

# Medway NHS Foundation Trust

## Inspection report

Medway Maritime Hospital  
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January 2020  
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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

<b>Overall trust quality rating</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive?	<b>Requires improvement</b> 
Are services well-led?	<b>Inadequate</b> 
Are resources used productively?	<b>Requires improvement</b> 
<b>Combined quality and resource rating</b>	<b>Requires improvement</b> 

# Summary of findings

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.

## Background to the trust

Medway NHS trust comprises a single-site hospital based in Gillingham, Medway Maritime Hospital, which serves a population of more than 424,000 across Medway and Swale.

The trust employs around 4,400 staff and provides clinical services to almost half a million patients a year. This includes more than 125,000 emergency department attendances, more than 88,000 admissions, more than 278,000 outpatient appointments and more than 5,000 babies born in 2018. In addition, close to 400 volunteers provide invaluable support across the League of Friends, Hospital Radio and the Voluntary Services Department.

The trust offers a wide range of specialist and general hospital services. The hospital site is home to the Macmillan cancer care unit, the West Kent vascular centre, a dedicated stroke unit, the West Kent centre for urology and a state-of-the-art obstetrics theatre suite.

As an NHS Foundation Trust, the organisation has a 24-strong Council of Governors and more than 10,000 public members.

The hospital is made up of two clinical directorates – Unplanned and Integrated Care and Planned Care – supported by corporate functions. Each clinical directorate has a dedicated leadership team comprising divisional operating officer, deputy medical director and deputy director of nursing. The board of directors, led by chair Stephen Clark, comprises nine executive directors including James Devine, chief executive, and seven non-executive directors including the chair.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 



## What this trust does

Medway NHS Foundation Trust is a provider of acute and specialist services that serves a population of more than 424,000 people across Medway and Swale.

## 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.

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

# Summary of findings

## 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.

Our comprehensive inspection of NHS trusts has 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 at trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question on 2 and 3 May 2018.

Prior to this, we gathered information and data from the trust, NHS improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust). We held focus groups for different staff.

At the last inspection in April and May 2018, we rated the trust as 'Requires improvement'. We considered all the information we held about the trust when deciding which core services to inspect and based out inspection plan on the areas considered to be the highest risk.

We conducted an announced inspection of five core services from 3 to 5 December, which were Emergency and Urgent care, Surgery, Critical Care, End of Life Care and Children's and Young People's Services. We carried out unannounced inspections of Medical Care on 16 December and 29 January 2020, in response to concerns identified and raised.

During our inspection, we spoke with 185 staff, 37 patients and 15 relatives.

When aggregating the overall rating, the ratings from the previous inspection were used for core services that were rated following that inspection but were not re-inspected. We can only re-rate following inspection and the improvements that have taken place in the core services we inspected are reported.

We are aware of improvements in other core services through engagement visits and data supplied by the trust.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated the trust as good for caring, requires improvement for safe, effective, responsive and well led as inadequate.
- The trust was rated as requires improvement for emergency and urgent care services, surgery and services for children and young people, inadequate for medical care, good for end of life care and outstanding for critical care.
- We did not inspect maternity, gynaecology, outpatients or diagnostic imaging.

We are monitoring the progress of improvements to these services and will re-inspect them as required.

### Are services safe?

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

- We inspected six core services and the rating for safe went down to inadequate in medical care and remained as requires improvement in emergency and urgent care services, surgery and services for children and young people.
- The trust did not have effective systems to control infection risk in line with best practice. We saw that staff did not always clean their hands or use personal protective equipment (such as gloves and aprons), in line with trust policy.

# Summary of findings

- Safeguarding was not given sufficient priority at all times. Although staff we spoke with were able to tell us how they would identify and act on safeguarding concerns, we found the safety systems, and processes were not always followed.
- The maintenance and use of facilities, premises and equipment did not always keep people safe. For example, the emergency department was not secure and patients and visitors were able to access all areas of the adult emergency department, as access was not restricted to staff only, which was the same since the last inspection.
- The risks to people were not always assessed and their safety monitored and maintained to support patient safety. We saw in some areas, basic observations were not taken or recorded routinely. Substances hazardous to health were not stored or managed in line with regulations.
- There was not enough specialist provision for the assessment and treatment of patients attending with a mental health illness, in the emergency department, to ensure they were kept safe.
- The trust collected safety data, but it was not clear how the organisation used the results to improve safety. Safety data was not displayed for staff, patients and visitors to see.

However:

- The trust had implemented recruitment and training initiatives to address the lack of medical and nursing staff which meant staffing levels met national guidelines in most areas.
- The service provided mandatory training in key skills to all staff and checked staff completed it. Overall, the majority of staff completed this training.
- Generally, the service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, mostly stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- There was an improvement in the incident reporting culture of the organisation, although there was a backlog in incidents at the time of inspection. Processes around serious incident management was still improving and learning from incidents was not shared consistently or across the organisation.

## Are services effective?

Our rating of effective went down. We rated it as requires improvement because:

- Performance in national audits varied, and the effectiveness of care and treatment was not always monitored.
- Staff generally assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. However, services did not always audit this to see if this was done in line with guidance.
- Although staff supported patients to make sure they had enough food and drink to meet their needs, specialist staff were not always available. For example, there was no paediatric dietician available in services for children and young people.

However:

- The trust employed staff competent to perform their roles and ensured they maintained competency in specialist areas. Most staff had a completed appraisal and met the trust target of 85% for appraisal completion.

# Summary of findings

- Doctors, nurses and other healthcare professionals generally worked together as a team to benefit patients. They supported each other to provide care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients with a mental disorder and those who lacked the capacity to make decisions about their care.

## Are services caring?

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

- Patients, families and carers were generally positive about the care received and we observed compassionate and courteous interactions between staff and patients.
- We observed nurses, doctors and other professionals introducing themselves to patients at all times and explaining to patients and their relatives about their care and treatment options. We observed most staff took time to understand patient's specific needs through talking to them.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. In children's services, staff understood the impact a child's condition and treatment had on their wellbeing both emotionally and socially.
- In some areas there was a strong, visible person-centred culture. We saw staff took time to interact with people who used those services and those close to them in a respectful and considerate way, despite pressures in the services.
- Staff generally provided care that promoted people's dignity. Observations of care showed staff aimed to maintain patient's privacy and dignity.

However:

- We observed staff caring for patients in the majors waiting area, on chairs, without screens or separation from one another. We saw staff give treatment to patients in this open area.
- The pressure to move patients around the hospital had a negative impact on their emotional wellbeing.

## Are services responsive?

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

- There had been minimal improvements with access and flow within the trust and across the hospital since the last inspection. Patients were constantly moved to different wards and we saw placements of medical patients in surgical beds, patients kept in the recovery area for longer than they should have been and numerous bed moves at night.
- The services did not always plan and provide care in a way that met the needs of local people and the communities served. Due to the location and population, the service remained under significant pressure to meet the needs of their patients.
- Services were not always delivered in a way that focused on people's holistic needs. There was some flexibility to take account of individual needs as they arise, but the service did not meet the needs of all the people who use it.
- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- People could give feedback and raise concerns about care received. There were systems in to treat concerns and complaints seriously, investigate them and share lessons learned with all staff. However, patient complaints were not responded to in line with the time frame stipulated within trust policy.

# Summary of findings

## Are services well-led?

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

- Staff did not feel all leaders were visible, accessible and approachable and not all staff felt respected, supported and valued.
- Leaders were not always aware of all the risks, issues and challenges within the services. Risks, issues and poor performance were not always dealt with quickly enough. The risk management approach was sometimes inconsistent or not linked effectively into planning processes. The approach to service delivery and improvement was reactive and focused on short term issues.
- Not all services had a culture that provided high-quality sustainable care. Services were not always focused on the needs of the patients receiving care.
- Governance and management did not always function effectively or interact with each other appropriately. Although, there were clear lines of accountability from departments to the board, through the directorate governance structure, it was unclear how effective these were.
- We identified a number of issues that were a risk to patient safety, which had not been identified or addressed by the leadership team until we raised them during our inspection. For example, lack of compliance with infection prevention and control policies, storage of control of substances hazardous to health and the issues we identified on Dickens ward.

However:

- Critical care service leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed. The service had comprehensive and successful leadership strategies to ensure they delivered and developed the desired culture.

## Use of resources

Our rating of use of resources improved. We rated it as requires improvement because:

The trust had progressed since our last visit when the trust was rated 'inadequate' for use of resources, with evidence of improved productivity in clinical services, a significant reduction in its reliance on agency staff and a reduction of its underlying financial deficit. However, during our assessment, we found there were still further opportunities for the trust to improve its productivity across all key lines of enquiries to impact its operational performance, deliver sustainable services and materially reduce its reported financial deficit which at the time of the assessment remained the third largest nationally as a percentage of income.

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website.

## Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as requires improvement because:

We rated safe and responsive as requires improvement; well-led as inadequate and effective and caring as good.

We took into account the current ratings of the four core services not inspected at this time.

We rated five core services across the trust overall as requires improvement.

We rated one core service as inadequate.

We rated two core services as good.

# Summary of findings

We rated one core service as outstanding.

The overall ratings for the trust's acute locations remained the same.

The trust was rated requires improvement for use of resources.

## Ratings tables

The ratings tables show the ratings overall and 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 factors including 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 surgery, critical care and end of life care service areas.

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

## Areas for improvement

We found areas for improvement including 24 breaches of legal requirements that the trust must put right.

We found 19 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued a warning notice to the trust and seven requirement notices. Our action related to breaches of three legal requirements at a trust-wide level and 21 in four core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Surgery

The service had implemented a prehabilitation programme for patients undergoing major surgery. Prehabilitation is a strategy involving physical exercise as well as nutritional and social interventions to improve fitness in the preoperative period. The aim of prehabilitation is to increase preoperative fitness leading to better recovery and reduced incidence of complications.

### Critical Care

Staff continually made sure patients received highly individualised care to support their treatment. For example, staff went the extra mile to arrange a wedding for a patient nearing their end of life. All patients we spoke with gave continual praise to staff who gave consistent emotional support.

# Summary of findings

The culture across the service was exceptional. All staff were proud of the organisation they worked for. There was a high level of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring staff were listened to. Staff felt valued and enjoyed working at the centre.

## End of Life Care

The service truly respected and valued their patients as individuals. This was seen in the feedback from relatives and staff.

## Areas for improvement

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

Action the trust **must** take to improve:

### Trust wide

- The trust must ensure all staff are compliant with infection prevention and control practices and procedures, including hand hygiene, and correct use of personal protective equipment. Regulation 12 (1) (2) (h)
- The trust must ensure they meet the Department of Health and Social Care's standard on eliminating mixed sex accommodation, except where it is in the overall best interests of the patient or reflects the patient's choice. Regulation 10 (1) (2) (a) (b) (c)
- The trust must ensure all substances hazardous to health are stored and managed in line with regulations. Regulation 12 (1) (2) (a) (b)

### Emergency and urgent care

- The trust must ensure access to the adult emergency department is restricted to only those authorised. Regulation 15 (1)(b)

### Medical Care

- The trust must ensure that systems and processes are established and operated effectively to prevent abuse of service users. Regulation 13 (1) (2)
- The trust must ensure that risks to patients are identified, documented and regularly reviewed to ensure patients are safe from avoidable harm. Regulation 12 (1) (2) (a) (b)
- The trust must ensure the flooring and walls on medical wards we visited meet the Department of Health and Social Care Health Building Note 00-09. Regulation 12 (1) (2) (d)
- The trust must embed an effective system to ensure the service meets the trust targets for mandatory training, including safeguarding training to protect vulnerable adults and children and young people from harm and abuse. Regulation 18 (1) (2) (a) (b)
- The trust must ensure nursing staff are appropriately skilled and competent to carry out their roles, to provide safe care, in the medical care. Regulation 18 (1) (2) (a) (b)
- The trust must have an effective system to ensure only clinically suitable patients were cared for in the escalation areas. Regulation 12 (1) (2) (a) (b)



# Summary of findings

- The trust must ensure that systems and processes are established and operated effectively to enable the trust to assess, monitor and mitigate the risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b)
- The trust must ensure it has effective systems and processes to assess and monitor the risk of harm to patients because of waiting times from referral to treatment and arrangements to admit, treat and discharge patients. Regulation 17 (1) (2) (a) (b)
- The trust must ensure that medical records and confidential patient information are stored securely to ensure patient confidentiality. Regulation 17 (1) (2) (c)

## Surgery

- The trust must ensure that all reasonable steps are being taken to improve the quality of service, specifically in relation to access to treatment and waiting times. Regulation 17 (1)(2)(a) (f)
- The trust must ensure they meet with the national specifications for cleanliness on the frequency of cleaning audits carried out in all high-risk areas. Regulation 12 (1)(2) (h)
- The trust must ensure there are no patients stay overnight in the recovery area. Regulation 12 (1)(2) (d)
- The trust must consider ways to improve patient flow within theatres and recovery. Regulation 17 (1) (2) (a) (b)
- The trust must ensure waste is handled in line with national guidelines. Regulation 12 (1)(2) (h)
- The trust must ensure that records are stored securely. Regulation 17 (1)(2)(c)
- The trust must introduce systems and processes to proactively identify and address risks to the service. Regulations 17 (1) (2)(a)(b)

## Services for Children and Young People

- The trust must make ensure children in recovery are not placed next to adults with only a curtain for privacy. Regulation 12 (1)(2) (d)
- The trust must ensure there is a clear policy as to the maximum age of young people admitted onto the unit and complete a risk assessment for a young person above the age of 17 admitted onto unit. Regulation 12 (1) (2) (a) (b)
- The trust must ensure the doors to the kitchen area on the children's ward are kept closed at all times and only staff should be able to access the kitchen. Regulation 15 (1) (b)
- The trust must ensure all staff complete paediatric life support training. Regulation 18 (1) (2) (a) (b)

Action the trust **should** take to improve

## Emergency and Urgent Care Services

- The service should consider how to reduce the length of time patients wait in the majors waiting area, awaiting specialist review or admission. (Regulation12)
- The service should ensure that staff are compliant with mandatory training and improve compliance in safeguarding and Mental capacity Act training. (Regulation 18)

## Medical Care

- The service should implement an effective system to respond to patient complaints in compliance with timelines set in the trust's complaint policy. (Regulation 17)

# Summary of findings

- The service should ensure that risk assessments are updated, specifically in relation to nutrition and hydration. (Regulation 12)
- The service should ensure that there are sufficient numbers of appropriately skilled staff to keep patients safe from avoidable harm. (Regulation 18)

## **Surgery**

- The service should monitor compliance with the national early warning score tool. (Regulation 12)
- The service should ensure patient safety information is displayed for patients and visitors to see. (Regulation 17).
- The service should ensure all patients have their call bell within reach. (Regulation 12)
- The service should ensure compliance with the briefing and de-briefing stages of the World Health Organisation Safer Surgery Checklist. (Regulation 12)

## **Critical Care**

- The service should make sure the high dependency unit meet the minimum bed space dimensions as recommended in national guidance. (Regulation 15)
- Patient discharges should not be delayed once they are deemed medically ready to transfer to a ward. (Regulation 12)
- Out of hour discharges should be avoided in line with the Guidelines for the Provision of Intensive Care Services, 2015. (Regulation 12)

## **End of Life Care**

- The service should consider enabling greater access to a specialist palliative care consultant. (Regulation 12)
- The service should improve the capacity for delivering end of life care training for staff across the trust. (Regulation 18)
- The service should increase staff attendance at end of life care training courses. (Regulation 18)
- The service should maintain their risk register, so it reflects when they last reviewed risks. (Regulation 17)

## **Services for Children and Young People**

- Patients should be assessed by a paediatric dietician and nutritional assessments in place for all patients. (Regulation 12)
- The service record patient's height and weight on admission to the ward (Regulation 12).
- The service should ensure all staff complete all care plans, assessments and charts in patient records. (Regulation 18)

Full information about our regulatory response to the concerns we have described will be added to a final version of this report, which we will publish in due course.

## 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.

# Summary of findings

Our rating of well-led at the trust went down. We rated well-led as inadequate because:

Not all leaders had the necessary experience, knowledge, capacity or capability to lead effectively. There was no stability in the leadership team, with regular turnover of senior leadership roles. The board lacked cohesiveness. Leaders were not always in touch with what was happening on the front line, and they could not identify or understand the risks and issues described by staff.

As the executive were dealing with an organisation under considerable strain, they lacked time to do any strategic thinking. The key post of company secretary was vacant at the time of inspection.

Improvements were slow to be made, or in some cases not made, following our last inspection. As such there was little assurance that the leadership team had the capability or capacity to make and sustain any improvements in their organisation.

It was not always clear that board members had been clearly sighted on significant issues within the trust. When we spoke with them there did not appear to be the level of understanding or concern expected following the enforcement action taken after the core service inspection of the trust.

There was significant concern with nurse leadership throughout trust, vocalised by board members and seen in areas during our core service inspection, where nursing standards fell way below those expected in a caring organisation. Some board members told us there was a lack of nursing standards, underpinned by a lack of nursing strategy and there was a plan to build on this.

The trust had a vision and strategies for what it wanted to achieve. The strategy and plans had some gaps and weaknesses which undermined their credibility. For example, the delivery of quality care was a recent addition to the strategy. Staff did not always understand how their role contributed to achieving the strategy. The strategy had not been translated into meaningful and measurable plans at all levels of trust. Progress against delivery of the strategy and plans was not consistently or effectively monitored or reviewed and there was limited evidence of progress. Leaders at all levels were not always held to account for the delivery of the strategy.

We found a culture which was top down and directive. It was not one of fairness, openness, transparency, honesty, challenge and candour. We found some executives were defensive and were not compassionate. Leaders lacked understanding on how their behaviours affected staff and the quality of patient care.

Staff satisfaction was mixed. Although the trust had established programmes to positively impact on culture, they had not had time to embed throughout the organisation and historical poor behaviours persisted. There was a lack of systematic performance management of individual staff.

There were teams working in silos, leaders and clinicians did not always work cohesively. The executive team admitted there were many cultures through the organisation, as teams worked in isolation, which was mirrored in the behaviours of the executive team, who lacked cohesiveness as a board.

We saw that patients were largely referred to as a “bed number” by leaders in site meetings and as numbers in committee meetings. The large number of bed moves and patients being cared for in the wrong speciality ward, waiting areas and escalation areas, indicated that senior leaders were more focussed on operational targets, than patients experience and quality care.

The lack of openness of the organisation was demonstrated with repeated failures to inform the CQC when significant incidents occurred. Numerous incidents were brought to CQC’s attention, via other system partners. We could not be assured all significant incidents were being reported.

# Summary of findings

The governance arrangements and their purpose were unclear, and there was a lack of clarity about authority to make decisions and how individuals were held to account. There was no process to review key items such as the strategy, values, objectives, plans or the governance framework. It was not clear how the board gained its assurances at meetings or through the information they received. We identified similar issues to those raised in an external review, which took place more than 12 months prior to inspection.

Risks, issues and poor performance were not always dealt with appropriately or quickly enough. The risk management approach was applied inconsistently. The approach to service delivery and improvement was reactive and focused on short-term issues. The trust had identified a large backlog in incidents to be dealt with. In addition, the trust had only started to hold serious incident panels a few months before inspection and there was work to be done to embed serious incident management processes and ensure the quality of investigations was consistent.

The information used in reporting, performance management and delivering quality care was not always accurate, valid, reliable, timely or relevant. Leaders and staff did not always receive information to enable them to challenge and improve performance. Information was used for assurance and rarely for improvement and that information did not always supply enough assurance. Required data or notifications were inconsistently submitted to external organisations.

There was a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders, or insufficient attention to appropriately engaging those with particular protected equality characteristics. Feedback was not always reported or acted on in a timely way. The trust consistently failed to meet its target in responding to complaints.

There was sporadic innovation or service development, limited application of improvement methodologies, and improvement was not a priority among staff and leaders. As so much time was dealt reacting to issues, leaders and staff did not have time to consider service improvement or innovation.

There was minimal evidence of learning and reflective practice. There was limited assurance that incidents were being reported at all or in a timely manner. Evidence demonstrated incidents were not being responded to in a timely way and there was a large backlog of incidents which had not been reviewed.

The impact of service changes on the quality and sustainability of care was not understood. Senior leaders responded to performance figures, which affected the quality of care and patient experience being delivered. Senior leaders did not appear to consider the impact of their decisions on patient care.

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## 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
Requires improvement ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Inadequate ↓ Mar 2020	Requires improvement ↔ Mar 2020

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
Urgent and emergency care Services	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020
Medical Care ( Including older peoples care)	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020	Inadequate ↓ Mar 2020	Inadequate ↓↓ Mar 2020	Inadequate ↓↓ Mar 2020
Surgery	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020
Critical Care	Good ↑ Mar 2020	Good ↔ Mar 2020	Outstanding ↑ Mar 2020	Good ↑ Mar 2020	Outstanding ↑↑ Mar 2020	Outstanding ↑↑ Mar 2020
Maternity and Gynaecology	Good Mar 2017	Good Mar 2017	Outstanding Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Services for Children and Young People	Requires improvement ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↓ Mar 2020
End of Life Care	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020
Outpatients	Good Jul 2018	N/A	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Diagnostic Imaging	Requires improvement Jul 2018	N/A	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
<b>Overall trust</b>	Requires improvement ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020

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.

# Medway Maritime Hospital

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## Key facts and figures

Medway Maritime Hospital serves a population of more than 424,000 across Medway and Swale.

The trust employs around 4,400 staff and provides clinical services to almost half a million patients a year. This includes more than 125,000 emergency department attendances, more than 88,000 admissions, more than 278,000 outpatient appointments and more than 5,000 babies born in 2018. In addition, close to 400 volunteers provide invaluable support across the League of Friends, Hospital Radio and the Voluntary Services Department.

The trust offers a wide range of specialist and general hospital services. The hospital site is home to the Macmillan cancer care unit, the West Kent vascular centre, a dedicated stroke unit, the West Kent centre for urology and a state-of-the-art obstetrics theatre suite.

The hospital is made up of two clinical directorates – Unplanned and Integrated Care and Planned Care – supported by corporate functions. Each clinical directorate has a dedicated leadership team comprising divisional operating officer, deputy medical director and deputy director of nursing.

## Summary of services at Medway Maritime Hospital

**Requires improvement**   

Medway Maritime Hospital provides acute and specialist services that serves a population of more than 424,000 people across Medway and Swale.

We conducted an inspection of: Emergency and urgent care, medical care, surgery, critical care, end of life care and services for children and young people. During our inspection, we spoke with 185 staff, 37 patients and 15 relatives. Prior to inspection we held focus groups, where staff shared their views of the organisation with us and we reviewed patients comment cards, which informed us of their experiences of their care.

Our rating of services stayed the same. We rated it them as requires improvement because:

- We rated the trust as good for caring, requires improvement for safe, effective, responsive and well led as inadequate.
- The trust did not have effective systems to control infection risk in line with best practice. We saw that staff did not always clean their hands or use personal protective equipment (such as gloves and aprons), in line with trust policy.

# Summary of findings

- The risks to people were not always assessed and their safety monitored and maintained to support patient safety. We saw in some areas, basic observations were not taken or recorded routinely. Substances hazardous to health were not stored or managed in line with regulations.
- Access and flow through the hospital continued to be a problem in the hospital, which negatively affected patients in all of the services we inspected.
- Improvements were slow to be made, or in some cases not made, following our last inspection. As such there was little assurance that the leadership team had the capability or capacity to make and sustain any improvements in their organisation.
- Not all leaders had the necessary experience, knowledge, capacity or capability to lead effectively. There was no stability in senior the leadership team, with regular turnover of senior leadership roles. Leaders were not always in touch with what was happening on the front line, and they could not identify or understand the risks and issues described by staff.

However,

- The trust had implemented recruitment and training initiatives to address the lack of medical and nursing staff which meant staffing levels met national guidelines in most areas.
- Generally, the service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff generally treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients was very positive. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- There was an improvement in the incident reporting culture of the organisation, although there was a backlog in incidents at the time of inspection. Processes around serious incident management was still improving and learning from incidents was not shared consistently or across the organisation.



# Urgent and emergency services

Requires improvement   

## Key facts and figures

Medway NHS Foundation trust urgent and emergency care department is located in Medway Maritime hospital, Gillingham, Kent. In early 2016, work began to modernise the urgent and emergency care department with the intention of improving capacity and streamlining the service to reduce the time it takes for patients to be seen. The urgent and emergency care department at Medway Maritime hospital provides a 24-hour, seven day a week service to the local area.

The urgent and emergency care department has a co-located primary care facility (operated by a separate provider) and a separate children's emergency department. The children's emergency department is accessible from the main urgent and emergency care department and is secured with swipe card access. Patients are directed on arrival to the most appropriate health care provider.

The urgent and emergency care department has a designated trauma unit, a specialist stroke service, with input from a team specialising in older people's care and is supported by a seven-day consultant led ambulatory care unit.

The urgent and emergency care department at Medway Maritime hospital has a seven bedded resuscitation area, 16 cubicles for major emergencies (majors), four bays in a rapid assessment unit for ambulance arrivals, four cubicles for minor injuries (minors), a mental health assessment room and two triage/rapid assessment rooms and a same day emergency care (SDEC) unit. There is a majors and a minors waiting area. There is a designated children's resuscitation bay within the resuscitation area. There are two triage rooms and five assessment rooms in the children's emergency department.

Urgent and emergency services were last inspected in 2018 when overall, we rated it as requires improvement. We rated caring, effective and well-led as good, responsive, and safe as requires improvement.

This inspection was announced and we inspected all five key questions. We spoke to 15 patients and carers and over 20 staff from different disciplines, including support and administration staff, nurses, doctors, managers and ambulance staff. We observed daily practice and viewed 20 sets of records. Before and after our inspection, we reviewed information provided by the trust.

## Summary of this service

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

- The emergency department did not meet the recommendations of the Royal College of Emergency Medicine guidelines of consultant cover. These state that consultant cover must be provided a minimum of 16 hours a day. This remained unchanged since our previous inspection.
- Data provided for mandatory training compliance did not meet the trust target of 85%. However, this had improved at the time of inspection for nursing staff.
- Compliance in Mental Capacity Act training amongst medical staff was 68% and 80% for nursing staff, which did not meet the trust target of 85%. However, staff demonstrated a good understanding of the Mental Capacity Act and safeguarding of vulnerable people.

# Urgent and emergency services

- The trust performed worse than the England average for the decision to admit until being admitted. Over the 12 months from October 2018 to September 2019, 124 patients waited more than 12 hours from the decision to admit until being admitted.
- Patients and visitors were able to access all areas of the adult emergency department, as access was not restricted to staff only.
- There was poor flow and capacity through the department. This meant patients waited many hours in the majors waiting area. Patients experienced significant delays whilst awaiting specialist review or to be placed in a bed on a ward.
- The department consistently failed to meet the four-hour NHS constitution 4hour standard. The standard stipulates that 95% of patients be admitted, transferred or discharged within four hours. The trust did not meet the standard and performed worse than the England average.
- The Patient Friends and Family Test asked patients whether they would recommend the services they have used based on their experiences of care and treatment. The trust scored between 72.0% and 81.8% from September 2017 to August 2019. This was consistently worse than the England average from January 2017 to December 2017.
- There was not enough specialist provision for the assessment and treatment of patients attending with a mental health illness, which ensured they were kept safe. Risk assessments of patients attending with a mental health illness were completed but patients had long stays in the department waiting for mental health care.

However:

- Staff were professional and cared for patients in a kind and compassionate manner. Feedback from patients and relatives was positive.
- The leadership team supported staff and provided new staff with an individual induction plan and educational plans to ensure the skills they brought to the team were recognised along with identifying training needs.
- There was consistent recording of information within the patient records we reviewed. This included good completion of risk assessments and pain scores.
- Care provided to patients suffering with sepsis (infection) was in accordance with National Institute for Health and Care Excellence guidelines. This was an improvement since our last inspection. Local audits showed good compliance with adherence to national guidelines in the management of sepsis.
- Staff were aware of the escalation processes used in times of increased demand on the service. This was an improvement since our last inspection.
- The streaming of patients aimed to make care more efficient and take pressure away from emergency departments by having a healthcare professional, triage patients coming through hospital doors.
- Staff monitored patients who were at risk of deteriorating appropriately. Early warning scores were in use in both adult and paediatric areas.
- The department was staffed by a team of people who wanted to improve care and constantly sought ways of innovating and making changes for the better.

## Is the service safe?

**Requires improvement**   

# Urgent and emergency services

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

- The service did not meet the national recommendations of consultant cover of 16 hours per day. However, they were well staffed with doctor cover and had a pertinent recruitment plan and business case to employ more staff.
- The environment was not secure and patients and visitors were able to access all areas of the adult emergency department, as access was not restricted to staff only.
- Data provided for mandatory training compliance did not meet the trust target of 85%. This included training in life support for adults and children for medical staff. However, this had improved at the time of inspection for nursing staff.
- There was not enough specialist provision for the assessment and treatment of patients attending with a mental health illness, to ensure patients were kept safe.

However,

- 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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Although patients waited a long time in the majors lite waiting area, the risk was mitigated by having dedicated staff there and a clinical inclusion criteria. This was also the case for the majors escalation area. Only suitable patients who were not acutely unwell were placed in these areas. We reviewed records of patients and saw they met the clinical criteria.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## 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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Most staff had a completed appraisal and this met the trust target of 85% for appraisal completion.
- Staff provided care and treatment based on national guidance and evidence-based practice and used this to develop new policies and procedures.

# Urgent and emergency services

- The department had a specific fractured neck of femur (broken hip) pathway, which enabled this group of patients to be treated efficiently, which was based on best practice. The pathway was audited for compliance and patient outcomes. Data from this audit demonstrated a significant improvement in mortality rates since the implementation of the pathway.
- The leadership team monitored the effectiveness of care and treatment through continuous local, national audits and investigation.
- New staff received a package of support including a mentor, week-long induction, competencies, and educational courses. Staff had defined educational development pathways and supported options for career progression.
- We saw examples of good multidisciplinary working. Doctors, nurses, associate practitioners, clinical support workers and other healthcare professionals supported each other to provide care. The department had been nominated for team of the year at a national awards event.

However:

- From September 2018 to August 2019 the trust's unplanned re-attendance rate to A&E within seven days was worse than both the national standard of 5% and the England average.
- Compliance in Mental Capacity Act training amongst medical staff was 68% and 80% for nursing staff, which did not meet the trust target of 85%.

## Is the service caring?

Good   

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

- We observed staff took time to understand patients' specific needs through talking to them and gentle encouragement.
- Patients, families and carers were generally positive about the care received and we observed compassionate and courteous interactions between staff and patients.
- We observed nurses, doctors and other professionals introducing themselves to patients at all times and explaining to patients and their relatives about their care and treatment options.
- Staff generally provided care that promoted people's dignity. Observations of care showed staff aimed to maintain patient's privacy and dignity.

However:

- We observed staff caring for patients in the majors waiting area, on chairs, without screens or separation from one another. We did see staff giving treatment to patients in this open area though there were private rooms available for more intimate consultations.
- The Patient Friends and Family Test asked patients whether they would recommend the services they have used based on their experiences of care and treatment. The trust scored between 72.0% and 81.8% from September 2017 to August 2019. This was consistently worse than the England average from January 2017 to December 2017.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● → ←

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

- Adult patients experienced significant delays whilst awaiting specialist review or to be placed on a ward. Availability of speciality teams to respond to referrals from the emergency department was a challenge for the trust.
- The trust performed worse than the England average for the decision to admit until being admitted. Over the 12 months from October 2018 to September 2019, 124 patients waited more than 12 hours from the decision to admit until being admitted.
- Staff explained how they had 'boarded' and 'lodged' patients within the department. Lodged patients were to be admitted to the hospital under a specialist team but they were waiting for a bed to become available. Boarded patients were awaiting specialist review and there was insufficient room in the department for them so they waited in the majors waiting room and were excess to the capacity of the department.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for four months over the 12-month period from September 2018 to August 2019. However, this was an improvement from the previous inspection when it met the standard only three times from 2017 to 2018.
- The department consistently failed to meet the four-hour NHS constitution 4hour standard. The standard stipulates that 95% of patients be admitted, transferred or discharged within four hours. The trust did not meet the standard and performed worse than the England average.
- From September 2018 to August 2019 the trust received 184 complaints in relation to urgent and emergency care at the trust (24.2% of total complaints received by the trust). The trust took an average of 32 days to investigate and close complaints. This was not in line with their complaints policy, which states complaints should be closed within 30 days. However, this had improved since our last inspection.

However:

- The service recognised that demand and flow throughout the department was a key issue. The adult emergency department had a streaming process to improve flow by ensuring patients were treated in the most appropriate setting.
- The service looked to see where or if harm had occurred as a result of delays. These issues were investigated, and any learning shared.
- The service took account of individual needs such as learning disabilities and dementia during triage and we saw they were noted in assessments. Carers, families and escorting mental health professionals were involved in information gathering to ensure patient needs were documented.
- There was a frailty pathway to help provide appropriate care for the significant number of patients with related needs. This patient centred pathway which involved multidisciplinary teams and other agencies and was designed to support older people to stay within the own home.
- The paediatric emergency department had a designated play specialist.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Urgent and emergency services

- The trust planned and provided services in a way that met the needs of local people. They worked with commissioners, external providers and local authorities.

## Is the service well-led?

**Good** ● → ←

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

- The service had a clear vision and strategy that all staff understood and put into practice.
- Staff and managers were clear about the challenges the department faced. They explained the risks to the department and the plans to deal with them.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to. They said leaders within the department were visible and approachable.
- All senior staff were passionate about delivering high quality care to patients, whilst supporting and leading staff other operational staff to achieve this.
- Consultant leadership in the department was committed and consultants demonstrated an understanding of the patients within the department and their needs.
- The department had governance, risk management and quality measures to improve patient care, safety and outcomes.

# Medical care (including older people's care)

Inadequate ● ↓↓

## Key facts and figures

The medical care service at the trust provides care and treatment for acute medicine, acute specialist medicine (gastro-enterology, respiratory, cardiology, endocrinology), elderly care medicine and planned services (neurology and rheumatology). In addition, the trust offers haematology and acute oncological services. We also offer domiciliary non-invasive ventilation and sleep services. There are 286 medical inpatient beds located across 16 wards and units.

(Source: Routine Provider Information Request AC1 - Acute context)

The trust had 35,259 medical admissions from July 2018 to June 2019. Emergency admissions accounted for 20,610 (58.5%), 395 (1.1%) were elective, and the remaining 14,254 (40.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine (19,026)
- Gastroenterology (4,684)
- Rheumatology (2,771)

(Source: Hospital Episode Statistics)

During our inspection, we visited 15 wards and departments across medical care core service. We also visited medical outliers on four surgical wards.

We spoke with 36 staff of all grades, including, nurses, doctors, clinical support workers, therapists, dietitians, and house keepers. We reviewed 30 sets of patient records. We spoke with two patients and four relatives about their experience, we observed care and treatment being delivered. We observe nursing, doctor and the multi-disciplinary team. We reviewed performance data before, during and after the inspection. We also took into account views and feedback provided at staff focus groups and drop-in sessions, which we facilitated before the inspection.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- The service did not have a culture in all areas that provided high-quality sustainable care. The service was not always focused on the needs of the patients receiving care. Most staff we spoke with felt respected, supported and valued.
- Leaders were not always aware of the risks, issues and challenges in the service. However, leaders had the skills and abilities to run the service. Senior leaders could not demonstrate adequate systems and process to provide assurance that they had full oversight of the service in terms of risk, quality, safety and performance.
- Although there were clear lines of accountability from the department to the board, through the directorate governance structure, it was not effective. There was a lack of oversight of the issues identified that were a risk to patient safety, which had not been identified or addressed by the leadership team until we raised them during our inspection. For example, lack of compliance with infection prevention and control policies, storage of control of substances hazardous to health and the issues we identified on Dickens ward.

# Medical care (including older people's care)

- Risks, issues and poor performance were not always dealt with quickly enough. The risk management approach was sometimes inconsistent or not linked effectively into planning processes. We identified a number of issues that were a risk to patient safety, which had not been identified or addressed by the leadership team until we raised them during our inspection. The approach to service delivery and improvement was reactive and focused on short term issues.
- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- Services were not always delivered in a way that focused on people's holistic needs. There was some flexibility to take account of individual needs as they arise, but the service did not meet the needs of all the people who used it.
- The service did not always plan and provide care in a way that met the needs of local people and the communities served.
- Safeguarding was not given sufficient priority at all times. Staff we spoke with were able to tell us how they would identify and act on safeguarding concerns. But, the safety systems, processes and standard operating procedures were not always followed. Not all medical staff were up to date with their safeguarding training.
- The service did not have effective systems to control infection risk in line with best practice. We saw that staff did not always clean their hands or use personal protective equipment (such as gloves and aprons), in line with trust policy.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff managed clinical waste well.
- The risks to people were not always assessed and their safety monitored and maintained to support patient safety.
- The service did not always have sufficient numbers of suitably qualified permanent staff with the right qualifications, training and experience to keep people safe from avoidable harm and abuse.
- Care and treatment did not always reflect the trust policies, current evidence-based guidance or best practice standards. Managers did not always check that staff followed guidance. Staff in all areas did not complete evidence-based recognised tools to keep patients safe and free from preventable harm.
- Facilities and premises were not always appropriate for the services being delivered. For example, we saw that the cardiac department had areas across the whole hospital site. The cardiac catheter suite was at one end of the hospital and the coronary care unit, on the other.
- Although staff supported patients with food and drink, it was unclear on the accuracy of the completion of food chart. They used special feeding and hydration techniques when necessary.
- Outcomes for people who use services did not always meet expectations, compared with similar services.
- Consent was not always obtained or recorded in line with relevant guidance and legislation. We saw staff did not ask patients for consent before undertaking care. Both nursing and medical staff were below the trust target for completion of Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) training.
- Staff did not always deliver compassionate care to patients in medical areas. We saw staff did not always consider the privacy of patients and did not always introduce themselves to their patients.
- The pressure to move patients around the hospital had a negative impact on their emotional wellbeing.
- Staff did not always take the time to interact with patients and those close to them in a respectful and considerate way. We saw nursing staff attend patients and have discussions about them across their bed, referring to them as "he" or "she" and not addressing them by name.



# Medical care (including older people's care)

- Staff did not always introduce themselves to patients, explain what their role was or what they were about to do.
- We found call bells were not always answered in a timely manner.
- Staff did not always treat patients with dignity and respect. On Dickens ward we found multiple patients with their bed clothes off and exposing their underclothes, due to the heat. We observed one patient remain exposed for 10 minutes, whilst nursing staff walked past several times.

## Is the service safe?

**Requires improvement** ● ↓↓

Our rating of safe went down. We rated it as inadequate because:

- Safeguarding was not given sufficient priority at all times. Although staff we spoke with were able to tell us how they would identify and act on safeguarding concerns, we found the safety systems, and processes were not always followed.
- Not all medical staff were up to date with their safeguarding training. In medicine the 85% target was met for one of the three safeguarding training modules for which medical staff were eligible.
- The service did not have effective systems to control infection risk in line with best practice. We saw that staff did not always clean their hands or use personal protective equipment (such as gloves and aprons), in line with trust policy.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- The risks to people were not always assessed and their safety monitored and maintained to support patient safety. We saw in some areas, basic observations were not taken or recorded routinely.
- The service did not always have sufficient numbers of suitably qualified permanent nursing staff with the right qualifications, training and experience to keep people safe from avoidable harm and abuse.
- Staff did not consistently keep appropriate records of patients' care and treatment. Records were not always clear, up-to-date, or stored securely.
- The service collected safety data, but it was not clear how the service used the results to improve safety. Safety data was not displayed. for staff, patients and visitors to see.

However:

- There were systems in place to report incidents. Incidents were monitored and reviewed, and staff gave examples of learning from incidents. Staff understood the principles of Duty of Candour regulations, were confident in applying the practical elements of the legislation. Staff confirmed they knew how to raise an incident although they told us they did not always receive feedback.
- The service provided mandatory training in key skills to all staff. However, mandatory training levels were below the trust target, for eight out of nine modules for medical staff and four out of ten for nursing staff.
- The service generally had medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

# Medical care (including older people's care)

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Care and treatment did not always reflect the trust policies, current evidence-based guidance or best practice standards. Managers did not always check that staff followed guidance. Staff in all areas did not complete evidence-based recognised tools to keep patients safe and free from preventable harm.
- Although staff supported patients with food and drink, it was unclear on the accuracy of the completion of food chart. They used special feeding and hydration techniques when necessary. But we saw some patients went without hydration for significant periods.
- Outcomes for people who used services did not always meet expectations compared with similar services.
- Consent is not always obtained or recorded in line with relevant guidance and legislation. We saw staff did not ask patients for consent before undertaken care. Both nursing and medical staff were below the trust target for completion of Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) training.

However:

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Doctors, nurses and other healthcare professionals generally worked together as a team to benefit patients. They supported each other to provide care.
- Key services were available seven days a week to support timely patient care.
- Patients were supported to live healthier lives and manage their own care and wellbeing needs where appropriate.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients with a mental disorder and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Requires improvement** ● ↓

Our rating of caring went down. We rated it as requires improvement because:

- Staff did not always deliver compassionate care to patients in medical areas. We saw staff did not always consider the privacy of patients.
- Staff did not always introduce themselves to patients, explain what their role was or what they were about to do.
- The pressure to move patients around the hospital had a negative impact on their emotional wellbeing.
- Staff did not always take the time to interact with patients and those close to them in a respectful and considerate way. We saw nursing staff attend patients and have discussions about them across their bed, referring to them as “he” or “she” and not addressing them by name.
- We found call bells were not always answered in a timely manner.

# Medical care (including older people's care)

- Staff did not always treat patients with dignity and respect. On Dickens ward, we found multiple patients uncovered because of the heat. We observed one patient remain exposed for 10 minutes, whilst nursing staff walked past several times.

However:

- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.

## Is the service responsive?

**Inadequate** ● ↓

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

- The service did not always plan and provide care in a way that met the needs of local people and the communities served. Due to the location and population, the service remained under significant pressure to meet the needs of their patients.
- Facilities and premises were not always appropriate for the services being delivered. For example, we saw that the cardiac department was spread across several areas of the hospital. The cardiac catheter suite was at one end of the hospital and the coronary care unit, on the other.
- Services were not always delivered in a way that focused on people's holistic needs. There was some flexibility to take account of individual needs as they arise, but the service did not meet the needs of all the people who use it.
- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- Demand frequently exceeded capacity and medical patients were often accommodated on other speciality wards, such as surgical wards. Arrangements for medical staff to review any medical patients on non-medical wards, were not always effective.
- Patient complaints were not responded to in line with the time frame stipulated within trust policy.

However:

- Staff told us they could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia (AMSAT).
- The service welcomed weekly visits from a Pets As Therapy (PAT) dog. The primary aim of Pets As Therapy is to bring temporary but regular animal companionship and comfort to patients/residents in hospitals, hospices, day care centres, nursing homes.

## Is the service well-led?

**Inadequate** ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

# Medical care (including older people's care)

- Leaders were not always aware of the risks, issues and challenges in the service. Senior leaders could not demonstrate adequate systems and process to provide assurance that they had full oversight of the service in terms of risk, quality, safety and performance.
- The service did not have a culture in all areas that provided high-quality sustainable care. The service was not always focused on the needs of the patients receiving care
- Although there were clear lines of accountability from the department to the board, through the directorate governance structure, it was not effective. There was a lack of oversight of the issues identified that were a risk to patient safety, which had not been identified or addressed by the leadership team until we raised them during our inspection. For example, lack of compliance with infection prevention and control policies, storage of control of substances hazardous to health and the issues we identified on Dickens ward.
- Risks, issues and poor performance were not always dealt with quickly enough. The risk management approach was sometimes inconsistent or not linked effectively into planning processes. The approach to service delivery and improvement was reactive and focused on short term issues.
- The service did not take into account potential risks when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities.

However:

- Staff described matrons and the ward managers as approachable and supportive, offered advice and training. Staff told us the matrons would come to the ward if they asked and often supported them when they were busy.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- The service routinely collected, managed and used information to support its activities. Staff had some systems and processes in place to aid learning and improve services.
- Leaders and staff engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. Although, staff did not always feel engaged or consulted on plans for the areas they worked.

# Surgery

Requires improvement   

## Key facts and figures

The trust delivers a range of general and specialised surgical services including planned and emergency procedures. These include inpatient and day care services covering a range of specialties including colorectal, breast, vascular, orthopaedics, urology, maxillofacial, ear nose and throat, chronic pain management and laparoscopic key hole surgery.

*(Source: Trust Acute Routine Provider Information Request – Context acute tab)*

The trust has 21-day case beds within the Sunderland Day Care Unit and 118 inpatient surgical beds and eight trolleys on the surgical assessment unit. The service has 17 main operating theatres. Four of the 17 operating theatres are for day surgery these are part of Sunderland Day Care Unit. The trust has five surgical wards: Kingfisher, McCulloch, Pembroke, Phoenix, and Victory.

The service has a pre-operative care unit, where patients are prepared for surgery and day cases can be recovered prior to discharge home. This area has 12 small cubicles, with seating for patients and their relatives and four consultation rooms. For emergency admissions, the hospital has an eight-bedded surgical assessment unit with a four-bay assessment area adjacent to Kingfisher Ward. The hospital's emergency department can refer surgical patients to the same day emergency care unit which opened in September 2019 or the surgical assessment unit for assessment pending emergency surgery.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

The trust had 23,310 surgical admissions from July 2018 to June 2019. Emergency admissions accounted for 9,581 (41.1%), 10,045 (43.1%) were day case, and the remaining 3,684 (15.8%) were elective.

During the inspection, we visited theatres, Sunderland Day Care Unit, Kingfisher, McCulloch, Pembroke, Phoenix, Sunderland and Victory wards. We spoke with over 30 staff members, including all grades of medical and nursing staff, clinical support workers and housekeeping staff.

We spoke with eight patients and three relatives.

We reviewed 12 patient records, medicine prescription charts, and performance data before, during and after the inspection and 23 patient feedback cards.

We also took into account views and feedback provided at staff focus groups and drop-in sessions, which we facilitated before the inspection

## Summary of this service

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

- While the service improved in some areas since the last inspection, it stayed the same or became worse in others.
- While staff had training in key skills, the service did not always ensure everyone completed them.

# Surgery

- The service did not control infection risk well and staff did not consistently follow infection prevention and control policies. The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Records were not always stored securely.
- While the service had improved staff recruitment, there remained significant challenges within theatres. This caused high reliance on bank and agency staff. This issue was identified at the last inspection and continued to require improvement.
- Staff collected safety information but did not display it for patients and visitors to see.
- Not all staff felt respected, supported and valued and staff morale was low in theatres.
- The service did not ensure patients must ensure that all reasonable steps were being taken to improve the quality of service, specifically in relation to access to treatment and waiting times.
- The service did not ensure products deemed as hazardous to health were stored securely.
- The trust was not meeting the Department of Health and Social Care's standard on eliminating mixed sex accommodation in the recovery area of theatres.
- Patients were still spending longer than they needed to in recovery awaiting placement in the hospital. Patients staying in recovery for an extended time or overnight had their privacy and dignity compromised.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.
- In main theatres staff had not been engaged and morale in the department was low and there was frustrations around leadership, low staffing and capacity and flow issues.
- There was a lack of clarity from managers in theatres on whether staffing was maintained in line with national guidelines.
- There was not an effective, structured review and judgement process for mortality and morbidity meetings.
- The trust was still challenged with getting patients who had a fractured neck of femur to theatre within 36 hours of admission. Performance against this was poor.

However:

- Staff understood how to protect patients from abuse, staff assessed risks to patients, acted on these and kept good care records. They managed medicines well.
- Staff gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff delivered compassionate care and treated patients and their loved ones with respect and dignity. They provided emotional support to patients, families and carers.
- The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- Staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

# Surgery

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not control infection risk well and staff did not consistently follow infection prevention and control policies.
- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.
- While staff understood how to protect patients from abuse and the service worked well with other agencies to do so, not all staff had completed their training on how to recognise and report abuse.
- The maintenance and use of facilities, premises and equipment did not always keep people safe. The service did not always manage clinical waste well.
- Records were not always stored securely.
- While the service managed patient safety incidents well, staff in theatres did not always receive feedback. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff collected safety information and shared it with staff, but not patients and visitors.
- Staff in theatres told us that the staffing levels did not always feel safe. Constant changes to staff allocation in theatres meant that there was a risk staff were not briefed on safety processes and procedures. For example, staff changes after the briefing stage of the World Health Organisation Safer Surgery Checklist meant they may not have vital information communicated to them.
- There was a lack of clarity from managers in theatres on whether staffing was maintained in line with national guidelines.
- Audit finding showed poor compliance with the briefing and de-briefing stages of the World Health Organisation Safer Surgery Checklist.

However:

- Although we found some patients were not always cared for in areas of their speciality, regular checks were undertaken to ensure they remained safe.
- Staff always completed and updated risk assessments for each patient and minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. However, the service did not monitor completeness or the accuracy of the national early warning tool system.
- Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Good** ● → ←

# Surgery

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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- 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 needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Although performance in national audits varied, staff monitored the effectiveness of care and treatment. The service used the findings to make improvements and achieved good outcomes for patients. Recommendations from national and local audits had been used to achieve better outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed, personalised measures that limit patients' liberty.

However:

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. However, the service did not undertake any pain audits to monitor the effectiveness of pain relief.

## Is the service caring?

**Good** ● → ←

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

- Patients that we spoke with told us that staff had been caring and treated them with kindness.
- Staff delivered compassionate care and treated patients and their loved ones with respect and dignity and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←



# Surgery

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

- Although the service had made some improvements since our previous inspection, People could still not always access the service when they needed it and receive the right care promptly.
- Managers monitored waiting times, however patients could not always access services when needed to receive treatment within agreed timeframes and national targets. Continued issues with flow and capacity resulted in underperformance in patient pathways. Patients were constantly moved to different wards and we saw placements of medical patients in surgical beds.
- The trust was still challenged with getting patients who had a fractured neck of femur to theatre within 36 hours of admission. Performance against this was poor.
- Not all patients on McCulloch ward had their call bells within reach.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint and time taken to respond to complaints had improved.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Staff did not feel all leaders were visible, accessible and approachable and not all staff felt respected, supported and valued.
- Leaders and teams did not use systems to manage performance effectively. While they identified and escalated some risks and issues they did not match the risks we had identified.
- The service collected and analysed data, but we did not see action to improve it. The information systems were integrated and secure.
- While all staff were committed to continually learning and improving services we found a lack of resources and focus within quality improvement. Staff had a good understanding of quality improvement methods and the skills to use them but not the expertise and resources to achieve outcomes.
- In main theatres staff had not been engaged and morale in the department was low and there was frustrations around leadership, low staffing and capacity and flow issues.
- There was not an effective, structured review and judgement process for mortality and morbidity meetings.

However:

# Surgery

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and some staff understood and knew how to apply them and monitor progress.
- The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# Critical care

Outstanding   

## Key facts and figures

Medway Maritime Hospital outlined critical care as treatment and monitoring of people who are in a critically ill or unstable condition. The critical care team supported the care of inpatients across all the hospital specialities.

The trust has 25 adult critical care beds in three critical care wards:

- Level 3 Intensive Care Unit (ICU) - nine beds
- Level 2 Surgical High Dependency Unit (SHDU) also known as Trafalgar ward - 10 beds
- Level 2 Medical High Dependency Unit (MHDU) also known as Bronte ward - six beds.

We inspected all three adult critical care services.

We did not inspect the neonatal and paediatric intensive care units because it is part of the children and young adults' services.

ICU provided care for critically ill patients with complex needs such as those requiring advanced respiratory support (ventilation), advanced renal support (hemofiltration) and other complex therapies. The unit is adjacent to the main theatre department which facilitated the transfer of complex surgical patients directly into the unit.

Patients admitted to SHDU (Trafalgar ward) were referred for a variety of reasons. This included the complex nature of their surgical procedure and their existing medical conditions. Patients may also be transferred from ICU and required more complex monitoring and care prior to going back to the general wards. The unit provided a range of critical care treatment which included non-invasive ventilatory support equipment for the treatment of sleep apnoea and other respiratory and cardiac problems, advanced cardiovascular support including the use of inotropic drugs (drugs that affect the strength of contraction of heart muscle) and the continuous monitoring of vital signs including arterial and central monitoring.

MHDU (Bronte ward) treated patients referred mainly from accident and emergency, the medical assessment unit and the general medical wards. This service also provided step-down care to patients discharged from ICU requiring intermediate treatment and monitoring prior to discharge to a general ward. MHDU provided a wide range of medical care which included advanced non-invasive respiratory support (vapotherm, bi-level positive airway pressure and continuous positive airway pressure), advanced cardiovascular support (including inotropes) and continuous monitoring of vital signs (including both arterial and central monitoring). MHDU was located adjacent to the medical admissions unit which facilitated the transfer of patients directly to the unit.

The trust's acute response team provided a supportive role to medical, surgical and nursing staff when caring for deteriorating patients and supporting patients discharged from critical care. The team was available 24 hours a day, seven days a week.

Before our inspection, we reviewed information the trust provided and data from the Intensive Care National Audit and Research Centre (ICNARC). The trust formed part of the South East Critical Care Network.

During our inspection we visited all three adult critical care units. We spoke with 20 staff who included reception and housekeeping staff, all grades of medical and nursing staff, senior managers, clinical support workers, physiotherapists, occupational therapists, pharmacists and dieticians. We spoke with two patients and seven relatives and, reviewed four 'tell us about your care' comment cards. We observed the care and treatment patients received, attended multi-disciplinary unit rounds and reviewed five patient records including medicine charts.

# Critical care

## Summary of this service

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

- The service had made significant improvements to the findings from the last inspection in areas such as nursing and medical staffing, pharmacy support and nursing patients in recovery area. Nursing staff cover now met national guidance, there was no agency nursing staff use and minimal nursing of patients in recovery beds. The service had also taken steps to address the medical cover shortage gaps.
- There was now an embedded positive culture to making sure leaders and staff provided high-quality care. Staff understood the senior leadership structure and said the team were always accessible and visible. They felt there was now stability at middle management level. This had improved from what we found in the last inspection.
- Medical and nursing staff compliance to mandatory training had improved and showed better compliance than the trust target and was better than at the last inspection.
- The service leadership was compassionate, inclusive and effective. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had the skills, knowledge and experience to perform their roles.
- Leaders and staff had a clear understanding of issues, challenges, priorities and vision for their service. The service places patients' safety and individual needs at the core of its strategy.
- There was strong and collective collaboration, team work and support across all functions and a shared focus on improving the quality, safety and sustainability of care.
- Staff were proud of the service as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.
- There was a strong visible person-centred culture to providing care across the service. Staff always treated patients with dignity and respect. Staff were highly motivated, passionate and dedicated to make sure patients received the best individualised patient-centred care.
- Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. Staff saw people's emotional and social needs were equally important as their physical needs.
- Staff involved patients and those close to them in making decisions about their care and treatment.
- All staff actively engaged in activities to monitor and improve quality of care. Leaders and staff proactively pursued opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes and research.
- The continual development of staff skills, competence and knowledge was recognised as integral to providing high-quality care. Managers proactively supported and encouraged staff to acquire new skills, use their transferable skills and share best practice. Managers made sure staff received specialist training for their role.
- Staff worked collaboratively and found innovative and efficient ways to deliver more joined-up care to people who use services.

# Critical care

- The service was inclusive and took account of patients' individual needs and preferences. There was a proactive approach to understand the needs and preferences of different groups of people and to deliver care in a way that meets these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who have complex needs.
- Governance arrangements were proactively reviewed and reflected best practice. The service took a systematic approach to work with other organisations to improve quality of care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Openness, honesty and transparency were the norm.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff understood their responsibilities and knew the steps to take to protect patients from abuse. They had training to recognise and report abuse and knew how to apply it.

However:

- The high dependency unit did not meet the minimum bed space dimensions as recommended in national guidance.
- Staff did not always keep control of substances hazardous to health (COSHH) secure.
- Patient flow throughout the hospital resulted in delayed discharges and very high occupancy rates. This continued to have a significant impact on discharges from the medical and surgical high dependency units. This delay in discharge also contributed to the majority of mixed sex accommodation breaches the trust reported.
- Out of hours critical care discharges to ward between 10pm and 7am remained a challenge and were worse than the national average. The service relied on the availability of ward beds throughout the hospital and its performance was similar to the last inspection.

## Is the service safe?

**Good** ● ↑

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

- The service had improved its mandatory training compliance since the last inspection.
- The service made sure staffing levels consistently meet the guidelines of the minimum ratio of one nurse to one Level 3 patient, one nurse to two Level 2 patients and a supernumerary nurse-in-charge for critical care.
- The service had implemented recruitment and training initiatives to address the lack of medical cover for critical care units. This remained on the service risk register to help the service monitor the impact since implementation in September 2019.

# Critical care

- Access to pharmacy support had improved to 24 hours a day, seven days a week, from the last inspection when staff had five day a week access. This was in line with the Guidelines for the Provision of Intensive Care Services (GPICS) standards. Staff reported enough clinical pharmacy support, including a pharmacist dedicated to critical care who visited the unit daily.
- There was no reliance on recovery beds to nurse critically ill patients. This had significantly reduced since the last inspection.
- Staff could identify a safeguarding concern and knew the actions to take to report it.
- We observed good practice in relation to infection prevention and control. All clinical practice areas were visibly clean and tidy and staffed adhered to good hygiene practices. Infection prevention and control prompts, information and leaflets were readily available for staff and everyone entering the units.
- There was a safe environment on the critical care units. Equipment was well stocked and readily available for the service and staff received training.
- There continued to be a coordinated approach to assessing and managing patient risk with the use of the acute response team and the clinical co-ordination centre. Staff always assessed patient risk and fully completed associated documents.
- The service made sure critical care services had a consultant available 24 hours a day, seven days a week. A consultant rota confirmed this.
- There were good systems and processes to the management of medicines. Staff completed medicine charts, in line with trust and national guidelines.
- The service showed they managed incidents well and used these as an opportunity to improve the service and provide teaching to staff.

However:

- The medical high dependency unit did not meet the minimum bed space dimensions as recommended in national guidance. This remained on the service risk register until after the completion of the unit's move detailed in an approved plan.
- Staff did not always keep control of substances hazardous to health (COSHH) secure. The service took immediate action to secure the cleaning products after we raised our concerns.

## Is the service effective?

Good   

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

- Staff planned and delivered people's care and treatment in line with current evidence-based guidance, standards, best practice and legislation.
- Patients received comprehensive assessments of their needs, which include consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs.
- The service had qualified staff and they had skills they need to carry out their roles in line with best practice. Staff learning needs were identified and they had training to meet these learning needs. Staff were supported to maintain and further develop their professional skills and experience.

# Critical care

- The service carried out meaningful and timely supervision and appraisal to support staff. Relevant staff were supported through the process of revalidation. Staff were supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal. Relevant staff are supported through the process of revalidation. There is a clear and appropriate approach for supporting and managing staff when their performance is poor or variable.
- There was participation in relevant local and national audits and the service monitored activities such as reviews of services, benchmarking, peer review and service accreditation. Accurate and up-to-date information about effectiveness was shared internally and externally. The service used this to improve care and treatment.
- Staff understood the Mental Health Act (MHA) code of practice and knew how to protect people who were subject to the MHA.
- Staff provided coordinated care and worked collaboratively to provide the needs of patients with different needs and preferences. When people receive care from a range of different staff, teams or services, this was coordinated. All relevant staff, teams and services were involved in assessing, planning and delivering people's care and treatment. Staff work collaboratively to understand and meet the range and complexity of people's needs.
- Patients' discharge or transition plans took account of their individual needs, circumstances, ongoing care arrangements and expected outcomes.
- Staff could access the information they needed to assess, plan and deliver care to people in a timely way; particularly when people move between services or during transition. When there were different systems to hold or manage care records, these were coordinated. People understood, and had a copy, if this was possible, of the information that was shared about them.
- Staff obtained consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005.

However:

- While patients were always discharged with all necessary care arrangements in place, they were not always discharged at an appropriate time due to the lack of availability of beds on other wards throughout the hospital.

## Is the service caring?

**Outstanding** ☆ ↑

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

- Patients were truly respected and valued as individuals and were empowered as partners in their care. Staff consistently involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff always took time to interact with people who use the service and those close to them in a respectful and considerate way, despite pressures in the service. The service had an attentive and empathetic culture.
- Patients who used the service and those close to them gave consistent positive feedback. They were continually positive about the way staff treated them.
- Patients felt staff went the extra mile and the care they received exceeded their expectations.

# Critical care

- Staff recognised and respected the totality of patient's needs. They always took account of patient's personal, cultural and religious needs.
- There was a holistic approach to care with patient and family involvement. Patients who used the services and those close to them were active partners in their care. Staff were fully committed to working in partnership with patients and strived to make this a reality for each person. They showed determination and creativity to overcome obstacles to delivering care. Patient's individual preferences and needs were always reflected in how care was delivered.
- Staff highly valued patient's emotional and social needs and embedded them in their care and treatment.

## Is the service responsive?

**Good** ● ↑

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

- The service made sure patients were not cared for in recovery beds. They reported one patient in the last 12 months. This showed a significant improvement from what was routine practice to care for patients in recovery beds at the last inspection.
- Services were planned and delivered in a way that meet the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services.
- Staff tailored services to meet the needs of individual people and they delivered care in a way to ensure patients received flexibility, choice and continuity of care.
- The service met patients' needs through the way they organised and delivered critical care.
- Staff took account of the needs and preferences of different patients when planning and delivering care and treatment. These included coordination with other services and local organisations as well as families and carers.
- The service had facilities and premises appropriate for the services being delivered.
- Staff made reasonable adjustments to meet the needs of patients' mental health, patients with a learning disability or living with dementia, and their relatives.
- People knew how to complain or raise a concern. They were treated compassionately when they did. The service dealt with complaints with openness and transparency. Staff took complaints and concerns seriously, listened to them and responded in a timely way. The service made improvements to the quality of care from complaints and concerns.

However:

- While most of the mixed-sex accommodation breaches the trust reported these occurred within the critical care service wards, due to the lack of availability of beds on wards across the trust and was beyond the service's control.
- Beyond the service's control, patient flow within critical care remained a risk due to the impact by the lack of available beds on the wards throughout the trust. This delayed patient discharges from the medical and surgical high dependency units.
- Out of hours discharges between 10pm and 7am remained worse than the national average.



# Critical care

## Is the service well-led?

**Outstanding** ☆ ↑↑

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

- The leadership and management of critical care services assured the delivery of high-quality person-centred care, supported learning and innovation, and promoted an open and fair culture.
- Leadership within critical care had clear knowledge about issues and priorities for the delivery of high-quality services
- Critical care service leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed. The service had comprehensive and successful leadership strategies to ensure they delivered and developed the desired culture.
- Unlike the last inspection, staff were clear about the senior leadership structure and commented how the senior management team was always accessible and visible. They felt there was now stability within middle management level, when we found the opposite at the last inspection.
- The service had a clear statement of vision and values, driven by quality and safety. They were well-defined objectives that were regularly reviewed to make sure that they remain achievable and relevant.
- Staff in all areas knew and understood the vision, values and strategic goals. They felt a part of the decision-making process. This showed an improvement when staff did not feel they had a voice at the last inspection.
- The service had a clear governance structure to manage the service. Critical care leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. The service acted accordingly where they had identified issues.
- The service proactively reviewed and reflected best practice in their governance and performance management arrangements.
- Critical care leaders actively shaped the culture through effective engagement with staff, patients who use services and their representatives and stakeholders.
- Candour, openness, honesty and transparency and challenges to poor practice were the norm. Staff had a strong safety culture and felt able to raise concerns at any time.
- There was a culture of collective responsibility between teams and services.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the critical care service as a place to work and spoke highly of the culture.
- There was a focus on continuous learning and improvement at all levels of the service, including the use of external validation and participation in research. Safe innovation was supported, and staff had objectives focused on improvement and learning. Staff were encouraged to use information and regularly took time out to review performance and make improvements.

# Services for children and young people

Requires improvement  

## Key facts and figures

The trust provides a range of services for children and young people within the Medway and Swale area from birth and up to 18 years of age. The needs of young people aged between 16 to 18 years of age are considered on an individual basis.

There is a comprehensive range of specialist services in both medical and surgical specialties cared for over three wards. These are supported by paediatric intensive care, the neonatal unit and neonatal intensive care. The trust had 50 inpatient paediatric beds.

Children and young people's services are delivered with the children's unit which consisted of:

- Dolphin, a 19-bed ward for medical, orthopaedic, surgical and ear, nose and throat.
- Penguin, a 10-bed assessment unit for medical and nursing assessment care for babies, children and young people.
- Panda, a four-bed high dependency unit (HDU) for critical care patients
- Seahorse, a seven-bed day surgery unit which was previously within Sunderland ward situated near main theatres.

Children and young people's service work closely with the children outreach and specialist team (COAST) which consists of specialist nurses, carers and a specialist social worker who are based at Medway Maritime Hospital. It is a hospital-based team providing a service to children outside hospital services for children with learning disabilities, long term and life-threatening health conditions to minimise the time spent in hospital.

Next to the children's unit was Magpie, a children's outpatient centre providing outpatient support for children and young people.

The Oliver Fisher special care baby unit offers specialist neonatal intensive care unit for premature new-borns. The unit is a tertiary neonatal facility caring for babies who require intensive care, high dependency, special and transitional care services for babies born prematurely or who are sick and require specialist treatment. The 36-cot unit cares for babies from Medway and the surrounding South East Thames region including Dartford, Gravesend, Maidstone and Tunbridge Wells. The unit also accepts referrals from outside of Kent. The neonatal specialist unit treats around 1,000 babies each year and is led by a specialist team of seven consultants and a neonatal matron.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The service did not always provide mandatory training in key skills to all staff and made sure everyone completed it.
- Not all medical staff were up to date with their safeguarding training. In medicine the 85% target was met for one of the three safeguarding training modules for which medical staff were eligible.
- Staff did not always use the premises in a way that kept people safe. The doors to the kitchen on Dolphin ward was frequently left open.
- Staff did not consistently keep appropriate records of patients' care and treatment. Not all nursing assessments or care plans were up-to-date.

# Services for children and young people

- The children's unit did not follow the Royal College of Nursing (RCN) guidance for Standards for assessing, measuring and monitoring vital signs in infants, children and young people (2017).
- Although, Staff collected safety information, they did not share it with staff, children, young people, their families and visitors.
- The children's unit breached mixed sex accommodation standards. Senior staff told us that patients and parents were asked for consent before placing on a mixed sex ward. Staff were not concerned in regard to the breach and told us older children were more concerned about being on a ward with younger children or infants.
- The hospital did not have a dedicated paediatric operating theatre or recovery area. We visited recovery and found the area was not 'child friendly'. Children were placed in the same recovery area as adults with a curtain used as a partition.
- The staff in recovery and theatre were not paediatric trained, in line with national guidance. The trust had not put in place any specific paediatric training for recovery or theatre staff.
- Although there was a dedicated paediatric surgery list, there was not a designated operating theatre for children and young people. This is not in line with a review of organisational and clinical aspects of children's surgery' (2011) recommended hospitals that have a large caseload for children's surgery should consider using designated operating theatres.
- Children's services did not use a nationally recognised tool to monitor children and young people at risk of malnutrition during our inspection and the service did not have access to dietetic support with no paediatric dieticians employed at the trust.
- Outcomes for children and young people within children's service were not always positive, consistent and did not meet the expected national standard for the paediatric diabetes audit and had worse than the England average for asthma, diabetes and epilepsy readmission rate.

However:

- 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-controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, and maintenance facilities, premises and equipment kept children, young people and their families safe. Staff managed clinical waste well.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service mostly provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and families who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements but did not always achieve good outcomes for patients.
- 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 development.

# Services for children and young people

- Doctors, nurses and other healthcare professionals worked together well as a team to benefit children, young people and their families. They supported each other to provide good care.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Families told us staff treated them well and with kindness. The majority of the feedback we received was positive, with a number of the comments saying staff were kind and friendly.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not always provide mandatory training in key skills to all staff and made sure everyone completed it. Paediatric life support training was below the trust target of 85% for medical and nursing staff.
- Not all medical staff were up to date with their safeguarding training. In medicine the 85% target was met for one of the three safeguarding training modules for which medical staff were eligible.
- Staff did not always use the premises in a way that kept people safe. The doors to the kitchen on Dolphin ward was frequently left open.

# Services for children and young people

- Staff did not consistently keep appropriate records of patients' care and treatment. Not all nursing assessments or care plans were up-to-date.
- The children's unit did not follow the Royal College of Nursing (RCN) guidance for Standards for assessing, measuring and monitoring vital signs in infants, children and young people (2017).
- Although, Staff collected safety information, they did not share it with staff, children, young people, their families and visitors.

However:

- 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-controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, and maintenance facilities, premises and equipment kept children, young people and their families safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and took action to remove or minimise risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised incidents and near misses 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 children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Children's services did not use a nationally recognised tool to monitor children and young people at risk of malnutrition during our inspection and the service did not have access to dietetic support with no paediatric dieticians employed at the trust.
- All children had their weight recorded during initial assessment, but staff did not measure children's heights. This did not follow the 2017 standards for assessing, measuring and monitoring vital signs in infants, children and young people.
- Outcomes for children and young people within children's service were not always positive, consistent and did not meet the expected national standard for the paediatric diabetes audit and had worse than the England average for asthma, diabetes and epilepsy readmission rate.

However:

- The service mostly provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.

# Services for children and young people

- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements but did not always achieve good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together well as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and families who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

Good   

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

- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary.
- Staff were discreet and responsive when caring for children, young people and their families and took the time to interact with children, young people and their families in a respectful and considerate way.
- Families told us staff treated them well and with kindness. The majority of the feedback we received was positive, with a number of the comments saying staff were kind and friendly.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. Nursing and play staff calmed and supported patients. Play staff would offer emotional support to children through play and toys. Nursing staff were seen holding and playing with children when parents were distressed.

# Services for children and young people

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- The children's unit breached mixed sex accommodation. Senior staff told us that patients and parents were asked for consent before placing on a mixed sex ward. Staff were not concerned in regard to the breach and told us older children were more concerned about being on a ward with younger children or infants.
- The hospital did not have a dedicated paediatric operating theatre or recovery area. We visited recovery and found the area was not 'child friendly'. Children were placed in the same recovery area as adults with a curtain used as a partition.
- The staff in recovery and theatre were not paediatric trained, in line with national guidance. The trust had not put in place any specific paediatric training for recovery or theatre staff.
- Although there was a dedicated paediatric surgery list, there was not a designated operating theatre for children and young people. This is not in line with a review of organisational and clinical aspects of children's surgery' (2011) recommended hospitals that have a large caseload for children's surgery should consider using designated operating theatres.
- The children's unit were at times taking patients up to the age of 19 and 20 years who had long term conditions and the transition to adult services had not been completed. The service did not have a risk assessment protocol or policy in place for young people transitioning into adult services.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

# Services for children and young people

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- During our last inspection the lack of dedicated children's recovery areas had been identified as a risk on the risk register. We were previously told there had been meetings with the estates department to build a separate area for children and young people to be placed within recovery. This had not happened and there continued to be inadequate facilities within recovery for children. Staff we spoke with were not aware of the previous plans to improve the area, and it was not recorded on the current risk register.



# End of life care

Good  

## Key facts and figures

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

End of life care is provided for people and those most important to them who are approaching the end of their life and after their death. This service provides valuable support to patients and their families which also includes the mortuary, patient affair service, chaplaincy, and volunteer services.

The end of life care team provided specialist nursing advice and support to patients, families and staff. This service is run seven days a week with overnight cover being provided by telephone.

The trust had 1,320 deaths from June 2018 to July 2019.

*(Source: Hospital Episode Statistics)*

During the inspection, we visited wards and departments at the Medway Maritime Hospital. We spoke with 32 staff including; nurses, department leads, doctors, mortuary staff, patient affairs staff, chaplaincy staff, matrons, pharmacy staff, and other allied health professionals. We spoke with two relatives. We also looked at nine compliments, one complaint, six sets of patient records, and six medication records.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines in line with best practice. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff consistently monitored and managed patient's pain to ensure they remained as comfortable as possible
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Patients and relatives said staff go above and beyond and the care received exceeded their expectations. Staff truly respected and valued patients as individuals. They treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# End of life care

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. They were clear about their roles and accountabilities.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have a specialist palliative care consultant.
- The service did not consistently have capacity to deliver end of life care training to staff across the trust.
- The trust did not ensure staff had time to attend end of life care training.
- The service did not keep their risk register fully up to date when they reviewed risks.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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-controlled infection risk well. They kept equipment and the premises visibly clean. Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- The service had enough medical staff with the right skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, these staff were not specialist in end of life care.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# End of life care

## 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-based practice. 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.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

## Is the service caring?

Good   

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

- Staff providing end of life care truly respected and valued patients as individuals. Staff consistently treated patients with compassion and kindness, respected their privacy and dignity. They thoroughly understood and respected patients' personal needs and preferences. Staff were dedicated to making sure patients received the best individualised patient-centred care possible, at the end of their life. Feedback from relatives and those close to them was overwhelmingly positive.
- Staff provided high quality emotional support to patients, families and carers to minimise their distress. People's emotional and social needs are highly valued by staff and are embedded in their care and treatment.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

# End of life care

## Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included relatives in the investigation of their complaint.

## Is the service well-led?

Good ● ↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. However, the risk register indicated not all risks were reviewed regularly. The service had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# End of life care

- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

### Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Section 29A HSCA Warning notice: quality of health care



# Our inspection team

Catherine Campbell led this inspection. An executive reviewer, Jon Somers supported our inspection of well-led for the trust overall.

The team included 12 inspectors and 10 specialist advisers.

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.