators structures for delivering end of life care.
- Appropriate measures were in place to keep patients safe from avoidable harm. Incidents and safety monitoring results were collated and shared to improve the service.
- Policies, procedures and ways of working had been brought into line with local and national guidance. Advanced care planning for patients at the end of life had improved since the last inspection.
- Patients were provided with compassionate and person centred care, which took account of their individual differences and needs. Relatives and friends were involved in care planning wherever appropriate and recognised as part of the caring team.
- Staff across the service worked effectively with external agencies and attended Gold Standard Framework meetings with others in the borough to coordinate care for patients and improve pathways.

However:

- The community staff did not have rights to prescribe medication or verify patient death so were reliant on others in the community, more often than not, GPs.
- The service provided mandatory training in key skills to all staff but some completion rates were below the Trust target.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. This was particularly the case with regards to the non-transferable DNACPRs from some of the local trusts.

Is the service safe?

Good   

Community end of life care

Our rating of safe stayed the same. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. This includes the use of syringe pumps in the community.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The specialist palliative care team was run effectively by the right specialities.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The community staff did not have rights to prescribe medication and so were reliant on others in the community.
- The service provided mandatory training in key skills to all staff but there were low compliance rates across the community.
- The service did not use safety monitoring results well. The service was not effectively carrying out audits on end of life patients falls, pressure ulcers, medicines reconciliation or incidents relating specifically to end of life patients.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service had improved the delivery of end of life care based on national guidance since our last inspection. The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The service used an adapted individualised care plan which was based on national guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff also received end of life care specific training, such as advanced care planning and bereavement training.
- Staff of different kinds worked together as a team to benefit patients. Multi-disciplinary working was very effective and staff worked together across both specialities and organisations to ensure that patients had effective end of life care.

Community end of life care

However:

- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. This was particularly the case with regards to the non-transferable DNACPRs from some of the local trusts.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients and relatives confirmed that staff treated them well and with kindness. Palliative patients had access to clinical psychology input and there was no waiting list for this service.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. Patients had access to a multi-faith chapel, a chaplain and other faiths had the same access.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. When referred into the service, the majority of patients were seen within 24 hours and staff often worked outside of their contracted hours in order to see all patients in this time frame.
- The service took account of patients' individual needs, especially those living with dementia.
- The supportive care home team were highly responsive to the needs of the staff in the care homes and staff spoke highly of the support they received that enabled them to better care for end of life care patients.
- Although there had been no formal complaints relating to end of life care in the 12 months before our inspection, there were processes in place that demonstrated the service treated concerns and complaints seriously. Lessons learned from the results of investigations were shared with all staff across the trust.

However:

- The community nurses could not verify patient deaths. This became an issue if a patient died in the community and the relatives would have to wait for a GP to become available in order to verify.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

Community end of life care

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Since our last inspection, the service had developed a strategy that was embedded in the work of the team and understood by the wider staff.
- At the time of our last inspection, it was unclear how specialist palliative care and end of life care was influencing the development of services for patients receiving end of life care. The service has since made great strides towards positively impacting the care provided to end of life care in their own homes.
- Managers across the service promoted a positive culture that support and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborate with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Outstanding practice

- The work of the supportive care home team has provided increased empowerment to the staff in the community. All staff we talked to spoke very highly of the support they received from the team and were happy with their personal development with regards to end of life care. The team had worked hard to reduce unnecessary admissions to the trust through their education programme with the care homes.
- Since our last inspection the supportive care home team had launched the learning disability pilot for 11 care homes in the borough looking to improve end of life care for its learning disability residents. The pilot included tailored training sessions delivered into the community and further engagement with other healthcare professionals. It had proved very successful and the team were in the process of rolling it out amongst the other care homes in the borough.

Areas for improvement

- The service should consider training staff to be able to prescribe medication in the community.
- The service should consider training community staff in being able to verify patient death.
- The trust should ensure that all members of staff within the community receive mandatory training on an annual basis or as required.
- The trust should ensure that it is monitoring the safety incidents of end of life care patients in the community.
- The trust should ensure that it mitigates the risk of the non-transferable DNACPRs.

Our inspection team

The well-led inspection was led by Michelle Gibney, Inspection Manager and overseen by Nicola Wise, Head of Hospital Inspection. An executive reviewer, David Rogers, supported our inspection of well-led for the trust overall. On the well-led we were also accompanied by a colleague from NHS Improvement who assisted us in assessing how finance was managed by the trust.

The team included six further inspectors, an assistant inspector, three 'Experts by experience' and six specialist advisers.

The core service inspection was led by Michelle Gibney, Inspection Manager and overseen by Nicola Wise, Head of Hospital Inspection. Eight CQC Inspectors were in attendance and were supported by 10 specialist advisers and three 'Experts by experience'.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.