

Poole Hospital NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

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

Poole Hospital NHS Foundation Trust was established in November 2007 when the trust was awarded Foundation Trust status. The trust provides care services to the people of Poole, Purbeck and East Dorset.

Overall summary

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

What this trust does

Poole Hospital NHS Foundation Trust provides acute general hospital services for a population of around 500,000 people – that is, those living on the eastern side of Dorset, with its services commissioned by the Dorset Clinical Commissioning Group. It should be noted that the population increases significantly over the summer months, as the Poole, Bournemouth, Christchurch conurbation is a popular holiday destination.

The hospital has a 24-hour major accident and emergency department and is the designated trauma unit serving the local area. The Trust is the lead provider in the conurbation for maternity and neonatal care, paediatrics, ENT, oral surgery and neurology services. Poole Hospital is also the designated Cancer Centre for Dorset, providing specialist cancer services for the whole of Dorset – that is, a total population of over 750,000.

The trust has been subject to a Dorset-wide clinical services review undertaken by Dorset Clinical Commissioning Group. The results of the wide-scale consultation were made publicly available on 20 September 2017 and concluded that Poole Hospital should in future become a major planned care hospital, with emergency care being provided from a neighbouring hospital site, currently owned by another NHS trust. This represents a significant change for the trust, as it currently undertakes a high volume (91%) of non-elective work.

The trust has 653 beds, including 69 day case beds, 60 maternity beds and 11 critical care beds. The trust employs 3,455 whole time equivalent staff and is supported by a network of nearly 300 volunteers.

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.

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.

Summary of findings

On 6 and 7 September 2017, we inspected three of the core services provided by this trust. At our last inspection, two of these core services (critical care and services for children and young people) were rated as requires improvement. We had some concerns about surgery, rated as good in 2016, and we decided to review this service as part of this inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question on 11-12 October 2017.

What we found

Overall trust

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

- Effective, caring, responsive and well-led care were good. The trust had a good track record in delivering effective, caring and well led care and had made significant improvements in the responsiveness of services we inspected. Although some aspects of safety across the trust had improved since our 2016 inspection, there were still significant concerns about safety within two out of three services we inspected (surgery and critical care). We noted significant improvements within the safety of the service for children and young people.
- Surgery was good when we inspected in January 2016. However, we have rated as requiring improvement following this inspection as there were new concerns about the safety and leadership of the service since our previous inspection.
- Critical care was found to be providing effective, caring, responsive and well led care. Caring within this service was found to be good rather than outstanding as it had previously been rated following the previous inspection in January 2016.
- Overall, services for children and young people had improved which is reflected in their rating which has moved from requires improvement to good. Caring had improved from good to outstanding and responsive, well led and safety from requires improvement to good. Effective remained good.

Are services safe?

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

- During our previous inspection in 2016, we found that safety was not given sufficient priority across the trust. Since our previous inspection, this position appeared unchanged. We rated safety as requiring improvement in surgery and critical care though it was assessed as good in services for children and young people.
- Medicines were not always managed safely in surgery and critical care. Medicines were not always stored securely, some medicines could be accessed by non-clinical staff and there was there was variation in safety checks of controlled drugs in surgical services.
- There was no dedicated pharmacist in critical care and medicines reconciliation was not routinely taking place.
- There were insufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe and provide the right care and treatment in surgical services.
- Infection prevention and control was not robust in some areas and some equipment and premises were not sufficiently clean. There was no assurance process for daily clinical cleaning in surgical services.
- In surgery, staff did not always use the results of safety monitoring well to improve patient care.

Summary of findings

- Whilst incidents were reported, investigated and learning was shared, the number and frequency of surgical never events did not demonstrate that sufficient organisational learning had taken place.
- The records of patients care and treatment did not always contain updated safety risk assessments and appropriate individualised care plans. Up to date records were therefore not always available to all staff providing care when needed.
- Premises were not all in good order and there were considerable maintenance issues waiting to be addressed in the surgical service.

Are services effective?

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

- We rated effective as good in surgery, critical care and services for children and young people.
- Patients received care and treatment in line with national guidance including those from royal colleges. Policies and practice procedures had been developed and were based on guidance and were reviewed. Care bundles were embedded in practice which supported the care of very unwell patients in critical care.
- Staff from different departments and disciplines worked together as a team for the benefit of patients. Hospital staff also worked well with those in the community to make sure patients continued to be cared for.
- Patients received care from staff that were mostly suitably skilled, trained and proficient.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.
- Patients' pain was assessed, treated and reviewed effectively.

Are services caring?

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

- We rated caring as good in surgical and critical care services. We found caring had improved to be outstanding in services for children and young people.
- Patients were treated with care and compassion. Patients and their relatives were complimentary about the care and treatment they received.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff offered emotional support to patients and their relatives. Where appropriate, staff could refer patients and their relatives experiencing stress and anxiety to additional services and/or support groups.
- End of life care for children provided at Gully's place was exceptional. Staff were compassionate to families' needs and went above and beyond to grant children's last wishes.

Are services responsive?

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

- The trust, in conjunction with system partners, made efforts to plan services in a way that mostly allowed patients to receive the care they needed in the right place at the right time. It was of note that the trust continued to do this whilst awaiting the results of the Dorset wide clinical services review, ensuring that patient's care was not adversely affected whilst this was underway.
- Complaints were responded to in an increasingly timely manner and findings used to improve care.

Summary of findings

- There had been significant improvements to the critical care environment to ensure that patients had access to adequate bathroom facilities. This meant that patients who were able to could tend to their personal care needs without needing to leave the ward which had not been the case previously.
- The trust had appropriate arrangements in place to identify and plan care for patients with a learning disability and individuals living with dementia or other mental health conditions.
- Where the trust struggled to deliver services within accepted timeframes, or in line with national guidance, action was taken to ensure the risks to patients were minimised.

Are services well-led?

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

- We rated the leadership as good for critical care and services for children and young people. Previously, in 2016, leadership of the children and young people's service was rated as requiring improvement and we saw clear evidence of improvement in this area. We rated leadership of surgical services as requiring improvement.
- Managers within all three services we inspected mostly demonstrated the right skills and abilities to run a service providing high quality sustainable care.
- Managers promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values.
- Managers led their staff using appropriate knowledge, skills and experience to provide high quality care. They provided support and training to all staff to enable them to provide good services.
- The three services we inspected engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services.
- Critical care and children and young people's service leads had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, in surgery they had not demonstrated sufficient pace in addressing concerns previously raised following our inspection in 2016. A series of never events also showed that organisational learning was not robust in preventing reoccurrence.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, 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 a number of examples of outstanding practice in the services for children and young people.

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

Areas for improvement

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

Action the trust **MUST** take to improve

Summary of findings

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

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued a requirement notice to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in the core services we inspected.

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

We found a number of examples of outstanding practice in the services for children and young people - .

- The neonatal unit (NNU) held a parent forum where parents, matron and lead consultants could discuss any quality and service improvement suggestions. Minutes were shared with the unit staff by email and newsletter. Actions were reviewed and implemented by the clinical management team.
- The NNU had formed a father's support group following consultation with BLISS to support fathers of sick and preterm infants. As a result, "Dad's Pad" - a booklet designed specifically to provide information on their babies care, development and common problems had been developed.
- Gully's Place the end of life suite, was nominated and then shortlisted for the Health service Journal (HSJ) Awards 2016 - in the Excellence in Patient Care category. Subsequently Gully's Place went on to win the Thames Valley Leadership Academy - Leadership Recognition Awards for Excellence in patients experience category in 2017.
- The play service has audited the effectiveness of their play therapy interventions for children under going MRI investigations without general anaesthetics and has found that the numbers of general anaesthetics have reduced significantly.

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to the three core services we inspected and the trust overall.

In surgery services:

- There must be sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of the patients.

Summary of findings

- Staff must ensure that the privacy of patients being transferred is maintained at all times.
- Patients' care plans and risk assessments must be individualised to the patient, regularly reviewed and updated.
- Medicines must be managed safely. Controlled drug medicines must have 'opened date' recorded when bottles are opened.
- The practice of anaesthetic drugs being labelled and drawn up by operating departmental assistants must be risk assessed and mitigating actions put in place where appropriate.
- The surgical division must ensure that confidential information is stored securely at all times.

In critical care services:

- All medicines must be stored safely and securely including emergency drugs.
- The trust must ensure that pharmacy staff provision is in line with national standards.
- The resuscitation trolley must be maintained safely and checked to ensure all items are within their expiry dates.

In services for children and young people:

- Adult trained nurses who provide care for children must successfully complete children's competency training.
- There must be provision of a safe environment for children to be seen in the ear nose and throat and fracture clinic outpatient areas.
- Medicines must be stored securely and out of date stock must be identified and disposed of in a timely way.

Action the trust SHOULD take to improve

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

For the overall trust:

- The trust should review the Freedom to Speak Up Guardian's roles ensuring they are given sufficient time, training and support to engage with staff to enable them to feel confident in speaking up when things go wrong.
- The trust should have a clear written strategy for the care of individuals living with mental illness and/or learning disabilities, including autism.
- The trust should update their Workforce Race Equality Action Plan ensuring that actions previously allocated to the BME network are reviewed and outstanding actions are completed.
- The trust should review why learning from investigations following the succession of never events has not improved their safety performance in this area and use findings to improve their investigation and learning process in the future.

In surgery services:

- The service should review the spacing of areas too small to transfer patients without moving into the corridor.
- The services should review the outstanding maintenance issues with a view to escalating outstanding repairs, which were barriers to delivering safe and dignified care.
- Staff should routinely assess and monitor patients' nutritional needs regularly, intake should always be recorded accurately.

Summary of findings

- The trust should continue to with their scheduled hip fracture pathway work to ensure these patients are prioritised for theatre and receive surgery within the recommended 36 hours.

In critical care services:

- There should be clear procedures developed for cleaning blood spillage by the gas machines.
- The occupancy rate should be reviewed and measures put in place for the timely discharge of ward ready patients from the unit.
- At least 95% of nursing staff should receive an appraisal of their work in line with the trust's target.
- Service managers should seek assurance that mixed sex breaches are routinely being reported in line with Department of Health guidance.

In services for children and young people:

- The epilepsy and diabetes service should provide an effective service meeting the needs of patients in line with national and local guidance.

Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust had an experienced and credible leadership team with the skills, abilities, and commitment to provide high-quality services. They were approachable and visible and supportive to their staff and to people who used or supported the work of the trust. The trust board presented as a cohesive and supportive leadership team and we saw evidence of sufficient challenge where appropriate from the non-executive directors.
- The board and senior leadership team had a clear vision that was aligned to the outcome of the Dorset wide clinical services review which had been published just a few weeks prior to our inspection. Trust leaders understood their financial position as a stand-alone trust was not sustainable and were committed to working with system wide partners to transform services across Dorset.
- The culture at the trust was positive. Staff reported feeling valued and respected in their work. The 'Poole approach', underpinned by the values of compassion, openness, respect, accountability and safety, was well embedded in the everyday work and shared language of staff at all levels. Openness, honesty and transparency were expected behaviours at all levels of the organisation and staff were encouraged to raise any concerns.
- Overall, the trust had a clear structure for overseeing performance, quality and risk and each care group reported directly to the board on a quarterly basis. Leaders used a standardised ward to board performance dashboard which provided key quality and safety metrics at ward level.
- Finance was given sufficient air time within board meeting and the need to balance finances with quality impact was well evidenced through board reports. Board level finance information was clear, concise and consistent with other reports.

Summary of findings

- Staff were encouraged to report incidents and did so. Serious Incidents were appropriately recorded, investigated robustly and completed in a timely manner. Learning arising from incidents was shared. Mortality reviews also provided a structured way of identifying quality gaps in care.
- The trust had developed seven patient safety priority work streams with corresponding work plans for 2017-18. This ensured the key clinical risk areas were being addressed in a strategic, hospital wide and proactive way.
- The trust had structured methods for receiving feedback from people who used services, those close to them and their representatives. From ward to board level, staff had access to patients, their carers and relatives' feedback and used this information to make improvements. Feedback from people who used services at the trust was mostly positive. When complaints were made about the trust, they were investigated in a timely way and the findings used to improve care at the hospital.
- The trust at board level had made efforts to engage with staff with protected characteristics. There was an established Lesbian Gay Bisexual and Transgender (LGBT) staff network and trust leaders were engaged with Black and Minority Ethnic (BME) staff who did not want a formal BME network to be established.
- The trust were keen to be, and were, involved in national improvement and innovation projects. In the medical care group leaders had introduced a structured forum to promote innovation from staff at all levels. When individual teams or staff members were innovative in their practice, the trust recognised and rewarded them for their efforts.

However:

- The trust had no written strategy for the care of patients with mental illness or learning disabilities including autism.
- The role of the Freedom to Speak Up Guardians was not well understood. The FSGs were not awarded any protected time and the majority had not received any additional training for the role. The FSGs had not been contacted by any staff members since they had been in their roles which was not line with our experience of how the roles are utilised in other trusts.
- The trust had identified actions on their Workforce Race Equality Standard action plan for follow up but the BME network which had not been established. It was therefore unclear how these actions would be carried out.
- There was insufficient evidence of embedded organisational learning following a succession of never events at the hospital.

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 →← Jan 2018	Good →← Jan 2018	Good →← Jan 2018	Good ↑ Jan 2018	Good →← Jan 2018	Good ↑ Jan 2018

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

Ratings for Poole Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Medical care (including older people's care)	Requires improvement May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Surgery	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018
Critical care	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Good ↓ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↑ Jan 2018
Maternity	Requires improvement May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Services for children and young people	Good ↑ Jan 2018	Good ↔ Jan 2018	Outstanding ↑ Jan 2018	Good ↔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
End of life care	Good May 2016	Requires improvement May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Outpatients and diagnostic imaging	Good May 2016	Not rated	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Overall*	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↑ Jan 2018

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

Surgery

Requires improvement  

Key facts and figures

Between February 2016 and January 2016, the hospital had 20,400 surgical admissions. Emergency admissions accounted for 10,105 (49%) of the admissions, with 8,146 (39%) for operations and the remaining 2,149 (10%) were elective. There were 8,146-day case admissions during the same period.

During this unannounced visit, we visited the following surgical and trauma wards and departments.

- E3 an acute 24 bedded trauma ward
- B4 an acute 30 bedded colorectal, gynaecological and breast surgical ward
- C3 an acute 18 bedded mixed surgical ward
- Preoperative assessment unit
- Surgical assessment unit
- Day surgery and day of surgery admissions unit
- B2 an acute 27 bedded trauma ward
- B3 an acute 26 bedded trauma ward
- The theatre complex
- Theatre recovery area

We did not visit Cornelia ward, the private patients ward.

Whilst we inspected the surgical and trauma wards and departments the inspection team

- Observed and spoke with 22 patients
- Reviewed 19 individual patient records
- Observed and spoke with 50 different staff members including doctors, nurses, therapists, healthcare assistants and non-clinical staff.
- Met with senior teams which included managers, consultants and senior nurses

The Care Quality Commission last inspected the hospital in 2016, and rated surgery (the surgical and trauma directorates) as good overall with the safe domain requiring improvement. There were five requirement notices issued to the trust following the last inspection and a number of must and should actions for the trust to make improvements.

Summary of this service

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

- There was a lack of sustained learning from recent surgical 'never events'. Despite a programme of focussed improvements in adherence to theatre checks, further never events had occurred and another had happened after our inspection.

Surgery

- Despite attempts to recruit registered nursing staff, some trauma wards were experiencing continued high vacancies and patients were describing long waits for care. There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of the patients.
- Patient safety risks were not found to be reassessed and documented regularly. Care plans were not individualised for all patients, fluids and food intake monitoring charts were not always completed. The electronic pain assessment, part of the observation system, was not being used despite it being a part of the escalation of deteriorating patients score, a paper version was used instead.
- Key aspects of safety were being monitored but the results were not being used effectively to improve the safety of the service.
- There were no assurances of clinical cleaning and some areas were visibly dirty and dusty. Audits to provide assurance were either not completed or showed noncompliance with expected standards.

However

- The service had a good system for safeguarding patients from abuse and for monitoring the applications of deprivation of liberty for patients who lacked mental capacity.
- Most patients had only good feedback about the care and attention they received from the staff.
- Staff were aware of when and how to report incidents and there was a good investigation and feedback process to share learning. Risks were fed into the risk management structure for possible inclusion on the trust wide risk register.
- The services used investigations of complaints and concerns to drive improvements.
- The trust made efforts to plan and deliver services that met the needs of local people.

Is the service safe?

Requires improvement   

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

- The service had not learned from the investigation of previous safety incidents. The number and frequency of surgical never events did not demonstrate that sufficient organisational learning had taken place.
- The service had insufficient staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Infection control and prevention, and resuscitation were key components of the nursing roles and third of nursing staff within the surgical teams had not received annual updates in them.
- The service did not always control infection risks well. Staff used control measures to prevent the spread of infection. However, equipment and premises were not always clean. Audits to provide assurance were not completed or showed non-compliance with expected standards. There was no assurance process for daily clinical cleaning.
- The records of patients care and treatment did not always contain updated safety risk assessments and appropriate individualised care plans. Up to date records were therefore not always available to all staff providing care.
- The premises were not all in good order and there were considerable maintenance issues waiting to be completed.
- The service did not always use the results of safety monitoring well; they were not being used to improve safe care.

Surgery

- The service did not always provide secure storage of medicines and there was variation in safety checks of controlled drugs.

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.
- Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service prescribed, gave and recorded medicines well.
- With the exception of infection control and resuscitation (level 2), staff completion of mandatory training met the trust's own target of 90-95%.

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 monitored its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Patient outcomes were mostly positive.
- The service made sure staff were competent for their roles. Managers regularly appraised staff and held regular meetings to support them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.
- Staff had access to an electronic system to provide up to date information.

However

- Staff did not always assess and monitor patients' nutritional needs regularly, intake was not always recorded accurately.
- The information contained in the patient paper records was not always up to date and accurate.
- Though the trust were aware, and taking action, there had been a recent significant deterioration of hip fracture patients getting operated on within the recommended 36 hours.

Is the service caring?

Good   

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

Surgery

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

Is the service responsive?

Good  

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

- The trust made efforts to plan and provide services in a way that met the needs of local people.
- Processes were in place so that staff were able to care for vulnerable people with specific needs such as individuals with learning disabilities or people living with dementia.
- Against the background of the Dorset wide clinical services review, the trust had continued to plan, invest and deliver in the surgical service and had committed £400,000 to the theatre complex.
- The trust had improved services to create a more responsive service. The use of robotic surgery and increasing the numbers of patients having day case surgery meant they could allocate more beds for trauma patients to prevent the large numbers of orthopaedic outliers there was previously.
- Elective surgical patients benefitted from the one-stop preoperative assessment unit which they could attend immediately after their clinic attendance if they wished to reduce the need for further unnecessary hospital attendances. The trust had taken steps to improve wayfinding signage to this unit.
- When the day surgery unit was used to accommodate in-patients to create capacity in the hospital, the trust had taken clear action to mitigate the risks to patients.
- The number of cancelled operations and patients not treated within 28 days were lower than the England average.
- The trust had reduced its delayed transfers of care from 7% to 3.5% which met the national standard.
- The trust worked hard to reduce the numbers of bed moves occurring at night. When these did occur, they were overseen and authorised by the clinical on-site manager to reduce the impact on patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had taken action to improve the timeliness of hip fracture patients getting to surgery. They were seeking to commence a dedicated hip fracture theatre lists and were recruiting a hip fracture specialist surgeon to facilitate this.

However

- The service had no morning emergency theatre list and, as such, was only partially compliant with Confidential Enquiry into Peri Operative Death (CEPOD) recommendations, which requires emergency surgical theatre lists 24 hours a day.

Is the service well-led?

Requires improvement  

Surgery

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

- Although service leaders were committed to improving services, they had not demonstrated sufficient learning following the investigation of previous safety incidents.
- The number and frequency of surgical 'never events' did not demonstrate that sufficient organisational learning had taken place. A further 'never event' had taken place since the inspection.
- Although the services had effective systems for identifying risks, planning to eliminate or reduce them, they had not coped with both the expected and unexpected. The service had failed to respond to audit data and did not organise theatre time in a way that ensured hip fracture patients were not delayed.
- Service level and trust wide leads had been slow to respond to a backlog of maintenance issues which impacted on patient care and experience.

However

- In spite of the Dorset wide clinical service review being underway, service managers had a vision of what they wanted to achieve and workable plans to turn them into action.
- The service managers promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values.
- The services engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Good  

Key facts and figures

Poole hospital intensive care unit has 11 adult Critical Care beds with the capacity to open one escalation bed. We did not inspect the neonatal unit during this inspection. The unit also provided short emergency care and support to children who were stabilised in the unit, prior to transferring out to other hospitals.

The critical care beds flexed to provide care to Level 3 patients who required advanced respiratory support or basic respiratory support together with support of at least two organ systems. Level 2 patients were those who required higher levels of care and more detailed observation and/or intervention than could not be provided on the ward. These patients may have a single failing organ system or require post-operative care and this included those 'stepping down' from Level 3 care. The unit has five side rooms which provided isolation facilities for safe management of patients and infection control purposes.

Between January 2017 and June 2017, 1991 level three bed days were used which represented a level three occupancy rate of 45%. The average occupancy rate was 88%

Between April 2016 and June 2017, critical care services cared for 971 patients. Overall, annual occupancy between June 2016 and June 2017 was 100%.

Patients admitted were a mixture of medical and surgical patients and included those following surgery and others from the emergency department.

During our inspection we spoke with 18 staff including doctors, nurses, pharmacist, allied healthcare staff, housekeeping staff and senior management. We also spoke with seven patients and their relatives. We observed care and treatment and reviewed eight patients' records.

The Care Quality Commission last inspected the hospital in 2016, and rated the intensive care with the safe and responsive domains as requiring improvement.

Summary of this service

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

- The intensive care unit provided care and treatment in line with national guidance and the Royal College guidelines these to meet patient's needs.
- Patients' care was planned and took account the needs of people in vulnerable circumstances and their needs were supported while receiving care.
- There were effective assessment processes for assessing patients' risks and their safety was monitored. The intensive care team worked cohesively and regularly reviewed and responded to patients' risks.
- The trust had invested in the unit to ensure that patients had access to appropriate bathroom facilities.
- The intensive care team worked closely with the outreach team in the identification and early intervention to support deteriorating patients across the other wards and units. Patients were escalated to the unit as required to ensure that critically care patients received early input and the most appropriate care and support.
- The unit was fully engaged in research activities and supported the National Institute for Health Research (NIHR) studies.

Critical care

- Staff provided kind and compassionate care.

However

- Not all nursing staff had received an appraisal of their work as appraisal rates were 84% which was below the trust target of 95%.
- Aspects of the environment did not support robust infection prevention and control.
- Medicines were not always stored safely and securely.

We were not fully assured that mixed sex breaches were always being reported in line with national guidance.

Is the service safe?

Requires improvement   

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

- The service did not manage medicines safely and some medicines could be accessed by non-clinical staff.
- There was no designated pharmacist and medicines reconciliation was not completed.
- Mandatory training completion rates were low for medical and anaesthetic staff. Medical staff did not meet the trust's target for safeguarding adults and children.
- We found some aspects of the environment did not support effective infection prevention and control and cleanliness was not always of the expected standard.
- Equipment, including some emergency equipment, was not always stored appropriately.

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- There were sufficient numbers of staff to provide safe care.
- Patients' records and care plans were detailed, reviewed regularly and were reflective of patients' current needs.

Is the service effective?

Good   

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

- Patients received care and treatment in line with national guidelines including those for the Royal colleges.
- Policies and practice procedures had been developed and were based on guidance and were reviewed. Care bundles were developed and these were aligned to the care of the critically ill patient.
- Staff followed feeding protocols for ventilated patients ensuring their nutritional needs were met.
- Patients' pain was managed effectively and this was reviewed regularly.

Critical care

- All clinical staff had a good understanding of consent process and systems were in place to ensure compliance with the mental capacity act and deprivation of liberty safeguards.
- Patients received care from skilled and appropriately qualified staff.

However

- Not all nursing staff had received an appraisal of their work as appraisal rates were 84% which was below the trust target of 95%.

Is the service caring?

Good  

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

- Patients were treated with care and compassion. Patients and their relatives were complimentary about the care and treatment they received.
- Patients and their relatives were supported and involved in the care of the critically ill patients.
- Patients received emotional support and relatives were referred to other services . Patients were provided with information of support groups to deal with stress and anxiety following post critical care.

Is the service responsive?

Good  

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

- Patients who were discharged from the unit were well supported and some attended follow up clinics in line with national guidance.
- Staff were responsive and worked closely with the outreach team to accommodate critically ill patients from other parts of the hospital.
- Patients' care was planned and took account the needs of people in vulnerable circumstances and their needs were supported while receiving care.
- Following our previous inspection, the trust had planned, funded and built a wet room so that patients could access facilities to attend to their personal care needs. This was particularly important to patients who remained on the ward but no longer required intensive care.
- There was an interpretation service to meet the diverse needs of people using the service.
- There were a number of specialist link nurses such as dementia lead and the transplant link nurse and staff were aware of how to access their support when required.
- There were clear processes for raising concerns and the unit managed patients' concerns effectively.
- The trust had reported no mixed sex breaches in the unit in the 12 months prior to the inspection.
- The trust had worked hard to reduce the numbers of bed days lost through delayed discharges and, as of March 2017, were better than the national average.

Critical care

However

- We were not fully assured that mixed sex breaches were being reported in line with national guidance.

Is the service well-led?

Good  → ←

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

- There were established governance processes, effective leadership, promoting a culture of person centred care.
- The unit was engaged in research activities and had supported a significant amount of National Institute for Health Research projects.
- The unit's ethos remained to continue the culture of continuous quality improvement underpinned by reliable information and audits of care.
- There was effective leadership from senior clinical and nursing staff that impacted positively on patients.
- The unit promoted an open culture and staff felt they were able to raise concerns about patients' care.

However

- The risks related to the management of medicines had not been identified as part of their quality assurance processes
- Staff did not know how to contact the trust Freedom to Speak Up Guardians if they needed to.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Services for children and young people

Good  

Key facts and figures

We inspected the following wards at Poole Hospital:

- Acrewood and Bearwood wards, which care for children staying overnight at the hospital. They have 26 beds in total including a four or five (depending on the need) bedded high dependency unit.
- The seven bedded day care unit on Acrewood, open from 7am to 8pm.
- Gully's Place, which cares for children at end of life. It has one bed.
- Neonatal Unit, which cares for babies in need of intensive care. It has 20 cots including four intensive care, six high dependency and 10 special care cots.

We also inspected:

- Children's surgery
- Children's outpatients
- Children's community team
- Hospital Play Service
- Transition Services

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

At the last inspection, we rated two or more key questions for the service at requires improvement so we re-inspected all five key questions.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- Spoke with the managers for each of the wards.
- Spoke with 38 other staff members; including matrons, doctors and nurses
- Spoke with 10 children and their parents.
- Observed three handover meetings and three multidisciplinary meetings
- Reviewed 20 patient records

Summary of this service

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

- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses. Both units were secured both day and night.

Services for children and young people

- Staff were clear about their safeguarding responsibilities and if there was a concern about a child's wellbeing safeguarding procedures were followed and understood. We saw evidence all staff had completed the appropriate level of training in safeguarding.
- Care was planned and delivered in line with evidence based guidance, standards and best practice and the individual needs of the child and family were met through the careful care planning. Staff followed care pathways and used multidisciplinary records to support practice.
- Staff used a paediatric early warning system for the early detection of any deterioration in a child's condition, and we observed children and young people's pain effectively assessed and treated.
- Staff received annual appraisals and new staff were supported when completing their competency assessments, helping to maintain and further develop their skills and experience.
- Services were provided seven days a week by medical and nursing staff. There was good multidisciplinary working evident across both units.
- Parents and children gave feedback about the care and kindness received from staff, which was very positive. Staff worked in partnership with parents, children and young people in their care.
- For children and young people at the end of their life staff worked with parents to provide outstanding emotional and compassionate support and developed the end of life unit - Gully's place.
- Inpatient services were tailored to meet the needs of individual children and young people. Access and flow through both departments was very good and complaints were dealt with in a timely manner. Staff listened to feedback and complaints and responded to them in a timely manner.
- Play staff ensured that children and their families were supported during their hospital stay and their interventions during procedures reduced the anxiety and worry for the children for example during blood tests.
- Area's outside of the children's unit and neonatal unit (NNU) for example radiology, provided specific 'child friendly' environments for children to wait and undergo investigations and worked closely with the play therapist team to reduce stress and anxiety during those procedures.
- Staff at all levels of the children's unit and NNU were proud of their work and were familiar with the Poole approach of being compassionate, open, respectful, accountable and safe.
- Poole hospital NNU is the first and only unit in the United Kingdom to utilise a two-tier model of consultants and advanced neonatal nurse practitioners.

However:

- There was not always enough medical staff with the right skill mix. Staffing levels had been reviewed, but changes to staffing levels identified as necessary from the reviews had not been fully implemented at the time of the inspection to meet the facing the future standards.
- There was a risk children would be exposed to inappropriate adult conversation in the ear nose and throat (ENT) and fracture outpatient's clinics as they were treated alongside adult patients.
- Adult trained nurses who had not completed competencies to work with children were seeing children and young people in the adult preoperative clerking department.
- The epilepsy and diabetes service had reduced capacity due to understaffing, which meant that some children might not receive the support they needed at the right time. The service was aware of this risk and business cases were being submitted for additional staff.

Services for children and young people

Is the service safe?

Good  

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

- The service managed patient safety incidents effectively. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The inpatient service was a child friendly and child safe environment which was looked after well.
- The service prescribed, gave, recorded and stored medicines well. On both units there had been some medicine errors but learning and changes in practice was evident. We observed patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had sufficient resources to keep children with mental health concerns or additional needs safe.
- The service planned for emergencies and staff understood their roles if one should happen.
- Since our last inspection, the trust were phasing out the outdated co-tagging system which was now supported by the swipe card entry and exit system and extended CCTV implementation.
- As of May 2017, mandatory training compliance was 90%.

However:

- Medical staffing did not meet the Royal College of Children's and Child health (RCPCH) recommendations. The paediatric ward did not have enough middle grade medical staff, which had the potential to affect the consultant's ability to fulfil their own job plans.
- We found three bags of intravenous fluids that had expired and one medicines fridge that was unlocked.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. Both units provided areas for breast feeding and storage of breast milk. The service made adjustments for children and young peoples' religious, cultural, age and other preferences.

Services for children and young people

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of similar services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support to be able to monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support children and young people experiencing mental ill health

However:

- Adult nurses without children's competency training were seeing children who required a pre-operative assessment prior to surgery and caring for children in critical care.
- The Children and Young person's epilepsy service and diabetes service did not meet NICE guidelines due to rises in caseloads and a financial shortfall to recruit further whole time equivalent nurses. However, the service was aware and was attempting to mitigate the associated risks.

Is the service caring?

Outstanding ☆ ↑

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

- Care from all staff was delivered with kindness and patience. Feedback from Friends and Family tests throughout both units was overwhelmingly positive about the way staff treated people and provided care.
- The provision for palliative care was outstanding. Gully's place provided privacy and dignity to families whose baby; child or young person was at the end of their life. All staff ensured all members of the family were fully involved in the decision making process at the end of life, were compassionate to families' needs and went above and beyond to grant last wishes.
- All staff cared for babies, children and young people with great compassion. Feedback from patients and their families confirmed that staff treated them very well and with exceptional kindness.
- Parents and children spoke positively about the care they received; the department went beyond the call of duty to seek feedback from children, young people and their parents/carers by using a range of multidisciplinary and different, age appropriate approaches in order that the service could review its performance and to improve where necessary.
- Staff involved patients and their family in decisions about the care and treatment. We observed caring and compassionate interactions between staff, babies, children, young people and their families. Staff were noted to have an exceptionally child centred ethos.
- There were very good relationships between staff and those using the services. Staff worked in partnership with parents, babies, children and young people in their care. This ensured all children and families were fully informed and involved in their care. Parents told us they and their children were treated with dignity and respect.

Services for children and young people

- Staff provided exceptional emotional support to babies, children, young people and their families to minimise their distress. Staff were committed to providing holistic, family-centred care to children and their families.
- The transitional care service enabled young people to feel empowered about their choices of medical and nursing care.

Is the service responsive?

Good  → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- The children's assessment unit diverted children and young people away from the emergency department to a more child friendly environment providing treatment when it was most needed. Services were flexible and tailored to meet the needs of individual babies, children and young people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- There were adequate age appropriate facilities on both units for babies, children and young people and their families.
- As an integrated service, the units were able to meet the ever increasing and more complex needs of children in the local community. The community clinic took a multidisciplinary approach when arranging appointments for children with complex needs.

However:

- Not all outpatient clinics were planned to meet the specific needs of children, for example children would be seen in adult areas and would share the waiting room.

Is the service well-led?

Good  ↑

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

- The leadership, governance and culture promoted the delivery of high quality person-centred care.
- Both units had managers at all levels with the right skills and abilities to run the service providing high-quality sustainable care.
- Change management was slow in some areas. For example, staff recruitment and child friendly waiting areas were highlighted in the previous inspection as areas needing improvement but insufficient action had been taken.
- Managers across the units promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Both units were seen to actively participate in national and local research in order that long-term standards of care for children could be improved.
- Both units had developed their own strategic vision, which was displayed on noticeboards within their departments and staff were able to identify the unit's vision.

Services for children and young people

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Both units engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Both units were committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Outstanding practice

We found a number of examples of outstanding practice in this service:

- The NNU hold a parent forum where parents, matron and lead consultants discuss any quality and service improvement suggestions. Minutes are shared with the unit staff by email and newsletter. Actions were reviewed and implemented by the clinical management team.
- The NNU formed a father's support group following consultation with BLISS to support fathers of sick and preterm infants. As a result, "Dad's Pad" - a booklet designed specifically to provide information on their babies care, development and common problems had been developed.
- Gully's Place the end of life suite, was nominated and then shortlisted for the Health service Journal (HSJ) Awards 2016 - in the Excellence in Patient Care category. Subsequently Gully's Place went on to win the Thames Valley Leadership Academy - Leadership Recognition Awards for Excellence in patients experience category in 2017.
- The play service has audited the effectiveness of their play therapy interventions for children under going MRI investigations without general anaesthetics and has found that the numbers of general anaesthetics have reduced significantly.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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)

This guidance (see 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 18 HSCA (RA) Regulations 2014 Staffing

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 13 HSCA 2008 (Regulated Activities)
Regulations 2010 Management of medicines

Our inspection team

The inspection team was led by Emma Bekefi, Inspection Manager.

The team consisted of two inspection managers, five inspectors and a range of specialist advisors, including one executive reviewer and two colleagues from NHS Improvement who acted as financial governance specialist advisors.

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.