

# Dartford and Gravesham NHS Trust

## Inspection report

Darent Valley 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Good 

# Summary of findings

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

## Background to the trust

Dartford and Gravesham National Health Service Trust provides a range of acute services across Kent to approximately 350,000 people a year.

The trust has around 463 inpatient beds and provides specialty services including day-care surgery, general surgery, trauma, orthopaedics, cardiology, maternity and general medicine.

The trust has a team of around 3,400 staff.

This trust has five registered locations:

- Darent Valley Hospital
- Gravesham Community Hospital
- Queen Mary's Hospital
- Erith & District Hospital
- Elm Court

## Overall summary

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

## What this trust does

Dartford and Gravesham National Health Service Trust provides a range of acute services across Kent to approximately 350,000 people a year.

The trust provides specialty services including, day-care surgery, general surgery, trauma, orthopaedics, and cardiology, maternity and general medicine. The trust has 533 general acute beds, 10 critical care beds and 36 maternity beds.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

On 14 and 15 May 2019 we inspected three of the core services provided by the trust. At our last inspection, all three of these core services (urgent and emergency care, medical care and surgery) were rated as requires improvement.

On 12 June 2019 we carried-out a further inspection of the urgent and emergency care core service.

Since our last inspection we have held regular engagement meetings with the trust and attended the trust board meeting. This engagement has enabled us to have continued oversight of the trust's activities and progress. This information was used together with other data and analysis to inform our inspection.

Our comprehensive inspections of National Health Service trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question on 12 and 13 June 2019.

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

## What we found

### Overall trust

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

- Effective, caring, responsive and well led were good.
- Safe was rated as requires improvement overall.
- **Services had enough staff with the right qualifications, skills, training and experience to keep people 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, agency and locum staff a full induction.
- **The trust managed patient safety incidents well.** Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support in line with the duty of candour.
- **The trust provided care and treatment based on national guidance and evidence of its effectiveness.** The trust had a programme of internal audits and participated in national audits and research projects. Trust policies and clinical guidelines reflected national guidance from the National Institute for Health and Care Excellence and other national bodies.
- **There was effective multidisciplinary working to improve patient care.**
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people.** They worked collaboratively with commissioners, local authorities and other partner organisations.
- **The service treated concerns and complaints seriously.** Complaints were investigated, the trust was candid with complainants and they learned lessons from their complaint investigation findings.

# Summary of findings

- **The trust had an effective system for identifying strategic risks or planning to eliminate or reduce those risks.** Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. The trust board had sight of the most significant risks.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The workforce strategy reinforced the trust's values with the core message 'Our Family, Caring for Yours'. The development of the trust's values involved focus groups with over 300 staff involved. Staff developed the values and they were aligned to the core knowledge and skills framework, national leadership standards and codes of professional conduct.

However:

- The urgent and emergency care service did not mirror the general findings of the hospitals services. The leadership of the service did not have sufficient oversight of the quality and safety of the service provided.
- While the trust had controlled infection risk well and there had been a significant improvement in practice, we observed poor practice in relation to the use of personal protective equipment and that several staff were not 'bare below the elbow' in the emergency department.
- In urgent and emergency care, patients did not always receive treatment within agreed time frames and national targets.
- In urgent and emergency care, staff treated patients with compassion and kindness. However, because of the constraints of the physical environment, it was not always possible for staff to respect patients' privacy and dignity and maintain their confidentiality.
- The average length of stay for non-elective surgery at the trust was worse than the England average and showed little improvement since our last inspection.
- There was poor compliance to safeguarding adults training for nursing and medical staff.
- There was no Mental Capacity Act specific training at the time of the reporting period. The trust advised that a new course was introduced on 1 April 2019.

## Are services safe?

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

- While the trust had controlled infection risk well and there had been a significant improvement in practice, we observed poor practice in relation to the use of personal protective equipment and that several staff were not 'bare below the elbow' in the emergency department.
- There was poor compliance to safeguarding adults training for nursing and medical staff.
- While the trust generally safeguarded patients from the risk of abuse, some staff in the emergency department did not always recognise when adults and children may be at risk of abuse. Although staff in the department did know how to respond to the risk when it was recognised.
- We found that temperature monitoring of medicines storage areas was not always consistently undertaken. Plans were in place to utilise a remote temperature monitoring system, with an estimated completion date of December 2019.

However:

# Summary of findings

- **Services had enough staff with the right qualifications, skills, training and experience to keep people 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, agency and locum staff a full induction.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Generally, staff knew how to recognise and report abuse and they knew how to apply it. There was a dedicated safeguarding team to support staff and patients. This team liaised with partner organisations to safeguard children and adults in vulnerable circumstances.
- **The trust followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.
- **Staff kept detailed records of patients' care and treatment.** Generally, records were clear, up-to-date and easily available to all staff providing care. Staff always had access to accurate and comprehensive information on patients' care and treatment.
- **The trust managed patient safety incidents well.** Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support in line with the duty of candour.
- **Generally, the trust had suitable premises and equipment and looked after them well.**
- Medicines reconciliation was consistently above the national target of 70% at 24-hours post admission. This is an important measure of medicines safety.
- Records were accessible to staff and stored securely, however in the emergency department, records were not always clear and up-to-date.

## Are services effective?

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

- **The trust provided care and treatment based on national guidance and evidence of its effectiveness.** The trust had a programme of internal audits and participated in national audits and research projects. Trust policies and clinical guidelines reflected national guidance from the National Institute for Health and Care Excellence and other national bodies.
- **Staff assessed and monitored patients regularly to see if they were in pain.** Staff used specialised assessment tools for those who could not tell staff about their comfort. The patients we spoke with said that they were given adequate pain relief.
- **The trust made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide for support and development.
- **There was effective multidisciplinary working to improve patient care.**
- **Staff ensured patients understood their treatment and gained consent before starting it.** Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- **The trust managed the application of deprivation of liberty safeguards (DoLS) in patient's best interests.** The local authority did not have capacity to give statutory authorisation to every application the trust made, but the trust had a working agreement with the local authority to protect patients subject to DoLS.

However:

# Summary of findings

- The urgent and emergency care service failed to meet any of the national standards in the 2016/17 Royal College of Emergency Medicine moderate and acute severe asthma audit. The department only met three of the 13 indicators within the 2016/17 severe sepsis and septic shock audit.
- The trust could not demonstrate that effective local audit was used for the urgent and emergency care service, to act on national audit results.
- For the surgery service, although staff understood best practice in obtaining consent, the practical application of the Mental Capacity Act varied.

## Are services caring?

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

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff provided emotional support to patients to minimise their distress.** Patients had access to specialist teams to meet their needs.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and families were given choices and information to help them make their decisions.

However:

- In urgent and emergency care, the environment made it difficult to always respect patients' privacy and dignity and maintain confidentiality.

## Are services responsive?

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

- **The trust planned and provided services in a way that met the needs of local people.** They worked collaboratively with commissioners, local authorities and other partner organisations.
- **Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**
- **Services took account of patients' individual needs.** Services were accessible to those with a wide range of disabilities or special needs, including those with mobility, sensory or cognitive challenges. There were arrangements to meet patients' cultural needs.
- **The trust sought patient feedback to make improvements to services.** Developments of new services within the trust were based on identification of needs through consultation with community health leadership such as, the clinical commissioning group, Healthwatch and other voluntary sector groups.
- **The trust treated concerns and complaints seriously.** Complaints were investigated, the trust was candid with complainants and they learned lessons from their complaint investigation findings.
- **Staff used a translation service when patients did not speak English.** Managers made sure patients and carers could get help from interpreters or signers when needed.

However:

- In urgent and emergency care, patients did not always receive treatment within agreed time frames and national targets.
- There was often a delay in obtaining a specialist inpatient bed for children requiring acute mental health care.

# Summary of findings

- The average length of stay for non-elective surgery at the trust was worse than the England average and showed little improvement since our last inspection.
- The trust did not always meet its own standards of timeliness when responding to complaints.

## Are services well-led?

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

- **Managers in the trust had the right skills and abilities to run a service providing high-quality care.**
- **The trust had an effective system for identifying strategic risks or planning to eliminate or reduce those risks.** Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. The trust board had sight of the most significant risks.
- **Generally, leaders operated effective governance processes, throughout the trust 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.
- **Staff generally felt supported, respected and valued and felt proud to work at the trust.**
- **The trust had a strategy and vision for what it wanted to achieve and workable plans to turn it into action.** The trust's 2014 to 2020 strategy was to deliver outstanding care, local specialist services and a hospital without walls.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The workforce strategy reinforced the trust's values with the core message 'Our Family, Caring for Yours'. The development of the trust's values involved focus groups with over 300 staff involved. Staff developed the values and they were aligned to the core knowledge and skills framework, national leadership standards and codes of professional conduct.
- **The trust had systems so it could learn from deaths, complaints or safety incidents.**

However:

- The urgent and emergency care service did not mirror the general findings of the hospitals services. The leadership of the service did not have sufficient oversight of the quality and safety of the service provided.

## Ratings tables

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

## Outstanding practice

We found an example of outstanding practice by the trust's pharmacy team.

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

## Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We found 13 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement and we identified nine things to improve service quality.

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

# Summary of findings

## Action we have taken

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

Our action related to breaches of four legal requirements at a trust-wide level, in one core service at one location.

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

## What happens next

We will make sure 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

- A pharmacist prescriber and pharmacy technician from the trust were integrated into a local diabetes service. They worked in partnership with patients and other healthcare professionals to improve people's outcomes, including improving medicines compliance and reducing hospital admissions.

## Areas for improvement

We found areas for improvement in this trust.

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

- The trust must ensure that all patient areas are risk assessed and there are clear guidelines for patient criteria to access care in these areas.
- The trust must ensure that systems and processes to prevent patients from abuse are operated effectively.
- The trust must ensure it maintains accurate, complete and contemporaneous records for all patients.
- The trust must ensure that safety checklists for the infant resuscitaire in the paediatric department are checked in line with trust policy.
- The trust must ensure staff assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.
- The trust must ensure it provides care to patients that respects their privacy, protects their dignity and prevent mixed sex breaches on Cypress ward.
- The trust must ensure the proper and safe management of medicines.

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

- The trust should seek to assure itself that all staff have received the required level of training to meet people's needs.
- The trust should consider improving the environment for children in the paediatric emergency department as it is not child-friendly.
- The trust should consider its approach to engaging staff in changes to service delivery.
- The trust should consider whether it uses local audit activity effectively, to improve patient outcomes.

# Summary of findings

- The service should support the delivery of a mandatory training programme that achieves trust completion rate targets for all mandatory training modules.
- The service should continue to promote the delivery of the new safeguarding and Mental Capacity Act training to achieve trust completion rate targets.
- The service should develop and establish action plans and strategies in a timely way for all their audits.
- All staff should receive a timely appraisal. Appraisal rates should meet trust completion targets for all staffing groups.
- The service should develop a formal action plan to minimise the number of night ward moves.
- The trust should ensure all staff complete safeguarding adults training.
- The trust should ensure daily checks of anaesthetic machines are completed.
- The trust should ensure patient records are organised, maintained and stored securely in all areas.
- The trust should ensure staff assess and record patients' oral health.
- The trust should consider establishing intentional rounding across all surgical wards.
- The trust should review its performance in the patient reported outcomes measures in relation to groin hernias.
- The trust should ensure all qualified scientific, therapeutic and technical staff have a yearly appraisal.
- The trust should ensure all staff complete training in the Mental Capacity Act.
- The trust should ensure Local Safety Standards for Invasive Procedures are implemented in theatres.
- The trust should consider implemented changes to improve response rates for the Friends and Family Test.
- The trust should consider implementing changes that will improve the average length of stay for non-elective surgery at the trust.
- The trust should consider implementing changes to improve the patient flow through the day case pathway.
- The trust should consider formalising its approach to post-implementation reviews of business cases, above an agreed level of investment.

## 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.

- **Board members at the trust had the right skills and abilities to run a service providing high-quality care.** While the board was immature, and some substantive posts were still to be appointed to, the ongoing development of the board and the pace of change was efficient.
- Director personnel files complied with the fit and proper persons regulation.
- **Leaders understood the challenges facing the trust and could identify actions needed to address these.** The Board Assurance Framework (BAF) was the subject of a board development session in April 2019. Since then, work had been undertaken to refresh the BAF in line with the 2019/20 annual plan objectives.

# Summary of findings

- **The trust had a clear vision underpinned by values which focused on quality and safety which were understood by staff.** The workforce strategy reinforced the trust's values with the core message 'Our Family, Caring for Yours'. The development of the trust's values involved focus groups with over 300 staff involved. Staff developed the values and they were aligned to the core knowledge and skills framework, national leadership standards and codes of professional conduct.
- **Staff generally felt supported, respected and valued and felt proud to work at the trust.**
- **Generally, staff were provided with feedback on their performance and had development opportunities.** Staff training, and professional development needs were identified through yearly appraisals. During appraisals, staff discussed compliance to mandatory training, reviewed the previous year's achievements, and set goals. Staff felt the appraisal process was positive and enabled them to focus on their career development.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The trust values and behaviours were created at the same time to complement each other. They were visible throughout the trust. The values and behaviours were successfully championed by trust leaders, and the freedom to speak-up guardian had made a demonstrable contribution in supporting the trust and its staff to live its values and behaviours.
- **Equality and diversity was promoted at the trust.** We spoke with staff from black, ethnic and minority backgrounds and those with protective characteristics who told us they were provided with opportunities to progress and succeed. Staff said that they were supported to reach their full potential.
- **There was a clear governance structure which was under review and enabled safe, high quality care to flourish.** Significant changes had been made to the reporting and governance structures within the trust since our last inspection. A clear framework set out the structure of directorate, ward and board meetings. Feedback from all grades of staff was that these changes had increased accountability and facilitated greater ownership.
- **There were systems to identify performance issues and to manage these.** The trust was piloting a new performance management framework through its clinical group structure. Each clinical group reported monthly to the executive performance board, chaired by the chief executive officer. This provided assurance that performance related to quality, finance, workforce and operations was being managed and evaluated.
- **The trust was assured of the quality of its data.** Developments to information management were work in progress, but progress was at a suitable pace, and the trust had acted efficiently to make sure that the board received accurate and accessible information.
- **There were internal trust wide clinical audits which monitored quality and patient outcomes.** Audit data was collected and submitted across the trust via an online system, from which summary tables were produced and presented at the Professional Advisory Committee and Directorate Performance Meetings.
- **Generally, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Arrangements ensured suitably senior staff lead on safeguarding at the trust. A team of safeguarding leads for adult and children were employed and were visible in clinical areas supporting staff, talking with patients and relatives and offering advice.
- **The trust had systems so it could learn from deaths, complaints or safety incidents.** The trust held regular mortality and morbidity meetings and carried-out mortality reviews. Root cause analysis reports identified lessons learned and immediate actions to take to prevent future similar incidents. The trust demonstrated candour in handling complaints.

# Summary of findings

- **The trust had a clear focus on quality improvement and was demonstrably using clinical audit to drive improvement.** Despite not currently having an overarching quality improvement methodology, the approach to quality improvement was coherent and joined-up across the trust.

However:

- The trust's financial position has become increasingly challenged and it has failed to deliver its control total through 2016/17, 2017/18 and into 2018/19 when it recorded a deficit of £19.9m against a control total of £10.3m, a variance of £9.6m. The financial position of the trust remains a concern, and risks remain to the trust achieving financial sustainability and its in-year plan.
- The urgent and emergency care service inspection findings did not mirror the general findings in relation to the quality of the trust's leadership, and its management and governance of services. The trust has responded to these findings since our inspection.

## 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/RN7/Reports](http://www.cqc.org.uk/provider/RN7/Reports).

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Good ↑ May 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.

### Ratings for Darent Valley Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019
Medical care (including older people's care)	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Good ↑ May 2019
Surgery	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Good ↑ May 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.

# Darent Valley Hospital

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Kent  
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Tel: 01322 428100  
[www.dvh.nhs.uk](http://www.dvh.nhs.uk)

## Key facts and figures

Darent Valley Hospital is a modern general hospital located in north Kent providing an extensive range of acute services, mainly hospital based. The hospital provides specialty services including, day-care surgery, general surgery, trauma, orthopaedics, and cardiology, maternity and general medicine.

There are currently 533 general acute beds, 10 critical care beds and 36 maternity beds. The hospital provides services to approximately 350,000 people per annum.

## Summary of services at Darent Valley Hospital

**Good**  

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

- Generally, staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff we spoke with had a good understanding of who the safeguarding named lead was, and they could describe how to raise a concern or seek advice.
- The hospital generally managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The hospital had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff consistently assessed, monitored and managed risks to patients who used their services. This had improved since our last inspection. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The trust had sepsis guidelines on how to screen for and manage sepsis.
- The hospital provided care and treatment based on national guidance and evidence-based practice. Policies and procedures were available and accessible to staff via the trust intranet. Policies we viewed as part of our inspection were in date and in line with best practice and national guidelines. Clinical guidance was also available on the trust intranet.

# Summary of findings

- Staff made sure patients had enough to eat and drink. Especially those with specialist nutrition and hydration needs. Specialist support from staff such as dieticians and speech and language therapists were available for patients who needed it.
- Staff delivered kind and compassionate care to patients and their carers.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- The hospital 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.
- There were systems in place to aid the delivery of care to patients in need of additional support such as dementia or learning disabilities. The trust employed a learning disability liaison nurse and a dementia specialist nurse.
- Peoples concerns, and complaints were listened and responded to. There were effective systems and processes to learn and improve from complaints.
- 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 hospital for patients and staff. They supported staff to develop their skills and take on more senior roles.
- There was good oversight of performance and leaders used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- Generally, 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.

However:

- The urgent and emergency care service did not mirror the general findings of the hospitals services. The leadership of the service did not have sufficient oversight of the quality and safety of the service provided.
- In urgent and emergency care, the nursing leadership team lacked stability. Some staff did not feel engaged in the planning and delivery of services.
- The urgent and emergency care service did not control infection risk well. Staff did not always keep equipment and the premises clean and they did not always use control measures to prevent the spread of infection.
- In urgent and emergency care, patients did not always receive treatment within agreed time frames and national targets.
- In urgent and emergency care, staff treated patients with compassion and kindness. However, because of the constraints of the physical environment, it was not always possible for staff to respect patients' privacy and dignity and maintain their confidentiality.
- The average length of stay for non-elective surgery at the trust was worse than the England average and showed little improvement since our last inspection.
- There was poor compliance to safeguarding adults training for nursing and medical staff.
- There was no Mental Capacity Act specific training at the time of the reporting period. The trust advised that a new course was introduced on 1 April 2019.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The emergency department operates a 24-hour service on the Darent Valley Hospital site. The department is classed as a local emergency hospital for trauma. The service receives patients who self-present and who arrive by ambulance. Patients can be brought in by two ambulance providers - London Ambulance and South East Coast Ambulance Service.

The emergency department has provision for adult, children and young people. The department is split into Majors A, B and C, Resus and the early treatment and assessment area, (ESAT). It also includes the paediatric department and Cypress ward.

We visited all areas of the emergency department including reception and waiting areas, cubicles, Majors, ESAT, resus, the paediatric emergency department and Cypress ward.

We re-inspected all key questions at this inspection.

Our inspection on 14 and 15 May 2019 was unannounced (staff did not know we were coming) to enable us to observe routine activity. We re-inspected the emergency departments on 12 June 2019.

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

During the inspection visit, the inspection team spoke with 17 patients who were using the service, the leadership team for the department, and 41 other staff members including doctors, nurses, ambulance staff, admin and porters.

We observed safety huddles and multidisciplinary meetings and observed care being delivered.

We reviewed 16 sets of casualty care records for adults and children and reviewed patient risk assessments, care plans and observation records.

We reviewed various policies and procedures.

## Summary of this service

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

- There was poor compliance to safeguarding children and adults training for nursing and medical staff.
- The service did not control infection risk well.
- Staff did not always complete daily safety checks of equipment, they did not always dispose of clinical waste safely and fire safety measures were inadequate.
- The service did not always store medicines well.
- The service did not perform well in national clinical audits. The trust could not demonstrate effective local audit, to act on the national audit results.
- Staff treated patients with compassion and kindness. However, because of the constraints of the physical environment, it was not always possible for staff to respect patients' privacy and dignity and maintain their confidentiality.

# Urgent and emergency services

- The chair patients on Cypress ward shared mixed sex accommodation. This area lacked space at busy times which meant patients dignity and respect and confidentiality was not maintained.
- The service did not meet the needs of all the people who used it and patients did not always receive treatment within agreed time frames and national targets
- The nursing leadership team lacked stability. Some staff did not feel engaged in the planning and delivery of services.

However:

- Staffing levels and skill mix were planned and reviewed so patients received safe care and treatment in line with relevant national guidance.
- Generally, managers investigated incidents and communicated lessons learned.
- The service provided care and treatment based on national guidance and best practice. They now participated in relevant national clinical audits including the trauma audit and research network.
- Staff treated patients with compassion and kindness, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service was not meeting its mandatory training targets.
- There was poor compliance to safeguarding children and adults training for nursing and medical staff.
- Staff did not always recognise when adults and children may be at risk of abuse, but staff did know how to respond to the risk when it was recognised.
- The service did not control infection risk well. Staff did not always keep equipment and the premises clean and they did not always use control measures to prevent the spread of infection.
- There had been open access to all areas including the paediatric department. This was until we raised this with the leadership team as part of our inspection in May 2019.
- Aspects of the environment in Majors C compromised patient safety. There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.
- The design, maintenance and use of facilities and premises did not keep people safe. Fire safety measures were inadequate.
- The room that had been used for mental health assessments was not ligature free. Therefore, adult patients awaiting mental health assessments were supervised in one of the cubicles in Majors A. However, this room had not been risk assessed and could lead to risk for patients and staff.
- Staff did not always dispose of clinical waste safely.
- There were omissions in daily checking of infant resuscitator in the paediatric department.
- Managers investigated incidents however, the learning from a never event in 2018 was not communicated in an effective way and could still have a potential impact on delivery of care.

# Urgent and emergency services

However:

- Staff completed risk assessments for each patient on admission or arrival and updated them when necessary and used recognised tools.
- Staffing levels and skill mix were planned and reviewed so patients received safe care and treatment in line with relevant national guidance.
- Records were accessible to staff and stored securely, however records were not always clear and up-to-date.
- Medicines were prescribed, administered and supplied in line with relevant legislation. However, the service did not always store medicines well.
- The service managed patient safety incidents well.

## Is the service effective?

**Requires improvement** ● → ←

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

- The department failed to meet any of the national standards in the 2016/17 Royal College of Emergency Medicine moderate and acute severe asthma audit.
- The department only met three of the 13 indicators within the 2016/17 severe sepsis and septic shock audit.
- The trust could not demonstrate effective local audit, to act on national audit results.

However:

- The service provided care and treatment based on national guidance and best practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development. However, there had been a decline in appraisal rates since our last inspection.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.
- The trust participates in the trauma audit and research network.

## Is the service caring?

**Good** ● → ←

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

# Urgent and emergency services

- Staff treated patients with compassion and kindness
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- All patients we spoke with said staff treated them well and with kindness.
- Clinical nurse specialists were available to provide additional support to patients and staff.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from January 2018 to December 2018.

However:

- The environment made it difficult to always respect patients' privacy and dignity and maintain confidentiality.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The paediatric department was cramped, and staff told us the area was too small for the number of patients they saw.
- Staff did not keep children and accompanying adults informed about waiting times, and reasons for any delays.
- Patients did not always receive treatment within agreed time frames and national targets.
- There was often a delay in obtaining a specialist inpatient bed for children requiring acute mental health care.
- Patients incurred delays if they had to be referred to speciality services that were not onsite. For example, ear, nose and throat, ophthalmology and plastics.
- Patients could not always be guaranteed same sex accommodation in areas where this was required.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust met the standard for three months over the 12-month period from January 2018 to December 2018.
- From January 2018 to September 2018 performance against this standard was worse than the England average. However, since October 2018 performance has improved by over an hour.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From January 2018 to December 2018 the trust failed to meet the standard and performed similar to the England average.
- From January 2018 to December 2018 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was worse than the England average.
- From January 2018 to December 2018 the trust's monthly median total time in A&E for all patients was higher than the England average.

However:

# Urgent and emergency services

- People's needs, and preferences were considered and acted on to ensure that services were delivered in a way that tried to meet those preferences.
- 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.
- Managers monitored waiting times and made sure patients could access emergency services when needed.
- The department had introduced a streaming process on 10 June 2019. The process was efficient and helped prioritise patient care.
- Handover from the ambulance crew to the emergency department was efficient.
- 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?

Requires improvement   

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

- The nursing leadership team for the emergency department lacked stability.
- Change was not managed well. Nursing staff told us that changes were imposed onto nursing staff without any consultation.
- Some teams were working in silo and management and clinicians did not always work cohesively.
- Governance and management arrangements did not operate effectively.
- The service did not have complete oversight of risks in the department.
- There was no alignment between the recorded risks on the adult risk register and what staff told us was on their 'worry list.'

However:

- There was a clear statement of vision and values, driven by quality and sustainability.
- The service encouraged pride and positivity in the organisation and focused attention on the needs and experiences of people who used the service.
- The department had systems and processes in place for managing risk. However, they were not always effective.
- The service and its staff demonstrated a willingness to develop and improve the service provided.

## Outstanding practice

No outstanding practice identified.

## Areas for improvement

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

# Urgent and emergency services

- The trust must ensure that all patient areas are risk assessed and there are clear guidelines for patient criteria to access care in these areas.
- The trust must ensure that systems and processes to prevent patients from abuse are operated effectively.
- The trust must ensure it maintains accurate, complete and contemporaneous records for all patients.
- The trust must ensure that safety checklists for the infant resuscitaire in the paediatric department are checked in line with trust policy.
- The trust must ensure staff assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.
- The trust must ensure it provides care to patients that respects their privacy, protects their dignity and prevent mixed sex breaches on Cypress ward.
- The trust must ensure the proper and safe management of medicines.

Action the trust **SHOULD** take to improve

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

- The trust should seek to assure itself that all staff have received the required level of training to be able to meet people's needs.
- The trust should consider improving the environment for children in the paediatric emergency department as it is not child-friendly.
- The trust should consider its approach to engaging staff in changes to service delivery.
- The trust should consider whether it uses local audit activity effectively, to improve patient outcomes.

# Medical care (including older people's care)

Good  

## Key facts and figures

Adult medical care at Darent Valley hospital had 491 inpatient beds. The adult medicine directorate includes: respiratory, neurology, rheumatology, ageing and health, diabetic, stroke and dementia services, ambulatory care, general medicine, rehabilitation, nephrology, clinical haematology, endoscopy and gastroenterology care.

Since December 2016 the ageing and health service has seen an increase of almost 30% in the number of patients over 65 years referred to the medical on-call team during the frailty service hours (six-day service).

The ageing and health department is currently responsible for inpatients on Spruce, Ebony, Linden, Maple (orthogeriatric and medical outliers), Mulberry (medical outliers), Cherry and Rosewood wards.

The frailty service team has been focussing on identifying patients who may be at risk of becoming frail. They also work across the hospital to provide liaison to frail patients admitted within the hospital to facilitate early planning, prevent deterioration and implement measures to improve outcomes.

The diabetic team provide inpatient and outpatient services. They work with people to eliminate diabetes as a risk to their health and if this is not possible, aim to reduce the impact diabetes has on their lives.

Respiratory care has specialist ward rounds in chronic obstructive pulmonary disease, asthma and non-invasive ventilation which are services supported by the specialist nurse. Endobronchial ultrasound procedures are also carried out.

Stroke services include thrombolysis, acute care and rehabilitation. There is a Monday to Friday transient ischaemic attack clinic with doppler and magnetic resonance imaging.

The endoscopy service is joint advisory group accredited with inpatient and outpatient slots.

The trust had 36,991 medical admissions from October 2017 to September 2018. Emergency admissions accounted for 16,316 (44.1%), 476 (1.3%) were elective admissions, and the remaining 20,199 (54.6%) were day cases.

Admissions for the top three medical specialties were:

- General medicine – 16,445
- Gastroenterology – 6,010
- Medical oncology – 5,938

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

During the inspection visit, the inspection team spoke with:

- Eight patients who were using the service.
- The managers or acting managers for each of the wards
- 18 other staff members; including matrons, doctors, nurses, physiotherapists, ward clerks and house keepers.

During the inspection visit, the inspection team reviewed:

- Three handover meetings and three multidisciplinary meetings

# Medical care (including older people's care)

- Ten patient records relating to physical health, patient risk assessments, care plans, and patient observations.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff we spoke with had a good understanding of who the safeguarding named lead was, and they could describe how to raise a concern or seek advice.
- 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. All ward areas we visited were visibly clean and tidy. We saw staff following national guidance on infection control.
- 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. Staff knew how to report incidents or near misses via the trust's electronic reporting system. Staff we spoke with felt confident in raising an incident should they need to. They gave us examples of what they would report as an incident and how they would respond to the person involved.
- The service provided care and treatment based on national guidance and evidence-based practice. Policies and procedures were available and accessible to staff via the trust intranet. Policies we viewed as part of our inspection were in date and in line with best practice and national guidelines. Clinical guidance was also available on the trust intranet.
- 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. Managers used the appraisal process to identify staff learning and development needs. Staff told us they had regular one to one and team meetings and were supported with their continuous professional development.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We saw all staff wearing name badges and we saw display boards informing patients and families of key staff on each ward. A poster displaying clinical staff grades and specialities by their uniforms was at the entrance to all wards we visited.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. We saw dementia friendly environments in all areas of the hospital. The dementia-friendly facilities on Ebony ward included a reminiscence room which provided a peaceful place for patients to spend time.
- Pets as therapy dogs visited some wards twice weekly. We were told that this was welcomed by many patients and had positive feedback from both staff and patients.
- 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. The Patient Liaison and Advice service was available for patients to access, who supported patients with concerns and complaints and gave information about NHS services.

# Medical care (including older people's care)

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers we spoke with were aware of the registers and knew the main risks and the actions needed to reduce the risks that had been found. We saw risk registers that had been reviewed with control measures in place and actions completed.
- 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.
- Staff told us there was an open and honest culture and were aware of how to raise concerns in the workplace but reported that they did not have any. All wards were described as friendly and welcoming. The trust had a Freedom to Speak Up Guardian and had developed a freedom to speak up policy in 2018. The Director of Nursing was the designated Board member, with whom concerns about raising concerns could also be addressed.
- Staff told us they were encouraged to learn. Nursing development opportunities were offered to staff throughout the wards and the practice development nurse supported staff with this.

However:

- The service did not achieve their trust completion rate targets for all mandatory training modules.
- Safeguarding and Mental Capacity act training rates did not achieve trust completion rate targets. We heard this was because training in these modules had been restructured and training rates were being monitored since these were introduced.
- There was no Mental Capacity Act specific training at the time of the reporting period. The trust advised that a new course was introduced on the 1st of April 2019 but staff we spoke with had not yet attended it.
- The service did not always develop and establish action plans and strategies in a timely way from their audits. As an example, the lung cancer audit did not identify any actions to improve or sustain their results.
- Not all staff received an appraisal. Appraisal rates were not meeting trust completion targets for several staffing groups.
- There was no formal action plan to minimise the number of night ward moves. This data was however discussed through senior members of the medicine clinical group and the executive team.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. We saw colour-coded spreadsheets which showed individual training status. These were accessible on computers and overseen by the ward manager and practice development lead. Where individuals were showing as 'red,' managers gave clear accounts of the reason, such as long-term sickness or showed us the staff member was booked for the next available course.
- 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. Information and details of who to contact for safeguarding was seen and was visible in all departments for visitors, patients and staff. The safeguarding lead visited the wards and patients and staff when required.

# Medical care (including older people's care)

- Most staff on the wards we visited had completed their safeguarding adults training or where booked to do it. Staff did not see children in this service, however children's safeguarding level two training reached the trust's set target.
- 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. We visited five wards across the site and saw that beds, trolleys and medical equipment were clean and stored correctly. In therapy rooms, sluices and clinical equipment stores, use was made of green-coloured 'I am clean' stickers. These showed the date and time the article was cleaned along with the name of the person who cleaned it.
- Products including those subject to the Control of Substances Hazardous to Health Regulations (COSHH) were stored securely. Safety information about the cleaning products was visible for staff to access. Housekeeping staff told us they had regular training in COSHH.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Patient records we saw showed in all cases a consultant assessed patients within 12 hours of admission. The service had on-site access to an intensive care unit. Staff on the wards were supported by a medical emergency team if a patients' vital observations were deteriorating. The outreach team was also available to aid supporting admission to the intensive therapy unit.
- Senior clinical staff told us that there were two daily nursing handovers and multidisciplinary meetings took place each week, patients were risk assessed at these meetings. We saw two multidisciplinary meetings and saw effective risk-based discussions and decisions that supported what we had been told.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- An e-rostering system was used to manage nursing staff in clinical areas. We were told that staffing needs were reviewed by the ward manager and the matron. On the ward, staffing was reviewed at 'safety huddles'. The ward manager could request bank or agency cover if additional staff were required.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Medicines were stored securely in locked trolleys and doors were locked to treatment rooms with access restricted to appropriate staff. Controlled drugs were stored securely and managed appropriately. Medicines stock on the resuscitation trolleys in all areas were checked daily, records showed that there were no gaps.
- 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.

However:

- The service did not achieve their trust completion rate targets for all mandatory training modules.
- Safeguarding and Mental Capacity act training rates did not achieve trust completion rate targets. We heard this was because training in these modules had been restructured and training rates were being monitored since these were introduced.

## Is the service effective?

Good  

# Medical care (including older people's care)

Our rating of effective improved. 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.
- The standardised care pathways were based on current best practice and National Institute for Health and Care Excellence (NICE) guidance. The stroke pathway incorporated NICE guidance and the service offered a 'one-stop' rapid access clinic for Transient Ischemic Attack, mini stroke or minor stroke patients.
- The cardiac pathway conformed to best practice. We saw it incorporated National Audit of Cardiac Rehabilitation and the National Certification Programme for Cardiac Rehabilitation Standards and Core Components, which were described as the gold standard for delivery of cardiac rehabilitation in the UK.
- 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.
- Managers we spoke with were aware of lower than target appraisal rates. We saw that these were increasing and the wards we visited were nearly at trust target.
- The practice development nurse worked with ward managers to ensure training and essential skills were up to date and accessible for staff. We saw electronic systems that had been developed for the ward manager to monitor training and skills for all staff on the ward. It also highlighted staff needing validation and continuing registration with professional bodies.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Nursing, therapy services and medical staff reported good working relationships together and with staff in other care groups. Staff worked with a range of health care professionals and with other agencies when caring for patients. The stroke unit and the ambulatory medical unit liaised daily with the emergency department to identify suitable patients who could be transferred to the wards.
- Key services were available seven days a week to support timely patient care. Multidisciplinary team cover was available every day including weekends, with on-call arrangements for consultants for nights and weekends.
- 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.
- Medical patients had a lower than expected risk of readmission for elective and non-elective admissions.
- Although the trust did not meet key indicators in the National Audit of Inpatient Falls, the results showed the trust's performance had improved in each metric.

However:

- The service did not always develop and establish action plans and strategies in a timely way from their audits. As an example, the lung cancer audit did not identify any actions to improve or sustain their results.
- Not all staff received an appraisal. Appraisal rates were not meeting trust completion targets for several staffing groups.
- There was no Mental Capacity Act specific training at the time of the reporting period. The trust advised that a new course was introduced on the 1st of April 2019 but staff we spoke with had not yet attended it.

# Medical care (including older people's care)

## Is the service caring?

Good   

Our rating of caring stayed the same. 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 interacted with patients and those close to them in a respectful and considerate manner. Patients throughout all wards we visited consistently reported that staff were kind and respectful and that the service offered was good.
- We saw staff within the wards providing support and advice to patients and their families about their stay in hospital. Staff were sensitive and supportive towards people using their services and those close to them. Patients reported that staff had been patient and kind and had taken the time to fully explain things to them.
- We saw a display of thank you cards and letters in both the corridor and staff room. For example, one said, "The room was very good with a lovely view, the food was very good too. However, the outstanding point of my stay was the staff, their care and attention was beyond exceptional".
- 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.
- Staff were knowledgeable and sensitive to the space, time and people's needs when providing diagnosis and potential emotional information.
- Patients told us that clinical staff were open in their approach and that information was readily available, both verbally and in written formats to help them understand their condition and plans for treatment.
- Patients we spoke with told us they felt listened too and respected by the staff working on the wards. Patients were extremely happy with their care and wanted to share their positive experiences with us. Many patients told us, they always felt fully involved in their care and were fully informed about their diagnosis and managing risks.
- Staff supported carers and loved ones when needed and kept them fully informed at the patients request. We were told "when my family visited all staff involved in my care asked me each time if I was happy for them to talk to my relatives". We were consistently told this by patients. *National Institute for Health and Care Excellence QS15 Quality statement 13: Sharing information with partners, family members and carers.*

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The trust sought patient feedback to make improvements to services. Developments of new services within the trust were based on identification of needs through consultation with community health leadership such as, the clinical commissioning group, Healthwatch and other voluntary sector groups.

# Medical care (including older people's care)

- A chaplaincy service was available to support patients and their relatives, carers and staff. Staff we spoke with knew how to contact the service and we saw patient leaflets on displayed in ward areas and throughout the hospital.
- The trust had developed in recent years the dementia buddy scheme, a clinical nurse specialist for older people, a specialist nurse for learning disabilities and a mental health liaison service, to provide appropriately for patients with protected characteristics in those groups.
- 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.
- Staff encouraged patients to eat at table and chairs in 'Rosemary's Café'. There was a café style area on one of the wards and it gave opportunity for patients to meet and socialise during mealtimes. Tea parties were also held there weekly to encourage patients (who were well enough) to socialise and reminisce.
- Protected meal time initiative was being used on the wards we visited. The ward closed to visitors during this period so the nurses, catering staff and volunteers would be available to help serve the food and give assistance to patients who needed help, to prevent unnecessary interruptions during mealtimes. Equally, relatives were encouraged to visit during this time if their loved one required assistance with meals.
- Pets at therapy dogs visited some wards twice weekly. We were told that this was welcomed by many patients and has had positive feedback from both staff and patients.
- 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.
- Patients on the admitted treatment pathway, '18-week referral to treatment', six specialties were better than the England average.
- 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.
- We reviewed five complaints and their responses and found they had been investigated and closed in compliance with the trust complaints policy. Investigations and complaint responses were timely and the complainant was kept updated. In all cases, we saw the service had completed thorough investigations, supported people and explained outcomes to the person. One complaint showed they offered a meeting with the clinical team involved to discuss the learning.

However:

- There was no formal action plan to minimise the number of night ward moves. This data was however discussed through senior members of the medicine clinical group and the executive team.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. 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.

# Medical care (including older people's care)

- The medicine clinical group was one of four clinical groups. This was a new structure and had been in place in January 2019. Each clinical group was led by a 'triumvirate'. This consisted of a clinical group director, associate director of operations, associate director of nursing, clinical director for medicine and a clinical director for cancer. All worked closely together to support and manage all aspects of their directorate.
- During our inspection we saw good leadership on the wards. Staff told us they felt well supported, valued and that their opinions counted. Ward managers we spoke with knew what their wards were doing well in and could inform us of the challenges and risks their team faced when delivering care.
- 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.
- The workforce strategy was designed to reinforce the trust values with the core message 'Our Family, Caring for Yours'. The development of these values involved focus groups with over 300 staff adopted by the Trust. The standards of behaviour expected by staff had been aligned to the trust's values and behaviours. These had been developed with staff and were aligned to the core knowledge and skills framework, national leadership standards, and codes of professional conduct.
- 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.
- Staff told us there was an open and honest culture and were aware of how to raise concerns in the workplace but reported that they did not have any. All wards were described as friendly and welcoming. The trust had a Freedom to Speak Up Guardian and had developed a freedom to speak up policy in 2018. The Director of Nursing was the designated Board member, with whom concerns about raising concerns could also be raised.
- Leaders used 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.
- Management of clinical governance was overseen by the Quality and Safety Committee. The committee met monthly and was chaired by a Non-Executive Director. The main role of the committee was to monitor and scrutinise, on behalf of the senior leadership team. The aim was, to ensure delivery of high-quality clinical care and effective management of risk.
- Audits were in place for each clinical area which covered but not limited to hospital acquired pressure ulcers, infection control, environment and falls. These Clinical Audits were triangulated with patient feedback and patient safety data and was reported to quality and safety committee.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- We saw there were clinical group risk registers at ward and senior management level. Managers we spoke with were aware of the registers and knew the main risks and the actions needed to reduce the risks that had been found. We saw risk registers that had been reviewed with control measures in place and actions completed. This showed risks had actively been identified, reviewed, and control measures put in place.
- We attended a daily safety and capacity meeting and saw the following being discussed and actions decided; risks for each ward, concerns, discharges, outliers, pharmacy issues, capacity from radiology, infection control, safeguarding and patients who would be coming in from other hospitals. Each service or ward completed their own form to record outcomes and a trail of discussions to feedback to their areas.

# Medical care (including older people's 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 sent to external organisations as required.
- Each clinical group reported monthly to the executive performance board, chaired by the chief executive and provided assurance that performance related to quality, finance, workforce and operations by using a performance dashboard that was being managed and evaluated. The dashboards were managed by each clinical group to best reflect the patient safety, patient outcomes and patient experience and engagement measures that were most relevant to them.
- 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.
- The trust continued searching to improve quality and safety. The operational plan set out strategies to support improvements for staff and patients. Some of which included; provide an excellent education experience and ensure delivery of the full curriculum to all trainee staff. Encourage clinical staff to take on senior leadership roles and continue to develop multi-disciplinary learning approaches. Offer leadership through training, and ongoing support for staff in leadership roles.
- The 'nightingale project' had been implemented on a ward we visited. Key elements of this project were to facilitate recognition of risk factors that can commonly affect communication and team working for everyone and to strengthen and develop the concept of team resilience highlighting the interdependence of team members and its role in success. Nurses taking part in the project would ensure that clinical teams work together in better ways to provide consistency in the key factors affecting patients' and staff experience. The initiative started with a focus on arrangements in the first and last hour of the shift and standardising how nursing staff are used.

## Outstanding practice

No outstanding practice identified.

## Areas for improvement

We found areas for improvement in this service.

Action the trust **SHOULD** take to improve

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

- The service should support the delivery of a mandatory training programme that achieves trust completion rate targets for all mandatory training modules.
- The service should continue to promote the delivery of the new safeguarding and Mental Capacity Act training to achieve trust completion rate targets.
- The service should develop and establish action plans and strategies in a timely way for all their audits.
- All staff should receive a timely appraisal. Appraisal rates should meet trust completion targets for all staffing groups.
- The service should develop a formal action plan to minimise the number of night ward moves.

# Surgery

Good ● ↑

## Key facts and figures

Surgical services at Dartford and Gravesham Trust (DGT) provide elective and non-elective day stay and inpatient care across two sites.

The trust had 21,482 surgical admissions from October 2017 to September 2018. Emergency admissions accounted for 5,279 (24.6%), 12,520 (58.3%) were day case, and the remaining 3,683 (17.1%) were elective.

*(Source: Hospital Episode Statistics)*

We inspected three wards, main theatres and main recovery at Darent Valley Hospital:

- Acer Ward, which cares for patients having elective, emergency, orthopaedic or urological surgery. It has 24 beds and treats both men and women.
- Damson Bay, which cares for patients having elective day care surgery. It has three beds and treats both women, men and children.
- Cherry Ward, which cares for patients having elective and emergency orthopaedic surgery. It has 24 beds and treats both men and women.
- Juniper Ward, which cares for patients having elective and emergency general, urology, gynaecology and vascular surgery. It has 26 beds and treats both men and women.

Acer Unit is an elective surgical, orthopaedic and urology day care unit. The unit also admits surgical and trauma patients from the Emergency Department, clinic and other areas for admission or transfer.

At the last inspection in November 2017, the service had four key questions rated requires improvement and one key question rated good (caring). We re-inspected all key questions at this inspection.

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

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

During the inspection visit, the inspection team spoke with:

nine patients

27 staff including matrons, ward managers, doctors and nurses.

During the inspection visit, the inspection team reviewed five patient bedside folders, eight patient medical records and six World Health Organisation safety checklists.

We also observed safety huddles, team briefings, multidisciplinary meetings and ward rounds.

## Summary of this service

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

# Surgery

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good  

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

- Mandatory training was comprehensive and met the needs of patients and staff. All staff received and kept up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training compliance had improved since our last inspection.
- Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff now received the correct level of safeguarding training which ensured people were protected from the risk of abuse.
- Infection, prevention and control practices had improved. Cleaning records were up to date and demonstrated that all areas were cleaned regularly. Audits showed a high level of compliance to trust policy in relation to hand washing, cleaning equipment, monitoring of indwelling devices and cleanliness of the environment. All ward areas were clean and had suitable furnishings which were clean and well-maintained. Staff worked effectively to prevent, identify and treat surgical site infections which had led to a reduction in the incidence of surgical site infections.
- There were now checking processes that ensured safe use of emergency equipment. Substances that could cause harm were now risk assessed and stored securely to prevent unauthorised access. Fire safety measures were now adequate in the day surgery unit.
- Staff consistently assessed, monitored and managed risks to patients who used their services. This had improved since our last inspection. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The trust had sepsis guidelines on how to screen for and manage sepsis.

# Surgery

- Staff shared key information to keep patients safe when handing over their care to others.
- Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift. The ward manager could adjust staffing levels daily according to the needs of patients. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank, agency and locum staff had a full induction and understood the service.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised and reported incidents or near misses. Investigations were thorough and there was evidence of shared learning. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.
- There were phased approached plans to introduce Local Safety Standards for Invasive Procedures to theatres.

However:

- The service did not achieve its own targets for safeguarding adults training.
- Although the department had implemented a process to safety check each anaesthetic machine daily, we found omissions within the logbooks.
- There was variability in the storage, maintenance and organisation of patient records. This meant it was difficult to access information within patient records quickly.

## Is the service effective?

**Good** ● ↑

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

- The service had performed better in many national audits which demonstrated an overall improvement in the delivery of high-quality care that reflected best practice and national guidance.
- Staff assessed patients for risk of malnutrition, dementia and venous thromboembolism (the risk of a blood clot forming in a vein).
- All staff were engaged with the enhanced recovery programme which encouraged patients to actively take part in their preparation and recovery from surgery.
- Staff made sure patients had enough to eat and drink. Especially those with specialist nutrition and hydration needs. Specialist support from staff such as dieticians and speech and language therapists were available for patients who needed it.
- Staff were pro-active in managing patient's pain and sickness post operatively. Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.
- All patients at Darent Valley hospital had a lower expected risk of readmission for elective and emergency surgery when compared to the England average.
- The trust performed better in the 2018 National Bowel Cancer audit and the 2018 National Hip Fracture Database compared to the 2016 results we commented on at the last inspection.
- The trust performed well in the 2018 National Emergency Laparotomy Audit and had developed a new patient pathway to improve timely access to theatre.

# Surgery

- The trust performed similar to other hospitals in the 2018 National Joint Register and the 2016/17 Patient Reported Outcomes Measures survey, except from one measure.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers made sure staff received any specialist training for their role.
- A multidisciplinary approach was adopted in all areas of surgery. There was effective multidisciplinary working to improve patient care.
- Consultants were available 24 hours a day, either on site or on call within surgery. The ward teams were supported by a critical care outreach service out of normal working hours to care for acutely unwell patients. The physiotherapy and occupational therapy service offered a seven-day service to patients on the enhanced recovery programme.
- Staff showed a good understanding of the legislation and best practice regarding consent.

However:

- Staff did not always assess and record a patient's oral health on a daily basis.
- Intentional rounding was not established across all surgical wards.
- The trust performed worse than the England average for groin hernias.
- All diagnostic services were available 24 hours a day, seven days a week except for echocardiography and interventional radiology.
- The appraisal rates for qualified scientific, therapeutic and technical staff was much worse than the trust target.
- Patients were not being reviewed by a consultant within the 14-hour standard and every 24 hours on the ward. However, the trust was working closely with NHS Improvement and had an action plan to drive improvement in these areas.
- Although staff understood best practice in obtaining consent, the practical application of the Mental Capacity Act varied.

## Is the service caring?

Good   

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

- Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Staff introduced themselves, and their role, and asked patients how they wanted to be addressed.
- Staff maintained patient's dignity, respect and confidentiality was.
- All patients we spoke with gave positive accounts of their interactions with staff. Patients told us staff were "brilliant", "responsive", "lovely" "welcoming", and "can't fault them".
- Staff delivered kind and compassionate care to patients and their carers.
- Clinical nurse specialists were available to provide additional support to patients and staff.
- The service helped patients and those close to them to cope emotionally with their care and treatment.
- Patients who received life changing diagnosis were given appropriate emotional support.

# Surgery

- We heard examples of where staff had gone above and beyond their duty to provide compassionate care for their patients.
- Surgery performed well in the NHS England Friends and Family test with 93% to 100% of patients recommending the service to their friends and family. However, the response rate for surgery was worse than the England average.
- Staff responded to patients who might be frightened, confused or have a phobia about a medical procedure or any aspect of their care in a respectful and understanding way.

## Is the service responsive?

**Good** ● ↑

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

- An enhanced recovery programme was in place to support patients prior to, during and after their procedure. The average length of stay for elective surgery at the trust was better than the England average and showed an improvement since our last inspection.
- Staff now used the trust's communication support services for patients whose first language was not English. Specific procedure patient information leaflets were available for patients in English but were available in other languages if requested at pre-assessment.
- Since October 2018, the trusts referral to treatment time for admitted pathways for surgery was better than the England average. This is much better compared to our last inspection when the trust was performing worse.
- There were systems in place to aid the delivery of care to patients in need of additional support such as dementia or learning disabilities. The trust employed a learning disability liaison nurse and a dementia specialist nurse.
- In urology, to improve patient length of stay, a consultant ward round took place seven days a week.
- There were appropriate arrangements put into place to take account of the individual needs of patients being discharged who have complex health and social care needs.
- The surgery department utilised the enhanced recovery pathway to ensure patients actively participated in their preparation and recovery.
- Over the two years, the percentage of cancelled operations at the trust has consistently been better than the England average with all patients who had their operations cancelled being treated within 28 days.
- Peoples concerns, and complaints were listened and responded to. There were now effective systems and processes to learn and improve from complaints.

However:

- The average length of stay for non-elective surgery at the trust was worse than the England average and showed little improvement since our last inspection.
- There were difficulties in patient flow through the day case pathway due to unavailability of beds.

## Is the service well-led?

**Good** ● ↑

# Surgery

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

- Senior leaders understood the challenges to quality and sustainability such as financial pressures and bed capacity.
- The service had a clear vision and strategy that all staff understood and put into practice. There was continuous monitoring of the clinical strategy which held leaders to account.
- Patients and their carers were invited to talk to the trust board every other month about their personal experience of using the trust's services.
- New governance restructure to clinical groups had improved working relationships between surgical specialities. Good practice was shared which led to a culture of collective responsibility between teams and services.
- There was good oversight of performance and leaders used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- Managers supported their staff and encouraged training. Staff said they felt supported and respected by colleagues at all levels and that this had improved since the last inspection. All staff were supported to reach their full potential and felt proud to work at the trust.
- Leaders engaged with patients and staff by undertaking quality review visits in various departments to review standards of care.
- Risk on the risk register were aligned to the concerns raised by staff to us during inspection. This demonstrated senior managers were aware of issues on the frontline.
- The service now held monthly mortality and morbidity meetings which allow clinicians to discuss cases, review care standards and make changes if needed.
- Managers encouraged innovation and shared good practice upwards so other divisions could benefit.
- The trust invited local stakeholder to sit on a number of patient focussed forums and encouraged their input to identify areas for improvement.
- The orthopaedics team were awarded for its commitment to patient safety in joint replacement surgeries by the National Joint Registry.

## Outstanding practice

Click or tap here to enter text.

No outstanding practice identified.

## Areas for improvement

We found areas for improvement in this service.

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

Action the trust **SHOULD** take to improve

- The trust should ensure all staff complete safeguarding adults training.
- The trust should ensure daily checks of anaesthetic machines are completed.
- The trust should ensure patient records are organised, maintained and stored securely in all areas.

# Surgery

- The trust should ensure staff assess and record patients' oral health.
- The trust should consider establishing intentional rounding across all surgical wards.
- The trust should review its performance in the patient reported outcomes measures in relation to groin hernias.
- The trust should ensure all qualified scientific, therapeutic and technical staff have a yearly appraisal.
- The trust should ensure all staff complete training in the Mental Capacity Act.
- The trust should ensure Local Safety Standards for Invasive Procedures are implemented in theatres.
- The trust should consider implemented changes to improve response rates for the Friends and Family Test.
- The trust should consider implementing changes that will improve the average length of stay for non-elective surgery at the trust.
- The trust should consider implementing changes to improve the patient flow through the day case pathway.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

# Our inspection team

Catherine Campbell CQC Head of Hospital Inspection, a CQC inspection manager and a CQC inspector led this inspection. An executive reviewer, Geraldine Broderick, a chair of an NHS trust, supported our inspection of well-led for the trust overall.

The team included four other inspectors, two assistant inspectors and six specialist advisers with expertise in urgent and emergency care, medical care, surgery, safeguarding and board level positions.

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.