

# Royal Berkshire NHS Foundation Trust

## Inspection report

Royal Berkshire Hospital  
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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Use of resources rating for this trust

Good 

# Summary of findings

## Combined quality and resource rating for this trust

Good 

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

The Royal Berkshire NHS Foundation Trust (RBFT) provides in-patient and out-patient services from Royal Berkshire Hospital (RBH), West Berkshire Community Hospital (WBCH), The Prince Charles Eye Unit (PCEU), Bracknell Health space (BH), and Townlands Memorial Hospital (TMH). The trust has satellite dialysis units at the Windsor Dialysis Satellite Unit (WDU) and at WBCH.

As a foundation trust it is still part of the NHS and treats patients according to NHS principles of free healthcare according to need, not the ability to pay. Being a foundation trust means the provision and management of its services are based on the needs and priorities of the local community, free from central government control.

The trust is part of the Sustainability and Transformation Partnership Buckinghamshire, Oxfordshire, Berkshire West (STP BOB) comprising commissioners and other providers including acute trusts, community healthcare trust, ambulance service, mental health trust, local GPs and Berkshire County Council working together to build a future model of integrated health and social care.

The trust is the acute provider within the Berkshire West ICS, which consists of the West Berkshire CCG, Berkshire Healthcare NHS FT, and providers of GP services. The ICS aims to influence system-wide transformation and the development of new care models.

The trust was last inspected in September- October 2017 (report published January 2018). The trust rating stayed the same since our last inspection, we rated the trust overall as good.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good  → ←**

## What this trust does

The Royal Berkshire Hospital NHS Foundation Trust (RBFT) is the main provider of acute hospital services for the population of Reading, Newbury and Wokingham. It is a district general hospital providing healthcare services to approximately 500,000 people. It is a designated specialist centre for renal, cancer, bariatric care, heart attack and stroke services and provides specialist care through its networks in neonatal, maternity, trauma, critical care and vascular services. The Royal Berkshire Hospital (RBH) in Reading treats patients requiring urgent or hyper acute care.

The trust also has five sites out of Reading:

- West Berkshire Community Hospital (WBCH) is a modern hospital located near Thatcham. Outpatient clinics, X-ray and a day surgery unit (including endoscopy) are on-site and patients have access to blood tests, physiotherapy and occupational therapy. In September 2017, a satellite haemodialysis unit opened on-site.

# Summary of findings

- The Prince Charles Eye Unit (PCEU), located in Windsor, provides ophthalmology services, including an eye casualty, a day surgery service and eye outpatient department.
- Bracknell Health space (BH) is a purpose-built cancer treatment providing radiotherapy and chemotherapy and a renal dialysis centre. A range of specialties are delivered through the outpatient service and on-site phlebotomy and an x-ray service are available.
- The Windsor Dialysis Satellite Unit (WDU) caters for patients with chronic kidney disease needing haemodialysis. The unit also provides clinics for haemodialysis patients and outpatient clinics for patients requiring peritoneal dialysis.
- Townlands Memorial Hospital (TMH) runs many outpatient clinics and an x-ray service in Henley-on-Thames.

The trust employs over 5,372 staff and has 29 wards, with 687 inpatient beds, 79 maternity bed, 168 day-case beds and 59 paediatric beds. The trust had 90,898 inpatient admissions, 793,981 outpatient appointments and 131,440 Emergency Department attendances between February 2018 and January 2019.

## 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. Our planning decisions took account of information provided by the trust, and information we had collected and reviewed during the past year. This included feedback from patients, the public, staff, a local MP and other stakeholders.

We carried out the unannounced core service inspection on 03 to 05 July 2019. We inspected the locations of Royal Berkshire Hospital (RBH), West Berkshire Community Hospital (WBCH) and the Windsor Dialysis Satellite Unit (WDU). At WBCH we inspected the core services of the Medical care (including dialysis and endoscopy services). At the WDU we inspected the dialysis services.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led? The announced well-led part of the inspection took place on 30 July to the 01 August 2019.

We held discussion with staff prior to inspection and attended a trust board meeting.

During inspection we spoke to staff from a range of clinical areas and disciplines and at different grades. This included: healthcare assistants, housekeeping, nurses, doctors, consultants, and allied health professionals. We spoke with members of the leadership team, which included executives, non-executive directors, the chair and trust secretary.

We reviewed patient related information, including many care records and risk assessment tools. We looked at policies and procedures, safety checks and medicines records. In addition, we reviewed minutes of meetings, formal performance reports, risk registers and other governance information.

# Summary of findings

## What we found

### Overall trust

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

- Overall, we rated safe, effective, caring, responsive and well led as good. We rated one of the trust's nine services as outstanding and eight as good. In rating the trust, we considered the current ratings of the six services not inspected at this time.
- We rated well-led for the trust overall as good.

### Royal Berkshire Hospital:

- We rated three of the trust's services at Royal Berkshire Hospital as good. Overall, we rated this location as good.
- We rated safe, effective, caring, responsive and well led as good at the Royal Berkshire Hospital. Safe was rated as requires improvement in two of the three core services we inspected, and good in the other core service. All three core services were rated good for effective, caring, responsive and well led.
- Gynaecology services had previously been rated with maternity services, at this inspection we rated the service separately to maternity in line with our new approach to inspection of this core service. We rated safe, effective, caring, responsive and well led as good,
- Medical care service at Royal Berkshire Hospital had dropped its ratings from outstanding to good in caring responsive and well led, from good to requires improvement for safe, but stayed the same for effective we rated this as good.
- Maternity services had previously been rated with gynaecology services, at this inspection we rated the service separately to gynaecology in line with our new approach to inspection of this core service. We rated safe as requires improvement. Effective, caring, responsive and well led were rated as good.

### West Berkshire Community Hospital:

- This was the first inspection at West Berkshire Hospital, we inspected one core service, medical care. which overall, we rated as good.
- We rated safe, effective, caring, responsive and well led for medical care at West Berkshire Hospital as good.

### The Windsor Dialysis Unit:

- This was the first inspection of medical care at the Windsor dialysis unit. This location only provided dialysis care which was inspected under the core service of medical care, which overall, we rated as good.
- We rated safe, effective, caring, responsive and well led as good at Windsor Dialysis Service.

### **In rating the trust, we considered the current ratings of the six services not inspected this time.**

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/RHWZ/reports](http://www.cqc.org.uk/provider/RHWZ/reports).

### Are services safe?

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

# Summary of findings

- Most services had enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- There were systems and processes to managed patient safety incidents. Staff recognised and reported incidents and near misses. Incidents were investigated, and lessons learnt shared with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Patients' medicines were reviewed, and any changes were discussed with the patients' consultants.
- The service generally controlled infection risks effectively. There were systems in place to prevent and protect people from a healthcare-associated infection that were in line with national guidance. Staff used equipment and control measures to protect patients, themselves and others from infection. Most of the equipment and premises were visibly clean.
- Most patients received care and treatment in a well- maintained environment, that considered patients' diverse needs. The environment was easily accessible for patients with limited mobility and wheelchair users.
- The service used monitoring results to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had access to training on how to recognise and report abuse, but not all had completed it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date. Most were stored securely and easily available to all staff providing care.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.

However:

- Not all staff had completed the mandatory training provided and the trust's mandatory training targets were not met for all areas or staff groups.
- Not all medical gases were safely stored to reduce the risk of unauthorised persons accessing these.
- Medicines were not always checked in line with the trust's medicine management policy.
- At the time of the inspection staff told us there was no process in place to manage patient's own controlled drugs. Following our inspection, the provider told us they had a policy in place which informed how these medicines should be managed. Staff we spoke with were not aware of the policy on patients' own controlled drugs..
- Most facilities and premises were appropriate for the services being delivered.
- Mixed sex accommodation was not effectively managed or in line with national guidance.

## Are services effective?

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

- The services provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.

# Summary of findings

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff 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 monitored the effectiveness of care and treatment. Most services used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives. Staff provided health information to support patients improve their health and wellbeing.
- 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.

However

- Not all policies and procedures published on the trust intranet were up to date. While these were reviewed to ensure they reflected current national guidance, they were not all approved by the appropriate group and loaded onto the trust's intranet in a timely manner.
- The endoscopy service did not meet the JAG accreditation standards it was assessed against prior to our inspection.
- There was a lack of evidence that all maternity care and treatment outcomes were effective for all women and babies. There were areas of the maternity red, amber, green (RAG) traffic light dashboard that were consistently not meeting the trust's key performance indicators (KPI).
- Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Training rates for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were below the trust's target in some areas.
- Consent for the use of bed and chair alarms used on the elderly care wards was not formally obtained or recorded. Where a person lacked capacity to agree to the use of a falls alarm, no best interest decision was recorded. Consideration was not given as to whether this might deprive people of their liberty.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients and their families was consistently positive about the way staff treated them.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

# Summary of findings

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff took time speaking with patients and their family members offering reassurance during their care and treatment. Patients and their family members were encouraged to ask questions and offered explanations as to the treatment options available to patients.
- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.
- Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

## Are services responsive?

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Most people could access services when they needed to and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.
- Patients mostly had timely access to initial assessment, test results, diagnosis and treatment. Patients with the most urgent needs had their care and treatment prioritised. Action had been taken to minimise the length of time patients had to wait for care, treatment or advice.
- The service treated concerns and complaints seriously, investigated them, including patients in the investigation of their complaint and shared lessons learned with all staff. The service followed the trust procedures and patients were given the opportunity to have face to face meetings as part of the complaint's investigation. Patients were provided with a response to their complaint in a timely manner.
- Facilities and premises were appropriate for the services being delivered.

However:

- Some medical care referral to treatment times were below the England average.
- The number of occasions the midwifery led unit was suspended for four hours or more had been 'red flagged' for nine out of 12 months from April 2018 to March 2019.

## Are services well-led?

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

- Leaders had the integrity, skills and abilities to run services. They understood and managed the priorities and issues the services faced. They were visible and approachable for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The services had a vision for what they wanted to achieve, developed with all relevant stakeholders. These visions were understood by staff, who had signed up to this. Staff felt they were part of the wider trust.
- The services' visions and strategies were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.



# Summary of findings

- The culture of the services provided were centred on the needs and experiences of patients who used services. They had an open culture where patients, their families and staff could raise concerns without fear.
- Staff felt respected, supported and valued. The services promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The managers were focussed on improvement and shared outcomes of incidents and lessons learnt with the teams and trust wide to effect learning when things went wrong.
- Leaders and teams used systems to manage performance, identifying and escalating relevant risks and issues. They developed and reviewed action plans to reduce and mitigate their impact.
- There was a culture of collective responsibility between teams and services and positive relationships between staff and teams.
- The service had plans to cope with unexpected events and staff were aware of actions they needed to take to achieve safe continuity of services.
- Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- There was a monthly team brief delivered by an executive or a senior manager from the trust, which were informative. A copy of the team brief was available to other staff who may not be able to attend.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research and staff were committed to learning and improving services.

However:

- While there were systems for identifying risks, planning to eliminate or reduce them, not all risk registers included dates for actions to be completed by.
- Although staff could access the data they needed, in easily accessible formats, to understand performance, make decisions and improvements, this data was not always accurate or reliable. Work was in progress to integrate information systems.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RHW/Reports](http://www.cqc.org.uk/provider/RHW/Reports).

## Combined quality and resource

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

## 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 account of factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.



# Summary of findings

## Outstanding practice

We found examples of outstanding practice in the maternity core service and medical care core service.

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

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found other things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued two requirement notices to the trust. Our action related to breaches of two legal requirements in several core services.

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

## What happens next

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

## Outstanding practice

### Trust well led

- The patient leadership programme’s trained patient leaders were involved in a range of trust groups, committees such as the patient experience committee. They also participated in patients/family engagement and the mentoring of the CEO and finance director.
- The partnership work with Project SEARCH, to create “supported internships” had helped young people with special needs into full-time paid employment, either in the trust or with another employer.

### Medical care

- The acute stroke unit had constantly achieved an ‘A’ sentinel stroke national audit programme rating and had improved patient experience and outcomes. The team share best practices at conferences and with other trusts.
- The cardiac care unit had the most effective 24-hour, seven day a week heart attack service nationally for eight consecutive years. This achievement is attributed to the team’s innovative approach to cross-organisational and multi-disciplinary monthly reviews and sustained quality improvement efforts.
- The care crew provided high standard of personal care for elderly patients and patients with memory problems or conditions such as dementia.
- Multidisciplinary team working was evident. Throughout the trust we saw staff, teams and services working collaboratively. There were innovative and efficient ways to deliver joined-up care to people who used the service, resulting in better patient experience and outcomes.

### Maternity

# Summary of findings

- The diabetes specialist midwife was involved in a pilot study that used an app to help manage the treatment of gestational diabetes – a condition that affects about 1 in 10 pregnant women. The app let women send the blood glucose readings they took at home directly to a database which allowed their midwife to read them online and see which patients were most in need of their attention. The technology enabled patients to safely monitor their condition at home and remain well connected to the hospital.
- The ‘Rainbow Clinic’ offered specialist multi-professional antenatal care to women in pregnancy who had previously experienced the loss of a baby due to late miscarriage, stillbirth or early neonatal death.
- The trust offered polish speaking antenatal clinics.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations.

We told the trust that it must take action to bring services into line with two legal requirements.

This action related to medical services

### **Medical care**

The provider **MUST**:

- Ensure mandatory, safeguarding and Mental Capacity Act and Deprivation of Liberty training is completed by all staff.
- Ensure mixed sex accommodation are managed effectively, in line with national guidance.

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 services.

### **Trust wide**

The trust **SHOULD**;

- Continue working towards having a trust board that reflected the BAME representation within the overall workforce
- Continue to develop and implement formal succession planning processes used alongside the appraisal system.
- Implement actions to increase staff’s confidence to report violence and aggression incidents and monitor the impact these actions are having on reducing the incidence of violence and aggression towards staff.
- Review engagement with governors to manage their expectations of the role and their active participation within the trust.
- Take action to meet the data security and protection standards and monitor on-going compliance with these standards.
- Improve the quality of data and information available for internal and external use to ensure it provides assurance of performance and compliance.
- Continue to improve compliance with Sepsis six in all areas of the trust.
- Continue to promote the trust’s quality improvement tool to facilitate a consistent approach to all quality improvement projects and programmes.

### **Medical care**

# Summary of findings

The service SHOULD:

- Embed infection and prevention control practices into the service, especially regarding transporting human waste and dirty linen.
- Replace all chairs that are not covered in a wipeable material.
- Make sure emergency exits and emergency equipment are not obstructed by consumables and other equipment.
- Standardised the storage of equipment on the resuscitation trolleys throughout the hospital.
- Lock all cleaning cupboards when unoccupied.
- Remove all trip hazards especially on the elderly care wards.
- Check medicines in line with the trust's policies and procedures.
- Staff in the dialysis units should be updated on the policy and procedures for the safe management of patients' own controlled drugs.
- Store all medical gases according to national guidance.
- Monitor compliance with sepsis policies and procedures on the elderly care wards.
- Ensure there is guidance on seeking consent before falls alarms are used and monitor the recording of consent and best interest decisions prior to the use of falls alarms to ensure compliance with Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- Continue to work through their action plan towards achieving JAG accreditation for the endoscopy services.
- Team leaders should be supported and encouraged to attend senior team meetings at the Royal Berkshire Hospital to build relationship and share learning. The trust told us that minutes of meetings were shared with the staff.

## Maternity

The service SHOULD:

- Employ sufficient maternity staff to ensure that the service meets the trust's own assessed requirements as submitted in the Maternity Birthrate Plus and report 2018.
- Provide timely access to theatres in all cases whenever required.
- Regularly maintain the maternity block and address issues with the fabric of the building.
- Always lock cupboards housing electrical mains switches.
- The risk register should clearly document actions that have been taken to mitigate risks and timescales for when identified actions should be completed.
- The trust should work to reduce the number of occasions the midwifery led unit is suspended for four hours or more.
- Care and treatment outcomes measured by key performance indicators (KPI) should meet the trust's minimum standards.
- Issues with IT systems providing outcome data and those relating to remote working should be resolved.

## Gynaecology

The service SHOULD:

- Improve the safeguarding training compliance rates for medical staff.

# Summary of findings

- Develop effective storage solutions within the ward and clinic environment and to remove additional equipment from clinical areas.
- Consider removing tape from waste bins to aid effective cleaning.
- Consider repairing rips in the flooring.
- Consider not using electrical sockets located high up on walls.
- Expedite plans to improve the secure storage of patients' records within the clinic preparation area.
- Consider re-decorating the 'quiet room' and providing information for patients to take away.
- Display information on how to make a complaint in public areas.
- Continue to engage with staff to get feedback on the service and its management.

## 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.

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust board had the appropriate range of skills, knowledge and experience to perform its role.
- Leaders were knowledgeable about the challenges the trust and care groups faced and were proactive in addressing these.
- The trust had a vision and strategy, underpinned by nine enabling strategies, for what it wanted to achieve. These had been developed with involvement from staff, patients, and key groups representing the local community. Staff understood the trust's vision, values and strategy and their role in achieving them.
- The leadership teams had developed an environment where the trust's strategic priorities supported decision making and interactions with patients and partners both internally and externally.
- Leaders at all levels across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some work had been completed to promote equality and diversity, however, this was an area the trust acknowledged that while improvements had been made there was still work required.
- Staff considered that quality and finances were always balanced, with finances never taking priority and the focus always being on safety and quality when decisions about service developments and financial restraints were being discussed. They felt confident that quality was not being compromised to manage financial balance.
- A culture of openness and honesty was promoted. The trust encouraged staff and patients to raise issues and acted on this feedback. The trust's behaviour framework was having a positive impact on staff feeling empowered to address behaviour that was inconsistent with the vision and values.

# Summary of findings

- The board were sighted on information governance issues including some issues with data quality which could impact on its ability to accurately report performance internal and externally. While data quality was reported to be improving, more work was required to ensure accurate data was available to inform discussions and provide assurance.
- There were systems and processes to manage performance and identify potential issues or failure to meet local and national standards. The integrated performance report included both safety and financial information and was discussed monthly at care group and board level. However, it was unclear what action was taken when clinical areas consistently failed to meet the trust's KPIs.
- Staff at all levels were clear about their roles, areas of responsibility and accountability. This included delegation of responsibility to committees and clear reporting lines from ward to board and board to ward.
- There were established systems and process to manage complaints, which were audited every two years. Patients and their families were aware of how to raise a complaint and in most cases, these were responded to within the trust's 25-day target.
- There were systems for reporting, investigating and learning from serious incidents, supported by the incident reporting and learning policy and duty of candour policy. Serious incidents were routinely discussed at care group clinical governance meetings and at the clinical governance and learning committee meetings.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risks recorded on the corporate risks register reflected those that leaders stated were the top risks.
- The trust actively engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust were committed to learning and continually improving services from internal and external reviews. At present the trust did not have a quality improvement methodology to inform its quality improvement work but were exploring which model to implement.
- The trust was participating in national and local research and had undertaken several clinical research projects in partnership with a local university. This had raised the trust's health-related research profile across the region.

However;

- Aspiring leaders had access to a range of leadership development programmes. The trust did not have a formal succession planning process, but work had commenced on the development of a formal succession planning process, initially aimed at middle manager level. Following our inspection, the trust provided a board paper dated 30 July 2018 that outlined its approach to succession planning and highlighted the work such as the development opportunities for some staff groups.
- Information technology systems were not always used effectively. The functionality of some systems was not used to their full potential, such as the monitoring of completion of action plans. This was undertaken manually as the trust reported they found the monitoring function of its incident reporting system time consuming.
- The national data guardian's ten data security standards had not been met by the trust for the last two years. Actions plans had been developed and implemented but had not resulted in compliance.

## Ratings tables

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

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

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

### Ratings for the whole trust

| Safe                  | Effective             | Caring                | Responsive            | Well-led              | Overall               |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Good<br>↔<br>Dec 2019 | Good<br>↔<br>Dec 2019 | Good<br>↓<br>Dec 2019 | Good<br>↓<br>Dec 2019 | Good<br>↔<br>Dec 2019 | Good<br>↓<br>Dec 2019 |

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

### Rating for acute services/acute trust

|                                   | Safe                  | Effective             | Caring                | Responsive            | Well-led              | Overall               |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Royal Berkshire Hospital          | Good<br>↔<br>Dec 2019 | Good<br>↔<br>Dec 2019 | Good<br>↓<br>Dec 2019 | Good<br>↓<br>Dec 2019 | Good<br>↔<br>Dec 2019 | Good<br>↔<br>Dec 2019 |
| West Berkshire Community Hospital | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      |
| The Windsor Dialysis Unit         | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      | Good<br>Dec 2019      |
| <b>Overall trust</b>              | Good<br>↔<br>Dec 2019 | Good<br>↔<br>Dec 2019 | Good<br>↓<br>Dec 2019 | Good<br>↓<br>Dec 2019 | Good<br>↔<br>Dec 2019 | Good<br>↔<br>Dec 2019 |

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

### Ratings for Royal Berkshire Hospital

|  | Safe                                  | Effective                        | Caring                  | Responsive              | Well-led              | Overall                 |
|--|---------------------------------------|----------------------------------|-------------------------|-------------------------|-----------------------|-------------------------|
| Urgent and emergency services                | Good<br>Jan 2018                      | Requires improvement<br>Jan 2018 | Outstanding<br>Jan 2018 | Good<br>Jan 2018        | Good<br>Jan 2018      | Good<br>Jan 2018        |
| Medical care (including older people's care) | Requires improvement<br>↓<br>Dec 2019 | Good<br>↔<br>Dec 2019            | Good<br>↓<br>Dec 2019   | Good<br>↓<br>Dec 2019   | Good<br>↓<br>Dec 2019 | Good<br>↓<br>Dec 2019   |
| Surgery                                      | Good<br>Jan 2018                      | Good<br>Jan 2018                 | Good<br>Jan 2018        | Good<br>Jan 2018        | Good<br>Jan 2018      | Good<br>Jan 2018        |
| Critical care                                | Good<br>Jan 2018                      | Good<br>Jan 2018                 | Outstanding<br>Jan 2018 | Good<br>Jan 2018        | Good<br>Jan 2018      | Good<br>Jan 2018        |
| Maternity                                    | Requires improvement<br>Dec 2019      | Good<br>Dec 2019                 | Good<br>Dec 2019        | Good<br>Dec 2019        | Good<br>Dec 2019      | Good<br>Dec 2019        |
| Gynaecology                                  | Good<br>Dec 2019                      | Good<br>Dec 2019                 | Good<br>Dec 2019        | Good<br>Dec 2019        | Good<br>Dec 2019      | Good<br>Dec 2019        |
| Services for children and young people       | Good<br>Jun 2014                      | Good<br>Jun 2014                 | Good<br>Jun 2014        | Good<br>Jun 2014        | Good<br>Jun 2014      | Good<br>Jun 2014        |
| End of life care                             | Good<br>Jun 2014                      | Good<br>Jun 2014                 | Good<br>Jun 2014        | Outstanding<br>Jun 2014 | Good<br>Jun 2014      | Good<br>Jun 2014        |
| Outpatients                                  | Good<br>Jan 2018                      | N/A                              | Good<br>Jan 2018        | Outstanding<br>Jan 2018 | Good<br>Jan 2018      | Outstanding<br>Jan 2018 |
| <b>Overall*</b>                              | Good<br>↓<br>Dec 2019                 | Good<br>↔<br>Dec 2019            | Good<br>↓<br>Dec 2019   | Good<br>↓<br>Dec 2019   | Good<br>↓<br>Dec 2019 | Good<br>↓<br>Dec 2019   |

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

### Ratings for West Berkshire Community Hospital

|  | Safe             | Effective        | Caring           | Responsive       | Well-led         | Overall          |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| Medical care (including older people's care) | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 |
| <b>Overall*</b>                              | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 |



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

### Ratings for The Windsor Dialysis Unit

|  | Safe             | Effective        | Caring           | Responsive       | Well-led         | Overall          |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| Medical care (including older people's care) | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 |
| <b>Overall*</b>                              | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 | Good<br>Dec 2019 |

\*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.

# Royal Berkshire Hospital

London Road  
Reading  
Berkshire  
RG1 5AN  
Tel: 01183225111  
[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

## Key facts and figures

The Royal Berkshire Hospital is managed by Royal Berkshire NHS Trust which employs more than 4,800 staff and has an annual budget of £290 million. The hospital provides a range of services including urgent and emergency care, medicine, surgery, maternity, critical care, gynaecology, services for children and young people, end of life care, and outpatient services including diagnostic imaging.

The hospital has approximately 813 inpatient beds of which 627 are acute bed, 66 for children and young people 75maternity. There are also around 204-day beds and spaces. The hospital employs over 5,300 staff.

Between January 2018 to December 2018 at the Royal Berkshire hospital there were;

- Inpatient admissions – 91,183
- Day- case beds- 168
- Outpatient attendances – 801,134
- A&E attendances - 133,185
- Number of A&E attendances admitted- 36,193
- Number of deliveries – 4,536
- Number of deaths – 1,477

The inspection team spoke with 46 patients and relatives, appropriately 98 members of staff including consultants, junior doctors, managers and nurses of all grades, allied health professionals, domestic staff and receptionists. We observed care and treatment and reviewed 39 patient records including prescriptions, on the electronic records system. We reviewed information provided by the trust both before and after the inspection.

## Summary of services at Royal Berkshire Hospital

**Good** ● ↓

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

- We rated three of the trust's services at Royal Berkshire Hospital as good. Overall, we rated this location as good.

# Summary of findings

- We rated safe, effective, caring, responsive and well led as good at the Royal Berkshire Hospital. Safe was rated as requires improvement in two of the three core services we inspected, and good in the other core service. All three core services were rated good for effective, caring, responsive and well led.
- Gynaecology services had previously been rated with maternity services, at this inspection we rated the service separately to maternity in line with our new approach to inspection of this core service. We rated safe, effective, caring, responsive and well led as good,
- Medical care service at Royal Berkshire Hospital had dropped its ratings from outstanding to good in caring and responsive, from good to requires improvement for safe, but stayed the same for effective and well led, which were rated as good.
- Maternity services had previously been rated with gynaecology services, at this inspection we rated the service separately to gynaecology in line with our new approach to inspection of this core service. We rated safe as requires improvement. Effective, caring, responsive and well led were rated as good.

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care service at Royal Berkshire Hospital provides care and treatment for specialties including cardiology, dermatology, diabetes, elderly care, gastroenterology, haematology, neurology and neuro-rehabilitation services, oncology and respiratory, rheumatology, stroke and endocrinology.

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

The hospital has 399 medical inpatient beds located across 25 wards and units:

- Acute Medical Unit (AMU) – emergency assessment unit with 30 assessment beds and 4 beds in the higher monitoring unit
- Acute Stroke Unit (SAU) – hyper-acute stroke unit and centre of excellence for thrombolysis with 28 beds
- Adelaide Ward - oncology/haematology inpatient ward with 23 inpatient beds
- Ambulatory Emergency Care Unit - provides specialist ambulatory day clinic/appointments and services to avoid hospital admissions
- Battle Day Unit and Discharge Lounge - medical infusion unit and discharge lounge
- Benyon Haemodialysis Unit - renal haemodialysis unit
- Burghfield Ward - elderly care ward with 28 inpatient beds
- Continuous Ambulatory Peritoneal Dialysis (CAPD) Unit – renal haemodialysis unit
- Cardiac Care Unit – cardiac care unit with 18 inpatient beds
- Castle Ward - rheumatology inpatient ward with 28 inpatient beds
- Caversham Ward - neurological rehabilitation and 12 inpatient beds
- Chemotherapy Unit -
- Emmer Green Ward – – hip fragility ward with 24 inpatient beds
- Endoscopy Unit -
- Huntley and Palmer Haemodialysis Unit - renal haemodialysis unit
- Hurley Ward – elderly care ward with 18 inpatient rehabilitation beds, four end of life beds and eight inpatient beds for escalation.
- Jim Shahi Unit - cardiac catheter laboratory
- Kennet Ward – respiratory ward with 26 inpatient beds
- King Edward day bed unit - chemotherapy unit
- Loddon Ward – respiratory ward with 26 inpatient beds
- Mortimer Ward – elderly care ward with 28 inpatient beds
- Short stay unit – acute medical ward for short-stay (ideally, less than three days) with 25 inpatient beds

# Medical care (including older people's care)

- Sidmouth Ward - gastroenterology ward with 28 inpatient beds
- Victoria Ward – renal ward with 22 inpatient beds
- Whitley Ward – cardiology ward with 28 inpatient beds
- Woodley Ward – elderly care with 28 inpatient beds

(Source: Routine Provider Information Request (RPIR) - Sites tab)

The trust had 38,998 medical admissions from February 2018 to January 2019. Emergency admissions accounted for 20,530 (52.6%), 367 (0.9%) were elective, and 18,101 (46.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 16,319
- Gastroenterology: 9,434
- Clinical haematology: 3,156

(Source: Hospital Episode Statistics)

We visited 18 medical and specialist wards/units over the site: Acute Medical Unit (AMU), Acute Stroke Unit (ASU), Ambulatory Emergency Care Unit, Battle day unit and the discharge lounge, Benyon haemodialysis unit, Burghfield ward, Cardiac Care Unit (CCU), Endoscopy unit, Huntley and Palmer haemodialysis unit, Hurley ward, the Jim Shahi unit, Kennet ward, Loddon ward, Mortimer ward (merged and relocated to the Burghfield ward at the time of our inspection), Short Stay Unit (SSU), Victoria ward, Whitley ward and Woodley ward

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection team spoke with 24 patients and relatives, appropriately 60 members of staff including consultants, junior doctors, managers and nurses of all grades, allied health professionals, domestic staff and receptionists. We observed care and treatment and reviewed 15 patient records including prescriptions, on the electronic records system. We reviewed information provided by the trust both before and after the inspection.

## Summary of this service

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

- Patients were protected by a strong comprehensive safety system and there was a focus on openness, transparency and learning when things went wrong.
- Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe at all times. Any staff shortages were responded to.
- Outcomes for patients who used the service were mostly better than expected when compared with other services.
- Staff's skills, competence and knowledge were continuing being developed as integral to ensure high-quality care.
- Staff were proactively supported and encouraged to acquire new skills, use transferable skills and share best practice. Volunteers were proactively recruited, trained and supported in their roles.
- There was excellent, effective multidisciplinary working within the medical care services.

# Medical care (including older people's care)

- Feedback from people who used the service, friends and family was consistently positive about the way staff treated people and provided care. Staff were highly motivated in delivering patient-centred care in a respectful and dignified way.
- Patients told us they felt involved in decisions about their or their loved ones care and treatment.
- Clear governance structures were in place and we saw effective management of risks. Senior managers were visible and highly regarded.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.

However:

- Not all staff were up-to-date with their mandatory and safeguarding training.
- There were lapses in infection and prevention control practices.
- Storage of equipment did not always follow best practice or was kept in inappropriate areas of the wards.

## Is the service safe?

**Requires improvement** ● ↓

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

- Not all staff had completed the required mandatory or safeguarding training and the trust's mandatory and safeguarding training targets were not met.
- The service put patients and staff at harm from the risk of cross infection by not following infection and prevention control measures at all times.
- Mixed sex accommodation was not effectively managed or in line with national guidance.
- Medicines were not always checked according to the trust's medicines management policy.
- Elderly care patients were not always screened for sepsis after sepsis red flag triggers had been identified.

However,

- The service provided mandatory training in key skills to all staff.
- 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 design, maintenance and use of facilities, premises and equipment mostly kept people safe.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

# Medical care (including older people's care)

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Storage of equipment did not always follow best practice or was in appropriate areas of the wards.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff 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 monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide and deliver individual, high quality care. The medical care service and the wider trust recognised how an effective, well-supported multidisciplinary team approach delivered better outcomes for patients.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They mainly followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- Not all staff had completed the required Mental Capacity Act and Deprivation of Liberty safeguards training.
- There was no formal process for the consent of bed and chair alarms used on the elderly care wards and the use of falls alarms was not contained within the consent policy.



# Medical care (including older people's care)

## Is the service caring?

Good ● ↓

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients and their families was consistently positive about the way staff treated them.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● ↓

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

- The service planned and provided care in a forward-thinking way that met the needs of local people and the communities served. It also worked, and looked for ways to work, in collaboration with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards. The trust were pro-active in their approach to hospital avoidance and the patients journey through the hospital without compromising patient care and treatment.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- The service was below the England average for some of the medical care services referral to treatment.
- The service did not have an effective system for monitoring and recording out of hours bed moves.

## Is the service well-led?

Good ● ↓

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

# Medical care (including older people's care)

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

## Outstanding practice

- Acute stroke unit - constantly achieves an 'A' sentinel stroke national audit programme rating and has improved patient experience and outcomes. The team share best practices at conferences and with other trusts.
- Cardiac care unit - has had the most effective 24/7 heart attack service nationally for eight consecutive years due to the team's innovative approach to cross-organisational and multi-disciplinary monthly review and sustained quality improvement efforts.
- Care crew - who provided high standard of personal care for elderly patients and patients with memory problems or conditions such as dementia.
- Multidisciplinary teams – throughout the trust we saw staff, teams and services working collaboratively. There were innovative and efficient ways to deliver joined-up care to people who used the service, resulting in better patient experience and outcomes.

## Areas for improvement

We found areas for improvement in this service.

The provider MUST:

- Ensure mandatory, safeguarding and Mental Capacity Act and Deprivation of Liberty training is completed by all staff.

# Medical care (including older people's care)

- Ensure mixed sex accommodation is managed effectively and in line with national guidance.

The service SHOULD:

- Make sure infection and prevention control practices are embedded in the service, especially in regard of transporting human waste and dirty linen.
- Make sure emergency exits and emergency equipment are not obstructed by consumables and other equipment.
- Make sure the storage of equipment on the resuscitation trolleys are standardised throughout the hospital.
- Lock all cleaning cupboards when unoccupied.
- Make sure there are no trip hazards especially on the elderly care wards.
- Make sure all chairs are covered in a wipeable material.
- Make sure the checking of medicines followed the trust's policies and procedures.
- Make sure medical gases are stored according to national guidance.
- Make sure sepsis policies and procedures are followed on elderly care wards.
- Consider recording and monitoring out of hours bed moves as recommended by the Royal College of Physicians.
- The provider should ensure that consent for the use of falls alarms are included within the consent policy. Where a patient lacks capacity to consent, a best interest decision should be recorded.

# Maternity

Good 

## Key facts and figures

The Royal Berkshire Hospital NHS Foundation Trust has a dedicated maternity unit. From January 2018 to December 2018 there were 4,536 deliveries at the trust.

The trust has 75 inpatient maternity beds located at Royal Berkshire Hospital. These are split between:

- 16 beds on the delivery suite, located on level 3 of the maternity block. These consist of 12 birthing rooms, a birthing pool, and three observation rooms.
- 30 beds on the postnatal ward, located on level 4.
- 25 beds on level 4 that are used flexibly for antenatal or postnatal care, including a transitional care bay.
- The Rushey midwifery-led unit, which has three birthing rooms and an early labour room. The unit is located on level 4.

Outpatient antenatal services consist of antenatal clinics, the day assessment unit, ultrasound and foetal medicine and combined outpatient clinics with diabetes, cardiology and perinatal mental health. Community midwives work in geographically based teams linked to a consultant obstetrician.

The trust has a home-birth team. The trust also has midwives who specialise in bereavement, diabetes, HIV, screening, substance misuse, domestic abuse and child protection and clinical risk.

During our inspection we spoke to 12 women who used the service and their relatives. We observed care in outpatient clinics and looked at 12 sets of women's records.

We inspected the service between 3 and 5 July 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We last inspected Royal Berkshire Hospital NHS Foundation Trust maternity services in November 2015 as part of a joint maternity and gynaecology inspection. We found combined maternity and gynaecology services required improvement overall. The purpose of this inspection was to see if maternity services performance had been maintained or if any improvements had been made by the service in the interim.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated maternity as requires improvement because:

- Staff told us the age of the maternity block the building could present challenges to staff. During our inspection we saw a leak in the antenatal unit reception area. Although the trust took timely action to address the leak, staff told us leaks were a regular occurrence.
- We found an electrical cupboard unlocked on the antenatal unit. We drew this to staff attention and the cupboard was locked immediately. However, there was a risk that the electrical supply on the unit could be interfered with if the cupboard was unlocked.

# Maternity

- The Maternity Birthrate Plus and report 2018 submitted to the executive management committee in February 2019, showed that a freeze on vacancies on 2018-2019 meant that funding for an additional 62.2 midwives and 6.3 maternity support workers was necessary to meet their own assessed staffing level.
- Training rates for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were not meeting the trust's 90% standard. As a result the trust could not be assured that all staff followed the trust policy and procedures when a woman lacked capacity to consent.
- The number of occasions the midwifery led unit was suspended for four hours or more had been 'red flagged' for nine out of 12 months from April 2018 to March 2019.
- The risk register did not contain details of actions that had been taken to mitigate risks or identify timescales for when actions should be completed. This meant the risk register could not be used as a tool to monitor the progress of risks.
- Staff told us that due to system changes as a result of the trust's move to digitalisation they had been unable to pull some outcome data from the system. Staff said they were doing a 'work around' until the trust's digital services team had resolved the issue. IT issues had also been identified by some staff when working remotely in the community or other work settings.

However:

- The maternity service had completed actions to meet the requirements of the 'saving babies lives' care bundle, with the aim of reducing stillbirths, neonatal deaths, and intrapartum brain injuries.
- There was a focus on innovation and research in maternity. Most staff we spoke with told us they were of the opinion that maternity services had improved and there was a culture of quality assurance being embedded in the service.
- The antenatal unit was midwife led. We found staff were committed to providing and promoting normal birth. Women were assessed for any extra care needs they may require at booking with the community midwives. This included an assessment for postnatal anxiety and depression.
- Maternity had introduced a triage area which provided triage, assessment, advice and a plan of care to women, 24 hours a day, seven days a week. There was a designated triage team allowing for better continuity of care and improved communication.
- Maternity services had introduced a new model of midwifery supervision, the professional maternity advisor (PMA) role to roll out the new model of midwifery supervision 'A-EQUIP' (advocating for education and quality improvement).
- The women and relatives we spoke with all reported that they received compassionate care and all staff were kind to them. Most women told us they felt involved in planning and making decisions about their care.
- Maternity services had a clearly defined accountability structure. The midwifery lead and community matron were accountable to the director of midwifery.
- There were a range of governance meetings to ensure information flowed from board to ward.

## Is the service safe?

**Requires improvement**



We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe as requires improvement because:

# Maternity

- The trust could not be assured that premises were safe at all times as there were recurrent issues with the fabric of the maternity building due to its design and age. Electrical cupboards were not always locked to ensure that electrical mains supplies were secure.
- Although managers regularly reviewed and adjusted staffing levels and skill mix, the service did not always have enough maternity staff to meet their own assessed midwives to birth ratio.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Most staff had completed the required mandatory training relevant to their role.

However:

- Staff understood how to protect women and babies from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

## Is the service effective?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored women 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.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for women and babies.
- Staff gave women practical support and advice to lead healthier lives.
- The maternity service used their dashboard to monitor performance and improve the care women received. Where shortfalls were identified, actions were taken to address these.
- Although the maternity dashboard showed the service was not always meeting their own targets, the trust used the information collected to improve outcomes for women.

# Maternity

However

- Although staff we spoke with understood how and when to assess whether a woman had the capacity to make decisions about their care. Training rates for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were low. As a result, the trust could not be sure staff had up to date knowledge and skills in assessing and caring for women who lacked capacity to consent.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated responsive as good because:

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

However:

- Although most women could access the service when they needed it and received the right care promptly. The number of occasions the midwifery led unit was suspended for four hours or more had been 'red flagged' for nine out of 12 months from April 2018 to March 2019.

## Is the service well-led?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well led as good because:



# Maternity

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were not always transparent. The risk register did not have dates for action plans and did not contain timescales for the completion of actions.
- Although staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements, these were not always reliable. Work was in progress to integrate information systems. Data or notifications were consistently submitted to external organisations as required.

## Outstanding practice

- The diabetes specialist midwife was involved in a pilot study that used an app to help manage the treatment of gestational diabetes – a condition that affects about 1 in 10 pregnant women. The app let women send the blood glucose readings they took at home directly to a database which allowed their midwife to read them online and see which patients were most in need of their attention. The technology enabled patients to safely monitor their condition at home and remain well connected to the hospital.
- The 'Rainbow Clinic' offered specialist multi-professional antenatal care to women in pregnancy who had previously experienced the loss of a baby due to late miscarriage, stillbirth or early neonatal death.
- The trust offered polish speaking antenatal clinics.

## Areas for improvement

Actions the provider SHOULD take to improve

- Employ sufficient maternity staff to ensure that the service meets the trust's own assessed requirements as submitted in the Maternity Birthrate Plus and report 2018.
- Provide timely access to theatres in all cases whenever required.

# Maternity

- Regularly maintain the maternity block and address issues with the fabric of the building.
- Always lock cupboards housing electrical mains switches.
- The risk register should clearly document actions that have been taken to mitigate risks and timescales for when identified actions should be completed.
- The trust should work to reduce the number of occasions the midwifery led unit is suspended for four hours or more.
- Care and treatment outcomes measured by key performance indicators (KPI) should meet the trust's minimum standards.
- Issues with IT systems providing outcome data and those relating to remote working should be resolved.

# Gynaecology

Good 

## Key facts and figures

The trust had 1,105 admissions to its gynaecology service from March 2018 to February 2019. Emergency admissions accounted for 224 (20.3%), 227 (20.5%) were elective, and the remaining 654 (59.2%) were day case.

*(Source: Hospital Episode Statistics)*

During the inspection, the inspection team;

- Spoke with 10 women who were using the service and five family members.
- Spoke with 23 members of staff; including the services clinical director, theatre staff, healthcare assistants, doctors, support workers, trainee doctors, service manager, matrons, the directorates governance lead and matrons.
- Observed episodes of care provided on wards and in clinics.
- Observed gynaecology theatre preparations.
- Reviewed patient records including associated risk assessments and care records.
- Reviewed policies, procedures and guidance created in the relation to running of the services including audits and their resulting action plans, the trust's risk register and results of Friends and Family Test feedback.
- Observed a ward round, a safety huddle and two clinics.
- Reviewed cleaning schedules and documented safety processes.

This inspection was the first time the gynaecology service had been inspected as a stand-alone service. Previously it had been inspected alongside Maternity. The ratings given are therefore the first ratings specifically for gynaecology.

## Summary of this service

This inspection was the first time the gynaecology service had been inspected as a stand-alone service. Previously it had been inspected alongside Maternity. We rated it as good because:

The trust has 15 inpatient gynaecology beds located on Sonning Ward at Royal Berkshire Hospital. The ward admits both emergency and elective gynaecology patients, and also admits breast surgery and early pregnancy patients. The ward hosts a gynaecology day unit.

The trust has a range of outpatient gynaecology clinics including the colposcopy clinic, gynaecology emergency clinic, hysteroscopy clinic, minor operations and implants clinic, pelvic floor and urodynamics, and post-menopausal bleeding clinic. The trust also provides a fertility service.

*(Source: Trust Provider Information Request – Acute sites)*

The trust's gynaecology service is part of their urgent care division.

The gynaecology services provided by the trust included 15 inpatient beds, clinics and theatres to support women's health conditions. These included diagnostic and treatment services for a range of health concerns including; abnormal bleeding, cancer services, pelvic pain, hysteroscopy services, endometriosis, colposcopy and urogynaecology services.

# Gynaecology

Termination of pregnancy is not routinely carried out at the Royal Berkshire Hospital. The termination of pregnancy service is provided by an external provider. The Royal Berkshire Hospital only performs the procedure for women with very complex medical needs who are referred to them.

During the period 1 March 2018 to 28 February 2019 the service carried out two surgical abortions and no medical abortions

We visited the following areas:

- Early Pregnancy Unit (EPU). This is located in one room which has three curtained treatment areas.
- Sonning ward, which is a gynaecology ward for women receiving gynaecological procedures or treatment, including surgical management of miscarriage, and, rarely, termination of pregnancy. It has 15 beds in the form of two four-bed bays, one five-bed bay and two side rooms.
- Outpatient's department, which is where all gynaecology clinics including the post-menopause bleeding service, endometriosis service, oncology clinics and termination of pregnancy clinics are provided.
- Gynaecology theatres, which are dedicated theatres for gynaecological surgeries. There are two dedicated theatres for the gynaecology service.
- Hyperemesis day centre, which is located on the Day Assessment Unit. Staff treat women with rapid fluid and medication infusion through intravenous access on a day case basis. It has one room with two comfortable chairs for treating women.
- Hysteroscopy and colposcopy suite, which has one treatment room for hysteroscopy and minor ops, and one treatment room for colposcopy.
- Urogynaecology and urodynamics unit, which has two consultation and treatment rooms.
- Pre-assessment unit, which is where women go to be assessed one or more days before they are due for a surgical procedure. The clinic appointment is where nurses check if women have any medical problems that might need to be treated before their operation, or if they will need special care during or after the surgery.
- Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected all five key questions of the gynaecology service.
- Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

## Is the service safe?

**Good** 

This inspection was the first time the gynaecology service had been inspected as a stand-alone service. Previously it had been inspected alongside Maternity. We rated safe as good because:

- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Managers monitored compliance rates and reminded staff to complete updates.
- 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.

# Gynaecology

- Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. There were reliable systems in place to prevent and protect people from a healthcare-associated infection that were in line with national guidance.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff and medical with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff managed, and stored medicines and medicines related stationery appropriately. Senior staff reviewed practices regularly through medicines management audits. Staff across the gynaecology service stored and handled medicines in line with trust policy.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However;

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well, however we saw metal waste bins had laminated posters on their lids secured by surgical tape. This meant they could not be cleaned effectively.
- The service recognised ward and clinic rooms were looking tired and in need of decoration and repair. The service, managers and staff recognised the concerns and these were recorded on the risk register and, where relevant, jobs had been reported to the estates team to be carried out.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, we found some concerns regarding the secure storage of some patient records.

## Is the service effective?

**Good** ●

This inspection was the first time the gynaecology service had been inspected as a stand-alone service. Previously it had been inspected alongside Maternity. We rated effective as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Policies and procedures reviewed were stored on the trust's intranet and reflected current national guidance.
- The service adhered to guidelines from the National Institute for Health and Care Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG) guidance.

# Gynaecology

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- 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 monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Patients could see all the health professionals involved in their care in one-stop clinics.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives. Staff provided health information to support women in monitoring and improving their health and wellbeing.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

**Good** ●

This inspection was the first time the gynaecology service had been inspected as a stand-alone service. Previously it had been inspected alongside Maternity. We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff took the time to interact with women who used services and those close to them in a respectful and considerate way.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff gave women appropriate and timely support and information to cope emotionally with their care, treatment or condition.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff took time speaking with patients and their family members offering reassurance during their appointments. Patients and their family members were encouraged to ask questions and offered explanations as to the treatment options available to patients.

# Gynaecology

## Is the service responsive?

**Good** ●

This inspection was the first time the gynaecology service had been inspected as a stand-alone service. Previously it had been inspected alongside Maternity. We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Women mostly had timely access to initial assessment, test results, diagnosis and treatment. Action had been taken to minimise the length of time women had to wait for care, treatment or advice.
- Women with the most urgent needs had their care and treatment prioritised.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** ●

This inspection was the first time the gynaecology service had been inspected as a stand-alone service. Previously it had been inspected alongside Maternity. We rated well-led as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and were developing a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The culture of the services provided were centred on the needs and experiences of women who used services.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The local level of governance and management functioned effectively and interacted with each other appropriately. Staff at all levels within the service were clear about their roles and understood what they were accountable for, and to whom.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.



# Gynaecology

- There were comprehensive local assurance systems with clear structures and processes.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Divisional leaders had a good understanding of quality improvement methods and the skills to use them. Nurse managers encouraged innovation and staff were committed to learning and improving services.

## Areas for improvement

The service should:

- Improve the safeguarding training compliance rates for medical staff.
- Consider removing tape from waste bins to aid effective cleaning.
- Consider repairing rips in the flooring.
- Consider not using electrical sockets located high up on walls.
- Expedite plans to improve the secure storage of patient records within the clinic preparation area.
- Consider re-decorating the 'quiet room' and providing information for patients to take away.
- Develop effective storage solutions within the ward and clinic environment and to remove additional equipment from clinical areas.
- Display information on how to make a complaint in public areas.
- Continue to engage with staff to get feedback on the service and its management.

# Windsor Dialysis Unit

Ambulance Station  
1 Maidenhead Road  
Windsor  
Berkshire  
SL4 5EH  
Tel: 01753866008  
[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

## Key facts and figures

The Windsor dialysis unit is part of the Royal Berkshire Hospital trust and situated in the Royal borough of Windsor. Between March 2018 to February 2019, the Windsor dialysis unit had treated 142 patients. The unit does not provide care to children. Patients are admitted to the day unit and receive treatment three times a week.

## Summary of services at Windsor Dialysis Unit

**Good** 

This was the first inspection of the service. We rated it them as good because:

The Windsor dialysis unit is part of the Royal Berkshire Hospital NHS Foundation Trust which provides care and treatment for patients with chronic kidney disease needing haemodialysis. Dialysis is used to provide artificial replacement for lost kidney function due to kidney failure. The two main types of dialysis are haemodialysis and peritoneal dialysis.

The unit provides clinics for haemodialysis patients and outpatient clinics for patients requiring peritoneal dialysis. Haemodialysis is a process of blood filtration by pumping the patient's blood through a special filter and returning the filtered blood to the patient.

# Medical care (including older people's care)

Good 

## Key facts and figures

This was the first inspection of the service. We rated it as good because:

The unit provides care to patients living in Berkshire and the surrounding areas. The service is delivered from a purpose-built facility situated in Windsor. It consists of 24 treatment stations, including two side rooms, which staff could use for isolation purposes.

The unit also offers holiday dialysis for patients who were holidaying in the area. This is pre-planned to meet demand.

## Summary of this service

The unit provides care to patients living in Berkshire and the surrounding areas. The service is delivered from a purpose-built facility situated in Windsor. It consists of 24 treatment stations, including two side rooms, which staff could use for isolation purposes.

The unit also offers holiday dialysis for patients who were holidaying in the area. This is pre-planned to meet demand.

The Windsor dialysis unit does not have any inpatient beds and all patients are treated as day cases and discharged home. Most patients receive dialysis for four hours, three times a week.

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?

- The staff looked after the equipment well and infection control procedures were followed to minimise the risks of cross infection.
- The staff reported incidents, and these were investigated, action plans were developed, and lessons learnt were shared widely to effect learning and practices changed.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Patients medicines were reviewed, and any changes were discussed with the consultants.
- Patients received care and treatment in a well-maintained environment. They took into account of patients' diverse needs, and access for patients with limited mobility and wheelchair were good.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff followed safeguarding policies and procedures to benefit patients. They could recognise and report abuse, and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service provided care and treatment based on national guidance and evidence-based practice.
- There was effective multi-disciplinary working where staff of different roles such as dieticians and specialist nurses worked cohesively for the benefits of patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Medical care (including older people's care)

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Families were supported to remain with the patients during their treatment.
- The staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The senior managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. They developed and reviewed action plans to reduce and mitigate their impact.

However:

- The system for storing empty oxygen cylinders was not safe as these were stored outside the building and may be accessible to unauthorised persons.

## Is the service safe?

**Good** 

This was the first inspection of the service. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to provide effective and consistent care.
- Staff had undertaken additional training to manage patients undergoing dialysis which benefitted patients.
- Incidents were reported and following serious incidents, the service carried out a thorough investigation and lessons learnt was shared.
- When things went wrong, staff apologised and gave patients honest information and suitable support and the duty of candour process was followed.
- The staff looked after the equipment well and infection control procedures were followed to minimise the risks of cross infection.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Patients medicines were reviewed, and any changes were discussed with the consultants.
- Patients received care and treatment in a well- maintained environment. They took into account of patients' diverse needs, and access for patients with limited mobility and wheelchair were good.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff followed safeguarding policies and procedures to benefit patients. They could recognise and report abuse, and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

However:

- The system for storing empty oxygen cylinders was not safe as these were stored outside the building and accessible to unauthorised persons.

# Medical care (including older people's care)

## Is the service effective?

**Good** ●

This was the first inspection of the service. We rated it as good because:

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- There was effective multi-disciplinary working where staff of different roles such as dieticians and specialist nurses worked cohesively for the benefits of patients. They supported each other to provide good care.
- Patients' care and treatment were discussed at weekly multi-disciplinary meetings and action plans developed to manage them.
- Staff gave patients enough food and drink to meet their needs and improve their health. They provided patients with advice on healthy diets and fluids management which was essential part of dialysis treatment.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff 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.

## Is the service caring?

**Good** ●

This was the first inspection of the service. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Families were supported to remain with the patients during their treatment.
- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.
- Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

## Is the service responsive?

**Good** ●

This was the first inspection of the service. We rated it as good because:

# Medical care (including older people's care)

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service had three designated ambulances for the transport of dialysis patients, and this impacted positively on patients. They told us they had shorter waits for transport and were given a slot which was close to the completion of their treatment.
- Facilities and premises were appropriate for the services being delivered.
- The service clearly displayed information about how to raise a concern in patient areas and managers investigated concerns and provided response to patients in a timely way.

## Is the service well-led?

**Good** 

This was the first inspection of the service. We rated it as good because:

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Risks were managed, and strategy developed to mitigate risks. They were visible and approachable in the service for patients and staff.
- The vision for the service was understood and staff had signed up to this. Staff felt they were part of the wider trust.
- The staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The senior managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. They developed and reviewed action plans to reduce and mitigate their impact.
- The managers were focussed on improvement and shared outcomes of incidents and lessons learnt with the teams and trust wide to effect learning when things went wrong.
- Minutes of meetings showed staff attended the main site for meetings and share practices.
- There was a monthly team brief delivered by managers from the trust. The staff told us they found this informative and a copy of the team brief was available to other staff who may not be able to attend.

## Areas for improvement

The service should:

- The service should develop a procedure to safely store empty oxygen cylinders prior to them being collected.

# West Berkshire Community Hospital

London Road  
Benham Hill  
Thatcham  
Berkshire  
RG18 3AS  
Tel: 01635273300  
[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

## Key facts and figures

The West Berkshire Community Hospital is part of the Royal Berkshire NHS Foundation Trust

The services provided at this hospital include a Minor injuries unit, outpatient clinics, x-ray, CT, MRI, a haemodialysis unit, and a day surgery unit including endoscopy.

## Summary of services at West Berkshire Community Hospital

**Good** ●

We rated it as good because:

The West Berkshire Community Hospital provides services to people living in Thatcham, West Berkshire and the surrounding areas. People living in Thatcham have access to blood tests, physiotherapy and occupational therapy on the site. Since the last CQC inspection in September 2017, a satellite haemodialysis unit has opened on-site.

During this inspection we inspected the haemodialysis unit and the Endoscopy service.

# Medical care (including older people's care)

Good 

## Key facts and figures

The Enborne dialysis unit and the Endoscopy units are part of the Royal Berkshire Hospital NHS trust and are situated at the West Berkshire Community Hospital.

From March 2018 to February 2019 the Enborne unit had 26 admissions to the renal dialysis unit. Patients are admitted to the day unit and receives treatment three times a week. The Endoscopy service treated 2066 from March 2018 to February 2019.

## Summary of this service

This was the first inspection of the Enborne dialysis unit and the Endoscopy service at West Berkshire Community Hospital.

The Enborne dialysis unit is a satellite unit which is part of the Royal Berkshire Hospital NHS Foundation Trust, provides care and treatment for patients with chronic kidney disease needing haemodialysis. The unit provides haemodialysis, where a dialysis machine and a special filter called an artificial kidney are used for removing harmful substances and waste products from the blood.

The Enborne dialysis unit also holds clinics for patients requiring haemodialysis and outpatient clinics for patients requiring peritoneal dialysis. Peritoneal dialysis is a process which involves pumping dialysis fluid into the space inside the abdomen to draw out waste products from the blood passing through vessels lining the inside of the abdomen.

This was the first inspection of the Enborne dialysis unit and the Endoscopy service at West Berkshire Community Hospital. We undertook an unannounced inspection (people did not know we were coming) on 4 July 2019.

Enborne dialysis unit operates Monday, Wednesday and Friday between the hours of 7 am to 7.00 pm. On Tuesday, Thursday and Saturday from 7 am to 3.00 pm.

The Enborne dialysis and the Endoscopy services do not have any inpatient beds and all patients are treated as day cases and discharged home.

The Enborne dialysis unit provides care to patients living in Berkshire and the surrounding areas. The service is delivered from a purpose-built facility situated in Thatcham. It consists of eight treatment couches and two side rooms; which staff could use for isolation purposes.

The Enborne dialysis unit also offers holiday dialysis for patients who are holidaying in the area and this is pre-planned in order to meet demands.

The Endoscopy service has 12 couches which are in designated male and female areas. There are also two side rooms which can be used for isolation purposes if needed. There is a comfortable waiting area for patients. Consultants at Royal Berkshire Hospital assess and refer all patients for care and treatment to the Endoscopy unit.

The Endoscopy service does not hold the joint advisory group (JAG) accreditation on gastrointestinal endoscopy. The JAG accreditation scheme is a patient centred and workforce focused scheme based on the principle of independent assessment against recognised standards.

During our inspection, we spoke with four patients. We reviewed three patients' records and spoke with six staff members.



# Medical care (including older people's care)

We did not speak with any patients in the Endoscopy unit as there was no one receiving care at the time of our inspection.

We also reviewed other data and information relating to the trust including audits and performance data.

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.

We rated it as good because:

- Staff followed processes for reporting incidents which were investigated, and action plans were developed to address any shortfalls. Lessons learnt were shared locally and trust wide.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Patients medicines were reviewed, and any changes were discussed with the patients' consultants.
- Staff looked after equipment well and followed infection control procedures to minimise the risks of cross infection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff followed the trust's safeguarding policies and procedures and were able to recognise and reported abuse.
- The service provided care and treatment based on national guidance and evidence-based practice. These included the National Institute for Health and Care Excellence (NICE) and British Society of Gastroenterology. Managers checked to make sure staff followed guidance
- There was effective multi-disciplinary working where staff of different roles such as dieticians and specialist nurses worked well together for the benefits of patients. They supported each other to provide good care.
- Staff gained consent from patients for their care and treatment in line with legislation and guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They provided patients with advice on healthy diets and fluids management which was essential part of dialysis treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients were complimentary about their care and treatment that they were receiving.
- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services in a timely manner.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service followed the trust procedures and patients were given the opportunity to have face to face meetings as part of the complaint's investigation.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and developed action plans to reduce their impact

However;

- The trust told us there was a policy for the management of patient's own controlled drugs. However; the senior staff we spoke with did not know about the policy and procedure for managing patient's own controlled medicines. The staff member could not locate the medicine policy.
- The team leaders did not always attend meetings at the trust and opportunities to build relationship and learning were missed. The trust told us that minutes of meetings were shared with the staff.

# Medical care (including older people's care)

- The Endoscopy service did not meet the JAG accreditation standards it was assessed against prior to our inspection. The assessment team noted some areas that did not meet the JAG standards. The trust told us the award of accreditation was therefore deferred for 6 months to complete the actions identified. The trust had developed an action plan in order to work on these areas as identified during the JAG assessment.

## Is the service safe?

**Good** ●

This was the first inspection of the Enborne dialysis unit and the endoscopy service at West Berkshire Community Hospital. We rated it as good because:

- Staff reported incidents and the service carried out a thorough investigation of all serious incidents. Lessons were learnt and shared locally and across the trust.
- The duty of candour process was followed when things went wrong. Staff apologised and gave patients and their families honest information and suitable support.
- Staff looked after equipment well and followed infection control procedures to minimise the risks of cross infection.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Patients medicines were reviewed, and any changes were discussed with the patients' consultants.
- Patients received care and treatment in a well- maintained environment, that considered patients' diverse needs. The environment was easily accessible for patients with limited mobility and wheelchair users.
- Staff collected safety information and used it to improve safety. This information was shared with staff, patients and visitors and displayed in the unit.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff followed the trust's safeguarding policies and procedures and were able to recognise and reported abuse.
- The service had enough staff with the right qualifications, skills, training and experience to provide effective and consistent care.
- Staff had completed additional training to manage patients having dialysis, these skills supported the staff to deliver effective care. This was beneficial to patients in receiving safe care

However;

- The trust told us there was a policy for the management of patient's own controlled drugs. However; the senior staff we spoke with did not know about the policy and procedure for managing patient's own controlled medicines. The staff member could not locate the medicine policy in the Enborne unit.

## Is the service effective?

**Good** ●

This was the first inspection of the Enborne dialysis unit and the endoscopy service at West Berkshire Community Hospital. We rated it as good because:

# Medical care (including older people's care)

- The service provided care and treatment based on national guidance and evidence-based practice. These included the National Institute for Health and Care Excellence (NICE) and British Society of Gastroenterology. Managers checked to make sure staff followed guidance.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- There was effective multi-disciplinary working where staff of different roles such as dieticians and specialist nurses worked well together for the benefits of patients. They supported each other to provide good care.
- Patients' care and treatment was discussed at weekly multi-disciplinary meetings and action plans developed to manage their care.
- Staff gave patients enough food and drink to meet their needs and improve their health. They provided patients with advice on healthy diets and fluids management which was essential part of dialysis treatment.

However:

- The endoscopy service did not meet the JAG accreditation standards it was assessed against prior to our inspection. The trust told us the award of accreditation was therefore deferred for 6 months to complete the actions identified. The trust had developed an action plan in order to work on these areas as identified during the JAG assessment.

## Is the service caring?

**Good** ●

This was the first inspection of the Enborne dialysis unit and the endoscopy service at West Berkshire Community Hospital. We rated it as good because:

This was the first inspection of the Enborne dialysis unit and the endoscopy service at West Berkshire Community Hospital. We rated them as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients were complimentary about their care and treatment and they were receiving.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers.

## Is the service responsive?

**Good** ●

This was the first inspection of the Enborne dialysis unit and the endoscopy service at West Berkshire Community Hospital. We rated it as good because:

# Medical care (including older people's care)

- The service planned and provided care in a way that met the needs of local people and the communities it served. It worked with others in the wider system and local organisations to plan care.
- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services in a timely manner.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service followed the trust procedures and patients were given the opportunity to have face to face meetings as part of the complaint's investigation.
- People could access the service when they needed it and received the right care promptly.

## Is the service well-led?

**Good** ●

This was the first inspection of the Enborne dialysis unit and the endoscopy service at West Berkshire Community Hospital. We rated them as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, that had been developed with relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and developed action plans to reduce their impact.
- The service had plans to cope with unexpected events and staff were aware of actions they needed to take to achieve safe continuity of services.
- The vision for the service was understood and staff had signed up to this. Staff felt they were part of the wider trust.
- Staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The senior managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. They developed and reviewed action plans to reduce and mitigate their impact.
- There was a monthly team brief delivered by an executive or a senior manager from the trust. Staff found this informative and a copy of the team brief was available to other staff who may not be able to attend.

However:

- The team leaders did not always attend meetings at the trust and opportunities to build relationship and learning were missed. The trust told us minutes of meetings were shared with the staff.

## Areas for improvement

The service should:

- Team leaders should be supported and encouraged to attend senior team meetings at the Royal Berkshire Hospital to build relationship and share learning. The trust told us that minutes of meetings were shared with the staff.

## Medical care (including older people's care)

- The trust should continue to work through their action plan on achieving JAG accreditation for the Endoscopy service.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

This section is primarily information for the provider

## Enforcement actions

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

# Our inspection team

Terri Salt, interim Head of Hospital Inspection led this inspection. An executive reviewer, Mary Aubrey supported our inspection of well-led for the trust overall.

The team included two inspection managers, four inspectors, two medicine's inspectors, one CQC national professional advisor and nine specialist advisers.

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