South Tees Hospitals NHS Foundation Trust

Friarage Hospital

Inspection report

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Date of inspection visit: 9th and 10th February 2022
Date of publication: 25/05/2022

Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Requires Improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires Improvement**

Our findings

Overall summary of services at Friarage Hospital

Requires Improvement 

How we carried out this inspection

We undertook a responsive inspection due to concerns raised with us by system partners. We looked at the quality of the environment and observed how staff were caring for patients in medical care.

- We spoke with the ward managers and senior management team for the service.
- We spoke with 17 other members of staff including all grades of medical, allied health professionals, nursing, and administrative personnel.
- We spoke with seven patients who were using the service.
- We reviewed 11 patient records, eight do not attempt cardiopulmonary resuscitation forms (DNACPR) and three mental capacity assessment documents.
- We looked at a range of policies, procedures and other documents relating to the running of the service.

After our inspection, we reviewed performance information about the service and information provided to us by the hospital.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of findings

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

- The service did not always have enough nursing and support staff to care for patients and keep them safe. Training did not reach the trust's target and safeguarding training levels for medical staff were not in line with national guidelines. Discharges were not always timely. Staff did not always assess risks to patients or maintain keep care records up to date. They did not always manage medicines well.
- Staff were not always able to complete additional training and learning and appraisal rates did not meet the trust target. Mental capacity act training did not meet the trust target.

However:

- The service had enough medical staff to provide the right care and treatment to patients.
- Staff gave patients enough to eat and drink and gave them pain relief when they needed it. Staff worked well together for the benefit of patients. Staff supported patients to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs

Medical care (including older people's care)

Good ➔➔

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

- The service had enough medical staff to provide the right care and treatment to patients.
- Staff gave patients enough to eat and drink and gave them pain relief when they needed it. Staff worked well together for the benefit of patients. Staff supported patients to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs

However:

- The service did not always have enough nursing and support staff to care for patients and keep them safe. Training did not reach the trust's target and safeguarding training levels for medical staff were not in line with national guidelines. Discharges were not always timely. Staff did not always assess risks to patients or maintain keep care records up to date. They did not always manage medicines well.
- Staff were not always able to complete additional training and learning and appraisal rates did not meet the trust target. Mental capacity act training did not meet the trust target.

Is the service safe?

Requires Improvement ➔

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

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it, however training did not reach the trust's target.

Medical staff received training specific for their role on how to recognise and report abuse, however the trust target of 90% was not met for either safeguarding training module. Safeguarding adults level two training compliance was below the trust target of 90% at 65.22% and safeguarding children level two was below the target at 60.87%, giving an overall compliance of 63.04% for medical staff.

Nursing staff received training specific for their role on how to recognise and report abuse, however the trust target of 90% was not met for two safeguarding training modules. Safeguarding adults level three training was below the trust target of 90% at 70.59% and safeguarding children level three training was below the target at 76.47%, giving an overall compliance of 86.93% for nursing staff.

This had the potential to affect patient care as not all staff had completed training to support them to recognise safeguarding concerns.

Medical care (including older people's care)

The service had a safeguarding policy that was version controlled, in date and had a review date of February 2025. It included information to support staff to understand safeguarding and appendices to support them to raise a concern and document any related findings.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were aware of safeguarding procedures, how to make referrals and access advice; staff told us they had access to the safeguarding team based at the main hospital site and there was a safeguarding champion on medical wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff gave examples of seeking advice and making safeguarding referrals when they had concerns.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient. Discharges were not always timely. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service used an electronic national early warning score (NEWS2) system; scores were used to monitor patients and detect deteriorating patients, or patients who required escalation or additional care or treatment.

The service used an electronic NEWS2 system; the system required staff to login to electronic devices to monitor a patients NEWS2 score. This was monitored by the clinical outreach team and the clinical decisions unit (CDU) coordinator in a central location. If patients deteriorated the clinical outreach team contacted the ward to highlight the deterioration on the system to ensure action was taken to address this by ward staff. Patients were monitored remotely to the wards.

Where an indicator of sepsis was identified, the trust followed the Sepsis Six model to provide testing and treatment to patients within one hour. We reviewed the trust sepsis assessment form and noted that the trust used an SBAR approach (situation, background, assessment, and situation) to review patients following an acute episode of deterioration. The service had a sepsis link nurse who supported staff with advice and training.

Staff we spoke with were able to identify signs and symptoms of sepsis and deteriorating patients and explained the action they would take in response.

The trust had a dedicated critical care outreach team; staff knew the process to escalate concerns for deteriorating patients with the team. The team monitored patient observations and NEWS2 scores and could either attend the ward or be available for telephone advice when patient's showed signs of deterioration.

There was a system in place to ensure deteriorating patients that required higher levels of care than was available were transferred to the main hospital site. This was a consultant led decision. There was a dedicated stabilisation room on the CDU to accommodate and stabilise patients prior to their transfer. Patients who needed diagnostic testing were also transferred to the main hospital site when required.

The CDU operated a consultant of the day system which meant there was senior medical decision-making cover for the ward. Consultants visited other wards with medical patients every day and there were enough staff to do this.

Medical care (including older people's care)

There was a recognition and management of the deteriorating patient policy, which included sepsis. Staff we spoke with were clear about signs and symptoms of deteriorating patients and gave examples of when and how they would escalate a concern.

The service had a falls prevention and management policy that was version controlled, in date and had a review date of February 2024. It included information to support staff to understand falls risks, mitigating actions and assessments. Staff said that ensuring the appropriate level of staff observation for patients at risk of falls had been a challenge recently due to staffing issues, however there had not been a significant increase in falls reported to managers, and they were doing all they could to provide enhanced care and support on the medical wards.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, however we saw gaps in documentation.

We reviewed 11 patient records during the inspection. Clinical risk assessments were contained in pathway booklets and included Malnutrition Universal Screening Tool (MUST), moving and handling assessments, pressure damage assessments, falls risk assessments and VTE (Venous thromboembolism) risk assessments. Most risk assessments we reviewed were completed. However, we saw some gaps in documentation. For example, we saw a patient repositioning chart without any patient identification on it. One patient's VIP score (Visual Infusion Phlebitis score is a tool used to monitor infusion sites) was incomplete for one date and did not indicate the date the cannula was removed.

All records we reviewed showed patients were seen by a doctor within four hours of admission and a consultant within 14 hours, which was in line with national standards.

MUST records were not always completed in line with guidance; we reviewed three MUST assessments in patient records and saw gaps in recording height, weight and food charts.

CDU and Romanby wards used an electronic board which identified the location of patients. Icons identified specific patient risks, for example if patients had a DNACPR (Do not attempt cardiopulmonary resuscitation) status, were living with dementia and also alerted staff to when COVID-19 swabs were due.

We reviewed eight DNACPR records. All were appropriately completed. All staff including housekeepers knew which patients had DNACPR documents and this was recorded in the daily handover reports.

The service had seen an increase in pressure ulcer and skin damage incidents in recent months; they had developed a pressure ulcer shelf which had all of the equipment and resources staff needed to respond to pressure ulcers and guidance on moving and handling best practice. Staff also knew about the tissue viability team and made referrals when needed to support patient assessment and treatment plans.

Patients were referred to the CDU from primary care, ambulance and community services as well as transfers from the main trust hospital site; James Cook University Hospital. All referrals were risk assessed by the consultant of the day prior to being accepted for admission to make sure the service could meet the needs of the patient. Medical staff we spoke with told us patient risks were controlled well and patients who were not suitable for the ward were not admitted.

Discharge plans were discussed at the admission stage; during the inspection we observed a board round and multidisciplinary (MDT) discussion about discharge plans and referrals for all patients. Discharge letters for GP were sent electronically.

Medical care (including older people's care)

Medical patients awaiting discharge care packages were accommodated on the post-operative surgical day unit (POSDU); they were still under medical consultant care and although they were not routinely seen by consultants each day, medical staff responded if a patient's condition changed. There was criteria for patients who were suitable for the POSDU. If patients were still on the ward at close on Friday, they were moved to another medical ward in the hospital and then back to POSDU on Monday mornings, however this meant that patients with long lengths of stay had multiple ward transfers.

Staff on medical wards and POSDU staff who cared for medical patients told us that they had challenges in timely discharges which included getting care packages in place and to take out (TTO) medications when patients were identified for discharge on the same day. Staff said they tried to complete discharges before 12:00pm, but this was not always achievable; they only discharged patients later than 7:00pm if it was their preference, but discharges were sometimes delayed.

Nurse staffing

The service did not always have 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 across the wards to provide minimum safe staffing levels.

The service did not always have enough nursing and support staff to keep patients safe. The number of nurses and healthcare assistants did not match the planned numbers. We reviewed the trust's average fill rates for Romanby ward which was reported in December 2021 and saw that the fill rate was 89.1% for day shift and 100% for night shift for registered nurses and 93.9% for day shifts and 95.1% for night shifts for health care assistant staff. This meant that 94.5% of nursing and health care assistant shifts were filled to the planned levels.

We observed a bed meeting where matrons and senior staff discussed staffing and acuity across the wards on both hospital sites. They discussed expected admissions and discharges, wards with closed bays and newly cleaned bays that had previously held patients undergoing screening or isolation following COVID-19 infection. Several bays and specific beds were identified as clean or requiring deep cleaning and patients were moved between bays. The ward manager could request additional staffing levels daily according to the needs of patients. However, they explained that staff were not always provided.

Staffing requirements were calculated using an electronic safer nursing tool and staffing was discussed and escalated at the 8:00am bed management meetings. We saw examples of nursing and healthcare staff moved between wards to support patients who required enhanced observations, or where staffing levels were sub-optimal.

The planned and actual staffing was not displayed on both wards we visited, but staff we spoke with told us they were not always able to meet the planned staffing numbers.

Staff told us that staffing felt challenging and there was constant pressure on the ward staff and they felt they could not always provide good care to patients; some staff told us they could not remember the last time staffing met the planned number.

Managers used bank and agency staff and offered overtime to substantive staff members to improve the staffing levels, however the impacts of staffing shortfalls and the COVID-19 pandemic meant they could not always achieve the appropriate levels of staffing on medical wards. Managers monitored substantive staff working additional hours to ensure their wellbeing.

Medical care (including older people's care)

The trust staffing model followed national guidance on staffing for winter preparedness in 2021, and they took action when staffing numbers were low, based on the safest staffing they could achieve across all areas. However, these staffing levels did not always meet the needs of the patients receiving care on wards.

The service had higher vacancy rates than the trust target. The trust's vacancy rate for registered nurses was reported as 6.89% in the December 2021 board papers, and we saw there were 2.94 whole time equivalent (WTE) vacancies in medical care wards. The WTE worked was below the establishment. This showed that there were less WTE hours worked than the wards were established for.

The trust's vacancy rate for support staff was reported as 19.38 % in the December 2021 board papers, however we saw that in medical care, support staffing whole time equivalent (WTE) worked was above the establishment by 0.95 WTE. This showed that there were more WTE hours worked than the wards were established for.

The service had higher sickness rates than the trust target. We reviewed the trust's staff sickness absence for the nursing and support staff in medical care; it was 6.35% for registered nursing staff and 10.93% for support staff. The trust's sickness target rate was 3.90% which was exceeded for both staff groups.

Medical staffing

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

The service always had a consultant on call during evenings and weekends. There was a middle grade, and junior doctor on duty overnight who were supported by nurse practitioners.

The service had enough medical staff to keep patients safe. We reviewed the medical staffing vacancies in the medical wards. We saw there was one WTE consultant vacant posts across medical wards and no registrar or trainee post vacancies.

The service had plans in place to future proof middle grade cover which included consultant level nurse cover.

The trust had no sickness rates among medical staff; in January 2022 the sickness rate was 0.0% which was below the trust target of 3.90%.

The trust had a palliative care team that covered the acute hospital and community services. There was 1.02 WTE band six nurse vacancies trust wide. This meant there was not always enough palliative care nursing cover to match the planned level.

The trust had a palliative care team that covered the acute hospital and community services. There was 1.05 consultant WTE vacancies trust wide. This meant there was not always enough palliative care consultant cover to match the planned level.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care, however they were not always up to date and we saw gaps in some records.

Medical care (including older people's care)

Patient records were predominantly completed on paper, with the exception of NEWS2 observations which were recorded and monitored electronically. Medical written records we reviewed were detailed, dated, timed and signed. Details of discussions with family members were recorded; we observed a nurse discussing care with a relative on the phone, which they recorded in the notes afterwards. However, we saw gaps in the documentation of some nursing assessments and prescription charts.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Paper medical and nursing records were stored in lockable trolleys and nursing charts and prescription charts were kept in folders at the end of patient beds.

The service had electronic patient boards. The boards were updated by staff manually however, the board on Romanby ward was not up to date during the inspection. It showed two patients were overdue COVID-19 swabs. Staff we spoke with told us the swabs had been done but the board had not been updated. We saw patient records which confirmed the swabs were up to date. We also found results for both patients recorded in their notes but were not easy to find.

The service had completed an audit of 15 case notes per ward across medical wards in January 2022. The audit checked that records were completed appropriately by clinicians and was RAG (Red amber green) rated. One out of the two wards (Romanby Ward) did not meet the expected compliance for five areas; the average compliance across all areas was 87.5. The following areas did not meet the target for green compliance of 90%; each entry dated, each entry timed, patient identifiable details on each page and staff writing the entry were identifiable and included their professional registration number; all five areas were RAG rated amber with four areas at 80% and one at 87%. This meant that records were not always completed in line with guidelines. The trust told us that in response to this audit, clinical assurance meetings (which were stood down during the height of the pandemic) were reinstated.

The service completed a care plan and risk assessment audit in January 2022. The audit had a RAG outcome approach, where green compliance was 90% or higher. There were two medical care wards and 15 sets of patient records were reviewed across 16 areas. Romanby ward was rated amber in three areas and red in two. The Clinical Decisions Unit (CDU) was rated amber in one area and red in one area. All other areas were green and scored 90% or above. Romanby ward was rated red in two areas; 40% of records had a MUST assessment completed within 24 hours of admission and 67% of patients had a Braden Assessment (used to predict pressure ulcer risk) completed within 6 hours of admission. Amber rated areas included effective discharge assessment and documentation and completion of skin assessments and body maps for pressure areas. The CDU was rated red in one are; 0% of records that required one had a wound care plan in place. The amber rated area related to reassessment of Braden scores. The audit showed records did not always meet the standard required; this meant patients were at risk of unsafe discharge and inappropriate assessments and we saw examples in the trust's incidents where this had happened.

Medicines

The service had systems and processes to safely prescribe, administer, record and store medicines, however staff did not always follow them.

Staff followed systems and processes to prescribe and administer medicines safely.

There were four medication rounds a day, and nurses gave medicines outside of these times when required. We observed a medicines administration round during the inspection; staff administered medications from a trolley and wore a tabard with ‘do not disturb’ printed on which staff said was effective. Staff administered medicines to their own allocated patients. The medication trolley was clean. Locked away in a locked room when medicines round completed.

Medical care (including older people's care)

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Pharmacist reconciled all patient medications on admission, and this was documented on the medication chart. They discussed medications with patients and families. Pharmacist we spoke with told us they monitored stock levels quarterly and audited CDs quarterly. We saw evidence of pharmacist auditing medication charts and CD registers. They told us they had no concerns about compliance.

Staff completed medicines records accurately and kept them up-to-date. Most medication prescription and fluid prescription charts we reviewed were correctly completed, however, we saw an example of a patient whose weight and height were not consistently recorded on medication prescription charts and an intravenous (IV) fluid prescription which was not dated or signed by the prescriber, and the start time was not recorded.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. There were sealed trays kept in a locked cupboard containing medications for rapid tranquilisation. Managers we spoke with told us staff had received appropriate training and the ward manager received a training record every month to monitor training compliance.

Medicines were stored in a room with a lock and all medicines cupboards we saw were locked.

All ward medicines we saw were in date and most were stored in the original packaging, however we saw examples of three medicines that were loose in the medicines cupboard. We saw that IV fluids were not always stored appropriately; mixed batches of IV fluids were stored in visibly dirty drawers which were not included in the cleaning schedule. This was not in line with best practice.

In the locked stock cupboard, we found a bag of patient-named medications to take home which included a controlled drug dispensed the previous day. We brought this to the attention of the ward manager who explained the patient was due for discharge they previous day but stayed in hospital overnight. The controlled drugs were then recorded locked away in line with the trust process.

We looked at the management of controlled drugs (CD); it was completed in line with guidelines, including CD balances and staff checks which were in line with local policies. However, the register did not show start date on the front cover which would be good practice.

Patient's own CD medications, which were recorded in in a separate register were mostly completed, however we saw some gaps.

We reviewed the CD order book; it was mostly completed correctly; however, we saw six orders that did not record the signature of the recipient and date when received on the ward.

Some medicines were stored in a locked refrigerator. We observed there was a minimum, maximum and current fridge temperature records which were mostly completed daily however, there were no actions recorded when the temperature was not within required range; we saw five occasions in December 2021 and three in January 2022.

Ambient room temperatures were recorded in the clean utility room but not the IV fluid storeroom. There were gaps in the ambient room temperature records, for example, on seven occasions in December 2021 and they were recorded on a fridge temperature template. This stated the desired range was 2-8 degrees Celsius, which was the incorrect monitoring range for ambient room temperatures.

Medical care (including older people's care)

There was a dedicated pharmacist on Monday to Friday from 9:00am to 5:00pm and on Saturday mornings from 9:00am to 12:00pm. There was a process in place to enable staff to access medications for patients to take home out of hours. Wards also had support from pharmacy technicians.

Staff knew how to access the medicines management policy and staff we spoke with could describe the action to take when reporting a medication error.

Incidents

The service did not always manage patient safety incidents well. Managers did not always investigate incidents thoroughly and share lessons learned. However, staff recognised and reported incidents and near misses.

Prior to our inspection, the trust's incident reporting system showed an increase in the numbers of serious incidents, and other, lower grades of incident where patients had come to harm. We could see similar themes emerging around nutrition and hydration (for example, patients losing a lot of weight unexpectedly while in hospital, or reporting not being fed for several days) and inappropriate discharge (for example, patients going home without important medicines, or a care package in place that would support their needs). Other organisations also voiced their concerns about the types and numbers of incidents the trust had reported. We saw that the frequency of this type of incidents had increased over recent months, and this was an important factor in our decision to inspect the trust when we did.

Despite asking the trust for evidence of learning and changes in practice as a result of serious incidents, we saw the same types of incident recurred. We were therefore not assured that the trust was learning from its incidents and had strong systems in place to ensure that this happened.

However, staff we spoke to knew what incidents to report and how to report them.

Is the service effective?

Good 

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

Nutrition and hydration

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.

Wards had protected mealtimes four times a day and there were snacks and drinks available to patients outside of these times.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff assisted with patients at meal times when they needed support.

Special diets were catered for, for example thickened foods or pureed foods and diabetic diets. Staff who served food knew which patients had special diets or restrictions as they had a daily report.

Medical care (including older people's care)

Patients we spoke with told us the quality of food was very good and there was a good choice on the menu. We saw water jugs were topped up regularly and there were colour coded lids to indicate when an empty jug had been replenished. Patient said they could ask for beverages at any time.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition but did not always complete it. The admissions checklist included that a MUST assessment should be completed on admission and then repeated weekly as a minimum. We reviewed 10 patient records looking at nutrition and hydration risk assessments and care plans; two were not fully completed and one was not completed at all.

Specialist support from staff such as dietitians were available for patients who needed it. We reviewed seven sets of records and saw appropriate referrals to dieticians when they were required. Staff told us they sometimes had to wait up to two days for dietetics to attend and they only routinely came to the ward twice a week. However, there was a process in place for patients who required urgent referral out of hours with access to the main hospital site staff.

During the inspection there were no patients who required additional feeding support interventions; however, we spoke to staff about actions they would take, and they could articulate the process in place and assessments they would need to complete.

The service had implemented a standard operating procedure (SOP) for patients who were nil by mouth. It was approved after the onsite inspection, so we did not see it used on the wards we inspected. The SOP provided additional information or links to other policies that the service had in place to manage patients who were nil by mouth.

Pain relief

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.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. FLACC is a behavioural pain assessment scale used for nonverbal or preverbal patients who are unable to self-report their level of pain. Pain is assessed through observation of 5 categories including face, legs, activity, cry, and consolability. Visual analogue scores were used for patients who were unable to verbalise their pain and patients who could were asked the 1-10 pain scale. All patient records we reviewed contained a pain chart, where appropriate, including the three different scoring options.

Patients received pain relief soon after requesting it. Patients we spoke with said their pain was well managed and they received pain relief quickly when it was requested. We observed nurses conducting medicines rounds ask patients about their pain levels.

Staff prescribed, administered and recorded pain relief accurately. There was a multidisciplinary approach to pain management; for example, one patient told us they received analgesia in anticipation of receiving physiotherapy.

There was no specialist pain team on site however, the pain team based at the main hospital was available for advice by telephone.

Medical care (including older people's care)

The service had completed an audit of 15 case notes per ward across medical wards in January 2022. The audit checked that pain assessment charts were present in patient records. Both wards scored 100% and were fully compliant.

The trust had an action plan to address compliance in completing pain assessments. There were six actions, five were in progress and one had been completed. There was no evidence in the action plan that it was monitored. Only two of the six actions had due date, and there was no record of updates or progress against actions on the document. For example, one action was completed, however there was no information about the outcome or next steps. This meant that it was unclear how the action plan was being monitored and managed.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and development, however staff were not always able to complete additional training and learning and appraisal rates did not meet the trust target.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Additional training opportunities were available to staff, including management apprenticeships and leadership courses for managers, although staff told us it was difficult to attend additional training due to staffing levels.

The trust's education centre now had a base at the hospital which had improved access to training for staff, including reducing travelling times. Staff found it easier to attend face to face training.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. However, the trust target for appraisals was 80% was not met for all staff groups.

Nursing and support staff appraisals did not meet the target of 80% with an average compliance of 66.67% for registered nurses 60.34% for support staff. This had declined from the last inspection where overall compliance for completion of appraisals was 79.3% for nursing staff and above the 80% target for support staff. When we reviewed appraisal data broken down by ward for the two wards we visited, we saw that compliance was significantly lower than the trust target for healthcare assistants at 35.71% on one ward, and for registered nurses at 46.67% on the other ward.

Medical staff appraisal compliance was above the trust target at 85.11%.

There were limited formal supervision opportunities for staff on the wards, however, informal supervision was included as part of the daily safety huddles.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Staff told us they had the time and opportunity to meet their learning objectives and had appropriate supervision in place.

The service had security guards who assisted ward staff with security services, welfare checks, staff escorts and supporting enhanced patient observations with advice from clinical teams. Their training included physical intervention and restraint, conflict resolution and level 2 safeguarding training; 80% of security guards had completed all mandatory

training modules. This did not meet the trust target of 90%. The trust told us that all security staff received an induction into the role and were issued with the full working instruction of the security department. Physical intervention training was a module required every three years and the trust told us staff who required this training were booked to attend in March 2022.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary (MDT) meetings to discuss patients and improve their care. We observed MDT involvement in board rounds and patients were referred to specialties where required.

Patients had their care pathway reviewed by relevant consultants. Medical patients who were cared for on other wards had regular review by consultants and there was support available out of hours if patients deteriorated.

Staff could contact specialist nurses, including respiratory and diabetes nurses if they needed support or advice and the physiotherapy and occupational therapy staff saw patients during the week on the wards.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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 measures that limit patients' liberty appropriately. However, mental capacity act training did not meet the trust target.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

During the inspection we reviewed patient records relating to consent and capacity and saw that patient’s capacity had been considered in all three records appropriately. We an example of a patient being supported to make an unwise decision following appropriate assessment; this was good practice. We saw gaps in two records where staff had not completed a section relating to memory and cognition.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and they knew who to contact for advice. Staff told us they were confident in using the tools available to them and we saw examples of good practice in patient records when decision making was considered.

However, mental capacity act (MCA) training for staff was provided as part of their safeguarding training and the trust target was not met for any staff group. The trust target for compliance was 90%; additional clinical services staff had 82.76% compliance, registered nursing staff had an 87.50% compliance and medical staff had a 70% compliance. We saw registered nursing staff exceed the 90% target in one out of two wards, however no other staff group across both wards met the target. Medical staff training was not kept at ward level but was below the target overall at 70%. This meant that staff did not all have the appropriate training in the MCA.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us they had access to support from managers and senior staff.

Medical care (including older people's care)

The trust had a policy for rapid tranquilisation; it was version controlled and in date with a review due in February 2023. The policy included considerations for different patient groups and the post-administration monitoring was in line with national guidelines. The policy included appendices to support staff to make the correct decisions and implement the correct monitoring. Staff told us it was rare, however there were sealed trays kept in a locked cupboard containing medications for rapid tranquilisation if needed.

Is the service caring?

Inspected but not rated

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients we spoke with told us they felt their privacy and dignity were maintained. Nurses and medical staff asked patients how they wished to be addressed, for example, by first name or their title and surname.

We observed staff were mindful of patient privacy and dignity. Curtains were always used when requested, changing, or when private conversations took place. A priority for patients who needed help when changing was to ensure they maintained dignity and we heard this happening in practice on the wards.

When medical staff identified patient's who were due to receive bad news, they set dedicated time aside to have those sensitive conversations without interruptions. One ward had a family room that staff used to have difficult or sensitive conversations with patients and their families.

Patients said staff treated them well and with kindness. Most patients we saw were dressed and all looked cared for. Patients we spoke with said they received good care that they were 'more than happy with'. Patients knew how to raise concerns and said they would do so if required.

We observed call bells were responded to in a timely way and patients told us they didn't wait long when they used them.

We observed staff who were patient and reassuring to patients who were frightened or confused. Staff also ensured they asked for additional staff support from colleagues where it was needed, and we observed this happening during the inspection.

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. The service had received positive FFT scores in January 2022. The directorate achieved an overall weighted score of 87.5% which was just below the trust target of 90%. All patient responses were either good or very good, and one ward scored above the trust target of 90%. This meant that people who used services and their families had provided positive comments about the service provided to them. However, response rates on both wards were particularly low with a total of four responses across both wards.

Medical care (including older people's care)

Areas for improvement

Action the trust MUST take to improve

In Medical Care:

- The service must ensure the proper and safe management of medicines. Regulation 12 (2) (g)
- The service must ensure that persons employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform and be enabled where appropriate to obtain further qualifications appropriate to the work they perform. Regulation 18 (1), (2) (a) (b).

Action the trust SHOULD take to improve

In Medical Care:

- The service should improve compliance with records audits to evidence patient records meet guidelines and legislation.
- The service should improve documentation of risk assessments and discharge documentation to ensure patients receive safe care and treatment.
- The service should ensure that MUST assessments are completed in line with the trust's policy.
- The service should work to increase response rates to the NHS Friends and Family Test to understand wider patient views on the service.
- The service should ensure they maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- The service should ensure patient information on the electronic board is updated promptly so that staff have easy access to up to date information when they need it.
- The service should ensure staff appropriately record the weight and height of patients to ensure medication dose calculations are appropriate and in line with guidelines.
- The service should ensure the medicines storage areas are clean.
- The service should ensure ambient room temperatures are recorded and monitored in line with good practice.

Our inspection team

Sarah Dronsfield, Head of Hospital Inspection led this inspection. The inspection team at Friarage Hospital included two inspectors and one inspection manager.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing